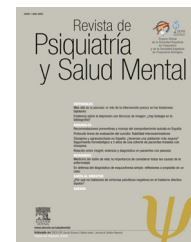




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ORIGINAL ARTICLE

Comorbidity of personality disorders and attention-deficit hyperactivity disorder in adults[☆]

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KEYWORDS

Inattent attention deficit hyperactivity disorder;
Hyperactive attention deficit hyperactivity disorder;
Combined attention deficit hyperactivity disorder;
Personality disorders;
Comorbidity

Abstract

Introduction: A high comorbidity has been observed among attention-deficit hyperactivity disorder (ADHD) and categorical personality disorders (PD). A study is conducted on the dimensional traits associated with ADHD and PD, in order to determine whether there are any differences.

Methodology: A cross-sectional study was conducted on 78 outpatients attending a Mental Health Clinic in Arganda (Madrid) from January 2013 to June 2015. ADHD diagnosis was evaluated with the CAARS, the CAADID, and the WURS scales, and the PD with the SCID-II-DSM-IV questionnaire. None of the patients were receiving any stimulant or atomoxetine before the study, and all patients signed the informed consent before the study.

Results: A high comorbidity was found with all PD clusters, especially with hyperactive and combined type ADHD. Depressive PD was associated with inattentive ADHD.

Conclusions: In spite of using a questionnaire to evaluate PD, some differences can be observed between specific ADHD types and PD. More studies are needed to investigate dimensional personality traits in order to improve the diagnosis and therapeutics goals.

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PALABRAS CLAVE

Trastorno por déficit de atención por inatención;

Comorbilidad de trastornos de personalidad y trastorno por déficit de atención e hiperactividad en adultos

Resumen

Introducción: Se ha observado una alta comorbilidad entre el trastorno por déficit de atención e hiperactividad (TDAH) y categorías diagnósticas de trastornos de personalidad (tp). Los rasgos

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Trastorno por déficit de atención con hiperactividad;
Trastorno por déficit de atención e hiperactividad combinado;
Trastornos de personalidad;
Comorbilidad

dimensionales del TDAH y de tp asociados están siendo investigados para descubrir si hay una diferenciación entre ambos trastornos o no.

Metodología: Setenta y ocho pacientes ambulatorios que acuden al Centro de Salud Mental de Arganda (Madrid) fueron evaluados entre enero de 2013 y junio de 2015, en un estudio transversal. El diagnóstico de TDAH se realizó con las escalas CAARS, CAADID y WURS; el de los tp con el cuestionario del SCID-II-DSM-IV. Ningún paciente estaba tomando estimulantes ni atomoxetina previamente al estudio. Todos firmaron el consentimiento informado antes de participar en el estudio.

Resultados: Se encontró una alta comorbilidad con los 3 clusters de personalidad, especialmente con el tipo hiperactivo y combinado. El tp depresivo se asoció con el inatento.

Conclusiones: A pesar de utilizar un cuestionario para evaluar los tp, vemos alguna diferenciación entre tipos específicos de TDAH y tp. Es necesario llevar a cabo más investigación sobre los rasgos de personalidad dimensionales para mejorar el diagnóstico y las metas terapéuticas. © 2016 SEP y SEPB. Publicado por Elsevier España, S.L.U. Todos los derechos reservados.

Introduction

Prior research has proven the existence of comorbidity between borderline personality disorder (BPD) and attention deficit hyperactivity disorder (ADHD) in adults. This has been determined through the use of questionnaires and structured psychological interviews: up to 60% of patients with BPD had ADHD criteria in childhood and 38% in adults. The symptoms of impulsivity and traits overlapped.¹⁻⁸ It is not just BTM that is associated with ADHD in adults, other personality disorders (PD) of clusters B and C are too. Narcissistic PD and avoidance PD, are common.⁹⁻¹¹ In the association of ADHD with PD, greater impulsivity was observed, a higher search for novelties, lower regulation of control over rage and a greater number of aggressive reactions.^{8,12,13}

Other studies observed comorbidity with the 3 personality or cluster groups, with the risk of PD and lack of maturity of character increasing when in association with ADHD.¹⁴

Personality disorder dimensional orientation sought in the DSM-V classification proposes a model with 5 major personality dimensions: negative emotions or neuroticism; detachment; antagonism; lack of inhibition and psychoticism.¹⁵ Neuroticism is suggested to be a factor of general personality dysfunction which has an influence on many PD. It is characterised by emotional instability, impulsiveness and negative emotions. In this sense it is also associated with ADHD, when the underlying personality factors of this disorder are investigated.¹⁶⁻¹⁹ However, this dimensional focus is not the aim of this paper, which is the research of categorical comorbidity. Our initial hypotheses are that a high comorbidity of ADHD with the different PD exists and that when differentiating between the types of ADHD, it is the combined type which is associated with the 3 PD groups.

Method

A cross-sectional, observational study was conducted on 78 patients attending the Mental Health Clinic in Arganda

(Hospital del Sureste) Madrid, with clinical diagnosis of ADHD. This was conducted between January 2013 and June 2015, and had the approval of the Investigation Committee of this hospital.

Inclusion criteria were: patients with depressive, anxiety, bipolar, and personality disorders, who had not used drugs within the last 6 months and who signed the consent form to participate in the study. All the patients who complied with the previous requisites had to have a positive ADHD diagnosis using the Conners' Adult ADHD Rating Scale (CAARS) or the Conners Adult ADHD Diagnostic Interview for DSM-IV (CAADID).

The exclusion criteria were: psychotic symptoms, toxic abuse within the last 6 months, organic brain disorders and any clinically significant medical condition with psychological symptoms, mental impairment (IQ < 70) or moderate to severe cognitive impairment and the inability to offer their informed consent or to comply with the assessment.

Procedure

The patients are diagnosed as ADHD through interviews and specific tests which they attend themselves and with a family member who acts as the informing agent, usually the parents. They had not previously received any treatment with stimulants or atomoxetine.

Tools

The diagnosis of adult ADHD was based on the CAADID interview and the self-administered, long version of the CAARS questionnaire.

CAADID: the Spanish version of the diagnostic interview (CAADID part II) was used for the diagnosis of ADHD.^{20,21} The CAADID is a semi-structured interview with 2 parts. The first is divided into 4 areas: demographic history, psychomotor development, risk factors and comorbidity. The second is administered by the practitioner to assess the ADHD criteria according to the DSM-IV.

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