

## A Study of Association of Personality Disorder in BAD Mania Patients

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### ABSTRACT

**Background:** Presence of personality disorder in Bipolar Affective Disorder not only affects the severity of the symptoms, but also the course and outcome. **Objective:** The purpose of the present study was to find out the prevalence of personality disorder in the cases of Bipolar Affective Disorder (mania) and to investigate the socio-demographic and clinical correlates of personality disorder in such Patients. **Methods:** The sample comprised of 100 euthymic Bipolar Affective Disorder (mania) patients, who were assessed using Personality Disorder Interview for DSM-IV axis II personality disorder. Bipolar Affective Disorder (mania) patients with co morbid personality disorder were compared with those of without personality disorder co morbidity on demographic and clinical variables. **Statistical Analysis:** Statistical analysis was done with SPSS-Win Version 13.0. The Chi square test, Pearson Correlation and Mann Whitney U test were used. **Result:** The results revealed that 41% bipolar patients (mania) had at least one co morbid personality disorder. The most common personality disorder cluster was cluster B(20%) as well as cluster B+C(20%) followed by cluster C(8%). The most prevalent personality disorder in the whole group was Borderline(26%) followed by Obsessive Compulsive (20%). Patients with co morbid personality disorder were found to have an earlier age of onset, more number of episode, more number of hospitalization, more duration of treatment, more relapses and poor drug compliance. **Conclusion:** Personality disorders are also prevalent in patients with Bipolar Affective Disorder (mania). The presence of comorbidity has significant and relevant impact on the course and outcome of Bipolar patients.

**Key words:** Bipolar, Comorbid, Personality Disorder, Prevalence, Course.

### Introduction:

Bipolar disorder is a treatable brain disorder marked by extreme shifts in a person's mood and disposition. Periods of intense mania are followed by bouts of severe depression, often with periods of normalcy in between. Bipolar disorders is a severe and debilitating mental illness, which has only recently started to receive the necessary attention from society, researchers, practitioners, government, and private funding agencies. Not only is bipolar disorder a chronic, severe psychiatric disorder, it is also expensive to treat and expensive to society. An estimate of the total cost of bipolar disorder made more than a decade ago was as high as \$45 billion per year. A central problem in the field of psychiatry is the co morbidity, the tendency for an individual to meet the diagnostic criteria for more than one disorder. This can genuinely occur, as in the case of someone having, by coincides, the symptoms of two quite separate conditions. Bipolar disorder frequently occurs together with other psychiatric disorders, especially anxiety disorders and substance abuse. In addition, bipolar disorder has been associated with a variety of general medical conditions, which further complicate management of the psychiatric disorder (**Robert 2005**). Results from clinical and community studies indicate substantial co morbidity between personality disorders and Axis I conditions (**Regier et al,1990**). Most studies report the rate of comorbid personality disorders in patients with bipolar disorder in the range of 30% to 45%, and as high as 65% in some studies. Dramatic/emotionally erratic and fearful/avoidant personality disorders were more common than odd/eccentric disorders (**George, 2003 Brieger, 2003, Preston, 2004**). Personality disorders represents aberrations of the behavior which, superficially at least, seem to be continuous with feature that in the normal range describe healthy individuality. In other words, they seem for the most part to be exaggerations of normal personality or temperamental variations. Currently, the most commonly cited classification of the personality disorders is that contained in the DSM IV . According to this "Personality disorders is an enduring patterns of inner experiences and behaviour that deviates markedly from the expectations of the individual culture, is pervasive and inflexible,

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has an onset in adolescence or early adulthood, is stable overtime, and leads to distress or impairment.”. Personality disorders were grouping into three classes - cluster A,B, and C. Colloquially known as the “MAD”, the “BAD” and the “SAD”. Significant portion of the psychiatric literature have focused on the interaction between “psychiatric illness” and “personality”, and on the possibility of a cause-and- effect relationship between them. Personality disorders are frequently encountered in populations of psychiatric patients, either as the main psychiatric condition, or as ancillary conditions, where they colour the presentation and treatment of mental illness. So, in present study an effort was made to study the prevalence and Pattern of personality disorders in Bipolar Affective Disorder(Mania) and their clinical correlates, because no conclusive finding is present in Indian setup.

**Methods and materials:**

**Design of the study-**This study is a cross-sectional hospital based study conducted in Ranchi Institute of Neuro- Psychiatry and Allied Sciences (RINPAS).Ranchi.

**Sample:**

Sample for the present study is consisted of 100 Bipolar Affective Disorder (mania )patients, who were diagnosed according to DCR of (ICD-10) criteria .Sample were collected from the inpatient dept. and out patient dept .of RINPAS, Kanke, Ranchi, on the basis of purposive sampling technique.Only those patients were taken as sample who were diagnosed as Bipolar Affective Disorder (Mania) according to Diagnostic criteria for research of ICD-10, age range between 21-50 yrs.,able to comprehend Hindi language and test items, Currently in remission since last one month, as per score on Young Mania Rating Scale (score<7) and who were given consent and cooperative for testing.

**Tools Used**

- Socio-demographic and clinical data sheet
- Young’s Mania Rating Scale (Young et al,1978)
- Personality Disorder Interview( Widiger, et al 1995)

**Procedure:**

According to the inclusion criteria patient were selected .Patient were interviewed individually and all relevant details were collected and recorded in the personal data sheet. Young’s Mania Rating Scale was administered on subjects, for verify the remission stage of the subject , and only those were selected who were scored below 7 on this scale. After that personality disorder Interview scale was administered on each subject, according to standard criteria and in consideration of convenience of the subject.

**Statistical Analysis**

Statistical analysis was done with SPSS-Win version 13.0. Chi-square test, Pearson correlation and Mann Whitney Test (u test) were used to examine the statistical differences between Bipolar Affective Disorder (mania) patient with an axis II diagnosis (n=41), and those without an axis II diagnosis (n=59) on demographic, clinical and course of illness variables. The level of significance of 0.05 or below was adopted in the study.

**Result and discussion:**

Result shows that most of the subjects were in the age range of 20-35 yrs, educated above matric, married and unemployed . Preponderance of the subjects were belongs to rural area of habitat and family income is below 5000. Equal numbers of subjects were belongs to both joint and nuclear family.

**Table-1 : Prevalence of Co morbid personality disorders in Bipolar Affective Disorder(Mania) patients**

PERSONALITY DISORDER	N	%
<i>Any Personality disorder</i>	41	41%
<i>Cluster A</i>	-	-
<i>Cluster B</i>	20	20%

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Narcissistic	3	3%
Borderline	26	26%
Antisocial	19	19%
<b>Cluster C</b>	8	8%
Avoidant	6	6%
Dependent	7	7%
Obsessive-Compulsive	20	20%
ClusterA+B	-	-
<b>ClusterB+C</b>	20	20%
ClusterA+C	-	-

**Table-1** shows that the personality disorder co morbidity of the sample. Of the 100 Bipolar Affective Disorder (Mania) patients 41% had at least one co morbid personality disorder and 20% had more than two co morbid personality disorders. The most common personality disorder cluster was cluster B (20%), followed by cluster C (8%). Twenty percent (20%) Bipolar Affective Disorder (Mania) patients meet criteria for a personality disorder in both cluster B and C. The most common personality disorder in the whole group was Borderline personality disorder (26%), followed by Obsessive- Compulsive (20%) and Antisocial (19%) in decreasing order. This prevalence rate is comparable with rates found in other previous studies that used structured interviews questionnaires.(Ucock et al,1998; Taman et al,2004; Barbato et al,1998;Pica et al,1990; Kay et al,1999 and Altindag et al,2006). Most of these studies report the rate of co morbid personality disorders in the range of 30% to 57%. Some of the studies reported high (65%) prevalence of personality disorders in Bipolar 1 Disorder. The variation in prevalence rate is mainly due to the differences in the methodology and sample of the study.

**Table-2.Differential quantitative clinical features between Bipolar Affective Disorder (Mania) patients With and without personality disorder co morbidity.**

VARIABLE	BAD WITH PERSONALITY DISORDER N=41 M±SD	BAD WITHOUT PERSONALITY DISORDER N=59 M±SD	U	P
Age of onset	17.77±11.16	22.05±4.54	1002.00	.04*
Total number of episode	2.84±.96	1.62±.57	347.50	.00**
Number of hospitalization	2.33±1.10	1.48±.73	606.00	.00**
Duration of treatment	2.35±1.56	1.12±1.12	591.00	.00**
Duration of illness	5.25±3.69	2.87±3.08	573.00	.00**

\*Significance at .05 level ,\*\*Significance at .01 level

**Table -2** shows the comparisons of patients with and without co morbid personality disorder with respect to quantitative clinical variables. There were significant differences regarding most of clinical variables such as age of onset, number of episodes, number of hospitalization, duration of treatment, duration of illness, psychotic symptoms, relapse and drug compliance. Patients with co morbid personality disorder had earlier age of onset (U=1002.00, P=.04), more number of episodes (U=347.50,p=.00),more number of hospitalization (U=606.00, P=.00) and more chronicity of illness (U=573.00, P=.00) than those of without personality disorder co morbidity. In the present study group, it was found that BAD (mania) patients with personality disorder co morbidity have earlier age of onset of bipolar disorder than those of without co morbidity. It has been suggested that personality disorders could lead patients to be more Vulnerable to Affective disorders (Taman et al,2004; Dunayevich et al,1996 and Altindag et al,2006). In the present contribution, I found that BAD "mania" patients with personality co morbidity have more number of episode of illness, more number of hospitalization, more duration of illness and treatment, than

those of without co morbidity. This finding is consistent with other studies of this regards(Vieta et al, 2000; Kennedy et al,2004;Reich and Vasile,1993; Shea et al,1992).

**Table-3 Shows correlation between different personality disorders and clinical factors**

VARIABLES	ATS	AVOID	BDL	DEP	HST	NAR	OBC
Duration of illness	.149	.009	.272**	.089	.03	.024	.175
Age of onset	.159	.036	.122	.105	.058	.070	.028
Number of episode	.370**	.279**	.419**	.204*	.165	.221*	.322**
Duration of treatment	.297**	.058	.329**	.175	.009	.029	.158
Number of hospitalization	.311**	.222*	.283**	.044	.04	.101	.220*

\*Significance at .05 level ,\* \*Significance at .01 level

**ATS-Antisocial Personality Disorder, AVOID-Avoidant Personality Disorder , BDL-Borderline Personality Disorder, DEP- Dependent Personality Disorder, HST-Histrionic Personality Disorder, NAR-Narcissistic Personality Disorder ,OBC-Obsessive -Compulsive Personality Disorder**

Above table -3 shows that duration of illness is significantly correlated with borderline personality disorder only( $r=.272$ ,  $P=.007$ ), not with other type of personality disorder. Number of episode is significantly correlated with the presence of any personality disorder, antisocial personality disorder, avoidant, obsessive compulsive personality disorder, borderline personality disorder, and narcissistic personality disorder. Duration of treatment is significantly correlated with only antisocial personality disorder(  $r=.297$ , $P=.003$ ) and borderline personality disorder( $r=.329$ ,  $P=.001$ ).Number of hospitalization is significantly correlated with Antisocial,(  $r=.311$ \*\*  $P=.007$ ) avoidant(  $r=.222$ \* $P=.05$ ,) borderline (  $r=.283$ \*\* ,  $P=.01$ ) and obsessive compulsive personality disorder(  $r=.220$ \* ,  $P=.05$ ).

#### **Conclusion:**

In summary, personality disorders are prevalent in patients with Bipolar Affective Disorder (mania).The presence of co morbidity has significant and relevant impact on the course and outcome of Bipolar Affective Disorder (mania). Presence of co morbid personality disorder significantly correlated to the clinical outcome of Bipolar Affective Disorder (mania). Not all personality disorder is significantly related to all aspects of clinical outcome, while the specific personality disorder is important.

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