Acknowledgement

I am deeply grateful for the support and constructive guidance of many people, whose valuable assistance made this study possible.

First and foremost I would like to express my profound gratification to **Prof. Afaf Hamed,** professor of neuropsychiatry, Faculty of Medicine, Ain Shams University for suggesting this topic. Without her assistance and motherly attitude, this work would not have been possible. It is great honor to work under her guidance and supervision.

I am eternally grateful to **Ass. Prof.Nivert Zaki** , Ass. Professor of Neuropsychiatry; Faculty of Medicine, Ain Shams University for her help and keen support. Without her help this work would have never been completed.

I would like to express my deep thanks and appreciation to **Dr. Soheir Helmy El Ghonemy,** lecturer of neuropsychiatry, Ain Shams University, for her patience, encouragement, valuable instructions and advice throughout the work.

I would like to thank my dear colleague **Heba Fakher** for her real support and help.

Last but not least, I wish to extend my thanks to my great

parents , my brothers , my dear sister , my sisters and brother in law; whom I love so much, for without their help and support this work would have never been accomplished.

ASI: Addiction Severity Index

BRS: Brief Rating Scale

C: Cooperativeness

CHD: Coronary Heart Disease

DSM IV: Diagnostic and Statistical Manual of Mental disorders (Fourth Edition)

ECT: Electro Convulsive Therapy

EEG: Electro Encephalogram

EPI: Eysenck Personality Inventory

EPQ: Eysenck Personality Questionnaire

GAD: Generalized Anxiety Disorder

GAF: Global Assessment of Functioning

HA: Harm Avoidance

IBS: Irritable Bowel Syndrome

IHD: Ischemic Heart Disease

MMPI: Minesota Multiple Personality Inventory

NOS: Not Otherwise Specified

NS: Novelty Seeking

OCD: Obsessive Compulsive Disorder

OCPD: Obsessive-Compulsive Personality Disorder

PCASEE: Quality of life scale formed of 6 components (P): Physical component, (C): Cognitive component, (A): Affective component, (S): Social component, (E): Economic component, (E): Ego functioning.

PD: Personality Disorders

PS: Persistence

QoL: Quality of Life

RD: Reward Dependence

SCL 90: Symptom Checklist

SD: Self Directedness

ST: Self Transcendence

TCI-R: Temperament and Character Inventory Revised

VBR: Ventricular Brain Ratio

YBOCS: Yale-Brown Obsessive-Compulsive Scale

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PREVALENCE

Omar et al, 1992 on a study on 200 neurotic patients from the institute of psychiatry Ain Shams University, 50 persons were selected as control group (working personal in the institute or relatives of the patients), the prevalence of personality disorders (PD) among the patients was 51.5% (103 patients), Among those diagnosed as PD, Multiple and Mixed PD (Personality not otherwise specified) were the most common diagnosed type of PD, followed by Borderline PD, Compulsive PD, Avoidant PD, Histrionic PD, with a lower prevalence of Antisocial PD, Schizotypal PD and Paranoid PD. On the other hand the Odd cluster of PD was the one underscored among all the other clusters in the whole sample and in various neurotic subcategories, while Depressive and Narcissistic personality disorders were not diagnosed in these groups, as shown in table 1

Table 1, the prevalence of different PD among a sample of neurotic patients

P.D.	**NUMBER**	**PERCENTAGE**
SCHIZOID	3	3%
SCHIZOTYPAL	1	1%
PARANOID	1	1%
AVOIDANT	8	8%
OBSESSIVE-COMPULSIVE	10	10%
DEPENDENT	2	2%
PASSIVE-AGGRESSIVE	4	4%
DEPRESSIVE	0	0%
BORDERLINE	16	16%
HISTRIONIC	8	8%
NARCISSISTIC	0	0%
ANTISOCIAL	1	1%
MIXED P.D.	20	20%
MULTIPLE P.D.	29	28%
TOTAL	103	100%

(Omar et al, 1992)

Kamel et al, 1995 on studying the files of all inpatients attending the substance abuse unit and those who were discharged and followed in the outpatient clinic at the Institute of Psychiatry Ain Shams University, the total number was 179 subjects, among them 76 subjects (42.55%) had the diagnosis of PD [33 subjects (18.4%) had Borderline PD, 23 subjects (12.8%) had Antisocial PD, 7 subjects (4.3%) had Passive Aggressive PD, 6 subjects (3.5%) had Avoidant PD and another 6 subjects (3.5%) had Dependant PD], while 103 subjects (57.7%) had no PD diagnosis.

Omar et al, 2002 examined 128 inpatients who were all admitted in the Institute Of Psychiatry, Ain Shams University between the 1st of May 2002 to the end of October 2002 who received the diagnosis of schizophrenia, the prevalence of PD diagnosis among the recruited sample was 59 patients (46%) suffered from a comorbid PD. Mixed PD (mainly sub threshold criteria of the odd cluster, Compulsive and Dependent personality) was the most common followed by Paranoid PD, Multiple PD, Borderline PD, Schizotypal

PD, Schizoid PD. On the other hand Avoidant and Antisocial PD were evident only in 1 patient each, other types of PD were not represented. The remaining 69 patients (54%) patients showed no PD diagnosis.

On studying the frequency of PD among Obsessive Compulsive Disorder (OCD) Patients**,** **Abulmagd et al, 2003** had a study carried out on 60 OCD patients recruited from outpatient clinics and inpatient units of the institute of psychiatry, Ain Shams University; Psychological Medicine Hospital, Heliopolis; and the Nile Sanatorium, EI-Maadi , 31 patients (51.7%) were having one or more PD diagnosis, while 29 patients (48.3%) had no PD diagnosis. Among the 31 patients with comorbid PD. the number of PD was as shown in table 2

Table 2, the prevalence of PD among a sample of OCD patients

No of patients	**% of patients**	**No of PD**
14	23.3%	1 PD
5	3%	2 PD

5	3%	3 PD
7	4.2%	More than 3 PD with maximum 8 PD
31	51.7%	Total

(Abulmagd et al, 2003)

Hatata et al, 2004 had a study on 76 patients diagnosed as substance abuse disorder (chosen from treatment seeking subjects who fulfilled the inclusion criteria among those attending the outpatient clinic and inpatient units of institute of psychiatry Ain shams university) , 40 (53.1%) of the studied patients had comorbid PD, among them 19 patients (25%) had comorbid 1 type of PD, 19 patients (25%) had comorbid 2 types of PD and 1 patient (1.3%) had comorbid 3 types of PD, with frequency as shown in table 3

Table 3, the prevalence of PD among a sample of substance abuse patients

No of patients	**% of patients**	**Type of PD**
19	25 %	Borderline PD

15	19.7%	Antisocial PD
8	10.5%	Passive aggressive PD
4	5.3%	Avoidant PD
4	5.3%	Dependant PD
3	3.9%	Histrionic PD, obsessive compulsive PD, depressive PD
1	1.3%	Schizoid PD
1	1.3%	PD not otherwise specified (NOS)
55	72.3%	Total

(**Hatata et al, 2004)**

Hamed et al, 2005 studied 50 patients, fulfilling the criteria of bipolar mood disorder according to DSM IV (selected from the inpatients units and the outpatients clinics of the institute of psychiatry Ain shams university hospital,31 patients (62%) were diagnosed as bipolar I mood disorder and 4 patients (8%) were

diagnosed as bipolar II mood disorder and 15 patients (30%) were diagnosed as major depressive disorder) the results of the study revealed that 30 patients (60%) had no axis II diagnosis while 20 patients (40%) had comorbid PD which are either single PD found in 9 patients (18%),mixed PD in 3 patients (6%) or multiple PD in 8 patients (16%).

El Ghonemy et al, 2005 by studying the relapse predictors in substance abuse patients, 60 patients were recruited in the study divided into 2 groups, group A (high relapse rate) and group B (low relapse rate), the prevalence of PD was found to be 100% were all the 60 patients were having comorbid PD, In group (A) there was 2 patients (6.7%) were having single personality disorder, 4 patients (13.3%) had mixed personality and 24 patients (80%) had multiple personality, while in group (B) 6 patients (20%) were having mixed personality disorder and 24 patients (80%) had multiple personality.

SOCIODEMOGRAPHIC DATA

Age

Omar et al, 1992 studied 200 neurotic patients, on comparing the mean age of neurotic patients with PD to those without PD, it was found that those with comorbid PD had younger mean age (27.83 years) than those without PD (29.82 years), On the other hand on studying another group of patients, **Hatata et al, 2004** studied 76 subjects having the diagnosis of substance abuse disorder, on comparison between subjects having comorbid Axis - II and subjects without comorbid Axis - II, as for age of onset there is no significant difference between them.

El Ghonemy et al, 2005 examined 60 patients with substance abuse, divided to 2 groups, group A (high relapse rate) and group B (low relapse rate) and all the patients were having comorbid PD, the mean age of the patients was 29.43 ($\pm$ 5.92) years in group (A) while in group (B) it was 30.76 ($\pm$ 5.63).

Education:

Abolmagd et al, 2002 the study was on a total number of 100 male patients diagnosed as Mental and Behavioral Disorder secondary to Substance Abuse according to DSM IV –TR who were the first patients admitted during the period between January 2002 and June 2002,among the 100 patients, 73 of them (73%) had the comorbid PD diagnosis, and it was observed that there is an increase in the percentage of substance abusers among university graduates , where 73 patients (73%) were university graduates, while 20 patients(20%) were high school students and 6 patients (6%) were 1ry school students.

Abdel Wahab et al, 2002 examined 30 patients diagnosed by DSM IV criteria as Borderline PD and 20 healthy volunteers as a control group from Abassia Mental Hospital in addition to 20 cases and 10 control from Institute of psychiatry Ain shams, regarding the education of the cases, it was found that 30 cases (6%) were educated till the 6th grade, 16 cases (32%) till 12th

grade, 19 cases (38%) had finished college,12 cases (24%) stuck in college. On the other hand the education level in the control group was somewhat different, where 15 controls (50%) reached the 12th grade and 14 controls (46.7%) had finished college.

Gender

The gender difference mostly appeared in the studies of patients having comorbid PD diagnosis with the diagnosis of substance abuse, where **Okasha A. et al, 1988** on a study on 100 admissions of heroin abusers in an inpatient psychiatric hospital, 92 patients (92%) were males and only 8 patients (8%) were females.

And **Kamel et al, 1995** in a study of 179 subjects , 173 patients (97.2%) were males and 6 patients (2.8%) were females, and in another study on 76 patients having the same diagnosis **Hatata et al, 2004** found that the ratio between male (70 patients) and female (6 patients) in the study was 92.1% : 7.9%, however the study was done on treatment seeking

population sample who were usually males, another factor that might explain the preponderance of male subjects who usually seek and receive treatment more than female subjects for fear of stigmatization, which decrease their possibility of marriage. Also **Abu EL Ella et al, 2007** had a study on 30 patients diagnosed as addicts for Heroin ± other substances, they were collected from private hospital in a period from December 2004 until December 2005, 20 patients (66.6%) were males while 10 patients (33.3%) were female.

Omar et al, 1992 examined 200 neurotic patients, among neurotic patients with PD, the percentage of females was higher than that of males, also among neuroses, there was subcategories in which females predominated e.g. patients with dissociative disorder in the studied sample were mostly females, also patients with conversion disorder showed significant female predominance. It was also found that some types of conversion disorder (e.g. aphonia, hemiplegia) were statistically significant concerning female

predominance. Meanwhile some PD in the recruited sample were uniquely feminine as Histrionic PD where all patients were females, also Borderline PD showed feminine predominance.

On studying the gender difference among patients with Borderline PD, **Abdel Wahab et al, 2002** the study was conducted on 50 Borderline PD patients, they were 31 females (62%) and 19 males (38%).

Residence

Abdel Wahab et al, 2002 The study was conducted on 50 Borderline PD patients, on studying the residence of both the case and control groups, the results were that 37 of the cases (74%) were living in an urban area and 13 (26%) were living in rural areas. While (73.3%) of the control group were livings in urban area and 8(26.7%) were living in rural area.

Occupation

Okasha et al, 1988 on a study on 100 heroin abuse subjects, students constituted only 39% (39 patients), while the rest 61% (61 patients) were: merchants 27% (27 patients), professionals 8% (8 patients), semi-professionals 9% (9 patients), semi-skilled 9% (9 patients) and jobless 8% (8 patients).

Abd El Mawella et al, 2001 the sample consists of two groups: A group of depressive disorders (30 patients) and a group of anxiety disorders (30 patients). These 60 patients were recruited from Kasr El-Aini psychiatric out patient , it was found that the housewives represented the majority of the patients in the depressive disorders group, represented in 13 patients (43.3%) followed by unskilled laborers in 10 patients (33.3%), skilled in 4 patients (13.3%), employees in 2 patients (6.5%) and students in 1 patient (3.3%). But the unskilled showed the highest representation in the anxiety disorder group, found in 13 patient (43.3%), followed by the housewives in 11 patients (36.7), then

the students in 3 patients (10%), professionals in 2 patients (6.7%) and unemployed in 1 patient (3.3%).

Abdel Wahab et al, 2002 The study was conducted on 50 Borderline PD patients and was studying the psychophysiological correlates of Borderline PD, concerning the occupational history of the cases it was found that 32 patients (64%) never had a job,12 patients (24%) had more than 4 jobs in the last year,4 patients (8%) had one job in the last year and 2 patients (4%) had 2 jobs in the last year. In the control group it was found that 22 subjects (73.3%) had one job in the last year and 8 subjects (26.7%) never had a job.

Abulmagd et al, 2003 studied 60 OCD patients, as regards occupation , it was found that 17 patients (28.3%) were unemployed because of their illness, among those 17 patients, 13 patients (76.5%) had comorbid PD.

Hamed et al, 2005 in a study on 50 mood disorder patients, 22 patients (44%) were doing household duties (housewife), 10 patients (20%) were unemployed, 6 patients (12%) were still students, 3 patients (6%) were skilled, 6 patients (12%) were unskilled and 3 patients (6%) were semiprofessional.

Marital status

On studying the marital status of patients having comorbid PD with substance abuse **Okasha et al, 1988** studied 100 subjects, 45 patients (45%) were single, 41 patients (41%) were married and 5 patients (5%) were divorced , while **Abolmagd et al, 2002** studied another 100 addicts, 73 patients (73%) were single, 20 patients (20%) were married and 7 patients (7%) were married with children, also **Hatata et al, 2004** in another study on substance abuse subjects, 55 patients (72.4%) were single, 7 patients (9.2%) were engaged, 13 patients (17.1%) were married and 1 patient (1.3%) was divorced.

Omar et al, 1992 studied another group of patients, where 200 neurotic patients were selected, it was found that neurotic patients with PD showed higher percentage of single persons, as 110 patients (55.5 %) were single while 90 patients (44.5%) were married.

Abdel Wahab et al, 2002 the study was conducted on 50 Borderline PD patients to examine the psychophysiological correlates, concerning the marital status of the cases it was found that the majority were not married and this was represented in 32 patients (64%) compared to 13 persons (26%) only of the control group were never married, 10 patients (20%) were married twice, while 4 patients (8%) were divorced twice and 2 patients (4%) were married once compared to 70% of the controls (35 persons).

Abulmagd et al, 2003 studied the impact of PD on the marital status of the patients with OCD, 60 OCD patients were studied where 31 of them (52%) received the diagnosis of comorbid PD, among the 31 patients, 23

patients (74.2%) were unmarried (single or divorced) and only 8 patients (25.8%) were married.

Social class

Abulmagd et al, 2003 this study was carried out on 60 OCD patients and near half of the patients was found to have comorbid PD diagnosis, in terms of social class 27 patients (45%) were of low social class, while 21 patients (35%) were of middle social class, and only 12 patients (20%) were of high social class.

Hatata et al, 2004 considering the social class of the patients of poly substance abuse with comorbid PD, it was found that all the social classes were almost equally represented, denoting that there is no specific relation between PD and the social class and addiction, within 76 patients, 21 patients (27.6%) were in the high social class, 24 patients (31.6%) were in the middle social class, 12 patients (15.8%) were in the low social class and 19 patients (25%) were in the very low social class.

El Ghonemy et al, 2005 examined 60 patients with substance abuse, divided to 2 groups, group A (high relapse rate) and group B (low relapse rate) and all the patients were having comorbid PD, regarding the socioeconomic status, in group (A) 20 patients (66.7%) were middle, 3 patients (10%) were above middle and the rest 7 patients (23.3%) were of high socioeconomic status, in group (B) 23 patients (76.6%) were above middle, while the rest 7 patients (23.3%) were of high socioeconomic status.

ETIOLOGY

Abd El Mawella et al, 2001 in a study on 60 patients, concerning the family history of psychiatric illness as an etiological factor for developing PD, it was found that positive family history was present in 22 patients (73.3%) of depressive disorder group, while it was about 17 patients (56.7%) of the anxiety disorder group.

Meanwhile in the same study, the perception of the patients about their parent's upbringing style reveals,

interestingly, within the sample of male addicts, there is a positive correlation between father's acceptance and extraversion with negative relation to the mother's one. Also it is not surprising that the adolescent or young adult perception that he is accepted by the father play a major role in enhancing self acceptance, assertive skills thereby accentuating extravert trait.

Fatheya et al, 2001 on a study on 30 patients, it was found that the perception of addict patients with high extravert traits that both parents are "over caring" might reflect a culture norm within a traditional Arabic family with enmeshed relations or a natural parental response to the hospitalization of their "child". In contrast, the perceived neglect and rejection of father and mother was expectedly met with increased neurotic traits in the addict. Moreover, the perceived father neglect and rejection in the eyes of his son was coupled with significant psychoticism in the later.

CLINICAL OUTCOME

Comorbidity

Prevalence of PD with comorbid disorders

Shalanda et al, 2001 on a study on 38 Irritable Bowel Syndrome (IBS) patients consecutively attending tropical medicine outpatient clinics at Zagazig University Hospitals were recruited and 32 healthy employees working at Zagazig University Hospitals matched for age and sex were subjected to medical and psychiatric assessment and serve as a control group, the patients group had higher scores on Neuroticism and lower scores on Extroversion scales of Eysenck Personality Inventory (EPI), The IBS patients had higher level of neuroticism which was found in 22 patients (58%), compared to only 7 controls (22%), also introversion which was found in 21 patients (55%), compared to 5 controls (16%). The IBS patients were far more likely to exhibit neurotic and introverted personality traits than seen in the healthy group.

Abdel Wahab et al, 2002 the study was conducted on 50 Borderline PD patients, regarding the comorbidity with Borderline PD, it was found that 17 patients (34%) had a single comorbidity with Borderline PD, while 33 patients (66%) were complaining of multiple comorbidities, and on studying this comorbidities it was found that the most common comorbidity was Dysthymia found in 36 patients (72%) followed by opioid dependence in 19 patients (38%), bipolar disorder was found in 14 patients (28%), Major depression in 8 (16%) of the patients, sedative dependence in 6 (12%) and alcohol dependence in 3 (6%) patients.

Hamed et al, 2005 in a study on 50 patients, 35 patients (70%) were diagnosed as bipolar mood disorder, 13 of them (26%) had a comorbid PD diagnosis, and the rest 22 patients (44%) had no axis II diagnosis , while 15 patients (30%) were diagnosed as major depressive disorder, 7 of them (14%) had a comorbid PD diagnosis, and 8 patients (16%) had no axis II diagnosis so it was found that the prevalence of PD comorbidity with bipolar I disorder is 41.9% of the

recruited sample, however the prevalence of comorbidity with the major depressive disorder group was 46.6% of the recruited sample.

Kamel et al, 2006 this study was carried out on 60 OCD patients recruited from outpatient clinics and inpatient units of the Institute of Psychiatry, Ain Shams University; Psychological Medicine Hospital,Heliopolis; and the Nile Sanatorium , El-Maadi, it was found that 14 patients (23.3%) had a single PD, while 17 patients (28.3%) had 2 or more PD up to a maximum of 8.

Prevalence of Different Types of PD

Hidayet et al, 1983 the study was conducted on 152 persons living in some hostels of Alexandria, by applying the colloquial standardized Arabic translation of the Middle Sex Personality Test, High scores of obsession was found in 77 patients (50.66%) showing that it is the most common neurotic disorder encountered among the Alexandria elderly, followed by depression in 83 patients

(54.87%), psychosomatism in 33 patients (21.71%), anxiety was found in 26 patients (17.11%), while phobia was found in 22 patients (14.47%) and hysteria in 8 patients (5.66%).

Okasha et al, 1988 studied 100 heroin abuse subjects, the personality traits were assessed by the Eysenck Personality Questionnaire, the Zung self-rating depression, the Guilford scale for cycloid and depressive temperament and the Psychopathic scale from Minesota Multiphasic Personality Inventory showed ; Extroversion in 47 patients (47%), Introversion in 15 patients (15%), Neurotisicm in 16 patients (16%) , Psychotisicm in 5 patients(5%), Cyclothymia in 14 patients (14%), Impulsivity in 42 patients (42%), Psychopathic in 11 patients (11%), Antisocial in 11 patients (11%), Depressed mood in 13 patients (13%), Anxiety in 2 patients(2%). Some traits are overlapping but it is evident that extraversion, impulsivity, neurotisicm , introversion, cyclothymia and depressed mood are important in their order of frequency.

Abed et al, 1991 on a study on 90 patients**,** the most frequent PD found was Obsessive Compulsive PD in 18 patients (20%), then Histrionic PD in 16 patients (17.78%), Paranoid and Avoidant PD had the same frequency and was found in 11 patients (12.22%), Dependant PD in 10 patients (11.12%), Borderline PD in 9 patients (10%), Antisocial in 5 patients (5.56%), Schizoid and Schizotypal PD in 3 patients (3.33%), finally Narcissistic and Passive Aggressive was found in 2 patients (2.22%).

Omar et al, 1992 on a study on 200 neurotic patients**,** the prevalence of PD was studied in different neurotic disorders diagnosis as follows:

- Among the somatoform group, the valuable finding was that Multiple and Mixed PD was found in 38 patients (19%) and was the commonest PD diagnosed followed by Borderline PD in 36 patients (13%) with the relative absence of Histrionic PD as a separate diagnosis as it was found in 5 patients only (2.5%), while those with conversion disorder showed increased percentage of PD, 110 patients (55%) had

one or more PD, with predominance of Multiple, Mixed and Borderline PD.

- Concerning the anxiety category of neurotic patients, also personality disorder NES was found in 55 patients (27.5%) [Multiple in 34 patients (17%) and Mixed PD in 21 patients (10.5%)] were the commonest group diagnosed followed by those PD belonging to the anxious cluster that was found in 34 patients (17%), Obsessive-Compulsive PD being the most common that was found in 17 patients (8.5%) followed by Avoidant PD in 8 patients (4%). The most interesting finding in the anxiety group, was the increased percentage of Obsessive-Compulsive PD among patients with OCD, 14% of patients with OCD had Obsessive-Compulsive PD as individual PD diagnosis and 36% had Obsessive-Compulsive PD as a whole (individual diagnosis + those present in multiple and mixed), with the relative underscoring of the PD of dramatic and odd clusters.
- The percentage of PD among patients with social phobia was 55.5% of the recruited patients while those with panic disorder, the results were 36%

of those diagnosed as panic disorder had one or more PD.

- Among the generalized anxiety disorder (GAD) group of the sample, the prevalence of PD was 53% of the patients diagnosed as GAD, The Mixed and Multiple PDs were the commonest (37%), followed by Obsessive-Compulsive PD (15.5%), Dependent PD was not present as an individual diagnosis in the sample, but it was represented within the group of Multiple and Mixed PDs.
- The prevalence of PD among patients with adjustment disorder was 54% of the recruited sample, while in the group of dissociative disorder in the study, 75% of these patients had the diagnosis of one or more PD, of whom 50% were Histrionic PD, 33% Multiple [histrionic, borderline & antisocial], and 17% Borderline PD.

Hamdi et al, 1992 the subjects of this study were part of a large scale survey of patients presenting to the

Endoscopy Department of El-Agouza General Hospital, 110 male patients diagnosed endoscopically as having duodenal ulcer disease (Duodenal ulcer group), 30 male patients who were complaining of symptoms simulating peptic ulcer disease, but endoscopic examination revealed normal findings (Somatizing group), control group of 30 normal males not suffering from any gastrointestinal Trouble, and who had no history of psychiatric consultation. According to the Eysenck Personality Inventory (EPQ) consulting patients have significantly higher degrees of neuroticism, psychoticism, and criminality than controls, with the most marked difference evident in neuroticism scores. No significant differences were detected between duodenal ulcer, and somatizing patients and controls on the lie, and extra version scales of the EPQ.

The personality profile for duodenal ulcer patients according to the EPQ is one of high neuroticism, and introversion, a degree of psychoticism and low criminality. The profile for somatizing patents is one of high neuroticism,

introversion, and an excess of psychoticism and criminality compared to the other groups.

Akram et al, 2000 a research conducted on 148 patients, interestingly the score regarding personality characteristics like neuroticism and introversion /extraversion was higher in control than patients, and the trait anxiety is significantly more in patients than controls, also it was found that the trait anxiety was the only significant independent variable in relation to depression in cancer patients.

Abd El Mawella et al, 2001 regarding severe PD there were discrepancy between the depressive group (30 patients) and anxiety group (30 patients) regarding the type of severe PD and its frequency between both groups, where severe Avoidant PD was found in 2 patients (3.3%) and were the commonest in both groups. The severe PD which were present only in the group of anxiety disorders were Paranoid in 3 patients (10%) followed by Hypochondriasis, Sociopathic and Anancastic in 1 patient (3.3%). On the other hand severe PD which were present in the group

of depressive disorders, only were explosive, sensitive aggressive in 2 patients (3.3%).

On studying the prevalence of different types of PD among substance abuse patients; **Abolmagd et al, 2002** in a study on 100 addicts and 100 control group, it was found that there were significant increased scores of aggression, impulsivity and Antisocial PD found in 63 patients (63%) and Borderline PD in 13 patients (13%) in the substance abuse group compared with normal control.

While on studying the prevalence of different types of PD among OCD patients; **Abulmagd et al, 2003** carried out a study on 60 OCD patients, most of the comorbid PD diagnoses were in the cluster C group in 46 patients (76.7%). The most prevalent PD were the Obsessive-Compulsive in 24 patients (40%), Avoidant in 11 patients (18.3%), Depressive in 8 patients (13.3%) and Borderline in 7 patients (11.7%).

Hatata et al, 2004 comparison between subjects having comorbid Axis - II and subjects without comorbid Axis - II, it was found that the most prevalent PD were Borderline PD and Antisocial PD.

Hamed et al, 2005 among 50 patients included in the study there were 20 patients having the diagnosis of comorbid PD, among them 9 patients (18%) had single PD specially cluster B PD (3 patients (6%) with the diagnosis of Borderline PD and 6 patients (12%) with the diagnosis of Histrionic PD) and 8 patients (16%) had Multiple PD and 3 patients (6%) had Mixed PD as assessed by SCID-II , so the results revealed that there is higher incidence of co occurrence of Histrionic PD than Borderline PD although none of the patients had a diagnosis of Narcissistic and Obsessive Compulsive PD as a single PD diagnosis, however many patients had obsessive Compulsive, Depressive, Avoidant and Narcissistic personality traits and / or disorders combined with other types of PD, while 30 patients (60%) who had no axis II diagnosis.

Salem et al, 2005 on a study was done on 110 subjects, the sample consists of 4 groups: 45 smokers who smoke at least 10 cigarettes per day for the last 5 years and who have smoked within the last 2 hours, 25 smokers who smoke at least 10 cigarettes per day for the last 5 years and who didn't smoke within the last 8 hours, 20 ex- smoker who have not smoked within the last years but used to smoke at least 10 cigarettes per day for at least 5 years, 30 participants who had not smoked before. The whole sample is of Egyptian volunteers from the general population, Concerning the Personality Assessment Schedule the following results was obtained.

Table 4, showing personality traits in different groups of smokers

groups / Traits	Smokers %	Abstaining smoking %	Ex-smokers %	Non-smokers %
Psychopathy	1.6	1.5	1.0	0.7
Passive dependant	1.7	2.0	1.4	1.o
Anankastic	2.0	1.8	1.3	1.2
Schizoid	1.6	1.2	1.1	0.8
Explosive	1.7	1.8	1.0	0.8
Asthenic	1.8	2.0	1.5	1.0
Anxious	Least	1.8	1.4	1.3
Paranoid	1.6	1.8	1.1	0.8

Hypochondrial	1.6	2.0	1.2	1.1
Dysthymic	1.8	1.4	1.3	Least
Avoidant	2.0	2.1	1.5	1.3

(Salem et al, 2005)

Concerning the results of EPQ **Salem et al, 2005** on the same subjects, the following results were found

Table 5, showing the results of EPQ on different groups of smokers

groups / EPQ variant	Smokers %	Abstaining smoking %	Ex-smokers %	Non-smokers %
Psychoticism	7.4	8.7	6.8	Least
Neuroticism	12.7	14.4	13.5	Least
Extraversion	11.8	13.0	12.6	13.6
Criminality	14.3	15.3	13.5	11.4
Lie scale	10.4	13.3	8.6	9.1

(**Salem et al, 2005)**

Analysis of variance for EPQ showed statistically significant differences between groups on Psychoticism and Criminality, but it did not show statistically significant differences on Neuroticism, Extraversion or Lie scale, After controlling for IQ, there were statistical

significant differences between groups concerning Criminality and Lie scale**. (Salem et al, 2005).**

Kamel et al, 2006 on studying the prevalence of PD on 60 OCD patients, the most prevalent PD were Obsessive-Compulsive PD (OCPD) found in 24 patients (40%), and Avoidant PD in 11 patients (18.3%). Cluster C PD occurred most frequently and was found in 28 patients (46.7%). On the other hand, the least frequent PD were Antisocial PD, Histrionic PD, Schizotypal PD in 2 patients (3.3% for each), and Schizoid PD in 1 patient (1.7%). Paranoid PD occurred as a mode of (8.3%) of this sample (5 patients).

Table 6, showing the prevalence of different types of PD among a group of OCD patients

Patients with PD	**Patients with no PD**
Number = 31	**Number = 29**
51.7%	**48.3%**

Cluster-A		Cluster-B		**Cluster-C**		Not otherwise specified		
.Paranoid Schizotypal **.**Schizoid	8.3 3.3 1.7	Histerionic Narcissistic **Borderline** **.**Antisocial	3.3 6.7 **11.7** 3.3	**Avoidant** Dependent **Obsessive-Compulsive**	**18.3** 10 **40**	**.**Passive-aggressive **Depressive**	10 **13.3**	

(Kamel et al, 2006)

Abu EL Ella et al, 2007 on a study on 30 heroin addicts, that patients usually show comorbid diagnosable disorder. The commonest diagnosis was depression found in 12 patients (40%) followed by Antisocial PD in 6 patients (20%) and Borderline PD in 6 patients (20%) followed by phobic disorder in 3 patients (10%) and finally drug induced psychotic disorder in 3 patients (10%). This was proved in the study by simple clinical diagnosis and by psychometric assessment of personality traits, Results of personality

assessment scale showed vulnerability, irresponsibility, consciensness, irritability, and impulsivity as the most important differentiating traits between addicts and non addicts groups. These traits are the outstanding traits in both Borderline and Antisocial PD.

El Shennawy et al, 2008 the study was done on 90 diabetic patients**,** the results of this study showed that the increased interpersonal sensitivity, depression, anxiety, somatization and obsession more or less could be related to ways of adjustment of patients and their beliefs about their medical condition

In this study patients with high Symptom Checklist (SCL9Q) total score specifically depression, anxiety, and interpersonal sensitivity scores and high scores on the Asthenic personality traits might be reflecting how these patients viewed their illness with diabetes as a serious illness and might had been reflected on their ongoing behavior and could had produced more psychiatric symptoms and worsened the disease and their compliance pattern on treatment, in

this study the patients group who were on insulin therapy showed more dysthymic and anxious personality traits than those who were on oral hypoglycemic therapy.

Impact of PD Comorbidity on Demographic data of other disorders

Abed et al, 1991 on a study on 90 subjects**,** concerning gender distribution, there were equal frequency of Obsessive males and females while Antisocial, Narcissistic and Passive Aggressive were specifically more prevalent in males.

This demographic studies on the different PD revealed significant association with marital state, occupation, and rank within the family, the odd eccentric group were characterized by stable marital life especially for paranoid PD, the fearful anxious group were characteristically single but when married has stable life, this is especially notable for obsessive compulsive and avoidant PD.

Odd eccentric group significantly tend to occupy physical work while anxious and fearful personalities were significantly over represented among mental work. Perhaps as mental work is not giving rapid fruitful results, is more tolerated by persistent obsessive compulsive PD or it is not overtly challenging which is more suiting personalities lacking assertiveness and confidence**,** while Paranoid and schizoid PD were significantly the eldest sibs.

Omar et al, 1992 on a study on 200 neurotic patients, those with PD showed earlier age of onset (25.01 years) than those without PD (27.05 years).

Abdel Wahab et al, 2002 the study was conducted on 50 Borderline PD patients**,** by comparing the female and male patients regarding their symptoms, a highly statistical difference have been found concerning the affective dysregulation symptoms which was more frequent among females. Concerning the impulsive dyscontrol symptoms, a very high

significant statistical difference has been found with much more males than females

Abdel-Khalek and Ibrahim 2002 on a study on 248 participants 79 cancer patients , 81 cardiac heart disease patients, and 88 non-patient group. The statistically significant gender related differences were found only in cancer patients on two scales, i.e. pessimism and anxiety, in which males have higher mean scores than that of females. Also there were statistically significant differences in: (a) The three groups of males (non patients, heart patients and cancer patients) on optimism, pessimism, and death obsession, (b) The three groups of females on optimism, anxiety, and death obsession, and (c) All the three groups on optimism, and death obsession. On applying the Scheffe test, the four male and female groups of patients attained significantly lower mean scores on optimism than the male and female non-patient groups. On the other hand, the last mentioned two groups had higher mean scores on death obsession than the other four groups. Male cancer patients had higher mean pessimism score than

the non-patients male group and only the female cancer patients group had significantly higher mean score on anxiety than their female non-patient counterparts. As for pessimism, the only significant difference in all groups was between the male cancer and the non-patient group, in which the cancer group had the highest mean score.

Abulmagd et al, 2003 studied the Impact of PD on demographic data of OCD:

13 patients (76.5%) of unemployed OCD patients were found to have comorbid PD while 4 patients (23.5%) had no comorbid PD. Also 23 patients (74.2%) of OCD patients with comorbid PD were unmarried (single or divorced) while only 8 patients (25.8%) were married.

Patients with single PD had earlier age of onset and longer time delay for seeking treatment of OCD compared to those with multiple PD, There was no significant mean difference of overall duration of OCD between the two groups.

Hamed et al, 2005 on a study on 50 patients it was found that the mean age of onset of patients with comorbid mood disorders and PD (22.47+7.27) is earlier than patients without comorbid PD (24.73+-7.38) hence a statistical significant difference between patients with PD and patients without PD was found , indicating that comorbidity leads to earlier onset of illness , also it affects frequency of relapse, frequency of hospitalization and duration of admission in hospital.

El Shennawy et al, 2008 the study was done on 90 diabetic patients**,** in this study the age at onset did not correlate with the SCL90 scores, but early age of onset was associated with the development of personality impairment and predicted the rating of the severity of the impairment, the early age of onset was associated with dysthymic and schizoid traits but did not associate with the presence of a specific type of personality groups, also in the results the increased schizoid and dysthymic traits with earlier onset probably reflect the inhibitions, the social impairment

and limitations of such a disease on personality development.

Impact of PD Comorbidity on Clinical Picture of Other Disorders

Hidayet et al, 1983 Among the Alexandrian elderly, depression is proved to be moderately correlated with anxiety, psychosomatism and obsession. Also regression analysis reflected that very high scores of depression agreed with high scores of obsession and psychosomatism.The present study depicted that psychosomatism is moderately correlated to anxiety and depression. Moreover, very high scores of psychosomatism accorded high scores of anxiety, obsession and depression in the regression analysis.

It has also been found that anxiety is moderately correlated to psychosomatism, depression, obsession and phobia. While the regression analysis revealed that very high scores of anxiety corresponded to high scores

of obsession, depression and psychosomatism among the Alexandrian elderly.

This study also revealed weak correlation between the hysterical trait and all the other neurotic traits. Moreover, very high scores on the hysterical scale matched high scores of none of the other five neurotic traits studied.

Ghanem et al, 1984 on a study on 60 schizophrenics from those referred to Doctor Talaat Abdel Hamid `s CAT scan centre in Cairo, and 57 persons as a control group, they suffered from headache that proved to be psychogenic in nature with no gross organic evidence elicited neither clinically nor radiologically the results obtained by the schizophrenic group, in the EPQ test, showed above average scores in psychotiscism and criminality for both male and female patients, While the neurotiscism and the extraversion were within normal ranges.

The comparison of the scores of patients having central atrophy (Ventricular Brain Ratio VBR more than 10) with

those who had not (VBR less than 10) did not show any statistically significant differences between the two groups. In other words, in this study, the premorbid personality profile might have little role in the development of central atrophy.

Osman et al, 1987 the present study was carried out on two groups of subjects, epileptic group and a control one. The epileptic group compromised 50 patients suffering from grand mal epilepsy. They were all under the medical supervision of the staff members of the Epilepsy Clinic at Al-Hussein University Hospital**,** The present study disclosed statistically significant differences in mean scores of performance between epileptics and normal controls, on tests assessing aggression; inferiority feelings, perceptual rigidity and undesirable life events, epileptics obtained significantly higher mean scores on such tests than did controls. On the other hand there were no differences in performance between the two groups on the assertiveness questionnaire.

Omar et al, 1992 on a study on 200 neurotic patients**,** in the group of patients with conversion disorder and OCD. For e.g. it was found that conversion aphonia occurred more in patients with PD than in patients without PD, while other conversion disorders did not showed such a difference. Also obsessive symptoms were found to occur more in patients with PD, while compulsion and mixed (obsession and compulsion) did not show such a difference.

Maklady et al, 1997 had a study on 208 police officers who were on duty not less than 2 years and a comparable group matching for age and sex served as control group, the study results showed that job stress and Ischemic Heart Disease (IHD) were significantly associated with self reported type A personality pattern, results showed little familial aggregation of type A and hostility. Also they highlighted, that hostility of males may account, in part, for their heightened risk of Coronary Heart Disease (CHD) relative to females. Although the statistical significant association between the ambitious, aggressive, restless, inpatient timely urged

competitive type A behavior pattern and IHD has been linked to job stressors and to some extent to the personal constitution, yet the cause and effect relationship is not clear.

Fatheya et al, 2001 on a study conducted on 30 patients from Cairo and Ismailia governorates, 21 cases were recruited from El-Tall El-Kabeer Psychiatric hospital and 9 cases from the institute of Psychiatry Ain Shams University, it was found that there is +ve significant correlation between emotional over-involvement and psychoticism. On the other hand, there is -ve significant correlation between warmth and neuroticism. Also it was found that there is a - ve significant correlation between perceived family security and neuroticism, and there is a –ve significant correlation between self-sacrifice and family cooperation on one hand and both psychoticism and neuroticism on the other hand. There is also a -ve significant correlation between satisfying of family needs and neuroticism. A -ve correlation between overall family atmosphere and neuroticism also was found. There is +ve significant correlation between the

perceived attitude of father acceptance and patient's extravert traits while there is a -ve significant correlation between mother acceptance and patient's extraversion. Regarding family atmosphere, the finding of a negative significant correlation between family security, self sacrifice and family cooperation, satisfaction of family needs and the general family atmosphere on one hand and neuroticism on the other hand.

Hatata et al, 2004 the research studied the relationship between the type of abused substance and the comorbid PD, significant relationship was found between alcohol use disorder and Passive aggressive PD, on the other hand there was no significant relationship found with cannabis use disorder except with Schizotypal PD. Meanwhile there was a relationship between opiate use disorder with both Borderline PD and Obsessive PD, also there was a relationship between subjects having sedatives use disorder with both Borderline PD and Narcissistic PD.

Hamed et al, 2005 also found that comorbid personality disorders was found to be associated with increase severity of depression, where Eysenck personality traits were correlated to severity of depression, this correlation revealed a direct relation between Neuroticism, Criminality and severity of depression, but a reciprocal relation was found between extraversion and severity of depression. However severity of mania was not affected significantly with PD comorbidity, where no statistical significant difference was found between Eysenck dimensions, although increasing severity of mania was found to be associated with higher mean scores of neuroticism and extraversion.

In an attempt to study different personality traits in patients with mood disorders, personality traits were assessed by EPQ, results revealed that high mean scores of Neuroticism and Criminality was found in patients with major depressive disorder, on the other hand in patients with bipolar affective disorder a high significant statistical difference between groups and higher mean

scores of extraversion was found,while there was no significant difference found as regard psychoticism. **(Hamed et al, 2005)**

Impact of comorbid PD on OCD :

Patients with comorbid PD had significantly higher total YBOCS severity scoring than those without comorbid PD. The mean scoring of patients with comorbid PD (30.13 ± 6.53) was of moderate to severe severity while the mean scoring of patients without comorbid PD (20.76 ± 5.73) was in the mild to moderate severity range. In addition, patients with comorbid PD had highly significant lower mean scores of GAF and PCASEE QoL scale than those without PD. Also it was found that patients with OCD and comorbid PD were found to have earlier mean age of onset than those without comorbid PD, Although in studying the mean duration and mean time delay for seeking psychiatric treatment of OCD, it was found that patients with comorbid PD were found to be higher than those without PD **(Abulmagd et al, 2003)**

Impact of comorbid PD on clinical features of OCD, revealed that 70% of patients with PD had continuous or progressive course while only 30% had episodic or improving course, concerning the non compliance among the non compliant patients there were significantly higher percentage of patients with comorbid PD (76.5%) than those without PD (23.5%) **(Abulmagd et al, 2003)**.

Impact of Number of Personality Disorder on clinical Features of OCD

OCD patients with multiple comorbid PD had significantly higher scoring of total YBOCS severity scale. The mean scoring of patients with single PD was of moderate severity (26.5 ±8.4) while those with multiple PDs were severe (33.1±5.9) **(Abulmagd et al, 2003)**.

Correlation between Specific Types of Personality Disorder and Symptom Expression of OCD:

Borderline and Dependent PD were negatively correlated to obsessions, while Passive Aggressive PD

was negatively correlated to compulsions. Other PD in the recruited sample had no specific correlation with symptom expression of OCD. **(Abulmagd et al, 2003)**.

Correlation between Specific Types of Personality Disorder and Type of Obsessions and Compulsions:

Ordering compulsions were positively correlated to Passive Aggressive PD also there were significant positive correlations between sexual obsessions and Schizotypal, Histrionic, Antisocial PD and Narcissistic PD.Contamination obsessions were positively correlated to Paranoid PD,on the other hand aggressive obsessions were negatively correlated to Borderline PD, and positively correlated to Obsessive Compulsive PD, hoarding was positively correlated to Avoidant PD. **(Abulmagd et al, 2003**; **Kamel et al, 2006).**

Impact of Personality Disorder Clusters on Total YBOCS Severity:

Cluster B PD was significantly the most Important cluster affecting the total YBOCS severity, followed by PD not otherwise specified (NOS)

(including Passive-Aggressive PD and Depressive PD), then cluster A PD. **(Abulmagd et al, 2003)**.

Impact of Specific Types of Personality Disorder on Total YBOCS Severity

Showed that Dependent PD was significantly the most important PD affecting the total YBOCS severity followed by Depressive PD, Avoidant PD and Borderline PD. **(Abulmagd et al, 2003; Kamel et al, 2006).**

Kamel et al, 2006 this study was carried out on 60 OCD, Consistent with prediction, OCD patients primarily displaying comorbidity with any PD versus those with no PD differed significantly in many OCD-related domains. The results of this study revealed the following: patients with comorbid any PD had significantly higher total Y-BOCS severity scoring than those without comorbid PD. In addition, patients with comorbid PD were significantly less functioning with significantly worse QoL than those without PD. The inflexible pattern of thoughts and actions found in

personality disordered OCD patients may account for the higher severity of symptoms compared to those without PDs. Moreover, the impaired social and occupational functioning of a personality disordered persons may add to the lower levels of functioning seen among them compared to those with no axis II disorders.

The analysis also revealed that 70% of patients with PD had continuous or progressive course (poor prognosis) while only 30% had episodic or improving course and this difference was statistically significant. Among the non compliant patients, there was significantly higher percentage of patients with comorbid PD (76.5%) than those without PD (23.5%). OCD patients with comorbid PD were found to have longer overall duration and longer mean time delay for seeking psychiatric treatment than those without PD, yet without statistical significance. Thus, those with comorbid PD are more prone to present with longer time before seeking psychiatric help, show less favorable course and are non-compliant on treatment.

Concerning Borderline PD

Abdel Wahab et al, 2002 the study was conducted on 50 Borderline PD patients, the study of the family relationship revealed that 36 of the cases (72%) reported disturbed relationship with parent of the same sex (female with mother & male with father) and 14 cases (28%) reported disturbed relationship with both parents. While only 2 of the control group (6.7%) reported disturbed relation with family member of the same sex and 4 cases (13.3%) reported disturbed family member with the opposite sex parent and none reported disturbed relationship with both parents.

By studying the availability of a trustful person (a person who care and supported psychologically the child while growing up) in the life of both the cases and control group, 47 (94%) of the cases reported absence of any trustful person in their live, while only 4(13.3%) of the control group reported absence of a trustful person in their lives.

Concerning Suicidality

Omar et al, 2002 the study was done on 128 patients with schizophrenia and comorbid PD, it was shown that there were a statistical significant increase in the rate of suicidal ideations and attempts in schizophrenics with comorbid PD than those without comorbid PD. Paranoid, Mixed and Borderline PD represented the highest risk among other PD.

Hamed et al, 2005 patients were assessed for suicidality and impact of specific personality traits on their suicidal behavior, 11 patients (22%) included in the study was only ideators while 7 patients (14 %) had suicidal attempts. Higher mean score of psychoticism in patients with previous suicidal attempts was noted. Also significantly higher mean score of neuroticism and criminality in suicidal attempts were noticed. However higher mean scores of extraversion were found with patients without history of suicidality.

History of sexual abuse

Abdel Wahab et al, 2002 the study was conducted on 50 borderline personality disorder patients.

Concerning the number of sexual abuse

It was found that 29 cases (58%) were sexually abused compared to 4(13.3%) of the control group. Moreover, it was found that 18 patients (36%) were abused once, compared to only 6 subjects (13.3%) of the control group, 9 cases(l8%) were abused more than three time in their childhood and 2 cases (4%) were abused twice.

Concerning the abuser

A family member was the sexual abuser in 23 cases (46%) compared to 1 (3.3%) in the control group.

Concerning the age at sexual abuse

Concerning the age at sexual abuse, most of the sexual abuse was between 5-10 years in both cases

(48%) found in 24 cases and control (10%) group found in 5 subjects.

Concerning the type of sexual abuse

Regarding the type of sexual abuse, complete sexual abuse has been reported in 4 cases (8%), compared to none of the control group. Incomplete sexual abuse was reported in 25 cases (50%) compared to 4 of the control group (13.3%).

Concerning Investigations

Abdel Wahab et al, 2002 the study was conducted on 50 Borderline PD patients, by studying the electro encephalographic (EEG) changes in both the cases and the control group, only 1 of the control group (3.3%) had EEG changes compared to 21(42%) of the case group, where it was found that 11 of the cases(22%) showed diffuse slowing in their EEG, 4 cases (8%) showed frontoepileptogenic discharge and 6 cases(12%) showed frontotemporal epileptic discharge.

By studying the Auditory evoked potential:

Concerning the P300 (a positive wave occurring 300 msec after detection of a novel or unexpected stimulus) of patients and control groups, a very highly significant statistical difference has been found between both groups. This very highly statistical difference was present concerning the latency and amplitude of P300 in auditory evoked potential.

Personality Temperaments

Impact of Personality Temperaments on other Disorders

Hamed et al, 2005 on an attempt to study the impact of personality temperaments and character on patients with mood disorders on various clinical variables, regarding the age of onset of illness it was indirectly correlated to the total Novelty seeking (NS) and self transcendence (ST) and some subscales ; the earlier the age of onset, the higher mean scores of mentioned temperament and character inventory revised (TCI-R) scales ; while directly correlated to total scores of Harm avoidance (HA), Reward dependence (RD),

Persistence (PS), Self directedness (SD) and Cooperativeness (C) but not reaching the point of statistical significance.

The results also revealed higher mean score of HA found among patients with major depressive disorder to the point of statistical significance, On the other hand, it was found that higher mean scores of RD, SD and ST was associated with patients with bipolar affective disorder.

Severity of depression as assessed by Hamilton depression rating scale was correlated to personality temperaments and characters, the results showed direct relation between HA scales and severity of depression. A reciprocal relation was found between severity of depression and PS as low scores in PS are characterized by tendency to give up easily in frustration, criticism, obstacles and fatigue. Also a reciprocal relation was found between severity of depression and SD, low scores in SD were weak and fragile. These characteristics could explain the severity of depression associated with the previously mentioned temperaments.

On the other hand it was found that severity of mania was associated with lower scores of NS, HA, RD, SD and ST **(Hamed et al, 2005).**

Correlation between Personality Traits and Total YBOCS Severity

There was a high significant negative correlation between SD and C and total YBOCS severity i.e. lower SD and C scores were associated with higher total YBOCS severity scoring. There was significant positive correlation between HA and total YBOCS severity. i.e. higher HA scoring was associated with higher total YBOCS severity scoring. On the other hand, positive correlations were found between PS, ST and total YBOCS severity.

There was positive correlation between NS and total YBOCS severity scoring. On the contrary, there was negative correlation between NS1 subscale and total YBOCS severity scoring. **(Abulmagd et al, 2003; Kamel et al, 2006).**

Stepwise multiple regression analysis showed that SD was significantly the most important personality trait affecting total Y-BOCS severity followed by C and PS, but both were without statistical significance. **(Kamel et al, 2006).**

Kamel et al. 2006, on studying the Impact of each Personality Traits on OCD

Novelty Seeking (NS)

There were positive correlations between the temperament trait of total (NS) and total Y-BOCS severity scorings, however, without reaching the point of statistical significance. Interestingly, (NS1) subscale was found to be negatively associated with the severity, however, without reaching the point of statistical significance. Low scores on the (NS1) (exploratory excitability vs. stoic rigidity) subscale, suggest that these subjects prefer familiar situations and tend to resist new ideas. Low (NS1) traits are characterized by stable unwillingness to consider new or unconventional ideas and closed-mindedness, may be specifically associated with obsessions.

Harm Avoidance (HA)

There was a significant positive correlation between (HA) temperament trait and total Y-BOCS severity in the present results. Higher scores of (HA) were also significantly correlated to longer overall duration of illness, less functioning and worse QoL compared to those with lower scores of (HA).

Reward Dependence (RD)

Patients with continuous and progressive course had significantly lower (RD) mean scores than those with episodic and improving course. Non-compliant patients had significantly lower scores of (RD) than compliant patients.

Persistence (PS)

Lower mean scores on the (PS) temperament trait was significantly correlated to worse QoL in OCD patients. Less compliant patients had lower mean scores of (PS), however, without reaching the level of statistical significance.

Self-Directedness (SD)

The character trait of Self-Directedness was the most significant personality trait that was found to have an impact on almost all OCD features. Results indicate that low (SD) scores have a significant relationship with the severity of OCD symptoms i.e. greater severity of obsessive-compulsive symptoms is, in part, explained by the low (SD) of the biogenetic character of subjects with OCD.

Stepwise multiple regression analyses showed that (SD) generally is the most important personality trait affecting OCD variables including the following: total Y-BOCS severity; obsessional severity; overall duration of illness; time delay for seeking treatment; compliance on treatment; GAF; and QoL.

Cooperativeness (C)

There was a significant negative correlation between (C) character dimension and the total Y-BOCS and obsessional severity.

Correlation between Personality Traits and Quality of Life:

SD, PS and C were positively correlated to QoL scoring.On the other hand, there was highly significant negative correlation between HA and QoL scoring. RD was positively correlated to QoL scoring, ST was negatively correlated to QoL scoring. **(Abulmagd et al, 2003)**.

Correlation between Personality Traits and Global Assessment of Functioning

There were significant positive correlations between SD, C and GAF i.e. low SD and C scores were significantly associated with low GAF scoring. On the contrary, there were significant negative correlations between HA, ST and GAF. i.e. higher HA and ST scoring were significantly associated with low GAF scoring, also RD was positively correlated to GAF, **(Abulmagd et al, 2003; Kamel et al, 2006)**.

Impact of Personality Traits on Course of OCD

Patients with continuous and progressive course had significantly lower mean scores of SD, RD and C

than those with episodic and improving course. On the other hand, the former group of patients had higher mean scores of NS, HA and ST and lower mean score of PS. **(Abulmagd et al, 2003; Kamel et al, 2006).**

Impact of Personality Traits on Compliance on Treatment of OCD

Non compliant patients had significantly lower mean scores of SD and RD than compliant patients. Also non compliant patients had higher NS, HA and ST, lower PS and C mean scores. **(Abulmagd et al, 2003; Kamel et al, 2006).**

Correlation between Personality Traits and duration of OCD

SD and NS were negatively correlated to the overall duration of OCD while HA and ST were positively correlated to the overall duration of OCD, other personality traits had no correlation with the overall duration of OCD. **(Abulmagd et al, 2003; Kamel et al, 2006).**

Correlation between Personality Traits and Age of Onset of OCD:

HA was negatively correlated to age of onset of OCD. On the other hand, RD and SD were positively correlated to the age of onset of OCD. Other personality traits had no correlation to age of onset of OCD, **(Abulmagd et al, 2003)**.

Correlation between Personality Traits and Time Delay for seeking Treatment of OCD

SD was negatively correlated to time delay for seeking treatment or OCD i.e. lower SD scores was significantly associated with longer Time delay tor seeking treatment of OCD. Also, NS was negatively correlated to the time delay for seeking treatment of OCD without reaching the point of statistical significance. There were positive correlations between HA, RD, ST and time delay for seeking treatment of OCD. **(Abulmagd et al, 2003; Kamel et al, 2006).**

Correlation between Personality Traits and Symptom Expression of OCD

A significant negative correlation was found between SD, C and obsessions severity i.e. lower SD

and C scoring were associated with higher obsessions severity. No other correlations were found between other personality traits and obsessions or compulsions severity. **(Abulmagd et al, 2003; Kamel et al, 2006).**

OUTCOME

Omar et al. 1992, the study was done on 200 neurotic patients, on studying the total duration of illness and prognosis, it was found that the total duration of the whole neurotic illness was longer in those with PD, with probably bad prognosis than in those without PD and concerning illness severity, psychological, social and occupational deterioration, they were evident in neurotic patients with PD more than in those without PD, and there was an evident percentile difference between those with and without PD concerning severe deterioration

Kamel et al, 1995 in a study of the files of 179 inpatients attending the substance abuse unit in the institute of psychiatry Ain Shams university, it was found that the debate about the role of PD diagnosis in

substance abuse and its effect on the outcome and prognosis is still going on, also the concept of the addictive personality, regarding the non significant difference between abusers with PD diagnosis and those without PD diagnosis at follow up, so it was clear that patients having the diagnosis of PD with substance abuse lag behind those with no PD diagnosis in their response to intensive treatment focused on substance abuse.

Maklady et al, 1997 found that specific types of PD can lead to other medical conditions, the study was done on 208 police officers and it was found that those characterized by high degree of self assertive, aggressive hostile authoritative constitution are biologically vulnerable through their sympathetic overflow to develop IHD than those with less active sympathetic autonomic nervous system.

The mechanism of the reported association of CHD with type A personality tern is unclear (It is doubtless not a single mechanism). Stress may increase the imparted by traditional factors, modulated by

personal process. A rise in blood pressure might be expected to result from adrenergic output. Some studies have shown an increased adrenergic receptor density in the healthy offspring of parents with documented premature CHD and type A behavior. The pattern of receptor density alteration was believed to be compatible with increased peripheral alpha adrenergic receptor activity potentially with increased coronary arterial vasoconstriction.

Furthermore, it is possible that those characterized by type A behavioral pattern and biologically prone to IHD tend to choose competitive stressful careers hence ultimately develop CHD caused by their vulnerability rather than by stressful job conditions.

Meanwhile some types of personality traits can also lead to developing other medical conditions **Shalanda et al, 2001** on a study on 38 patients of Irritable Bowel Syndrome, it was suggested that it is possible that the high level of neuroticism and introversion that was found in patients with IBS may be

one of the factors leading to the disease, as it may result in an inability to cope adequately with life stresses, which in turn may play a role in the developing pathophysiology of IBS.

Abulmagd et al, 2003 the study was carried out on 60 OCD patients**,** It revealed that the most affected component of Qol with PD comorbidity were the ego problems, social dysfunction and cognitive problems.

Hatata et al, 2004 had a study on 76 subjects, on comparing subjects having comorbid Axis - II and subjects without comorbid Axis - II, regarding the outcome and compliance between both groups, it was found that there is no statistical significance in the number hospitalization and number of outpatient`s treatment program.

Hamed et al, 2005 had a study on 50 patients fulfilling the criteria of bipolar mood disorder, it revealed that the rates of comorbid psychiatric disorders among individuals with bipolar disorder are important

because of the association of comorbidity with poorer outcome and poorer treatment response. Personality factors interfere with the response to treatment and increase personal incapacitation, morbidity, and mortality of these patients; moreover, personality disorders are a predisposing factor for suicide which is the most serious complication in patients with mood disorders. Suicide is the cause of death in 15 to 25% of untreated patients with mood disorders; unrecognized or inadequately treated depression contributes to 50 to 70% of all completed suicides.

In other words, the finding of specific personality features linked to clinical subtypes of affective disorders may also help in course and outcome such as time of recovery, frequency of recurrences, suicidal risk, treatment compliance behavior and susceptibility to relapse after a stressful life-event.

The research also studied the impact of personality temperaments and character in patients with mood disorders on various clinical variables, the study revealed that personality traits and /or disorder affect the

clinical picture of mood disorders regarding severity and suicidal behavior. Also it was found that specific traits are associated with earlier age of onset, that PD leads to earlier age of onset or increase the susceptibility of mood disorders, Also comorbidity of PD with mood disorders leads to increase frequency of relapse, frequency of hospital admission and increase the duration of hospital stay. PD and specific personality traits lead to increase the cost of mood disorder both directly and indirectly by increasing the severity of illness and reducing patient s quality of life, personality profiles help in assessing suicidality and planning treatment, from these findings, the research suggested that clinicians should be more vigilant for comorbid personality and mood disorders.

El Ghonemy et al, 2005 on a study on 60 patients selected from both the inpatient who were admitted in the addiction unit in the institute of psychiatry Ain Shams university in the period from March 2002 to the end of March 2003 and outpatient who attended or referred to the addiction outpatient clinic for follow up

during the same period. A significant relationship was found between the rate of relapse and the following personality disorders: Passive aggressive, Schizotypal, Depressive, Narcissistic, and Borderline PD. These results proof the fact that the higher levels of those PD predicted both relapse and drug abuse severity. The unavailability of treatment programs that focus on long-standing personality problems may contribute to increased likelihood of relapse as well.

Kamel et al, 2006 the study was carried out on 60 OCD patients , on studying the correlation between Personality Traits and Qol, it was found that, SD, PS and C were positively correlated to QoL scoring, On the other hand, there was a highly significant negative correlation between HA and QoL scoring. RD was positively correlated to QoL scoring; ST was negatively correlated to QoL scoring. Stepwise multiple regression analysis revealed that SD was significantly the most important personality trait affecting QoL followed by PS.

El Shennawy et al, 2008 the study was done on 90 diabetic patients. The results of the study suggested that personality difficulties and disorders may play an important role in causing functional, psychological, and social disability among diabetic patients.

MANAGEMENT

Maklady et al, 1997 had a study on 208 police officers, the results showed a strong association between exposure to job stress, features of personality types and CHD. Preventions programs should target highly and risky subjects in stressful jobs to avoid the development of CHD. Moreover, stress management programs and techniques should be part of the behavioral as well as psychological interventions included in the medical curriculum of pre and post-graduate training.

Shalanda et al, 2001 on a study on 38 patients of Irritable Bowel Syndrome, they suggest a cognitive-behavioral approach aimed at improving the patient capacity to cope with stress as a method of treatment.

This work was done to make use of the Egyptian studies done on Personality Disorders in order to identify the gaps in Egyptian researches to overcome these defects in the future. The ICD-10 classification was followed in organizing the reviewed studies.

In this study several databases were explored in the period from august to November 2008 to collect Egyptian studies done on Personality Disorders. The databases searched were those of libraries of faculty of medicine Ain Shams University since 1963, faculty of medicine Al-Azhar University since 1977, faculty of medicine Cairo University since 1990, as well as Egyptian journal of psychiatry since 1979, and current psychiatry since 1999. All the databases were searched till the time of data collection.

During data collection it was noticed that most of the libraries especially in the faculties of medicine lack the computer databases that organize and keep soft copies of the studies. Although, in the institute of psychiatry Ain Shams University, there were available databases categorized for each disease and it is upgraded yearly to include the most recent researches done on

each disorder, also in the same institute, there were available hard and soft copies of almost all issues of Current Psychiatry magazine. Also it worth mentioning, the optimistic start in the central library of Al-Azhar University, it is still a starting project that needs more effort in order to collect all the studies conducted in Al-Azhar University taking into consideration it has several branches in different governorates. Cairo University has a new central library that was newly opened and had a good database system. Nowadays, the Egyptian universities ask the researchers to provide soft copies of their studies in order to construct computer databases. The old researches need a great effort to be organized and collected in these databases.

Of a total of 25 studies collected, only 1 study had studied personality disorders as a separate topic, while the other 24 studies had studied the co morbidities with personality disorders or the impact of Personality Disorders on other psychiatric disorders or medical conditions.

After collection of the available Egyptian studies done on Personality Disorders they were classified

according to the ICD-10 and a literature review was done. In that review the disorders were organized in their order in the ICD-10. The available data about each disorder were categorized into data related to epidemiology, etiology, clinical description, management, and outcome as far as possible.

All the studies included in the review were done by Egyptian researchers on different samples of the Egyptian population, as the review was meant to highlight the characteristics of neurotic disorders in the Egyptian community. Some Egyptian researchers conducted their research in other Arab countries and included samples of different nationalities, these studies were not included in the review or the critical appraisal.

Epidemiology:

As regards the Egyptian studies on epidemiology of Personality Disorders; it was noticed that there were no available studies talking about the epidemiology of personality disorders alone but most of the studies were discussing the epidemiology of other disorders and only the impact of Personality Disorders on this disorders.

Etiology:

Also there were no studies done on the etiology of Personality Disorders, only 1 study highlighted the effect of positive family history on developing Personality Disorders **(Abd El Mawella et al, 2001)**.

Clinical picture:

As regard the studies on the clinical presentation of Personality Disorders, it was found that all the reviewed studies were talking about the impact of personality disorders on other psychiatric disorders, as mood disorders **Hamed et al, 2005** and OCD **Abulmagd et al, 2003.** The psychometric tools were the investigations used in the studies.

Management:

The Egyptian literature lack studies on different modalities of therapy of patients with Personality Disorders, the study of **Maklady et al, 1997** highlighted the management of stress in specific types of personalities to avoid the development of CHD.

Outcome and quality of life:

The quality of life in patients with co morbid personality and other disorders was assessed, while the prognosis and outcome of the different personality disorders were discussed in few studies as part of the follow up done for the included patients such as; **Kamel et al, 2006** who studied the prognosis of OCD with and without PD. Otherwise, there were no follow up studies that aimed at studying the long term outcome of these disorders. The limited time ascribed for data collection and difficulty in keeping contact with patients for long periods may be the contributing factors in such deficiency.

Gaps in the reviewed Egyptian research on different personality disorders:

The few numbers of studies in some Personality Disorders limited the available information about them in the Egyptian community so the review was defective in covering all aspects of these disorders.

There were little information about the epidemiology, etiology, clinical presentation, outcome and management of different types of PD, only 1 study was conducting the Psychophisiological correlates of Borderline personality disorder in an Egyptian sample **Abdel Wahab et al, 2002** other studies was conducting the impact of the co morbid PD on the clinical picture of other disorders e.g. **Omar et al, 1992** studied the effect of PD on neurotic patients, **Hamed et al, 2005** studied the impact of personality on mood disorders, **Kamel et al, 2006** studied the co morbidity between OCD and PD in different aspects.

Critical appraisal:

After the review of available Egyptian literature, critical appraisal of the studies included in the review was done. General observations were collected during appraisal and they apply to most of the studies appraised, these observations were:

- Most of the studies titles included generalization that was not justified during

conduction of the research as there was no specification of the sample included in the study or the exact aspects of the disorder to be studied.

- Some of the introductions stressed on definitions and assessment of the problem from western points of view and using the international literature to rationalize the study without clarifying the impact of that problem on the Egyptian culture. That may be due to the lack of solid knowledge about the Egyptian community and the difficulties in obtaining the Egyptian studies. Together with the shortage in complementary epidemiological national studies that gives data about the whole Egyptian community.

- The aim of the study was clearly stated in the majority of the studies. In most of the cases there was more than one aim those were fulfilled by the end of the studies.

- Only few studies had a clearly stated research question or study hypothesis, while the majority did not. A clearly stated specific research question and study hypothesis are important to

choose a suitable study design and to select proper sample with suitable sample size.

- The study designs used were frequently not mentioned clearly, described or rationalized. Not clarifying the study design raises questions about the results reached.

- It was noticed that most of the studies used observational designs mainly cross-sectional and case-control designs. These designs are characterized by being simple, easy and low cost designs compared to other designs. Interventional studies and prospective cohort design were rare in Egyptian research. That might be due to the limited time for the studies and the limited budget of the research as most of the studies are M Sc. or MD theses. Also, the difficulties in following up the patients for long times and increased possibility of dropouts may be contributing factors.

- Places of the studies and sampling populations were not rationalized in most of the studies. They were frequently selected according to the university where the study was registered. That is because they are more feasible and time saving; that

made the sampling populations not representative for the target populations of most of the studies and decreased the external validity of the sampling population (the ability to generalize from the study results to the target population) with increased sampling bias. Moreover, that deprived several places in Egypt of being studied as they are away from the research centers.

- Details of calculation of samples size were not mentioned except in few studies. Suitable sample size is mandatory to give on accurate picture of what is going on in the target population.
- The assessment tools were usually explained in details with proper referencing, but in some studies the translated tools were not properly tested for reliability and validity before applying them.
- Pilot studies were sometimes conducted and their results were used to adjust and improve the study proper.
- The statistical methods used for data analysis were mentioned in most of the studies and referenced.

- The results were usually presented in details mentioning both positive and negative data. The results were usually illustrated in tables and sometimes in graphs. But in some studies the tables contained data unnecessarily repeated in the text.
- The majority of the studies contained detailed discussions of the results and comparisons with other related studies.
- Recommendations were suggested by the end of most of the studies.
- In some studies limitations and difficulties met were clarified and that added weight to the study by clarifying the possible sources of bias. Yet limitations were not mentioned most of the studies.

I. Due to the wide scope of the topic of the study as it included all Personality Disorders it was hard to collect all the Egyptian studies conducted in that field putting into consideration the limited time of the study and difficult access to the Egyptian literature. So, the studies were searched in the libraries of the three large Egyptian universities located in Cairo and two main Egyptian journals of psychiatry that makes the review missing the studies published elsewhere.

II. In the libraries searched there were no available computer data bases what made it difficult to collect all studies done on Personality Disorders especially the old ones. The difficulties met the search and data collection in the different data bases were:

1. In Ain Shams University:

Library of Faculty of Medicine Ain Shams University: All studies done in the field of neuro-psychiatry were listed in a chronological order since 1963. The studies were available with easy access to them. Yet, the presence of a computer data base would have made it better to find all the needed studies and to

avoid missing any of them. Also, Library of ASUIP was searched. That library included some studies done in the neuro-psychiatry department of Ain Shams University and other universities. Some of the studies done in Ain Shams university were missing from the index of the library and others were not available although were listed in the index of the library.

Also it worth mentioning that the Institute of Psychiatry Ain Shams University has its own library that include most of the studies done on psychiatric disorders, yet some studies are missing. Meanwhile, currently all the studies done in the institute could be available on its website.

2. In Al-Azhar University:

- The central library of Al-Azhar University: It has a computer system that was supposed to contain the titles of the studies included in all faculties of Al-Azhar University but it was complicated and still not containing all the studies. That made it easier to search for the studies on-shelf. The library itself contains very little number of studies in the branch of psychiatry;

most of them were done in the last 5 years. So, libraries of faculties of medicine, Al-Azhar University in Cairo were visited

- The library of faculty of medicine for males: All studies done in the field of psychiatry were classified according to their subject and were collected in an index printed by the department of psychiatry. Another index was available in the library including all the studies done in the field of neuro-psychiatry arranged in chronological order. That index was more up to date and included all the studies done. The studies were available with easy access to them with exception of few studies that were included in the index and not available.

- The library of faculty of medicine for females: The titles of the studies were collected and arranged in chronological order in the library index. Most of the studies were available especially the recent studies but it was hard to have any copies of any parts of the studies. All the studies obtained from Al-Azhar University were written in Arabic with English summary.

3. In Cairo University:

The library of faculty of medicine: The studies in the field of neuro-psychiatry were collected and organized in chronological order since 1990. These studies were accessible easily. Studies before 1990 are hard to reach as they are not available and this in need for reclassification and organization.

4. Egyptian journals of psychiatry:

- Current psychiatry: All the volumes published since 1994 are available as hard copies in the Institute of Psychiatry Ain Shams University, but only volumes of the journal since 1999 were accessible easily in ASUIP.
- Egyptian journal of psychiatry: Are available in CD forms containing all volumes since 1979 till 2003, after which most of the volumes are existing as hard copies with some volumes missing.

Research recommendations:

1. Setting a plan for future researches, in order to have complementary research that covers several aspects of the studied topics.

2. Several and more complementary researches are needed to cover the biological aspects of Personality Disorders as well as the several management approaches and outcome of these disorders.

3. There is a need for further systematic reviews addressing different psychiatric disorders, it is better to be with narrower scope of research to discuss only one specific disorder of psychiatric disorders.

4. All Egyptian universities should contribute to collect all the available data about the different psychiatric disorders including Personality Disorders and its correlation to different psychiatric disorders.

5. A national Egyptian survey involving all Egyptian governorates is needed to assess the prevalence of different personality disorders.

6. More recent studies are needed to explore the specific epidemiological and clinical characteristics of the personality disorders.

Educational recommendations:

1. Clear guidelines for conducting a scientific research and writing a scientific paper in Egyptian research centers are needed to optimize research in Egypt.

2. Education in Egypt should include improvement of skills of critical appraisal of scientific papers.

Recommendations to improve the search for Egyptian literature:

1. Measures to improve the search in the libraries of the Egyptian universities are needed including

suitable computer databases that simplify the search for available Egyptian studies.

2. Soft copies of the Egyptian studies should be available for easy storage and better accessibility.

3. A network between the Egyptian Universities containing a database for all conducted Egyptian studies will facilitate easy access and promote better communication between different Egyptian research groups.

Many Egyptian researches had focused on Personality disorders; these studies are able to guide future researches, as well as their own findings should considerably throw the light on Personality Disorders in our clinical practice.

This work was conducted to systemically review and appraise the Egyptian studies done on Personality Disorders and hence recommendations for further studies are generated.

On studying the sociodemographic data, the prevalence of Personality Disorders in neurotic patients was found to be 51.5%, **Omar et al, 1992**, while in substance use disorder it was found to be 42.55% **Kamel et al, 1995; Hatata et al, 2004,** in schizophrenic patients the prevalence was 46% **Omar et al, 2002,** while in OCD patients the prevalence was found to be 51.7% **(Abulmagd et al, 2003).**

On the other hand the prevalence of Personality Disorder was 40% in patients with mood disorder, **(Hamed et al, 2005).**

On studying the effect Personality Disorders on the marital status of the patients **Omar et al, 1992** it was found that neurotic patients with PD showed higher percentage of single persons, while on studying the marital state of borderline PD patients 64% were single, **Abulmagd et al, 2003** on studying the impact of PD on the marital status of the patients with OCD, among the patients received the diagnosis of co morbid PD 74.2% were single.

On studying the impact of PD Co morbidity on demographic data of other disorders: it was found that neurotic patients with co morbid PD showed earlier age of onset of the disease **Omar et al, 1992.** Meanwhile it was found that 76% of the unemployed OCD patients were having co morbid PD **Abulmagd et al, 2003** also in the same study, patients with single PD had earlier age of onset and longer time delay for seeking treatment of OCD compared to those with multiple PD.

On studying the impact of PD Co morbidity on the clinical picture of other disorders : **Hamed et al, 2005** found that co morbidity between mood and PD

leads to earlier onset of illness , also it affects frequency of relapse, frequency of hospitalization and duration of admission in hospital.

Hatata et al, 2004 found a relationship between the type of abused substance and the co morbid PD, significant relationship was found between alcohol use disorder and Passive aggressive PD. Meanwhile there was a relationship between opiate use disorder with both Borderline PD and Obsessive PD; also there was a relationship between subjects having sedatives use disorder with both Borderline PD and Narcissistic PD.

Also **Abulmagd et al, 2003; Kamel, et al, 2006** found that Patients with co morbid PD had significantly higher total YBOCS severity scoring than those without co morbid PD, also patients with PD had continuous or progressive course of illness compared to patients with no PD had episodic or improving course.

Concerning suicidality, **Omar et al, 1992** found that there was an increase in the rate of suicidal ideations and attempts in schizophrenics with co morbid PD than those without co morbid PD. Meanwhile **Hamed et al, 2005** found that there was higher mean score of

psychoticism in patients with previous suicidal attempts. Also significantly higher mean score of neuroticism and criminality in suicidal attempts were noticed.

On studying the impact of Personality Temperaments on other Disorders: the impact of personality temperaments on mood disorders **Hamed et al, 2005** found that the age of onset of illness was indirectly correlated to the total Novelty seeking (NS) and self transcendence (ST), while directly correlated to total scores of Harm avoidance (HA), Reward dependence (RD), Persistence (PS), Self directedness (SD) and Cooperativeness (C) **Abulmagd et al, 2003;** (**Kamel et al, 2006** found that there was highly significant negative correlations between SD and C and total YBOCS severity while there was significant positive correlation between HA and total YBOCS severity.

On studying the outcome **Omar et al, 1992** found that the total duration of the whole neurotic illness was longer in those with PD, with probably bad prognosis than in those without PD and concerning illness severity, psychological, social and occupational

deterioration they were evident in neurotic patients with PD more than in those without PD,

Maklady et al, 1997 found that specific types of PD can lead to other medical conditions; it was found that those characterized by high degree of self assertive, aggressive hostile authoritative constitution are biologically vulnerable through their sympathetic overflow to develop IHD than those with less active sympathetic autonomic nervous system. Meanwhile some types of personality traits can also lead to developing other medical conditions, **Shalanda et al, 2001** it was suggested that it is possible that the high level of neuroticism and introversion that was found in patients with IBS may be one of the factors leading to the disease. Meanwhile, **El Shennawy et al, 2008** suggested that personality difficulties and disorders may play an important role in causing functional, psychological, and social disability among diabetic patients.

El Ghonemy et al, 2005 found that there was a significant relationship found between the rate of relapse

of addiction and the following personality disorders: Passive aggressive, Schizotypal, Depressive, Narcissistic, and Borderline PD.

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- **Abdel Wahab G. A., Ghanem M., Ashour S. Dr Haroun EL Rasheed A. (2002):** Psychophisiological correlates of Borderline personality disorder in an Egyptian sample; Msc Thesis Faculty of Medicine Ain shams University.

- **Abdel-Khalek A.and Ibrahim H. (2002) :** Personality Traits in Cancer and Coronary Heart Disease Patients, Current Psychiatry Vol. 9 No. 3 November 2002.

- **Abed M., Demerdash A., Beshri Z., El Mossly L.(1991):** Personality Disorders Distribution and Some Etiological factors in a selected population, Msc Thesis Faculty of Medicine El Azhar University.

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- **Abu El Ella I.(2007) :** Premorbid Achievement and Personality Traits in Heroin Dependance Disorder, Current Psychiatry Vol. 14 No. 1 March 2007.

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Characteristics of Duodenal Ulcer and Somatizing Patients , Egyptian Journal of Psychiatry, 15 : 2 July 1992.

- **Hamed M. A., Ismail M. A., Omar A. M., Abdel Razek Y.(2005) :** Impact of personality on mood disorder , Msc Thesis Faculty of Medicine Ain shams University.

- **Hatata H. A., Khalil A. H., Abdou T. A., Abo Zeid and Okasha (2004) :** Dual Diagnosis in Substance Use Disorder, Msc Thesis Faculty of Medicine Ain shams University.

- **Hidayet N.M., Rashed S., Gaafar M. T., Ali K. (1983)** : Personality Profile of the Institutionalized Elderly in Alexandria, Egyptian Journal of Psychiatry 6: 59 – 75.

- **Kamel M., Asaad T., Haroun El Rasheed A., Shaker N., Abulmagd M.(2006) :** Impact of Personality Profile on Patients with Obsessive Compulsive Disorder in an Egyptian sample, Current Psychiatry, vol. 13 No. 3 November 2006.

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1- Title:

The correlation of Psychological, Personality and Psychiatric Morbidity and Structural Pathology in Schizophrenics

MD Thesis done by: Mohamed Hamed Mohamed Ghanem

Supervised by: Prof. Ahmed Okasha, Prof. Moustafa Kamel Ismaiel, and Prof. Obsis Madkour.

The study was conducted in 1984 at Doctor Talaat Abdel Hamid`s CAT scan centre in Cairo.

The study was conducted on 60 schizophrenic patients chosen from those referred to Doctor Talaat Abdel Hamid`s CAT scan centre in Cairo and were compared to a control group of 57 persons who suffered from headache that was proved to be psychogenic in nature.

Aim:

The study was conducted to:

1- Prove or disprove the findings, in the literature, of CT scan characteristics in schizophrenics.
2- Use these findings as biological markers for patients with poor response.
3- Search for possible association between the radiological findings and the symptomatology in the schizophrenic disorders.
4- Search for possible association between the radiological findings and the personality profiles of the patients.

Methodology:

The study design was a Case control study.

Each patient was subjected to:

1- Full psychiatric interview.
2- The Brief Rating Scale (BRS).
3- The Eysenck Personality Questionnaire (EPQ).

Results:

1- There were significant statistical difference between schizophrenics and control group

concerning central atrophy; it was more evident in the undifferentiated type then the residual then the paranoid type.

2- The results of the EPQ of the schizophrenic group, showed above average scores in psychoticism and criminality and within normal range in neuroticism and extroversion and no statistical difference were found between the patients having central atrophy and those who didn't.

3- Central atrophy was evident with increase duration of illness, exposure to electroconvulsive therapy (ECT) and with prominent negative symptoms, on the other hand the premorbid personality traits, the use of different neuroleptics, hospitalization and positive family history had no effect on the central brain atrophy in the schizophrenic group.

Conclusion:

1- The premorbid personality profile might have little role in the development of central atrophy.

2- Central atrophy is found in the group of schizophrenics having increase duration of illness, exposed to ECT or with prominent negative symptoms.
3- Absence of cortical atrophy in the schizophrenic group indicates that schizophrenia isn't a degenerative disease as these types of diseases are characterized by the presence of both cortical and central atrophy.

1- Title:

Diagnosing Personality Disorders in Neurotic Patients

M.D. thesis done by: Abd El Nasser Mahmoud Omar

Supervised by: Prof. Ahmed Okasha, Prof. Farouk Lotaief, and Prof. Mohammed Ghanem

The study was done in 1992, in the inpatient units and outpatient clinics of the institute of psychiatry Ain Shams University.

The study was conducted on 200 neurotic patients diagnosed on the basis of SCID-I interview, selected from the inpatients and the patients attending the outpatient clinics in the Institute of Psychiatry Ain Shams University and 50 persons matching for age and sex selected from the working personnel in the same institute serving as a control group.

Aim:

The work aimed at studying the prevalence of PD among neurotic patients and to find the possible correlation between various neurotic subcategories and personality types, giving special emphasis on the effect of PD on the production of neurotic symptomatology and illness severity.

Methodology:

The study design was a Case control study.

All the patients were interviewed by means of the structured clinical interview of the DSM - III - TR (AXIS-I), and when fulfilling the criteria of any neurotic disorder patients were submitted to the SCID-II and the structured clinical interview for DSM-III-TR for personality disorders (AXIS-II)

Results:

1- On comparison between cases and control, the prevalence of PD was higher in neurotic patients, the commonest PD diagnosed was Personality Disorder NOS followed by Borderline PD, Compulsive PD, Avoidant PD then Histrionic PD.

2- There were specific co morbidity between various neurotic categories and specific PD type, where Multiple and Mixed PD were the most common PD among patients with adjustment disorder, while dissociative disorder was common in Histrionic PD followed by Multiple PD.

3- The co morbid PD had an effect on the demographic data of the neurotic patients as

neurotic patients with co morbid PD had earlier age of onset, concerning the sex the percentage was higher among females, also they had a higher percentage of single persons, concerning the outcome, neurotic patients with co morbid PD had longer total duration of illness, also they showed psychological, social and occupational deterioration i.e. bad prognosis.

Conclusion:

1- The co morbidity between neurotic disorders and PD is common; also PD affects the demographic data and the outcome of the neurotic disorder.
2- There are specific neurotic disorders common to be represented with specific types of PD.

3- Title:

Psychophisiological correlates of Borderline personality disorder in an Egyptian sample

M.D. thesis done by: Ghada Abdel Wahab

Supervised by: Prof. Adel Sadek, Prof. Mohamed Ghanem, and Prof. Amany Haroun El Rasheed.

The study was done in 2002, in the Institute of psychiatry Ain Shams University and El Abassia Mental hospital.

The study was done on 50 cases selected from the Abassia Mental Hospital and the Institute of Psychiatry Ain Shams University, who fulfilled the criteria of Borderline Personality Disorder according to DSM-IV without co morbidity with other Personality Disorder and 30 persons collected from both sites serving as a control group.

Aim:

The study was done to detect:

1. The co morbidity of borderline PD with other psychiatric disease.
2. The association of borderline PD and history of sexual abuse in childhood.
3. The neurophysiological correlates in borderline PD (EEG, auditory evoked potential, P300).

Methodology:

The study design was a Case control study.

Every patient enter the observation unit of Abassia mental hospital or referred to psychiatric clinic of the Institute of psychiatry Ain Shams university was examined for the presence of the symptoms of borderline PD using the Abassia mental hospital sheet, if any symptoms were present, the subject would be examined using :

1. Screening Questionnaire of the Structured Clinical interview for DSM IV Axis II disorder (SCID -II) to confirm the diagnosis, then
2. Structured Clinical Interview for DSM-IV (SCID-I) to detect any co morbidity with borderline PD, then

3. The patient was assessed for any history of sexual abuse during the childhood period using the structured questionnaire prepared by the supervisors, then
4. The patient would do Electroencephalogram (EEG), then
5. Auditory evoked potential was done to the patients selected from the Institute of psychiatry Ain Shams University.

Results:

1- Borderline PD was more common in females in the recruited sample, also it affects the sociodemographic data, where the majority of cases were not married, unemployed, have disturbed family relationship mostly with the parent of the same sex, reported absence of trustful person in their live.

2- Most of the cases were sexually abused with different rates, in half of the cases a family member was the abuser, most of the abuse was between the ages 5 - 10 years.

3- The majority of the cases had combined co morbidity with Borderline PD, the most common co morbidity found was dysthymia, opioid dependence, bipolar disorder, major depression, sedative dependence and alcohol dependence.
4- Concerning investigations abnormalities near half of the cases had EEG changes and changes regarding the P300 in the auditory evoked potential concerning the latency and amplitude.

Conclusion:

1- Borderline PD affects the life of the patients in multiple aspects.
2- History of sexual abuse might play a role in the development of Borderline PD.
3- Borderline PD had common co morbidity with Axis I diagnosis.

4- Title

Impact of Personality Profile on Patients with Obsessive Compulsive Disorder, in an Egyptian sample

M.D. thesis done by: Mostafa Lotfy Abulmagd

Supervised by: Prof. Mostafa Kamel Ismail, Prof. Tarek Asaad Abdou, and Prof. Amany Haroun El Rasheed.

The study was done in 2003, in the inpatient units and the outpatient clinics of the institute of psychiatry Ain Shams University.

The study was conducted on 60 patients diagnosed as OCD according to DSM-IV criteria.

Aim:

The study was conducted to

1. Assess personality in patients with OCD, both as categorical personality disorders and as dimensional personality traits.
2. Explore the impact of personality factors on patients with OCD as regards the severity and

expression of obsessive-compulsive symptoms, onset, course, duration, as well as the level of functioning and quality of life.

Methodology:

The study design was a cross sectional study.

The patients included in the study were subjected to:

1. Structured Clinical Interview for DSM-IV-TR Axis I Disorders (SCID-I).
2. Yale-Brown Obsessive Compulsive Scale (Y-BOCS).
3. Structured Clinical Interview for DSM-IV- Axis II Disorders (SCID-II).
4. Temperament and Character Inventory-Revised (TCI-R).
5. Self-esteem scale.
6. Rotter Internal - External Control Scale.
7. Global Assessmentss of Functioning Scale (GAF).
8. The PCASEE Quality of Life Scale
9. Modified Social Score of Egyptian Community

Results:

1- The prevalence of PD among the recruited sample was near half of the patients had one or more co morbid PD diagnosis, the most common PD diagnosed among the OCD patients was Obsessive Compulsive PD followed by Avoidant PD, Depressive PD then Borderline PD.

2- Patients with co morbid PD had higher total YBOCS severity scoring, lower mean scores of GAF and PCASEE Qol scale, earlier age of onset and higher mean duration and mean time delay for seeking psychiatric treatment.

3- Some personality traits had an impact on the total YBOCS severity where SD, C and RD had negative correlation with the total YBOCS severity, while HA, PS, NS and ST had positive correlation with the total YBOCS severity.

4- Personality traits affect the symptom expression of OCD, age of onset of OCD, course of OCD, duration of illness, time delay of seeking treatment and compliance on treatment.

Conclusion:

1- PD co morbidity among OCD patients is common, Obsessive Compulsive PD was the most frequently occurring PD among OCD patients
2- The presence of cluster B PD was associated with higher symptoms of severity.
3- Specific types of PD are correlated with specific types of obsessions and compulsions.
4- PD co morbidity and some types of personality traits especially SD are affecting almost all OCD features.

5- Title:

Dual Diagnosis in Substance Use Disorder

M.D. thesis done by: Hisham Ahmed Hatata

Supervised by: Prof. Afaf Hamed Khalil, Prof. Tarek Asaad Abdou, and Prof. Mohamed Yousef Abo Zeid.

The study was done in 2004, in the outpatient clinics of the institute of psychiatry Ain Shams University.

The study was carried out on 76 cases diagnosed as substance use disorder according to DSM-IV; they were selected from those admitted to the addiction unit in the Institute of Psychiatry Ain Shams University, or those following up in the addiction outpatient clinic in the same Institute.

Aim:

The research was conducted to:

1. Study the prevalence of co morbid psychiatric disorders among substance abuser patients in an Egyptian sample.
2. Identify if there is a correlation between the type of substance and the co morbid disorder occurred.
3. Find if there are specific risk factors that can cause this co morbidity.

Methodology:

The study design was a cross sectional study.

Subjects who had fulfilled the diagnosis of substance use disorder according to DSM-IV classification were subjected to:

1. Semistructured interview sheet.
2. Socio-demographic background assessment.
3. Structured Clinical Interview (SCID).
4. Addiction Severity Index (ASI).

Results:

1- Near half of the cases had the diagnosis of co morbid PD, either having co morbid one type of PD or multiple PD, the most frequently diagnosed type of PD in the selected sample was Borderline PD followed by Antisocial PD.

2- There were significant relationship between the type of substance abuse and different types of PD, as there were relation between alcohol use disorder and Passive Aggressive PD and between cannabis use disorder and

Schizotypal PD and between opiates use disorder and both Borderline PD and Obsessive Compulsive PD and between sedatives use disorder and both Borderline PD and Narcissistic PD.

3- On comparison between subjects having co morbid Axis-II and subjects without co morbid Axis-II, there were no significant statistical difference between both groups regarding the pattern of substance abuse, age of onset or the number of hospitalization.

Conclusion:

1- The co morbidity between substance use disorder and PD is common, the most common co morbid PD found was Borderline PD.

2- There are significant relationship between the type of substance abuse and specific types of PD.

3- Regarding the outcome and complications there were high scores in ASI in the co morbid PD group.

6- Title:

Impact of personality on mood disorder

M.D. thesis done by: Marwa Abd El Meguid Hamed

Supervised by: prof. Mostafa Kamel Ismail, Prof. Abd El Nasser Mahmoud Omar, and Prof. Yasser Abd El Razek.

The study was done in 2005, in the inpatient units and outpatient clinics of the Institute of psychiatry Ain Shams University.

The study was carried out on 50 patients with mood disorders diagnosis by DSM_IV.

Aim:

The study done to

1. Study the impact of PD on age of onset, diagnosis, clinical picture, number of episodes, frequency of hospitalization, and utilization of mental health services and cost of illness of mood disorders.
2. Review the impact of PD on treatment and prognosis of mood disorders.

Methodology:

The study design was a cross sectional study

The cases were subjected to

1. Full medical and psychiatric history.
2. Complete physical and neurological examination.
3. Assessment tools
    - Structural clinical interview for DSM IV Axis I disorder (SCID I)
    - Hamilton Depression Rating Scale HAM-D

- Screening Questionnaire of the Structured Clinical interview for DSM IV Axis II disorder (SCID II)
- Eysenck Personality Questionnaire EPQ
- Beck Scale for Suicide Ideation (BSS)
- Temperament and Character Inventory -Revised (TCI-R)

Results:

1- The prevalence of PD in the recruited sample was 40 % (20 patients), as follows : 18% had single PD, 16% had multiple PD and 6% had mixed PD.

2- Co morbid PD had an effect on mood disorders on the age of onset, the frequency of relapse, the frequency of hospitalization and the duration of illness, but had no effect on sociality. On the other hand concerning the severity of illness co morbid PD only affect the severity of depression but had no effect on severity of mania.

3- The personality traits according to EPQ were non significantly correlated to the age of onset, frequency of relapse, frequency of hospitalization and duration of hospitalization. Meanwhile they are correlated to severity of depression but not correlated to severity of mania.
4- Regarding the personality temperaments, the age of onset was directly correlated with HA, RD, PS, C but indirectly correlated with NS and ST. on the other hand the severity of depression was associated with HA while severity of mania was associated with lower scores of NS, HA, RD, SD and SD.

Conclusion:

1- Co morbid PD and specific personality traits impact the clinical picture of mood disorders and affect the course of illness and hence impact its prognosis.
2- The importance of careful personality assessment not only the presence of co

morbidity but also the presence of certain personality traits.

3- Treatment of patients with mood disorders should be modified according to personality profile for each patient.

7- Title:

Relapse predictors in patients with psychoactive substance use in the Egyptian culture

M.D thesis done by**:** Soheir H. El Ghoneimy,

Supervised by prof.Farouk L. Lotaief, prof.Tarek Assad Abdou, prof. Heba Ibrahim El Essawy, and prof.Amany Haroun El Rasheed.

The study was done in 2005, in the inpatient units and outpatient clinics of the Institute of psychiatry Ain Shams University.

The study was done on 60 substance abuse patients according to DSM - IV criteria.

Aim:

The aim of this work is to:

1. Verify the hypothesis of this study that substance abuse main problem is relapse which hinder good prognosis, and
2. To find out clients at risk of relapse among Egyptian Substance abusers.
3. To detect the predictors of relapse in an attempt to help in constructing treatment programs.

Methodology:

The study design was a cross sectional study.

The subjects will be assessed by:

1- The studied cases were assessed by semistructured interview sheet.

2- Addiction severity index (ASI)

3- Life events assessment by: Social Readjustment Rating Scale (SRRS)

4- Religious Orientation Scale (ROS); with its two forms (A) for Moslems & (B) for Christians
5- Structured Clinical Interview for DSM IV (SCID); both versions were used SCID I version for comorbid axis I diagnoses and SCID II for axis II diagnoses.

Results:

1- There was no statistically significant difference between the presence of other psychiatric disorder other than substance use and the rate of relapse.
2- Some PD affected the rate of relapse, the presence of Borderline, Passive Aggressive, Depressive PD Schizotypal and Narcissistic were found to be highly significant in relation to the rate of relapse.
3- Other factor such as Legal problems, family problems was found to be very high significantly related to the rate of relapse.

Conclusions:

1- The following factors were found correlated to relapse rate among the studied patients:

   a. Level of education.
   b. Employment status.
   c. Socioeconomic status.
   d. Positive family history of alcohol and substance use disorder.
   e. Positive family history of other psychiatric disorders.

2- There is a negative linear relationship between progression of age and the incidence of cigarette smoking and cannabis.

3- Treatment the comorbidity among patients of substance use disorder giving better prognosis, less complications and decreasing the possibility of rapid relapse.

4- A significant relationship was found between the rate of relapse and the following personality disorders: Passive aggressive, Schizotypal, Depressive, Narcissistic and Borderline personality disorders.

List of the Egyptian studies done on Personality Disorders

NO	Researche/s and supervisors	Article title	Year	Source
1	Hidayet N.M., Rashed S., Gaafar M. T., and Ali K. A.	Personality Profile of the Institutionalized Elderly in Alexandria	1983	Egyptian Journal of Psychiatry, (1983), 6: 59 – 75
2	Ghanem M. H., supervised by Prof. Okasha A., Prof. Ismail M. and Dr Madkour O.	The correlation of Psychological, Personality and Psychiatric Morbidity and Structural Pathology in Schizophrenics	1984	Msc Thesis Faculty of Medicine Ain shams University
3	Osman A. M., Hefny K. M. and Hassan M.	A Study of Some Personality Variables Among Egyptian Epileptics	1987	Egyptian Journal of Psychiatry, (1987) 10: 103 – 114
4	Okasha A, and Raafat M.	Is It Worth Treating Cases of Heroin Abuse as In-Patients	1988	Egyptian Journal of Psychiatry, (1988) 11: 119 – 126

5	Abed M. supervised by Prof. Demerdash A., Prof. Beshri Z., Prof. El Mossly L.	Personality Disorders Distribution and Some Etiological factors in a selected population	1991	Msc Thesis Faculty of Medicine El Azhar University
6	Omar A. M. supervised by Prof. Okasha A., Prof. Lotaief F. and Dr Ghanem M.	Diagnosing Personality Disorders in Neurotic Patients	1992	Msc Thesis Faculty of Medicine Ain shams University
7	Hamdi E., Gawad M. S., Hunter S., Arafa M., Amin Y., Ahmed M. N., Askar M. and Abdel Gawad T.	Neurotic and Personality Characteristics of Duodenal Ulcer and Somatizing Patients	1992	Egyptian Journal of Psychiatry , 15 : 2 July 1992
8	Kamel M., Ghanem m., El Mahalawy N., Saad A., Asaad T., Mansour M., and Omar A. M.	Characteristics of Patients Attending the Substance Abuse Unit in the Institute of Psychiatry, Ain Shams University	1995	Current Psychiatry Vol. 2 No. 2 December 1995
9	Maklady F. A., El Defrawi M. H., El Hawary A., and Sobhy S. A.	Stress, Type A Personality and Coronary Heart Disease	1997	Egyptian Journal of Psychiatry , 20 : 2

				July 1997
10	Akram K. W., Abdulmajeed A., Zahar N., Heba I. and Sobhy A.	A Study of Live Events, Personality and Anxiety Traits and Depression in Egyptian Patients with Cancer Bladder	2000	Current Psychiatry Vol. 7 No. 3 November 2000
11	Abdel Mawella S. supervised by Prof. Arafa M., Prof. Abdel Gawad T.	Personality Profile In Anxiety and Depressive Disorders, A Comparative Study	2001	Msc Thesis Faculty of Medicine Cairo University
12	Fathia A, Akram KW, Enayat Y, Bayomy M, and Abdulmajeed A	Relation of Substance Abusers Personality Traits to Family Expressed Emotion, Family Atmosphere and Parental upbringing styles.	2001	Current Psychiatry Vol. 9 No. 3 November 2001
13	Shalanda A.A. and Elwerwary O.M.	Assessment of psychiatric disorders;		Current Psychiatry Vol. 8 No.

		personality profile and psychotropic drugs treatment of irritable bowel syndrome patients	2001	1 March 2001
14	Abdel Wahab G. A. supervised by Prof. Ghanem M., Prof. Ashour S. and Dr Haroun EL Rasheed A.	Psychophysiol ogical correlates of Borderline personality disorder in an Egyptian sample	2002	Msc Thesis Faculty of Medicine Ain shams University
15	Abdel-Khalek A.and Ibrahim H.	Personality Traits in Cancer and Coronary Heart Disease Patients	2002	Current Psychiatry Vol. 9 No. 3 November 2002
16	Omar A.M.	The prevalence of Suicidality among schizophrenic patients with and without co-morbid	2002	Current Psychiatry Vol. 9 No. 3 November 2002

		personality disorder		
17	Abolmagd M., Omar A. M., Mansour M., Nagy N., Mekkawy H. A. and GomaaS. M.	Addiction Phenomena in The Egyptian Society from Psychological and Biological Perspectives	2002	Current Psychiatry Vol. 9 No. 3 November 2002
18	Abulmagd M. supervised by Prof. Ismail M., Prof. Abdou T. and Dr Haroun EL Rasheed A.	Impact of Personality Profile on Patients with Obsessive Compulsive Disorder, in an Egyptian sample	2003	Msc Thesis Faculty of Medicine Ain shams University
19	Hatata H. A., supervised by Prof. Khalil A. H., Prof. Abdou T. A., Dr Abo Zeid and Dr Okasha	Dual Diagnosis in Substance Use Disorder	2004	Msc Thesis Faculty of Medicine Ain shams University
20	Hamed M. A., supervised by Prof. Ismail M. A., Prof. Omar A. M. and Ass. Prof. Abdel Razek Y.	Impact of personality on mood disorder	2005	Msc Thesis Faculty of Medicine Ain shams University
21	Salem S., Gawad T., Abolmagd S.	The Impact of Cigarette	2005	Egyptian Journal of

	and Erfan S.	Smoking on Cognition and Personality		Psychiatry , Jan. 2005 Vol. 24 No. 1
22	Soheir H. El Ghoneimy, supervised by prof. Farouk L. Lotaief, prof. Tarek Assad Abdou, prof. Heba Ibrahim El Essawy, prof. Amany Haroun El Rasheed	Relapse predictors in patients with psychoactive substance use in the Egyptian culture	2005	Msc Thesis Faculty of Medicine Ain shams University
23	Kamel M., Asaad T., Haroun El Rasheed A., Shaker N., Abulmagd M.	Impact of Personality Profile on Patients with Obsessive Compulsive Disorder in an Egyptian sample	2006	Current Psychiatry , vol. 13 No. 3 November 2006
24	Abu El Ella I.	Premorbid Achievement and Personality Traits in Heroin Dependence Disorder	2007	Current Psychiatry Vol. 14 No. 1 March 2007

25	El Shennawy H., Khoweild A., Goueli T. and Sabri N.	Psychiatric Symptoms and Personality Aspects in A Group of Adult Diabetic Patients	2008	Egyptian Journal of Psychiatry , Jan. 2008; Vol. 28 No.1

يمكن تعريف الشخصية بأنها إنعكاس السلوكيات والعواطف والأفكار والعلاقات الشخصية الثابتة والمعتادة للشخص، وعندما تتصف السمات الشخصية بعدم المرونة وصعوبة التأقلم وتنحرف بوضوح عن الأعراف الحضارية وتسبب خلل بوظيفة الفرد فهذا ما يدعى بإضطرابات الشخصية

تزداد درجة إنتشار إضطرابات الشخصية في الرجال، صغار السن، غير العاملين المقيمين بالمدن ويزداد حدوث إضطراب الشخصية الفصامية والضد إجتماعية والوسواسية في الرجال بينما يزداد حدوث إضطراب الشخصية الاعتمادية والهيسترية بين النساء وعلى عكس الاعتقاد الشائع فإنه يتساوى حدوث إضطرابات الشخصية الحدية بين الجنسين .

يعد الأشخاص المصابين بإضطرابات الشخصية أكثر عرضة للمشاكل النفسية مثل القلق ، الجسدنة، الإكتئاب، سلوك إيذاء النفس، الإضطرابات التحولية، سوء إستخدام العقاقير، إضطرابات الأكل، والنوبات الذهانية القصيرة.

يتأثر بالسلب الإستجابة للعلاج والمئال النهائى لمعظم أنواع الأمراض النفسية عند وجود إضطراب في الشخصية مصاحب له كما يزيد ذلك من

خطورة حدوث الإنتحار والسلوك العدوانى في الأمـــراض النفســـية الشـــديدة كالفصام الذهاني .

تؤدى إضطرابات الشخصية إلى خلل في وظيفة الفرد وكثيراً ما يحتاج مرضى إضطرابات الشخصية إلى خدمات الرعاية الطبية النفسي.

وعلى أساس هذه الملاحظات فإنه من الضروري دراسة التلازم بـــين إضطرابات الشخصية وإضطرابات المحور الأول وإضطرابات الخلل الوظيفي للفرد المصاحبة لإضطرابات الشخصية بالإضافة إلى دراسة أشكال العلاج بين مرضى إضطرابات الشخصية.

الهدف من العمل:

1- المراجعة النظامية مع التقييم للدراسات المصرية التى تم عملهـــا عـــن إضرابات الشخصية.

2- تقديم التوصيات المطلوبة من أجل دراسات إضافية.

3- تقديم ملحق يحوى ملخصات لرسائل الماجيستير و الدكتوراه التي تـــم عملها عن إضرابات الشخصية فى قسم الطب النفسى جامعة عين شمس.

نظرا لوجود ابحاث مصرية عديدة تناولـــت اضـــطرابات الشخصية من مختلف النواحي.

فإن هذه الأعمال تستحق الإستفادة منها وإعادة قراءتها لإبراز أهمية ما تم تقديمه لكى نسعى الى وجود نظام بحثى متكامل .

وتعتبرهذه الرسائل ونتائجها بمثابة ارشاد للرسائل العلمية المستقبلية لالقاء الضوء علي اهمية اضطرابات الشخصية في ممارستنا العملية واخذها في الاعتبار لتحسين النتائج المتوقعة من العلاج النفسي لكافة الاضطرابات النفسية

وهذه الدراسة تستهدف عمل مراجعة نظامية ونقد للدراسات المصرية التي تناولت دراسة الإضطرابات الشخصية وبالتالي إستخلاص النتائج وطرح المزيد من الأفكار المقترحة للبحث في هذا المجال.

ومن أجل انجاز الأهداف تم عمل مراجعة نظامية للأبحاث المصرية المتوفرة عن اضطرابات الشخصية فى مكتبة كلية الطب بجامعة عين شمس ، ومكتبات كلية الطب بجامعة الأزهر، وكلية الطب بجامعة القاهرة، والأبحاث المصرية المنشورة فى بعض مجلات الطب النفسى و ذلك فى الفترة من مارس إلى يونيو 2007.

وقد واجهت مرحلة جمع البيانات بعض الصعوبات كان أهمها ضيق الوقت و صعوبة الوصول إلي جميع الرسائل ، لذا فقد تم تحديد ثلاثة من أكبر الجامعات المصرية و الموجودة بالقاهرة لجمع الرسائل منها بالإضافة إلى

مجلتين مصريتين متخصصتين فى الطب النفسى. و لوحظ فى هذه المرحلة أن مكتبات كليات الطب التى تتضمنها البحث كانت تفتقر إلى نظام كومبيوتر يسهل البحث عن الرسائل خصوصا مع الأعداد المتزايدة من الأبحاث التى تتم مناقشتها كل عام ،و يحتفظ بنسخ إلكترونية منها لحمايتها من التلف بمرور الوقت. كما أنه لا توجد شبكة إلكترونية متكاملة تربط جميع المكتبات التابعة لكليات الطب فى مصر لتسهيل الحصول على الأبحاث من أى مكان.

اولاً : بالنسبة لجامعة عين شمس

تميزت مكتبة كلية الطب جامعة عين شمس بتوافر رسائل الماجستير و الدكتوراه المسجلة بها من عام 1963 و الحصول عليها حيث تم تبويبها بطريقة منظمة بحيث شملت كل من الدراسات التي تناولت الطب النفسى و الأعصاب مرتبة زمنيًا.

ثانيًا : بالنسبة لجامعة الأزهر

تمت مراجعة أكثر من مكتبة تابعة لجامعة الأزهر وهى المكتبة المركزية و مكتبتى كلية الطب لكل من البنين و البنات بالقاهرة، و كانت أكثر هذه المكتبات تنظيمًا و سهولة فى الحصول على الرسائل هى مكتبة كلية الطب– بنين. و

رغم و جود نظام إلكترونى للبحث فى المكتبة المركزية للجامعة إلا أنه لا يزال تحت الإنشاء كما أن المكتبة تحتوى على عدد قليل من الرسائل التى قدمت فى الطب النفسى بالجامعة، و تحتاج لمزيد من الجهد لجمع الباقى منها خاصة و أن جامعة الأزهر من أكبر الجامعات المصرية التى لها عدة أفرع فى محافظات مختلفة. أما كلية الطب للبنات فرغم سهولة التبويب إلا أن العديد من الرسائل لم تكن موجودة كما صعب الحصول على نسخ من الرسائل الموجودة لادماجها ضمن البحث مما أدى إلى استبعادها.

ثالثا : بالنسبة لجامعة القاهرة

رغم كونها أقدم الجامعات المصرية إلا أن الرسائل المتاح البحث عنها تبدأ من عام 1990 حيث تم جمع كل الرسائل العلمية السابقة لهذا العام ووضعها فى مخزن شامل مما شكل صعوبة بالغة فى الوصول الى تلك الدراسات الخاصة بقسم الطب النفسى .

رابعا: بالنسبة لمجلات الطب النفسى المصرية:

تم البحث فى مجلتين أساسيتين هما المجلة المصرية للطب النفسى و التى تميزت بوجود اسطوانة مدمجة عليها جميع أعداد المجلة من عام 1979 و حتى

2004 مما سهل الحصول على تلك الأبحاث، أما الأعداد التالية فقد كان معظمها متاحا فى مكتبة مركز الطب النفسى بجامعة عين شمس. و المجلة الثانية كانت CURRENT PSYCHIATRY و التى تم البحث فيها من عام 1999 بعد إذن المشرفين عليها بمركز الطب النفسى جامعة عين شمس.

و بشكل عام كانت أهم النتائج التى تم استخلاصها من مراجعة الدراسات المصرية فى هذا المجال ما يلى:

- وجد أن نسبة إضطرابات الشخصية في مرضى العصاب 51.5%,في حين تقدر بحوالي 42.55% في مرضى سوء إستخدام العقاقير النشطة نفسيا,46% في مرضى الإضطراب الذهاني,51.7% في مرضى الوسواس القهري ,و أخيرا 40% في مرضى الإضطرابات المزاجية.
- بعد الدراسة وجد تأثير إضطرابات الشخصية على الحالة الإجتماعية للمرضى وعلى سبيل المثال وجد أن 64% من مرضى الشخصية الحدية غير متزوجين.
- تشكل الإضطرابات الشخصية المصاحبة للأضطرابات النفسية الأخرى عامل مؤثر في البيانات الديموجرافية لهذه الأمراض(كالظهور المبكر للأعراض الإضطرابات العصابية وتأجيل اللجوء للعلاج, كما أنها تكون

مصاحبة لزيادة في شدة الأعراض وتدهور نفسي ,إجتماعي ووظيفي أشد; مع إستجابة أقل للعلاج و مدة أطول للمرض.

- وفي مرضى الإضطرابات المزاجية المصاحبة لإضطرابات الشخصية لوحظ الظهور المبكر للمرض وتأثر كل من معدل حجزهم بالمستشفى ,وفترة إقامتهم بها وكذلك معدل الإنتكاس خلال فترة العلاج.
- في مرضى الإدمان وجدت علاقة ما بين نوع الإضطرابات الشخصية ونوع المادة المخدرة,حيث تصاحب الشخصية الحدية والقهرية سوء إستخدام مشتقات الأفيون,كما توجد علاقة ما بين سوء إستخدام المهدئات والشخصية الحدية والنرجسية.وقد وجدت علاقة ما بين بعض الإضطرابات الشخصية وزيادة نسبة الإنتكاس كالشخصيات النرجسية,الحدية وكذلك الشخصية الإكتئابية.
- وجدت أن نسبة الإنتحار في مرضى الإضطراب الذهاني المصاحب للإضطرابات الشخصية أعلى من مثيلهم بدون الإضطرابات الشخصية.
- وجدت هناك بعض السمات الشخصية المصاحبة لبعض الأمراض العضوية كالشخصيات العنيفة والسلطوية التي تزيد من نشاط الجهاز السمبثاوي وأمراض القلب.

- بينما تزيد نسبة القولون العصبي في الشخصيات الإنطوائية والعصبية.
- وتلعب الإضطرابات الشخصية دورا هاما في الإضطرابات النفسية الوظيفية والإجتماعية في مرضى السكر,.

ولذلك فقد تبين لنا أننا فى حاجة الى المزيد والمزيد من الدراسات و الأبحاث المستقبلية فى هذا المجال خاصة ان بعض النقاط الهامة قد تم اغفالها في الابحاث الحالية كما تاكد انه من الضرورى التعاون بين العديد من المؤسسات العلمية من أجل أخراج هذه الأبحاث والدراسات فى صورة أفضل.

ولأننا نهدف إلى التكامل البحثي فقد لفت انتباهنا أنه بالرغم من احتواء الأبحاث الإكلينيكية المصرية على توصيات مستقبلية فإننا نأمل وجود إستراتيجية واضحة المعالم للتخطيط لأبحاث مستقبلية هدفها التواصل البحثي وعدم الأكتفاء بالأبحاث الحالية حتى نصل فى النهاية الى صورة متكاملة عن الاضطرابات النفسية عمومًا فى مصر. كما يجب توجيه الأنظار إلي أهمية اكتساب كل باحث مهارة المراجعة النقدية للأبحاث وهذا يتحقق من خلال مشاركته في أبحاث كثيرة للتدرب على الأساس العملية للبحث العلمي.

وقد تم عمل ملحق أضافى يحتوى على ملخص لأهم النقاط التى اشتملت عليها البحوث الأكلينكية التى تم عملها فى قسم الطب النفسى بكلية الطب بجامعة عين شمس والتى تناولت اضطرابات الشخصية مع قائمة بالدراسات المصرية عن اضطرابات الشخصية التى تمت مراجعتها.