

Synopsis for EU-GEI WP5 Publication

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Preliminary title: Personality disorder traits and symptoms in young adults at ultra-high risk for psychosis
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Background: DSM Cluster A personality disorders have long been considered part of the schizophrenia-spectrum. They are presumed to involve milder manifestations of the full-blown psychopathology seen in schizophrenia and to convey risk for the development of psychotic disorders. However, recent formulations, including the rejected dimensional model of personality pathology proposed for DSM5, drastically reconsidered the formulation of personality disorders, including Cluster A disorders. One controversy regarding the DSM formulation of personality pathology is whether it is better conceptualized as categorical disorders or dimensional traits. Few studies have examined the prevalence of Cluster A traits and disorders in prodromal or UHR samples (e.g., Woods et al., 2009; Rosen et al., 2006; Lencz et al., 2004) and even fewer have examined the extent to which such traits and disorders predict the subsequent development of psychotic disorders and impairment (e.g., Schultze-Lutter et al., 2012). Furthermore, the rates of Cluster A personality disorders and traits were quite variable across samples. The proposed manuscript will examine the extent to which schizotypal and paranoid traits and disorders are present in UHR young adults. Furthermore, given that borderline personality disorder is highly comorbid with schizotypal personality disorder (Pulay et al., 2009) and is associated with paranoid, dissociative, and psychotic-like experiences, the proposed report will also examine the prevalence of borderline personality traits and disorder in UHR young adults. The final aim of the study is to examine the extent to which schizotypal, paranoid, and borderline traits at baseline in UHR youths predict the development of psychotic disorders and impairment at the follow-up assessments. Specifically, it is expected that participants who qualified for personality disorder diagnoses at the baseline assessment will be at especially heightened risk for transitioning into psychotic disorders and that participants with comorbid schizotypal and borderline personality disorders will be at specific risk for affective psychotic disorders. Finally, it is expected that participants who do not have personality disorders, but exhibit prominent schizotypal and paranoid traits, will be at elevated risk for transitioning into clinical disorders relative to UHR participants without these traits. We also expect that these traits will be associated with specific patterns of impairment. For example, participants who report schizotypal traits of magical and referential thinking and unusual perceptual experiences are at risk for the development of full-blown delusions and hallucinations, those with paranoid traits and schizotypal trait of suspiciousness are expected to be at specific risk for social impairment and the development of

Synopsis for EU-GEI WP5 Publication

paranoid delusions, and participants with schizotypal traits of social disinterest and flattened affect are expected to report social and role impairment consistent with negative symptoms. The nature and role of personality impairment within the schizophrenia spectrum is a topic of considerable importance to our understanding of the development and expression of psychosis. Based upon the sample size, breadth of measures, and repeated assessments, the WP5 assessment provides a promising data set for examining expression of personality pathology in prodromal young adults and for examining the association of personality traits and disorders with the development of psychosis and impairment.

Aims:

- 1) To examine the extent to which schizotypal and paranoid personality traits and disorders are present in UHR young adults.
- 2) Given that borderline personality disorder is highly comorbid with schizotypal personality disorder and is associated with paranoid, dissociative, and psychotic-like experiences, we will examine the prevalence of borderline personality traits and disorder in UHR young adults
- 3) To examine the extent to which schizotypal, paranoid, and borderline traits and disorders at baseline in UHR youths predict the development of psychotic disorders and impairment at the follow-up assessments.

Hypotheses:

- 1) It is expected that UHR participants will report Cluster A personality traits and disorders; however specific rates are not hypothesized given the inconsistency in the literature.
- 2) It is hypothesized that participants will report elevated rates of borderline personality traits – especially traits associated with unusual experiences and affective instability. Furthermore, it is hypothesized that borderline traits will be associated with schizotypal, and to a lesser extent paranoid, personality traits.
- 3) It is hypothesized that participants with personality disorder diagnoses at the baseline assessment will be at especially heightened risk for transitioning into psychotic disorders and that participants with comorbid schizotypal and borderline personality disorders will be at specific risk for affective psychotic disorders. Finally, it is expected that participants who do not have personality disorders, but exhibit prominent schizotypal and paranoid traits will be at elevated risk for transitioning into clinical disorders relative to UHR participants without these traits. We also expect that these traits will be associated with specific patterns of impairment. Participants who report schizotypal traits of magical and referential thinking and unusual perceptual experiences will be at risk for the development of full-blown delusions and hallucinations, those with paranoid traits and schizotypal trait of suspiciousness will be at specific risk for social impairment and the development of paranoid delusions, and participants with schizotypal traits of social disinterest and flattened affect will report social and role impairment consistent with negative symptoms.

Methods:

Sample: Young adults at Ultra High-Risk for psychosis (WP5).

Baseline personality disorder measure: SCID-II.

Outcome measures at follow-up assessments: CAARMS, SPI-A, SCID-I, BPRS, SANS, YMRS, MADRS, GAF, CGI, SOFAS.

Expected results: The nature and role of personality impairment within the schizophrenia spectrum is a topic of considerable importance to our understanding of the development and expression of psychosis. Based upon the sample size, breadth of measures, and repeated assessments, the WP5 assessment provides a promising data set for examining expression of personality pathology in prodromal young adults and for examining the association of personality traits and disorders with the development of psychosis and impairment.

Data needed for the study: (please list the EU-GEI WP5 instruments)

Comprehensive Assessment of At-Risk Mental State (CAARMS)

Basic symptoms (SPI-A)

Brief Psychiatric Rating Scale (BPRS)

Scale of the assessment of negative symptoms (SANS)

Structured Clinical Interview for DSM-IV Axis II disorders (SCID-II)

Synopsis for EU-GEI WP5 Publication

Young Mania Rating Scale (YMRS) Montgomery Asberg Depression Rating Scale (MADRS) SOFAS and Global Assessment of Functioning (GAF-disability/impairment)
Plan for statistical analysis (overall strategy): Aims 1&2) We will compute descriptive statistics for personality disorder traits and disorders and correlations among disorders and traits. Aim 3) Multiple regression, binary linear regression, and path analysis will be computed to examine the association of personality traits and disorders with the development of psychotic disorders and impairment over-and-above baseline levels of impairment.
Other analyses/methods: One promising area would be to explore sex differences in personality trait expression and risk. Given the developmental and interpersonal nature of personality pathology, it may be worthwhile to examine the association of trauma with personality disorders and how this combination predicts subsequent impairment.
Involvement of external Parties (non EU-GEI): None proposed at present
IPR check (Intellectual property rights): N/A
Timeframe: Once data is received it is expected that data checking and cleaning will take approximately 1 month, analysis will take approximately 3 months and drafting of the paper will take 2 months.
Additional comments: N/A