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Alcohol Use Disorder-Personality Disorder Comorbidity: Reanalysis of NESARC Data

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Introduction

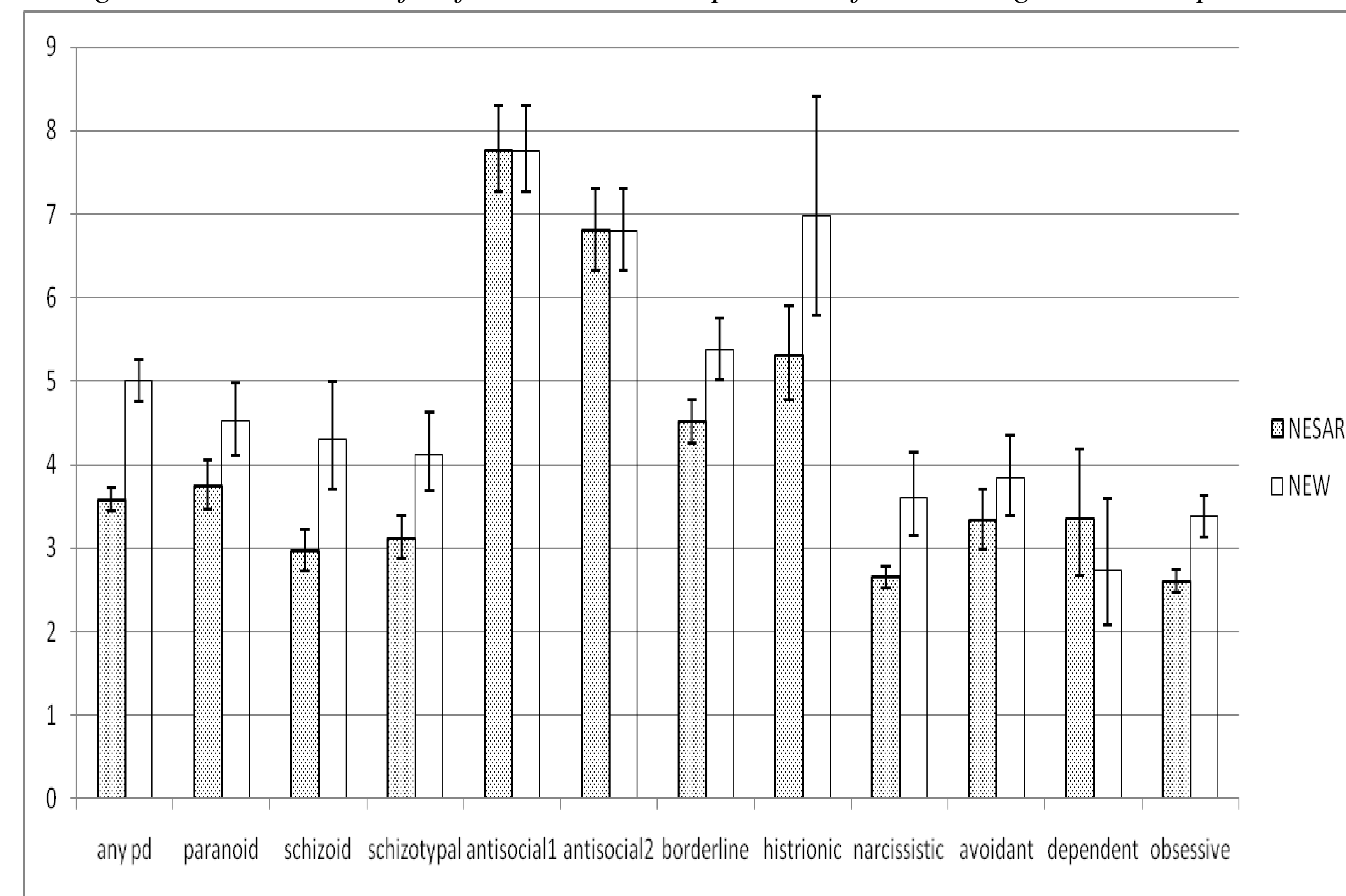
- The National Epidemiological Survey on Alcohol and Related Conditions (NESARC) is one of the largest epidemiological studies to date providing comorbidity rates between personality disorders (PDs) and alcohol use disorders (AUDs).
- Original NESARC PD diagnoses were calculated by assessing symptoms and then determining if any one PD symptom was associated with distress or impairment. If so, the individual would receive the diagnosis.
- This methodology may lead to the overestimation of PD prevalence and the underestimation of the comorbidity between PDs and AUDs.
- The purpose of this study was to: (1) recalculate the diagnostic prevalence rates for all 10 DSM-IV PDs and to compare this to the rates reported by the NESARC investigators; and (2) compare the corresponding comorbidity rates with AUDs.

Method

NESARC

- NESARC was conducted in 2 waves by the NIAAA and is nationally representative, face-to-face survey of approximately 40,000 people (Grant, Moore, et al., 2003).
- The first wave of data collection was from 2001-2002 and the second wave was from 2004-2005 and consisted of 87% of the original sample (Grant et al., 2008).
- All PDs were assessed in one of the two waves. Alcohol use was assessed at both waves using the AUDADIS-IV interview.

Figure 1. Odds Ratios of Lifetime Alcohol Dependence for PD Diagnostic Groups



Current Analyses

- The data were reanalyzed using an alternative diagnostic procedure which required all endorsed symptoms to be associated with distress or impairment.
- Prevalence rates and odd ratios were calculated for lifetime alcohol dependence among individuals with a PD diagnosis and for 12-month alcohol dependence among those with PD.

Results

- The alternative diagnostic procedure resulted in lower overall rates of any PD (9.12% vs. 21.52%) and higher comorbidity rates between PDs and AUDs (63.00% vs. 53.83%) than the original NESARC diagnostic procedure.
- Odds ratios for lifetime alcohol dependence among those with a PD diagnosis were higher when using the new diagnostic method in all cases *except* for dependent PD (Figure 1). Odds ratio differences were less pronounced when examining comorbidity with 12-month alcohol dependence (Table 1).

Discussion

- Requiring significant impairment or distress for each personality disorder symptom results in significantly reduced rates of personality disorders.
- These reduced rates are consistent with previous epidemiological studies (e.g., NCS-R).
- Comorbidity rates between PDs and alcohol dependence were generally higher using the new scoring method for NESARC PD diagnoses.

Acknowledgements

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Table 1. Comparison of Odds Ratios of Alcohol Use Disorders for PD Diagnostic Groups

Personality Disorder	NESARC Odds Ratio (CL)	New Odds Ratio (CL)
Any PD	2.53(2.45-2.62)	3.67(3.54-3.80)
Cluster A		
Paranoid	2.35(2.20-2.50)	2.50(2.31-2.70)
Schizoid	2.15(2.00-2.31)	2.44(2.13-2.79)
Schizotypal	2.16(2.03-2.30)	2.35(2.05-2.69)
Cluster B	7.95(7.48-8.45)	7.95(7.48-8.45)
Antisocial	7.89(7.34-8.49)	7.89(7.34-8.49)
Borderline	2.70(2.57-2.84)	3.35(3.09-3.64)
Histrionic	3.57(3.26-3.92)	3.39(2.81-4.09)
Narcissistic	2.08(1.97-2.19)	2.53(2.24-2.86)
Cluster C		
Avoidant	1.88(1.71-2.07)	2.15(1.95-2.37)
Dependent	1.73(1.47-2.03)	1.71(1.35-2.16)
Obsessive-compulsive	2.19(2.09-2.30)	2.35(2.21-2.49)