Personality traits predict current and future functioning comparably for individuals with major depressive and personality disorders

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Abstract: Axes I and II were separated in DSM-III to encourage the consideration of the influence of both personality and psychopathology on patient behavior, on the assumption that an understanding of personality would increment syndromal diagnosis in treatment decisions. However, in practice the distinction between Axis I and Axis II is less clear. The current report investigates one aspect on which Axis I and Axis II might be expected to differ, that being the the significance of normative personality traits as an influence on functional status. In this study, the contribution of normative personality traits to functioning is presented for 2 groups of patients, one with major depression and a second with personality disorders. The data suggest that personality traits are significant and equally relevant predictors of functioning for both groups. The utility of assessing personality traits for individuals with both Axis I and II disorders is thus supported.

Key Words: Personality traits, Axis II, major depressive disorder, assessment.

(Multiaxial diagnosis was implemented in DSM-III to encourage clinicians to assess potentially important clinical data, including personality factors, in addition to syndromal diagnosis (Williams, 1985). The separation of Axis I and II, and in particular the label applied to the latter, implies that normative personality traits are more related to ‘personality’ disorders than to other types (i.e., Axis I) of disorders. However, personality as included on Axis II of the diagnostic system reflects enduring dysfunction or distress (i.e., disorders rather than personality traits; Spitzer et al., 1977). Researchers have criticized Axis II for what they perceive as an overemphasis on maladaptive functioning in lieu of normative elements of personality (e.g., Widiger and Kelso, 1983), and some authors have argued for the explicit assessment of normative personality traits in clinical diagnosis (e.g., Harkness and Lilienfeld, 1997). Others have argued that substantive differences between Axis I and Axis II disorders in terms of phenomenology, course, and cause remains to be established, and thus question segregation of personality disorders onto Axis II (Ruocco, 2005). In fact, relationships between normative personality traits, such as the 5-factor model (FFM; Neuroticism, Extraversion, Openness to Experience, Agreeableness, and Conscientiousness) and many Axis I disorders have been established empirically (Shea and Yen, 2005), undermining the assumption that the relationship of personality traits to clinical phenomena is unique to the personality disorders. Nevertheless, particular relationships between personality disorders and personality traits have been hypothesized and established empirically (e.g., Lynam and Widiger, 2001).

A slightly different question involves the salience of normative personality traits in the prediction of clinical and psychosocial phenomena for Axis I as opposed to Axis II diagnosis. It may be assumed that personality traits would be more salient for the prediction of functioning in personality disorders than in other disorders just as, by analogy, specific cognitive abilities are likely more salient for identifying problems associated with learning disorders than for problems associated with personality disorders or marital distress. This paper represents an effort to test the hypothesis that normative personality traits are as relevant for capturing clinically relevant heterogeneity within a common Axis I disorder, major depressive disorder (MDD), as they are for capturing heterogeneity among individuals with personality disorders (PD). MDD serves as a useful comparison group, as this disorder has demonstrated empirical links to normative traits (Clark et al., 1994; Weissman et al., 1978), although the
diagnostic significance of such traits for MDD is not explicit in the DSM system.

**METHODS**

**Participants**

Participants were 525 patients recruited from multiple clinical sites for the Collaborative Longitudinal Personality Disorder Study (CLPS; Gunderson et al., 2000). Individuals with comorbid major depressive disorder and personality disorder were removed from the original CLPS sample (N = 733) and the remaining participants were placed into one of 5 study cells: borderline (BPD; N = 118), schizotypal (STPD; 58), avoidant (AVPD; 122), obsessive compulsive (OCPD; 123), and a comparison group meeting criteria for major depressive disorder (MDD; 104). Participants with a PD who did not meet diagnostic criteria for MDD at baseline were collapsed into one PD group. Participants with MDD had fewer than 2 symptoms of any specific PD or 15 total PD symptoms at baseline.

**Measures**

**Diagnostic Interview for DSM-IV Personality Disorders (DIPD-IV)**

The DIPD-IV (Zanarini et al., 1996) is a semistructured interview that assesses individual DSM-IV Axis II criteria characteristic of the person most of his or her adult life and present over at least the previous 2 years. Study inclusion for the personality disorder sample was determined by the diagnostic cutoffs indicated in the DSM-IV. Interrater reliability coefficients were fair to good for all categorical disorders diagnosed 5 times or more in a baseline subsample (range from $\kappa = 0.40$ to 0.75; Zanarini et al., 2000).

**SCID-I**

The SCID-I (First et al., 1996) is a semistructured diagnostic interview with established reliability that is used to diagnose 33 Axis I disorders by DSM-IV criteria. The SCID-I was used to determine the Major Depressive Disorder diagnosis for study inclusion. SCID-I diagnosis of Major Depressive Disorder demonstrated an interrater reliability of 0.80 in a baseline subsample (Zanarini et al., 2000).

**NEO Personality Inventory, Revised (NEO-PI-R)**

The NEO-PI-R (Costa and McCrae, 1992) was designed to provide a comprehensive assessment of the 5 factors and 30 facets of the FFM. Internal consistency reliabilities for the 5 domains in this sample ranged from 0.87 to 0.92. The scale scores from the 5 factors are used in the current study to represent normative traits.

**Schedule for Nonadaptive and Adaptive Personality (SNAP)**

The SNAP (Clark, 1993) is a 375-item self-report questionnaire designed to assess personality characteristics in both the normal and abnormal range. The 3 higher-order factors, Negative Temperament, Positive Temperament, or Disinhibition, represent normative personality traits. Although the SNAP also contains lower order traits conceptu-
Axis II “personality” disorders and little reference is made in the importance of personality traits are implicit in the name of personality traits (Harkness and Lilienfeld, 1997). Although currently conceptualized in DSM-IV with an assessment of both syndromal and personality diagnoses as they are cur-functioning. Results also suggest the utility of supplementing II disorders in terms of the relationship of personality traits to als are characterized as personality disordered or not. showing the utility of assessing these traits whether individu-268 TABLE 2. Bivariate Correlations Between Baseline and 4-yr ality in functioning among Axis II personality disorders than for DISCUSSION
The purpose of this study was to compare the predictive capacity of personality traits on concurrent and future symptom-atic and functional impairment for individuals with major de-pression and personality disorders. The results suggest that personality traits are not more relevant for capturing heteroge-nity in functioning among Axis II personality disorders than for Axis I major depression. The normative traits investigated here were systematically related to impairment for both groups, suggesting the utility of assessing these traits whether individu-als are characterized as personality disordered or not. These results highlight the similarity of Axis I and Axis II disorders in terms of the relationship of personality traits to functioning. Results also suggest the utility of supplementing both syndromal and personality diagnoses as they are cur-rently conceptualized in DSM-IV with an assessment of personality traits (Harkness and Lilienfeld, 1997). Although the importance of personality traits are implicit in the name of Axis II “personality” disorders and little reference is made in the DSM regarding the relevance of personality for Axis I, personality traits appear to be relevant for understanding heterogeneity for both Axis I and Axis II diagnoses. The results of the current study are limited in certain respects. For example, although effects for personality traits predicting functioning were significant (and generally larger than those for diagnostic axis), they tended to be modest (explaining 2%–8% of the variance in functioning). Thus, there remains the question of whether the increased time and effort required to assess personality traits yields significant information with respect to clinical utility. However, given the global nature of the GAF ratings and their unknown reliability, the associations between traits and impairments reported here may reflect an underestimate. Another limitation of the current study is found in the restriction of diagnoses examined, as the project examined only one Axis I and 4 Axis II disorders. Results may therefore reflect characteristics particular to the selected diagnoses, which may not generalize across other disorders; such disorders should be examined in subsequent studies to ascertain the generality of the finding that personality traits are relevant predictors of impairment and outcome, even for disorders not labeled as “personality” problems per se.

ACKNOWLEDGMENTS
From the Collaborative Longitudinal Personality Disorders Study (CLPS). This publication has been approved by the Publications Committee of the Collaborative Longitudinal Personality Disorders Study.

REFERENCES


