A Study of the Effect of Age on the Personality Pathology of a Community Sample

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ABSTRACT

Background: Personality disorders are quite common in individuals with various psychiatric disorders affecting their presentations in different age groups. In this study we tried to study the effect of age on personality pathology. **Subjects and methods:** Three hundred and twelve individuals were recruited from the community and were assessed using part one of the Schedules of Clinical Assessment in Neuropsychiatry (SCAN) used to diagnose psychiatric disorders and subsyndrmes, and The Personality Assessment Schedule (PAS) used to detect personality pathology according to four main groups namely the socipathic group, the inhibited group, the withdrawn group and the dependent group. **Results:** Individuals with no psychiatric disorders or subsyndrome (N=112) personality disorders tended to decrease as the age of individuals advance, where as among the group of patients (N=195) personality disorders increased as the age advanced. This was particularly true for individuals with anxiety disorders who showed a statistically significant increase in individuals with inhibited group of personality disorders; while individuals with depressive disorders showed a statistically significant increase in the withdrawn group of personality disorders as age advances. **Conclusion:** Major personality traits such as social withdrawal and affective lability, which represents predispositions for the occurrence of psychiatric disorders, are unlikely to be changed substantially by advance of age.

Key words: Personality disorder, Psychiatric disorders, Egypt.

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INTRODUCTION

Personality disorder affects a substantial proportion of the population. Burdens on health care, social and criminal justice agencies have yet to be accurately quantified. Debates continue over case definition, but there is increasing information on prevalence using 'broad' definitions and etiology[1].

Personality disorders are conceptually heterogeneous, information about them is limited, and existing knowledge is largely derived from unrepresentative clinical populations. The clinical literature on personality disorders has few points of contact with the psychological literature on personality structure and development, and little is known of the cerebral mechanisms underlying personality traits[2].

Personality, by definition, ought to be evident, as it is both pervasive and

inflexible (unlike mental illness) and hence ought to commend itself as an object of proper study. Further, psychiatrists ought to be concerned with and interested in the personality of their patients, and be curious about the mask (and what might lie underneath) that we all require surviving[3]. Although to many clinicians personality disorder remains a specialist subject, it is easily demonstrable that its tentacles extend to all parts of clinical practice and that it is almost impossible to be engaged in clinical psychiatry in any discipline without coming across the subject[4].

Despite the definition of personality disorder as an enduring pattern of inner experience and behavior which is inflexible, pervasive, stable and of long duration, research increasingly reveals that these conditions show major fluctuations (1, 5). For example, early findings from a US multi-site study of patients with borderline, avoidant, schizotypal and obsessive-compulsive personality disorder found that 40%, 30%, 32% and 31%, respectively, no longer met criteria at 6-month follow-up[6]. Personality may show stability over time but personality disorder does not, thereby challenging its own definition[7].

A striking decline in prevalence of personality disorders with age of the subject was reported[8]. This could reflect a decline in the expression of these disorders with age, especially for the most common cluster B disorders. In addition, individuals born in earlier generations might be less likely to have the disorders (cohort effect).

The current study was set out to make a personality profile for non clinical subjects in the community suffering a depressive or anxiety illness, and for those without a diagnosis of axis I disorders taken from the same area and cultural background (as a control group).

SUBJECTS AND METHODS

Study site:

This study was conducted in a small village near El-Minia City. This village was chosen for the take- over of the study because of its proximity to the main city and the actual presence of official and personal links with those characters of importance in the village.

Subjects:

Inclusion criteria:

-Subjects living in the village (not those visiting their relatives or friends, or those working there without living actually in the village).

-Those between 18 and 60 years of life (both sexes).

Exclusion criteria:

-Mental retardation and the presence of current or past history of psychosis.

-The presence of a medical condition that might explain the symptoms (e.g. ischemic heart disease in a patient with panic).

Tools of the study:

I- Schedules for Clinical Assessment in Neuropsychiatry (SCAN): This is a set of instruments developed to assess measure and classify the psychopathology and behavior associated with different psychiatric disorders of adults. The SCAN consists of four parts, the glossary of definitions, the item group checklist, the clinical history schedules, and the tenth edition of the present state examination **(PSE-10).** Part one of the **PSE-10** was

used in this study in the primary step of eliciting the anxiety and depressive diagnoses. Diagnoses were made according to the Diagnostic and Statistical Manual fourth edition (DSM-IV) (APA, 1994).

II- The Personality Assessment Schedule (PAS): This was the main tool of the study. It is a semi-structured tool, with a clear set of questionnaire taking a reasonable time to implement. The most important advantage of the **PAS**, was its design to make dimensional diagnoses in the start (in the form of graded traits), and then the ability to convert these dimensional data to personality categories that are also graded in an almost dimensional manner (Scores for key traits, individual personality difficulties and disorders, groups of personality disorders). Addressing the issue of personality difficulties allows the recognition of subjects that are neither considered healthy, nor personality disordered, but still suffering on a middle point in that continuum.

In addition, personality disorders (PDs) can be graded in severity and complexity. Finally, the 13 types of personality disorders diagnosed in that system are grouped under 4 descriptive headings, with the members of every group sharing some phenomenological and structural similarities:

I. Sociopathic group of personality disorders including: Sociopathic, Explosive and Sensitive-aggressive PDs
II. Dependent group of personality disorders including: Passive-dependent, histrionic and Asthenic PDs
III. Inhibited group of personality disorders including: Anankastic, Anxious, Hypochondraiacal and Dysthymic PDs
IV. Withdrawn group of personality disorders including: Schizoid, Paranoid and Avoidant PDs

RESULTS

I- Description of the sample

The total number of individuals included in the study was 312. One hundred and seventeen subjects with no axis one diagnosis were taken as a control group while 195 individuals with either an axis one depressive or an anxiety disorder or subsyndrome represented the patients group. Forty eight individuals were diagnosed as having an anxiety disorder; 47 with a depressive disorder diagnosis; 53 with an anxiety subsyndrome and 47 with a depressive subsyndrome. Table (1) shows the sociodemographic characteristics of individuals included in the study. It could be seen that patients did not differ statistically from the control group in any of the sociodemographic parameters.

II- Comparison between control subjects & patients regarding the presence of each of the thirteen type of personality disorders

The percentage of personality disorder diagnoses was higher in patients regarding most of the thirteen PDs (except sociopathic PD that was nil in both, and explosive PD that was slightly higher in percentage in the control group). However, the difference was statistically significant in only three PDs (namely: anakastic, asthenic and hypochondriacal PDs) (table 2)

III-Comparison between control subjects & patients regarding the presence of each of the four groups of personality disorders

Sociopathic group of personality disorders was nearly similar in prevalence in the two groups of comparison, while there was a

difference in the dependent group of personality disorders that was almost significant (P=0.06). The inhibited and withdrawn groups of personality disorders were highly represented in the patients group, and when compared with the control group the difference was highly statistically significant (P=0.000) in both (table 3).

IV-Comparison between age of control subjects groups & personality disorders

Comparison between the three age groups of the control subjects reveals that the eldest group (group 3) had the lowest percentage of any Personality group, while the middle group (group 2) had the highest percentage of the first 3 groups of personality disorder (i.e. sociopathic, dependent, and inhibited). However, these differences were not statistically significant (table 4).

V-Comparison between ages of patients in the four groups of personality disorders

The age groups 2 and 3 scored higher on the presence of dependent and inhibited personality groups than group 1. On the other hand, age group 1 patients had higher percentage of sociopathic and withdrawn personality groups than did the other two age groups. These differences were not statistically significant (table 5).

VI-Comparison between age of Anxiety disorders patients & the four groups of personality disorders

Age groups two and three of anxiety disorder patients tended to have higher prevalence of dependent and inhibited groups of personality. The other two personality groups (sociopathic and withdrawn) were more evenly distributed among the three age groups. The difference between the 3 age groups was highly significant as regards the inhibited group of personality (P=0.001) (table 6).

VII-Comparison between age of Depressive disorders patients & the four groups of personality disorders

As regards the percentage of subjects with different personality groups in the three age groups of depressive patients, those in the middle age group (group 2) had the lowest percentage regarding personality disorders groups. The difference between the three age groups reached statistical significance only in the withdrawn group of personalities (P=0.02) (table 7).

VIII-Comparison between age of Anxiety subsyndromes patients & the four groups of personality disorders

There was no statistically significant difference between the three age groups of anxiety subsyndromes of the study as regards the percentage of subjects having different groups of personality disorders and/ or difficulties (table 8).

IX-Comparison between age of Depressive sub-syndromes & the four groups of personality disorders

Comparison between the three age groups of patients with depressive subsyndromes revealed no statistically significant difference between these groups, although the youngest group (group 1) had the highest percentage of withdrawn personality disorders and difficulties. The eldest group (group 3) tended to have higher percentage of dependent personalities (table 9).

Table 1: Description of the Sample (N=312).

Gender					
Subjects	Males		Females		
Patients (195)	N= 64 (32.8%)		N=131(67.2%)		
Control (117)	N= 39 (33.3%)		N= 78 (66.7%)		
Total (312)	N= 103(%)		N= 209 (%)		
Difference between groups X^2= 0.01 **P**=0.9					
Age					
Subjects	Age group I 18-30		Age group II 31-45		Age group III 46-60
Patients (195)	N= 104 (53.3%)		N=58 (29.7%)		N= 33 (16.9%)
Control (117)	N=62 (52.9%)		N=44 (37.6%)		N=11 (9.4%)
Total (312)	N= 166 (%)		N= 102(%)		N= 44 (%)
Difference between groups X^2= 4.2 **P**=0.1					
Educational level					
Subjects	Illiterate	Primary education	Preparatory education	Secondary education	College graduate
Patients (195)	N=75 (38%)	N=72(37%)	N=16 (8%)	N=27(13%)	N=5(2%)
Control (117)	N=39 (33%)	N=39(33%)	N=12(10%)	N=23(19%)	N=4(3%)
Total (312)	N=114(%)	N=111(%)	N=28(%)	N=50(%)	N=9 (%)
Difference between groups X^2= 2.9 **P**=0.7					
Occupation					
Subjects	Manual worker	Clerk work	Own business	House wife	Unemployed
Patients (195)	N=38(%)	N=6(%)	N=27(%)	N=113(%)	N=10(%)
Control (117)	N=24(%)	N=8(%)	N=12(%)	N=67(%)	N=6(%)
Total (312)	N=62(%)	N=14(%)	N=39(%)	N=181(%)	N=16(%)
Difference between groups X^2= 2.7 **P**=0.7					
Family Type					
Subjects	Nuclear family		Own extended family		In law extended family
Patients (195)	N=102 (52.3%)		N=50 (25.6%)		N=43 (22.1%)
Control (117)	N=58 (49.6%)		N=36 (30.8%)		N=23(19.7%)
Total (312)	N=160 (%)		N=86 (%)		N=66 (%)
Difference between groups X^2= 1 **P**=0.6					
Socioeconomic State					
Subjects	Very low	Low	Moderate	High	
Patients (195)	N=70 (35.9%)	N=98 (50.3%)	N=22 (11.3%)	N=5 (2.6%)	
Control (117)	N=49 (41.9%)	N=45 (38.5%)	N=20 (17%)	N=3 (2.6%)	
Total (312)	N=119 (%)	N=143(%)	N=42 (%)	N= (8%)	
Difference between groups X^2= 4.7 **P**=0.19					

Table 2: Comparison between Control Subjects and Patients Regarding the Presence of each of the 13 Personality Disorders.

Personality type	Control (N= 117)	Patients (N= 195)	X^2	P-value
Sociopathic	0= 0%	0= 0%	-	-
Passive-dependent	1= 0.9%	9= 4.6%	2.67	0.10
Anankastic	2=1.7%	12= 6.2%	**6.54**	**0.01***
Schizoid	2= 1.7%	5= 2.6%	0.01	0.90
Explosive	1= 0.9%	1= 0.5%	-	-
Sensitive/Aggressive	1= 0.9%	2= 1%	0.20	0.65
Histrionic	2= 1.7%	6= 3.1%	0.30	0.58
Asthenic	3= 2.6%	16= 8.2%	**4.07**	**0.02***
Anxious	3= 2.6%	6= 3.1%	0.03	0.85
Paranoid	0= 0%	6=3.1%	2.25	0.13
Hypochondriacal	2= 1.7%	12= 6.2%	**6.54**	**0.01***
Dysthymic	1= 0.9%	3= 1.5%	0.00	0.95
Avoidant	2= 1.7%	9= 4.6%	1.36	0.24

Table 3: Comparison between Control & Patients as Regard the 4 Groups of PD.

Personality group	Control (N = 117)	Patients (N=195)	X^2	P value
Sociopathic group	4= 3.4%	10= 5.1%	0.50	0.48
Dependent group	18= 15.4%	47= 24.1%	3.37	0.06
Inhibited group	13= 11.1%	59= 30.3%	15.10	0.000*
Withdrawn group	7= 6%	45= 23.1%	15.38	0.000*

* = Statistically significant (P<0.05)

Table 4: Comparison between Age Groups of Controls regarding the 4 Groups of PD.

Personality group	Age group I (18-30) (N= 62)	Age group II (31-45) (N= 44)	Age group III (46-60) (N= 11)	P-value
Sociopathic group	2= 3.2%	2= 4.5%	0= 0%	-
Dependent group	9= 14.5%	9= 20.4%	0= %	0.23
Inhibited group	6= 9.6%	6= 13.6%	1= 9.1%	0.79
Withdrawn group	5= 8.1%	2= 4.5%	0= 0%	-

Table 5: Comparison between age groups of patients regarding the 4 groups of PD.

Personality group	Age group I (18-30) (N=104)	Age group II (31-45) (N= 58)	Age group III (46-60) (N= 33)	P-value
Sociopathic group	8= 7.7%	0= 0%	2= 6%	0.10
Dependent group	19= 18.2%	18= 31%	10= 30.3%	0.12
Inhibited group	27= 25.9%	19= 32.7%	13= 39.4%	0.30
Withdrawn group	28= 26.9%	11= 18.9%	6= 18.2%	0.39

Table 6: Comparison between age groups of patients with anxiety disorders regarding the four groups of personality disorders.

Personality group	Age group I (18-30) (N= 24)	Age group II (31-45) (N= 17)	Age group III (46-60) (N= 7)	P-value
Sociopathic group	1= 4.1%	0= 0%	1= 14.3%	-
Dependent group	3= 12.5%	6= 35.3%	2= 28.5%	0.21
Inhibited group	3= 12.5%	7= 41.2%	6= 85.7%	**0.001***
Withdrawn group	6= 25%	3= 17.6%	2= 28.5%	0.79

* = Statistically significant (P<0.05)

Table 7: Comparison between age groups of patients with depressive disorders regarding the four groups of personality disorders.

Personality group	Age group I (18-30) (N= 27)	Age group II (31-45) (N= 15)	Age group III (46-60) (N= 5)	P-value
Sociopathic group	2= 7.4%	0= 0%	1= 20%	-
Dependent group	7= 25.9%	4= 26.6%	2= 40%	0.80
Inhibited group	11= 40.7%	5= 33.3%	2= 40%	0.89
Withdrawn group	13= 48.1%	1= 6.6%	2= 40%	**0.02***

Table 8: Comparison between age groups of patients with anxiety subsyndromes regarding the four groups of personality disorders.

Personality group	Age group I (18-30) (N=28)	Age group II (31-45) (N= 14)	Age group III (46-60) (N= 11)	P-value
Sociopathic group	2=7.1%	0= 0%	0= 0%	-
Dependent group	6= 21.2%	3= 21.4%	2= 18%	0.85
Inhibited group	7= 24.9%	4= 28.5%	3= 27%	0.85
Withdrawn group	6= 21.2%	3= 21.4%	2=18%	0.85

Table 9: Comparison between age groups of patients with depressive sub syndromes regarding the four groups of personality disorders.

Personality group	Age group I (18-30) (N.=25)	Age group II (31-45) (N.=12)	Age group III (46-60) (N.= 10)	P-value
Sociopathic group	2=8%	1=8.3%	0=0%	-
Dependent group	5= 20%	4= 33.3%	3= 30%	0.25
Inhibited group	5=20%	3= 24.9%	3= 30%	0.94
Withdrawn group	5=20%	2= 16.6%	0= 0%	-

* = Statistically significant (P<0.05)

DISCUSSION

There is a broad agreement that personality disorders (PDs) are important to psychiatrists because they impinge on clinical practice in many different ways. Those who have personality disorders are at increased risk of several Axis I mental disorders, including depression and anxiety disorders, suicide and parasuicide and misuse of and dependence on drugs[2].
The co-occurrence of PDs with Axis I disorders is considerable[9] and the prognosis of common neurotic disorders is powerfully predicted and affected by the presence of comorbid personality disorders[10].

On dividing the control subjects into 3 age groups (18-30, 31-45, and 46-60), personality pathology seemed to decrease with the increase of the age of the studied control subjects, but that observation was not statistically confirmed to be significant. In addition, comparison between the 3 age groups of the control subjects revealed that the eldest group (group 3) had the lowest percentage of any personality group, while the middle group (group 2) had the highest percentage of the three groups of personality (i.e. sociopathic, dependent, and inhibited). The first age group was only higher regarding the presence of withdrawn group of personality disorders and difficulties. Statistical analysis did not reveal statistical significance for these findings and this is compatible with previous reports that interviewed a large community sample (742 subjects) using the International Personality Disorder Examination (IPDE) and found a striking decline in the prevalence of personality disorders with age[11]. However, it should be mentioned that their sample was different from the current study sample in age limits (34-94 compared to 18-60 in the current study), in addition to different tools used.

Cohen et al. suggested that people with personality disorders could be less likely to be included in the sample because of their tendency to die earlier than the rest of the population (attrition)[8]. Others proposed another two explanations: The decrease in prevalence with age could reflect a decline in the expression of the disorders with age, and individuals born in earlier generations might be less likely to have such disorders (cohort effect)[11].

Another opinion postulated that the features of personality disorder form an approximate hierarchy of stability. Most amenable to change are symptoms, followed by interpersonal patterns, maladaptive modes of thinking, characteristic expressions of traits, and some self-attitudes (especially, self-esteem)[12]. Finally, dispositional traits and core self- and interpersonal pathology are highly stable. This may explain the relative tendency to score less on personality assessment measures in people with elder age.

Lenzenweger reported high correlations of a number of criteria for each personality disorder across assessments points, despite a significant decrease in the mean level of criteria present[5]. Five years later Shea et al. argued that if personality disorders were defined in terms of maladaptive traits, perhaps fluctuation over time in the manifestations of those traits would not be a surprise[13]. However, these reports were concerned with re-interviewing the same subjects for measurement of their personality stability, which is not the case in the present study dealing with the

personality manifestations in people at different ages seen at the same time.

Age groups two and three of patients with anxiety disorder tended to have higher prevalence of dependent and inhibited groups of personality. The other two personality groups (sociopathic and withdrawn) were more evenly distributed among the three age groups. The difference between the three age groups was highly significant as regards the inhibited group of personality including anakastic, anxious, hypochondriacal and dythymic personality disorders. Paris stated[14] that some personality disorders tend to remain chronic, like those of Cluster C (avoidant, dependent and obsessive compulsive PDs), as they have anxiety traits that may very well be self-reinforcing over time.

As regards the depressive disorder patients of the study, the percentage of subjects with different personality groups in the three age groups of depressive patients was lowest in group 2. The difference between the three age groups reached statistical significance only in the withdrawn group of personalities, and the youngest age group scored highest. This seems contradictory to Paris's opinion. He concluded that patients with Cluster A personality disorders (including schizoid and paranoid PDs) present in the withdrawn group of personality of the PAS are often disabled by the negative symptoms that they share with schizophrenia but do not have the positive symptoms that remit.

In addition, traits appear to change little during the adult years[15], probably because they have a substantial heritable component and get consolidated by environmental factors and gene-environment interplay. For these reasons, major traits such as social withdrawal, affective lability, and sensation seeking are unlikely to be changed substantially by available interventions[12].

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