Personality disorders commonly occur in people with alcohol and drug use disorders


Are personality disorders common in people with alcohol and drug use disorders?

CONCLUSIONS

Personality disorders commonly occur together with alcohol and drug use disorders in the general population. Antisocial, dependent, and histrionic personality disorders are most strongly associated with alcohol and drug use.

NOTES

There is some degree of DSM-IV diagnostic overlap between antisocial, dependent, and histrionic personality disorders, which may explain why all three are strongly associated with alcohol and drug use disorders. Men with antisocial personality disorders who have drug and alcohol use disorders may be underrepresented in the study as they are more likely to be in prison or die younger than women.

Commentary

Researchers and clinicians are aware that alcohol and drug problems are prevalent in both clinical and community samples. Further, the comorbidity between substance use disorders and other Axis I disorders (for example, mood and anxiety disorders) is generally recognised by mental health professionals. In contrast, less attention has been focused on the prevalence of personality disorders (PDs) in the population as well as on the comorbidity of substance use disorders and Axis II PDs (the one exception being antisocial PD).

Grant et al make several unique and important contributions to the field. Firstly, their prevalence estimates of PDs and the comorbidity rates between PDs and substance use disorders in the general population were based on an extremely large and representative sample of US residents. Prevalence and comorbidity estimates using clinical samples are biased and can lead to faulty conclusions about corresponding rates in the general population. Secondly, unlike previous epidemiological studies, this study assessed a range of PDs in addition to antisocial PD. Finally, this study examined whether prevalence rates and comorbidity patterns differed as a function of gender. There are several important clinical and public health implications that can be drawn from this study. Firstly, PDs are relatively prevalent in the population; 15% of the sample met criteria for at least one of the PDs assessed (borderline, narcissistic, and schizotypal PD were not assessed but will be assessed in a follow up survey). Because of the significant disability associated with PDs, clinicians and researchers should routinely screen for these conditions. Secondly, PDs were quite prevalent among those with substance use disorders, especially dependence syndromes. Treatment providers need to be trained to recognise and treat PDs because their comorbidity could complicate treatment efforts and presage poorer outcomes. This can be a significant challenge because many substance use treatment programmes are staffed by specialists with minimal training in personality pathology. Finally, many of the associations between PDs and substance use disorders were stronger for women than for men. This highlights the need to consider PDs an important part of the clinical picture when treating substance dependent women, perhaps indicating specialised treatment approaches.

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