Impact of Personality Disorder on the Treatment Response of Panic Disorder Patients

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Background: Most clinicians tend to believe that the occurrence of the anxiety disorder in comorbidity with a personality disorder often leads to longer treatment, worsens the prognosis, and thus increasing treatment costs. The study is designed to compare the short-term effectiveness of pharmacotherapy in patients suffering with panic disorder with and without personality disorder.

Subjects & Methods: We compare the efficacy of 6th week therapeutic program and 6th week follow up in patients suffering with panic disorder and/or agoraphobia and comorbid personality disorder (29 patients) and panic disorder and/or agoraphobia without personality disorder (31 patients). Diagnosis was done according to the DSMIV diagnostic criteria, Patients were treated with psychopharmacs. They were regularly assessed in week 0, 2, 4, 6 and 12 by an independent reviewer on the CGI (Clinical Global Improvement) for severity and change, PDSS (Panic Disorder Severity Scale), HAMA (Hamilton Anxiety Rating Scale), SDS (Sheehan Disability Scale), HDRS (Hamilton Depression Rating Scale), and in self-assessments BAI (Beck Anxiety Inventory) and BDI (Beck Depression Inventory).

Results: pharmacotherapy proved to be an effective treatment of patients suffering with panic disorder and/or agoraphobia with or without comorbid personality disorder. The 12th week treatment efficacy in the patients with panic disorder without personality disorder had been showed significantly better compared with the group with panic disorder comorbid with personality disorder in CGI and specific inventory for panic disorder-PDSS. Also the scores in depression inventories HDRS and BDI showed significantly higher decrease during the treatment comparing with group without personality disorder. But the treatment effect between groups did not differ in objective anxiety scale HAMA, and subjective anxiety scale BAI.

Conclusion: Personality disorder in panic disorder patients is related to a smaller decrease of specific panic symptomatology during treatment than in patients without personality disorders. Nevertheless a significant decrease in symptomatology occurs in personality disorder patients as well.

Keywords: Panic disorder, Treatment response personality disorder, Impact of personality.

Abbreviations:
PDSS: Panic Disorder Severity Scale
DSMIV: Diagnostic and statistical manual of mental disorders
PAF: Personality assessment form.
HAMA: Hamilton Anxiety Rating Scale
SDS: Sheehan Disability Scale
HDRS: Hamilton Depression Rating Scale
BAI: Beck Anxiety Inventory
BDI: Beck Depression Inventory
SSRI: Selective Serotinine Reuptake Inhibitor
SNRI: Selective Norepinephine Reuptake Inhibitor
CGI: Clinical Global impression

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INTRODUCTION

Personality disorders are relatively frequent in the general population. Their prevalence ranges from 10 to 13% (Lenzenweger, et al. 1997). Among outpatient psychiatric popul-ation, 30-50% suffer with personality disorders (Koenigsberg, et al. 1985) and about 15% of inpatients come to health care facilities because of problems related primarily to their personality disorders; up to half of the remaining inpatients suffer with comorbid personality disorder (Loranger, 1990).

A diagnosis of personality disorder often evokes images of troublesome, difficult work with little hope for success, and correspondingly affects the therapist's conscious or unconscious attitudes from the very beginning of his relationship with the patient. These attitude are often negative and moralizing (Tyrer and Davidson, 2000). Personality disorders rarely occur separately and are often related to other health problems, such as depressive states, anxiety disorders, eating disorders, alcohol and drug abuse, promiscuity; injury, infectious diseases etc. Most clinicians tend to believe that the occurrence of these problems in tandem with a personality disorder often leads to longer treatment, worsens the prognosis, and thus increases treatment costs. However, the latest overview of empirical psychotherapeutic studies of personality disorders shows that, despite of the myth