

Detecting Personality Disorders in a Nonclinical Population. Application of a 2-stage Procedure for Case Detection? By: Lenzenweger MF, Loranger AW, Korfine L, Neff C. *Arch. Gen. Psychiat.*, (1996), **54**: 345-351.

One of the problems in the study of personality disorders PDs in clinical populations is the absence of comparable epidemiology of PDs. One of the causes of this problem is that an Axis II diagnosis requires clinical sophistication and it is expensive to deploy clinicians to examine large community samples. This study explored the feasibility of using a 2-stage method in which only subjects who were screened positive on a self-administered Axis II inventory, the IDPE, DSM III R Screen, were further interviewed by clinicians. The first-stage sample comprised 1684 university students. Internal consistency of the IDPE-S was .84 for cluster A disorders, 0.91 for cluster B, and 0.84 for cluster C disorders. 43% were screened as positive for PD, while 57% were negative. In the second stage, the IPDE was administered by clinicians to assess PDs and SCID-NP was used to detect Axis I diagnosis. The prevalence of Axis-I disorders was significantly higher in the screened PD group. The sensitivity of the IDPE-S was 1, i.e., the screen detected all cases that subsequently received a PD diagnosis, while the specificity was 0.61. The point prevalence of PD in this nonclinical population was 11.01. The results, though in need of further replication on a more representative sample, indicate that the 2-stage method might substantially reduce the number of persons needed to be interviewed in a major epidemiological study of PDs, with little or no loss in clinical accuracy.

H.S.

DSM-IV Antisocial Personality Field Trial By: Widiger T, Cadoret R, Hare R, et al. *Journal of Abnormal Psychology*, (1996), **105**: 3-16.

The development of the 4th edition of the DSM-IV included 12 field trials to assess proposed definitions. This article provides results from the antisocial personality disorder (APD) field trial that was conducted to obtain data of relevance to the proposals of simplification and for the inclusion of more traditional traits of psychopathy. The populations included in the study were of particular relevance to the diagnosis of APD (prison inmates, psychiatric inpatients, outpatients with substance use disorders, and homeless persons. 100 participants were obtained from each site. They completed the ADP scale for the MCMI-II and the Self-report psychopathy scale. semistructured interviews were conducted at each site. Interrater reliability was statistically significant. Results suggest that some items could be deleted from the DSM-III-R criteria set without an appreciable effect on the diagnosis of APD. The two items that were readily deleted were parental irresponsibility and failure to sustain a monogamous relationship for more than one year. As regards criminal behaviour, it was noted that it might be highly diagnostic in clinical settings, but in prisoners, traits such as superficial charm, low empathy, machiavillianism and inflated, arrogant self-appraisal might be more important. The final decisions regarding ADP in the DSM-IV, however, were not based solely on the results of this study. The field trial provided mixed support for the proposal to include more traits of psychopathy. It also supported the view that even the most complicated of PDs can be assessed reliably when a semi-structured interview is used.

H.S.

Research Update on the Psychosocial Treatment of Schizophrenia By: Penn DL and Mueser KT. *Am. J. Psychiatry*, (1996), **151**: 5, 607-617.

This review is an update on the research evidence supporting psychosocial treatment for schizophrenia, in areas of social skills training, family interventions, cognitive rehabilitation, and coping with residual positive symptoms.

The results of controlled studies on social skills training suggest that individuals with schizophrenia can be taught a variety of social skills ranging from simple to more behaviours. They also suggest that there is pronounced improvement for some behaviours and that improvement become manifest after a long training for more than one year.

Perhaps the most effective measure in reducing relapse in schizophrenia involves family interventions, i.e., family education and behaviour family therapy. They also proved useful in the reduction of high expressed emotions.

Cognitive rehabilitation refers to either cognitive remediation analogous to that carried out in patients with organic deficits, or cognitive behaviour therapy based on the same principles of cognitive therapy in other psychiatric disorders as depression. The former technique is based on the fact that a significant bulk of research has always stressed the presence of cognitive deficits in schizophrenic patients and their correlation to social functioning. The practice in this area is still on an experimental level. The latter technique is based on teaching patients how to cope with residual positive symptoms. The results are promising, but still in need of replication before generalization on their efficacy can be deduced.

The authors conclude that the efficacy of different psychosocial models of intervention is supported by a large body of research. Further work is needed to address improving delivery of existing psychosocial interventions, integrating them with other psychosocial approaches,

identifying criteria of patients that benefit most from such interventions.

H.S.

Patients' Strategies for Coping with Auditory Hallucinations. By: Carter DM, Mackinnon A, Copolov D L. *J. Nerv. Ment. Dis.*, (1996), **184**: 159-164

In spite of rigorous pharmacological treatment, between 25-50% of psychotic patients continue to suffer persistent auditory hallucinations. Those can lead to heightened anxiety and depression as well as increased risk of suicide.

This paper examined coping strategies used by patients to deal with persistent hallucinations. It aimed at identifying such strategies and their effectiveness. The sample included 100 subjects with schizophrenia, schizophreniform disorder, bipolar disorder and psychotic depression. They were interviewed using the Mental Health Research Institute Unusual Perceptions Schedule (MUPS), a semistructured interview designed to elicit a comprehensive account of an individual's experience of auditory hallucinations, including a section on coping strategies.

The majority of patients reported being upset by hallucinations, with 66% reporting that they have a way to control auditory hallucinations with some success. No relationship was found between the frequency of the method used and effectiveness. There was also no correlation between the duration of illness and the number of used strategies. According to efficacy, three groups of strategies were identified: distraction by reading aloud or earplugs; listening to music or radio; and relaxation and talking about hallucinations.

The findings suggest that psychotic patients may play an active role in managing distressing symptoms. They also suggest that training methods can be used to increase the options for patients troubled by auditory hallucinations.

H.S.

Biofeedback Management of Tension Headache Patients

Thesis submitted in Partial Fulfillment of the the Master Degree in Neurology and Psychiatry - Faculty of Medicine, Assiut University, 1998

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This study was planned to evaluate the efficacy of EMG biofeedback in combination with relaxation in the treatment of tension headache and headache as an associated feature of generalized anxiety disorder (GAD)

The study is forwarded by a review of literature concerning Biofeedback, Relaxation, Tension Headache and GAD

For the practical part, about 90 patients were recruited from Neurology and Psychiatry outpatient clinics, Assiut University Hospital. 50 patients, out of them, had completed the treatment protocol and their data were suitable for statistical analysis. The study period extended from July 1996 to April 1997.

These patients were grouped into 30 cases with pure tension headache and 20 patients with GAD associated with tension headache. The number of males was equal to the number of females in each group, as planned from the start, and age ranged from 15-35 years; as an inclusion criterion.

The diagnosis of tension headache (n = 30) was made according to the headache classification committee of the International Headache Society (IHS,

1988). According to the same reference, this group was further divided into two subgroups: episodic tension headache (n = 15) and chronic tension headache (n = 15).

The diagnosis of GAD was made according to DSM - IV.

The tools used in the study are:

- (1) Headache sheet.
- (2) Social scale, to measure the social level.
- (3) Psycho-social stressors for adults (according to DSM- III- R).
- (4) Middlesex Hospital Questionnaire, to measure the psychoneurotic and affective status of the patients.
- (5) Headache score sheet, to measure the degree of headache activity.
- (6) biofeedback apparatus.

The treatment consisted of 12 sessions over 5 to 8 weeks of Frontalis EMG biofeedback associated with relaxation training. Regular home practice of relaxation two times / day was instructed. Each biofeedback and relaxation session lasting approximately 30 minutes. Follow-up for one month after the end of treatment sessions was done with continuation of home practice of relaxation.

The patients were drug free during the whole period of treatment sessions as well as the follow-up period Evaluation of treatment outcome was done through the headache score and the MHQ.

Statistical analysis of the study data showed the following findings:

(A) *Average daily headache scores at the start and the end of treatment and at follow-up:*

The mean percent of improvement of the studied sample after 12 sessions was (51.99 ± 22.99), while it was (49.17 ± 28.24) after one month follow-up. 26 patients (52%) of the total sample showed more than 50% improvement (marked) in headache scores at the end of treatment as well as after one month of follow-up. The percent improvement in these cases ranged from 53% to 87% at the end of treatment and from 56% to 86% at follow-up. The remaining patients ($n = 24$, 48%) manifested less than marked improvement, i.e. less than 50% at the end of treatment as well as at follow-up; ranges from 23% to 38% and 6% to 35% respectively.

As regards the first group of marked improvement ($n=26$), it is noted that 17 patients (65.34%) continued up their improvements at follow-up.

On the other hand, making the same comparison in the second group of less than 50% improvement ($n=24$) reveals that 13 patients (45.17%) manifested decrease in improvements gained at the end of treatment.

The mean percent of improvement in the group of tension headache patients at the end of treatment was (56.86 ± 64) while it was (53.53 ± 28.64) after one month follow-up. 17 patients (56.7%) showed more than 50% improvement in the headache scores at the end of treatment and also at follow-up.

The mean percent of improvement in the patients of anxiety associated with tension headache at the end of treatment was (44.70 ± 19.15), while it was (42.63 ± 27.01) after one month follow-up. 9 patients (45%) had reduction in the headache scores more than 50% at the end of treatment as well as at follow-up.

(2) *Middlesex Hospital Questionnaire scores before and after treatment:*

There were highly statistically significant differences between the mean pre-and post-treatment scores on all the subscales of MHQ in the total sample, each main group and each of the subgroups of tension headache.

The abnormally high mean score on anxiety subscale in the group of GAD has significantly decreased to normal mean.

Conclusions

After discussion of these findings, the study came forth to the following conclusions:

1. EMG biofeedback combined with relaxation training (12 sessions) are effective in improving pure tension headache as well as tension headache of GAD.

2. Post-treatment continuation of home practice of relaxation and follow-up after a course of treatment sessions with biofeedback and relaxation is useful in maintaining or increasing the degree of headache improvement gained at the end of the course.

3. Marked headache improvement (more than 50%) at the end of treatment sessions may predict maintenance or increase in headache improvement over time. Accordingly, the number of treatment sessions should be adjusted according to each individual patient to reach this percent or marked headache improvement.

4. Tension headache of GAD may need a larger number of treatment sessions than pure tension headache to reach that degree of percent improvement. Also, within the

group of tension headache patients, chronic subtype may need a larger number of sessions than the episodic one to reach marked improvement.

5. Biofeedback and relaxation can improve patient's background of psychoneurotic and affective status in addition to improving the headache pain. This is especially useful in patients with GAD associated with tension headache.

Overall, the behaviour therapy approaches tested in the present study can be applicable and useful to tension headache patients frequenting the psychiatry and Neurology Department in Assiut University Hospital. However, and similar to all psychotherapeutic treatment modalities, they need preparation of the patient and establishment of a therapeutic relationship to encourage compliance with the treatment sessions, home practice of relaxation and follow-up.

Recommendations and Implication for Future Research:

1- It is better to increase the sample size of the total sample and the subsamples in new researches of biofeedback.

2. It is recommended to increase the number of the treatment sessions more than 12 to achieve more improvement in tension headache and GAD associated with tension headache.

3. The follow-up period should be extended to more than one month.

4. The most recent biofeedback apparatus (computerized biofeedback) should be used in future researches.

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