

# The Role of SCID II in Diagnosis of Cluster B - Personality Disorders Associated or Not with Affective Comorbidity – a Pilot Study

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**Background:** Affective co-morbidities are often associated with Cluster B - personality disorders, so it is very important to pay attention when we put these diagnoses.

**Aim:** To investigate the applicability of SCID II to patients with personality disorders.

**Material and method:** We applied the SCID II – The Structured Clinical Interview for DSM IV Axis II Personality Disorders, to a group of 10 patients with cluster B personality disorders with affective disorders as depression, anxiety or both admitted to The Psychiatric Clinic II Targu Mures, Romania at admission, at the end of the hospitalization, and every 3 months for a year (2009), which we compared with a group of 5 patients without affective disorders followed also for a year.

**Results:** We observed the time needed to complete the test, the way of answering the questions, at both groups, from admission to discharge and every three months for a year.

**Conclusion:** The diagnosis of personality disorders, with or without affective comorbidity can be established using this psychometric instrument – SCID II.

**Keywords:** SCID II, affective comorbidity

## Introduction

Personality disorders were defined as specific behavior styles that deviate significantly from normal; such disorders lead to decreased adaptation, affect social and professional functions significantly, and make the patients feel distressed. Personality disorders usually begin in childhood or adolescence, and continue in the adulthood or can even last for lifetime [1,2].

The instruments of choice in assessing personality disorder are the structured interview schedules. There are more than 10 in current use and more are being developed monthly – The Personality Assessment Schedule (PAS), The International Personality Disorder Examination (IPDE), The Structured Interview for DSM IV Personality (SIDP-IV), The Diagnostic Interview for DSM IV Personality Disorders (DIPD-IV), SCID II. When we are assessing personality disorders, it is wise to assess all the available categories and then to select those with special interest [3].

ICD 10 and DSM IV as modern nosologic systems, offering also modalities to diagnose personality disorders.

Cluster B - personality disorders are well known to be associated with affective co-morbidities [4,5] and also connected with stress, eating disorders, impulse control disorders, alcohol and drugs dependence [6,7,8]. It is very important to investigate the association with affective disorders. Our aim was to evaluate if the affective comorbidities influence the application of SCID II at patients with personality disorders.

In this study we wanted to point out the utility of this test – SCID II in diagnosing Cluster B - personality disorders associated or not with affective disorders.

## Material and method

Structural Clinical Interview for DSM-IV Axis II Personality Disorders – SCID II is used to diagnose a personality disorder based on DSM IV criteria. This test covers eleven Personality Disorders from DSM IV and it covers the Depressive Personality Disorder and Passive-Aggressive Personality Disorder. The SCID II-questionnaire is used to shorten the evaluation time of SCID II-test. The patient fills the questionnaire in about 20 minutes and after that the evaluator asks helping questions from the test if the patient answered with YES in the questionnaire.

We have started this study in January 2009. This is the pilot observational study which we intend to continue up to a number of 100 patients. Due to the limited number of patients statistics do not apply.

We applied the SCID II to a group of 10 patients with cluster B personality disorders and with affective disorders such as depression, anxiety or both in Psychiatric Clinic II Targu Mures, Romania, which we compared with a group of 5 patients without affective disorders at the start and at the end of hospitalization, and at every 3 months during a year.

We took into consideration the incidence of affective comorbidities, the time answering to the questionnaire, the time to run the whole test and the way the patients answered the questions during a year.

## Results

We divided our 15 patients into two groups. The first one – group A, 10 patients with personality disorder - cluster B type, associated with affective disorders and the second one

Table I. Repartition of patients

Group	Borderline personality disorder	Histrionic personality disorder	Antisocial personality disorder	Narcissistic personality disorder
A	4	3	2	1
B	1	1	2	1

Table II. Time to complete the test-SCID II in group A

Time for questionnaire/test (minutes)	Borderline Personality Disorder	Antisocial Personality Disorder	Histrionic Personality Disorder	Narcissistic Personality Disorder
Start of hospitalization	45/80	30/60	20/70	35/70
End of hospitalization	35/60	25/50	15/60	20/60
3 months	30/60	25/55	20/60	25/55
6 months	25/65	25/50	20/65	20/60
9 months	30/60	25/50	15/60	20/60
12 months	25/50	20/50	15/60	20/50

Table III. Time to complete the test-SCID II in group B

Time for questionnaire/test (minutes)	Borderline Personality Disorder	Antisocial Personality Disorder	Histrionic Personality Disorder	Narcissistic Personality Disorder
Start of hospitalization	30/40	20/30	20/40	20/30
End of hospitalization	25/35	20/25	15/35	15/30
3 months	20/40	15/30	15/45	15/25
6 months	25/35	10/25	15/35	20/30
9 months	20/40	15/30	20/35	20/35
12 months	20/45	15/30	20/40	15/35

– group B, 5 patients with personality disorder - cluster B type without affective disorders.

We observed that the Borderline Personality Disorder occurs at the majority (5 of our 15 patients) of personality disorders in our study (Table I).

In group A, depression was associated with personality disorder in 7 cases out of 10 and anxiety at 6 persons. Both of them were met at 3 patients (Figure 1). Affective co-morbidities were found in more than 50 % of our patients (10 from 15 cases) (Table II, Table III).

We can observe at the tables II and III, that the time to complete the questionnaire and the test is longer in group A which associates affective co-morbidities than in group B.

The longest time belongs to patients with Borderline PD because of their instability. Their internal uncertainty was proved by the variation of completing the test during a year.

The shortest time for questionnaire was scored by the Histrionic PD because of their superficiality. The time for the whole test increased (over 50%) taking advantage of our attention, of the variety of helping questions.

The patients with Narcissistic PD, in order to get well from the situation, had a medium time of answer, and during the interview they confirmed their impulse to control the situation and to participate at discussion.

The patients with Antisocial PD had the smaller variation of time to complete the questionnaire and to run the whole test, confirming their indolence and tendency to ignore the contact with the evaluator.

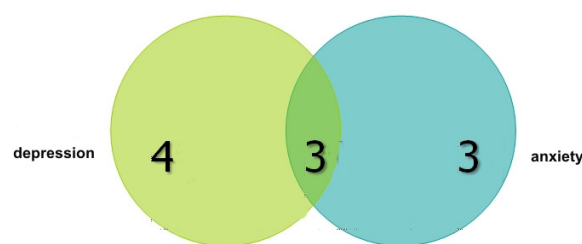


Fig. 1. Incidence of affective co-morbidities in group A

We have to say that putting the helping questions to group A doubled the time to answer.

When affective comorbidities were present (anxiety or depression), the patients answered the questions under the first impulse, but helping questions revealed the true answer. After the affective symptoms improved, the time of answer for questionnaire and for the test decreased. In group B, these times are longer for the start of hospitalization versus other moments, pointing out the interest for the test at first sight.

During a year the answers were approximately the same as before, for the both of groups.

## Discussions

The relation between axis I and II is often taken into consideration [9,10,11]. This leads to the suggestion that comorbidity of personality disorder is an indicator of severity.

The affective attitude instability of the patients with Cluster B personality disorders predisposes to affective disorders and shadows the psychometric evaluation.

Time to fill in the questionnaire was longer in group A - especially at Borderline Personality Disorder versus group B. After we asked the helping questions, although more time has passed, patients from group A were able to give clarifying answers and we were able to integrate them into a personality disorder.

The most difficult thing for us was to apply this test to patients with Borderline Personality Disorder because of their affective instability.

We can say that high emotional involvement brings a hyper-sensibility in answering the questions. Beside the longer time to answer in group A, the nonverbal language was very clear to the both groups and helped us in clarifying the diagnose.

With SCID II, we were able to discover more details about the way the patients are, about the mode they react in some situations, about their support system. Thus we tried to reinforce the relation with the patients, and not at last to have a proof of the patient's state of health and of their evolution during a year.

## Conclusion

This psychometric instrument – SCID II – can be used as an objectival instrument. It proves to be very useful to diagnose cluster B - personality disorders associated or not with affective disorders.

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