

Personality Disorder Subtype Predicts Relapse

BY NANCY WALSH
New York Bureau

TORONTO — The impact of stressful life events on alcohol relapse varied depending on personality disorder subtype and history of alcohol use in an analysis of data from the Collaborative Longitudinal Study of Personality Disorders, Dr. Christina M. Delos-Reyes said at the annual conference of the American Society of Addiction Medicine.

Theoretical models of alcohol relapse have suggested that stress is a major contributor and this relationship is mediated, at least in part, by characteristics such as personality disorders and onset of alcohol use. Previous studies have attempted to evaluate

OCD seemed to have a protective effect on alcohol relapse, but patients with antisocial personality disorder had double the risk for relapse.

the effects of stress on relapse, but have been limited by retrospective design and brevity of follow-up.

To more clearly determine the ability of history and type of personality disorder to predict the clinical course of alcohol relapse

as it relates to stress, a large, multicenter prospective study enrolled 573 patients with schizotypal personality disorder (STPD), borderline personality disorder (BPD), antisocial personality disorder (ASPD), or obsessive-compulsive personality disorder (OCPD), and followed them for 6 years.

Two-thirds of the sample were women, and the average age was 33 years. A total of 40% were self-referred and 76% were white. On average, they had 13 years of education, said Dr. Delos-Reyes of the department of psychiatry, Case Western Reserve University, Cleveland.

Stressful life events and the onset of alcohol relapse were assessed on a monthly basis, with relapse being defined as meeting the full criteria for alcohol use disorder for 2 consecutive weeks.

Life events were evaluated on the Life Events Assessment (LEA), which includes 82 stressful events, of which 59 are negative and 23 are positive. "A negative event would be losing your job, while a positive event could be having a baby," she said.

Stressful events in the LEA are assessed over six domains: work/school, family, love relationships, crime/legal matters, money matters, and health issues.

"Over the course of 6 years, as you could imagine, 85% of the sample said they had at least one positive event, and 96% said they had at least one negative event," she said.

Negative life events significantly predicted relapse in all patients, with a hazard ratio (HR) of 1.95. For patients with a history of alcoholism, the risk tripled for both positive (HR 3.13) and negative (HR 3.02) stressful events.

When risk was looked at in terms of personality disorder subtype, it appeared

that a history of OCPD decreased the risk of relapse by 50% for both positive and negative (HR 0.57) stressful events.

"It was interesting to find what looks like a protective effect of OCD on relapse in a prospective study," Dr. Delos-Reyes said. In contrast, patients with ASPD had double the risk for relapse with positive (HR 1.94) and negative (HR 1.92) stressful events.

Patients with a history of alcoholism had double the risk of relapse with positive stressful events. When the analysis in-

cluded history of alcoholism and specific LEA domain, patients without a history of alcohol use disorder were five times more likely to relapse in response to a romantic problem (HR 4.91). Those with a history of alcoholism were almost six times more likely to relapse with a financial stressful event (HR 5.51).

Further analysis revealed that patients with OCPD and no history of alcoholism were almost 10 times more likely to relapse in the face of a stressful romantic

problem, while those with ASPD and no history of alcoholism were six times more likely to relapse in the event of a stressful financial event, Dr. Delos-Reyes observed.

"These findings have implications for treatment providers who are designing relapse prevention programs," she said. "As we are trying to improve our use of limited resources, we may want to screen for personality disorders and target prevention strategies based on personality disorder subtypes." ■

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