

SUMMARY OF PHD. THESIS

SCID II CONTRIBUTION IN THE DIAGNOSIS OF PERSONALITY DISORDERS OF CLUSTER B OR C ASSOCIATED WITH AFFECTIVE CO-MORBIDITIES

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Introduction

A particular clinical and evolutionary version is the association of affective disorders with personality disorders. In order to increase diagnostic accuracy and precocity with a complex clinical-anamnestic evaluation, it is necessary the applying of psychometric tests including SCID II that is detached by its complexity and the fact that it belongs to the most commonly used diagnostic and nosographic classification system of psychiatric pathology.

Purpose of thesis is to assess the role of SCID II psychometric test in diagnosis and prognosis of personality disorders of cluster B or C associated with or without affective co-morbidities.

Material and method

It is an observational prospective study where were included all patients admitted to the Psychiatric Clinic II Targu Mures in 2009, who signed an informed consent about the conduct of the study and who met the criteria for inclusion in it. There were applied SCID II test (questionnaire, test), Hamilton depression scale, Hamilton anxiety scale on admission, discharge after 3 months, 6 months, 9 months, 12 months, 18 months and 24 months, being divided into 3 groups according to the association or not of the emotional episodes with personality disorders. Parameters were followed as gender, family status, occupation, personal history, family history and dynamic development within 24 months.

Results

During 2009 there were in Clinic Psychiatry II Targu Mures 2196 admissions, out of which 538 with affective disorders. patients were divided into three groups : lot A – 107 patients with affective disorders associated with personality disorder of cluster B or C, lot B –83 patients with personality disorder of cluster B or C and lot C – 431 431 patients with affective disorders only. In lot A, personality disorders statistically significant associated with depression, respectively with anxiety were borderline TP (28.03%), anxious-avoidable TP (20.56%) and obsessive-compulsive TP (17.75%). A high proportion of patients reported a **history of physical and / or psychological abuse** - in childhood - 31 in lot A and 34 in lot B, **abusive consumption of toxics - ethanol in the native family**

- 38 patients in lot A and 32 patients in lot B, custom which usually in current life of patients was present-48 patients in lot A and 40 in lot B. At 20 patients in lot A were shown **a family history of affective disorders and intra familial conflict relations** are found in 70 patients in lot A and 59 in lot B. Values of used scales in patients in lot A - were higher and declined more slowly than those in lot C during the two years. Lot C had a compliance to the psycho-pharmacological treatment by approximately 88%, lot A of 63% and lot B of 59% over two years. Openness to psychotherapy was significantly higher for patients in lot C about two times higher than that of patients in lot A, and about three times higher than those of patients in lot B. Comparing times of questionnaire performance and than the entire test revealed that they were far superior in patients in lot A compared to lot B. The percentage of relapses was lower in group A compared to lot C. The percentage of relapses was lower in lot A compared to lot C, respectively to lot B.

Discussions

SCID II demonstrated a major role in the diagnosis quality of personality disorders in longitudinal tracking of patients and not at least in improving the patient-physician relationship. If on admission the emotional condition adversely affected the time values of questionnaire achievement, respectively the fully test during assessments previously established it has been observed that the improvement of affective disorders also shortened their achievement times. This could be considered an element of control in the prognosis of patients.

Conclusions

1. SCID II proved to be useful also in confirming the diagnosis previously established with other personality scales.
2. The comparative assessment of lots A and B was made by repeated calling at predetermined intervals of SCID II, and the obtained results have allowed to continue the prosecution case law on both groups.
3. Family history antecedents, data on family of origin, current family, work and housing situation were the elements of great importance to the role in adherence to treatment, respectively in the prognosis of each case.
4. Association of affective co-morbidities improved the addressing in psychotherapeutic sessions.
5. Association of personality disorder was a factor in the decreased compliance and increased the risk of relapse.
6. SCID II has proven its role in shaping the adherence to certain phases of treatment, in the growth of adherence to treatment on short and medium terms - weeks or months and in achieving some balances of stage.

Key words – factors of personogenesis, co-morbidity, evolution