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Gender differences in the clinical characteristics and psychiatric comorbidity in patients with antisocial personality disorder

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ABSTRACT

Gender is an important variable in the study of mental health because of the actual and perceived differences between men and women. Relatively little is known how males and females differ in their manifestations of antisocial personality disorder (ASPD). Demographic and clinical features of 323 participants with ASPD were assessed and recorded. Women had fewer episodes of antisocial behavior involving or not involving police, higher scores on the Childhood Trauma Questionnaire (CTQ) and on Emotional Abuse and Sexual Abuse subscales of the CTQ compared to men. CTQ scores positively correlated with the number of episodes of antisocial behavior involving police in men but not in women. The percentage of patients with comorbid borderline and histrionic personality disorders was higher and the percentage of participants with cocaine use disorder was lower among women compared to men. Comorbid alcohol use disorder was frequent in both groups, while a higher percentage of women had comorbid mood disorders compared to men. Logistic regression analysis demonstrates that CTQ scores, histrionic personality disorder, and antisocial behavior involving the police drive the difference between the groups. Our findings indicate that treatment of individuals with ASPD should focus on the management of comorbid psychiatric disorders.

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1. Introduction

Antisocial personality disorder (ASPD) describes individuals with a pervasive pattern of disregard for, and violation of, the rights of others that begins in childhood or early adolescence and continues into adulthood (American Psychiatric Association, 1994, 2013). The recently released revision of the DSM, the DSM-5, retains the same diagnostic criteria for ASPD as were included in the previous edition (American Psychiatric Association, 2013). Criteria include behaviors such as repeatedly performing acts that are grounds for arrest, repeated lying, repeated fights or assaults, disregard for the safety of oneself and others, repeated failure to sustain consistent work behavior, and mistreating other individuals. The requirement in DSM-IV that conduct disorder beginning before the age of 15 must be present has been removed, but predisposing traits are assumed to be stable from childhood to adulthood.

ASPD is an important public health and social issue (American Psychiatric Association, 1994, 2013; Fazel and Danesh, 2002; National Collaborating Centre for Mental Health (UK), 2010). ASPD is common in prison settings. Studies of prisoners worldwide indicate a prevalence of ASPD of about 50% for men and about 20% for women (Fazel and Danesh, 2002). There are high costs of criminal behavior including emotional and physical damage to victims, damage to property, police time, involvement with the criminal justice system and prison services (Cohen and Miller, 1998; National Collaborating Centre for Mental Health (UK), 2010).

ASPD is more common among the first-degree biological relatives of those with the disorder than in the general population (Viding et al., 2008; Ferguson, 2010; Meier et al., 2011). Substantial evidence from twin and adoption studies shows that both genetic and shared environmental factors play a substantial role in the liability to antisocial behavior (Rhee and Waldman, 2002; Maes et al., 2007; Silberg et al., 2007). The risk to biological relatives of females with the disorder tends to be higher than the risk to biological relatives of males with the disorder.

Gender is an important variable in the study of mental health because of the actual and perceived differences between men and women. The Epidemiological Catchment Area survey showed that between 2% and 4% of men and between 0.5% and 1% of women fulfilled DSM-III-R criteria for ASPD (Regier et al., 1994). The

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National Comorbidity Study (Kessler et al., 1994) also found higher rates of ASPD in males than in females (5.8% vs. 1.2%). It has been proposed that men are over-diagnosed with ASPD (Warner, 1978; Hamilton et al., 1986; Ford and Widiger, 1989; Becker and Lamb, 1994). Men with borderline personality disorder (BPD) may be diagnosed with ASPD because of the frequent presence of antisocial features in men with BPD (Sansone and Sansone, 2011; Banzhaf et al., 2012).

Relatively little is known how males and females differ in their manifestations of ASPD. We have conducted a study to compare demographic and clinical features of men and women with ASPD. We hypothesized that men with ASPD are more impaired compared to women with ASPD.

2. Methods

Our sample consisted of 323 participants with ASPD, 253 men and 70 women. Participants were recruited through advertisement in local newspapers and internet postings, or via referral from outpatient mental health clinics. The study participants were treatment seeking patients. For each subject, diagnosis was established by doctoral-level psychologists with expertise in evaluation of personality disorders, using Structured Clinical Interview for DSM-IV Axis I disorders (SCID-I; First et al., 2002) and Structured Interview for DSM-IV Personality Disorders (SIDP-IV; Pfohl et al., 1997). Physicians screened participants for medical and neurological illness via history, physical examination, and routine blood and urine laboratory testing, just prior to participation. Exclusion criteria included: history of head trauma, neurological disease, organic mental syndrome, mental retardation, current substance use disorder (except for tobacco smoking) or acute medical illness. All participants provided written informed consent, as required by the Institutional Review Board.

Depressive symptoms were assessed with the Beck Depression Inventory (Beck et al., 1961), a 21-question multiple-choice self-report questionnaire which is composed of items relating to symptoms of depression. Impulsivity was measured with the Barratt Impulsivity Scale (BIS) (Barratt, 1965), a 34-item questionnaire that assess motoric (acting without thinking), cognitive (hasty decisions) and non-planning (failure to plan ahead) impulsiveness. Each item is rated on a 4-point scale ranging from "Rarely/Never" to "Almost always/Always" (Patton et al., 1995). The lifetime history of aggressive behavior was examined using the Lifetime History of Aggression questionnaire (Coccaro et al., 1997). Any events that have occurred over the subject's lifetime (including years as a teenager and young adult) are rated as follows: 0=no events; 1=one event; 2="a couple" or "a few" (i.e., 2–3) events; 3="several" or "some" (i.e., 4–9) events; 4="many" or "numerous" (i.e., 10+) events; 5="so many events that they can not be counted." A history of antisocial behavior not involving or involving the police and a history of suicide attempts were assessed based on responses to the 9th ("Antisocial behavior not involving the police"), 10th ("Antisocial behavior involving the police") and the 6B ("Suicide attempts") items of the Lifetime History of Aggression questionnaire. A childhood maltreatment history was evaluated using the Childhood Trauma Questionnaire (CTQ; Bernstein and Fink, 1998), a 28-item self-report Likert scale. Responses range from 1 (never true) to 5 (very true). A history of emotional, physical and sexual abuse was assessed based on the corresponding CTQ subscales: Emotional Abuse, Physical Abuse, and Sexual Abuse.

Demographic and clinical features in men and women were compared using the *t*-test and chi-square test. We used the *t*-test to analyze continuous variables. The chi-square test was employed to test for differences in proportions between the groups. A general linear model was used to compare the two groups with regard to demographic and clinical features controlling for age. Psychiatric comorbidities were compared using the chi-square test. We did not do a correction for multiple comparisons because the study is restricted to a small number of planned comparisons (Armstrong, 2014). Pearson's correlation was used to test the relationship between CTQ scores and episodes of antisocial behavior involving or not involving the police. Using the list of variables that differentiated men and women, we performed a backward stepwise logistic regression using the Wald test. The purpose of the analysis was to look for associations. The final model had three variables: CTQ scores, histrionic personality disorder, and antisocial behavior involving the police. SPSS 22 program was used to perform statistical analysis.

3. Results

Demographic and clinical characteristics of ASPD patients are presented in Table 1. Women were younger compared to men. Because of the age difference, we created a general linear model to control for age. Women had fewer episodes of antisocial behavior involving or not involving police, and had higher scores on CTQ and on Emotional Abuse and Sexual Abuse subscales of the CTQ compared to men before and after controlling for age. We did not find a difference with regard to impulsivity between the groups.

Table 1
Demographic and clinical features of patients with antisocial personality disorder.

Parameter	Men (n=253)		Women (n=70)		Analysis					
					Before controlling for age			After controlling for age		
	Mean (%)	SD	Mean (%)	SD	t (χ^2)	df	p	df	F	p
Age	37.4	9.6	33.0	10.3	2.9	307	0.004	N/A		
Marital status (% married)	(14.1%)		(12.0%)		0.07	1	0.79	1.107	0.12	0.72
Years of education	13.05	3.82	13.76	2.74	−0.86	102	0.39	1.101	1.67	0.20
Beck Depression Inventory	15.20	10.41	15.45	11.03	−0.06	162	0.95	1.157	0.006	0.94
Barratt Impulsivity Questionnaire	71.70	14.31	72.18	13.19	−0.15	110	0.88	1.108	0.02	0.89
Lifetime history of aggression	29.51	9.40	27.31	11.79	1.05	117	0.29	1.113	0.68	0.41
Antisocial behavior not involving the police	3.86	1.48	2.78	2.01	3.19	117	0.002	1.113	9.15	0.003
Antisocial behavior involving the police	2.31	1.51	1.31	1.55	3.17	117	0.002	1.113	6.87	0.01
History of suicide attempts	0.11	0.51	0.37	0.97	−1.88	117	0.06	1.113	2.79	0.097
Childhood Trauma Questionnaire – total	56.50	15.34	64.79	17.53	−2.44	117	0.02	1.108	7.01	0.009
Childhood Trauma Questionnaire – emotional abuse	11.24	5.27	14.66	5.75	−2.96	117	0.04	1.108	7.59	0.007
Childhood Trauma Questionnaire – physical abuse	9.87	4.41	10.38	4.33	−0.55	117	0.59	1.108	0.85	0.359
Childhood Trauma Questionnaire –sexual abuse	7.32	4.64	10.62	7.37	−2.85	117	0.005	1.108	9.52	0.003

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