Borderline or schizotypal: similarities and differences between a descriptive diagnosis and dynamic personality diagnostics.

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In this pilot study we explore and evaluate the similarities and differences between patients with a DSM IV diagnosis of SPD or BPD on the Developmental Profile, the Developmental Profile Questionnaire (DPQ/ OPV), the General Assesment of...

Ethical review	Approved WMO
Status	Recruiting
Health condition type	Personality disorders and disturbances in behaviour
Study type	Observational non invasive

Summary

ID

NL-OMON37061

Source
ToetsingOnline

Brief title
BPD or SPD: similarities and differences at personality diagnostics.

Condition

- Personality disorders and disturbances in behaviour

Synonym
and borderline personality disorder (syn: Cluster B personality disorder, borderline, BPD), schizotypal, schizotypical personality disorder (syn.: Cluster A personality disorder, SPD)

Research involving
Human

Sponsors and support

Primary sponsor: GGZ Centraal (Amersfoort)
Source(s) of monetary or material Support: Ministerie van OC&W

Intervention

Keyword: borderline, diagnostics., personality disorder, schizotypical

Outcome measures

Primary outcome

The demographic variables will be tested in a non parametric (sex, education)

and a parametric way (age).

For the Developmental Profile we will determine:

- The sum score of the Developmental level "Lack of Stucture" (STRUC),

- The sum score of the Developmental level "Fragmentation"(FRAG),

- The sum score of the three lower levels (PRIM),

- The sum score of the four adaptive levels (ADAP).

Furthermore, the Developmental Profile Index will be determined (OPI). The OPI

is calculated based on the weighted sum scores of the separate Developmental

levels.

Secondary outcome

The similarities and differences in scoring on the following questionnaires:

Developmental Profile Questionnaire (DPQ/ OPV (ned.): STRUC, FRAG, PRIM, ADAP,

OPI.

General Assesment of Personality Disorders (GAPD): Self-pathology,

Interpersonal disfunctioning,Total score,

Schizotypal Personality Questionnaire (SPQ): Positive symptoms, Negative

symptoms, Disorganisation.

Study description

Background summary

In the clinical practise of a treatment centre of personality disorders diagnosing is performed by a clinical interview and semi-structured interview with which symptoms according to the DSM -IV are categorised. However, due to the fact that symptoms of the decribed personality disorders are overlapping, it is often very challenging to distinguish between the different personality disorders (Stigler & Bijschoof, 2004; Kavoussi &Siever, 1992; Plakun & Muller, 1987; McGlashan, 1987). McGlashan, (1987) describes depersonalisation and derealisation phenomena, paranoid idea's and feelings of depressoin in both schizotypal- als borderline patients. Inappopriate anger and difficulties being alone also proof not to differentiate (McGlashan, 1987). Kavoussi &Siever, 1992 en Plakun & Muller, 1987 decribe a number of significant similarities between SPD and BPD. Kavoussi en Siever (1992) speak of percentages of 58% in overlap of clinical symptoms. Furthermore, often there seem to be comorbidity, in which both disorders are present in more of less extend (Joffe & Regan, 1988, Watson, 1998, Pfohl & Coryell & Zimmerman & Stangl, 1986). This makes differential diagnotics more difficult and treatment indicating very complex.
Diagnostics with the usual tests, interviews and questionnaires seems to be insufficient for this task. For accurate diagnostics, instruments with a more multi-conceptual approach seem to be more adequate. The Developmental Profile (Abraham *90, *05) is a diagnostic instrument with a psychodynamic background with which relevant personality features can be displayed multidimensional (qualitative). There is some evidence indicating that the habitual behavioural patterns, which are characteristic for the SPD and the BPD, can be found in the lower two Developmental levels in the Developmental Profile (Abraham et al, 1997, 1998). Specific characteristics of the SPD and BPD on the Developmental Profile, however, are yet insufficiently determined (Samkalden &Trijsburg 2006).
The Developmental Profile Questionnaire (DPQ/OPV), the General Assesment of Personality disorders (GAPD), the Assesment of DSM IV Personality Disorders (ADP IV) and the Schizotipal Personality disorder Questionnaire (SPQ) can be supportive in diagnosing the specific type of personality disorder, as well as the level of functioning of the patient and severity of the personality pathology, by which they can contribute to the exploration of personality

functioning of patients with a SPD or a BPD.

Study objective

In this pilot study we explore and evaluate the similarities and differences between patients with a DSM IV diagnosis of SPD or BPD on the Developmental Profile, the Developmental Profile Questionnaire (DPQ/ OPV), the General Assesment of Personality Disorders (GAPD) and the Schizotypal Personality Questionnaire (SPQ). The criterium validity wille be calculated by determining the correlation of the endpoints of the Developmental Profile and the SCID II (SPD of BPD). The other goal of teh study is to contibute to the differentiation of the specific diagnostic categories of SPD and BPD in clinical practise.

Study design

Study design:
cross sectional explorative pilot study with a duration of 1 year.
Study population:
40 voluntary psychiatric participants between the age of 18 and 45 year with a diagnosis of SPD or BPD, based on the SCID II (Structured Clinical Interview for DSM-IV Axis II Personality Disorders; First et al., 1997; Weertman et al., 2000). We divide the participants into two groups: 20 participants with a SPD and 20 with a BPD.
Intervention:
All participants will be asked to participate in the Developmental Profile interview, and the following questionnaires: the Developmental Profile Questionnaire (DPQ/OPV), the General Assesment of Personality Disorders (GAPD) and the Schizotypal Personality Questionnaire (SPQ). We will then evaluate the similarities and differences in the scores.

Study burden and risks

There are no physical risks associated with the study. There are no risks involved with side-effects or other undesirable consequences. In all cases there will be informed consent from the participants. Before deciding to participate in the study, the participant will receive adequate verbal and written information about the study. And is told to terminate participantion in the study at any time, if he/she wishes, without further consequenses of the usual treatment or his/her fysical and mental health. The particpant is also told to take a break as often as wished for and to inform the investigator about the topics he/she does not want to talf about.
The participant is free to choose to receive the information collected from the study. The patient is also free to share this information with his/her doctor/psychologist and to add this to her/his current treatment.
Patient will be asked to participate in this study for half a day. To minimize

the burdening on the patients treatment, the study can be planned either on a usual treatment day or on the participants day-off, according to the patients wishes.
The interview and questionnaires are not damaging in any way and do not contain questions of disturbing- of provocative nature. The risk of decomepnsation of the psychiatric mental state is based on the broad experience with the Developmental Profile (interview) and questionnaires, very small. The further minimise this risk, the following precautions are taken:
The interviewing researcher will investigate the status mentalis of the participant before, during and after (and half an hour later) the interview and questionnaires. When the participant, at any moment, seem to be distressed, the interview/questionnaires wil be stoppend (or not started at all) immediately. On this moment the investigator wil discuss with the participant what to do next: take a break, postpone or stop participation alltogether. The desicion of the participant is alway leading in this. The investigator will then provide the support needed by the participant and will do so under the to supervison of a certicfied psychiatrist. When necassary, the intestigator will contact the participant's own responsible doctor or psychologist to discust the further support needed by the participant.
The participant is told that there is a possibility that he/she will notice that the interview was confronting, at a later time that day. The participant is explained that this is normal and that he/she is free and welcome to phone the investigor on a special number during the coming few days with things according to the interview/questionnaires. The investigator will then provide the support needed by the participant . The partcipant will also recieve a telephone number he/she can call during evenings, night and weekends in case an emergency. The doctor on call will then provide the support needed by the participant. The investigator will make an appointment with the participant to phone/meet 2-3 days after the interview, to reflect on the participants feelings about participating in the study and investigate and provide any support needed by the participant.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

-Age between 18 and 45 years.
-A bij the SCID II (structured clinical interview for DSM IV as II personality disorders) diagnosed schizotypical- or borderline personality disorder

Exclusion criteria

-present axis 1 disorders (depression, mania, psychosis).
-present addiction of alcohol/ drugs.
-a intelligence coefficient of 79 or less.

Study design

Design

Study type: Observational non invasive

Masking:	Open (masking not used)
Control:	Uncontrolled
Primary purpose:	Diagnostic

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	08-09-2012
Enrollment:	40
Type:	Actual

Ethics review

Approved WMO

Date:	07-09-2012
Application type:	First submission
Review commission:	METC academisch ziekenhuis Maastricht/Universiteit Maastricht, METC azM/UM (Maastricht)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL40562.068.12