Epidemiology of Severe Personality Disorders treated in Forlì’s Mental Health Department

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ABSTRACT

Introduction: A study group of the Emilia Romagna Region has identified a subgroup of patient affected by Personality Disorder (PD) with the term “Severe Personality Disorder” (SPD). It refers to the diagnostic categories of the DSM-5 cluster B (Borderline, Histrionic, Narcissistic) associated to self-harm repeated and/or suicide attempts, other risky behaviors, many hospital admissions or residential placements, school and/or working repeated failures, social functioning and/or interpersonal compromise and/or previous contact with NPIA services for externalizing behaviors disorders, and/or co-morbid with Axis I disorders.

Objective: The aim of this study, is to evaluate, from an epidemiologically point of view, those subjects that fall within the category of SPD who are followed by MHC of Forli.

Methods: SPD sample was selected through the departmental computer software and subsequently supplemented by data from the survey with psychiatrists referents.

Results: The SPD represents 35% of personality disorders followed by MHC of Forli. The majority (75%) belongs to the Borderline personality disorder (Diagram 1). They are predominantly female (72%), middle age of 44 years old, 58% is single. 36% obtained a secondary license, 39% works, 39% lives in acquired family, 17% lives alone, 5% is embedded in community structures (Tab. 1). The majority of inpatients (86%) has one or more co-morbid with other Axis I disorders (Diagram 2). Also the 61% of inpatients have at least one parasuicidal/suicidal behavior.

Conclusions: The Italian scientific literature is lacking regarding the epidemiology of personality disorders in MHD load. The prevalence of SPD is equal to 2% of patients (clinical population) and 0.04% compared to the general adult population (158,950).

INTRODUCTION: The personality disorders area (PD) has assumed a growing importance by mental health services and addictions because of the epidemiological changes occurred recent years that have seen an increase in this user. At the same time, evidence-based psychotherapy treatments have denied the preconception of unchangeability of personal structures making the prognosis of these disorders more frequently favorable.

In an effort to personalize and improve the provision of care for patients with PD, a study group of the Emilia Romagna region has identified a subgroup of particularly dysfunctional DP patients identifying in their gravity the eligibility criterion to include them in specific care parameters within the DSM-PD. The term “Severe Personality Disorder” (SPD) used by this study group refers to the diagnostic categories of the DSM-5 cluster B (Borderline, Histrionic, Narcissistic) and was chosen to indicate mental interest conditions characterized by an alteration of mental functioning in the area of formation and stability of identity and self, with expression in dimensions of impulsiveness and antagonism. These disorders occur with prevalent problems in interpersonal relations and in general working, resulting in a significant reduction in the ability to adapt to a social role. They have a frequent co-morbidities with axis I disorders, particularly mood disorders, substance-related disorders and eating disorders that compile the clinical framework and worsen the prognosis. They are often associated with: self-harm repeated and/or suicide attempts, other risky behaviors, many hospital admissions or residential placements, school and/or working repeated failures, social functioning and/or interpersonal compromise and/or previous contact with NPIA services for externalizing behaviors disorders, and/or co-morbid with axis I disorders.

OBJECTIVES: The aim of the observational, retrospective, and mono centric study, is to study population of subjects that fall within the category of SPD and are followed by MHC of Forli thus receiving a treatment As Usual (TAU) from an epidemiologically point of view. We have therefore evaluated the prevalence and demographic characteristics of the SPD sample (gender, age, education, marital status, profession, living arrangements).

METHODS: SPD sample was selected through the departmental computer software and subsequently supplemented by data from the survey with psychiatrists referents.

RESULTS: The SPD represents 35% of personality disorders followed by MHC in Forli. The majority (75%) belongs to the Borderline personality disorder (Diagram 2).

CONCLUSIONS: The epidemiology of personality disorders has only recently entered in the interest of the scientific community; the Italian scientific literature is lacking regarding the epidemiology of personality disorders in MHD load. In our sample the SPD represents 35% of PD in charge of MHC in Forli, consisting for the most part (75%) by Borderline SD. Calculating the number of inpatients followed by MHC of Forli to December 2013, equal to 3342 (2% compared with the general adult population) it is possible to infer the prevalence of SPD in, equal to 2% of patients (clinical population) and 0.04% compared to the general adult population (158,950). Data in the literature indicate high variability in prevalence in the various studies relating to SD as a whole (from 11% to 74% of the sample). In the analysis of the activity of the Italian mental health services (Lora overview) carried out through the use of data from regional information systems, it is possible to trace the prevalence of personality disorders by mental health centers only for 3 out of 5 Italian North-Central regions reviewed. In this study the prevalence for the Emilia Romagna region is equal to 12% (2007), for Lombardy 12% (2005) and for the Friuli Venezia Giulia 6% (2007). The average prevalence among 3 Central-North regions represents the only possible estimate of the disorder on the Italian SPD inpatient population is equal to 10% 2 The adult rate in the general population has been estimated by Lambert in 2001 around 10-15%, the same supposed that this figure would go up in outpatient, hospital and clinical settings 3. Similar results are obtained by European studies carried out on general population indicating that SD globally intended affects 10% of the general population, while Cluster B disorders in particular (those characterized by impulsiveness and antagonism) cover the 3% and still, Borderline (BPD) represents 1% 4 Our study allowed us to quantify and describe from an epidemiologically point of view those subjects affected with PD followed by MHC and belonging to the “serious” subgroup. This survey represents an essential prerequisite for programming targeted nursing interventions, provided at regional level recently started in departments; it has also spurred new interests and infused more enthusiasm in MHC operators thus paying more attention on treatment devoted to SPD subjects and on structuring of secondary preventive action.

REFERENCES

1 Lione di indirizzo per il trattamento dei Disturbi Gravi di Personalità Regione Emilia Romagna 2013.

Tab. 1. Social demographic Characteristics of the sample

The majority of inpatients (86%) has one or more co-morbid with other axis I disorders (Diagram 2). Also the 61% of inpatients have at least one parasuicidal/suicidal behavior.

Diagram 2. SPD Comorbid with axis I disorders.