Mental State and Personality Disorders are Associated with Low Quality of Life Among Australian Women

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Background and Aims

Personality disorder (PD) is highly comorbid (~45%)[1] with mental state disorders (MSD; axis 1 disorders). This comorbidity represents potential additive risk for adversity in quality of life, though literature in this area is limited.

We aimed to investigate the relationship between quality of life in women with MSD only, PD only, and co-occurring PD with MSD.

Method

- Data were examined from women (≥ 20 years) participating in the 15 year follow-up of the Geelong Osteoporosis Study; a longitudinal, age-stratified, population-based sample (*n*=757).
- Lifetime history of MSD (mood, anxiety, eating, substance use) and PD were identified using the Structured Clinical Interview for DSM-IV-TR (SCID-I/NP and -II). Quality of life (physical, psychological, social, environmental) was examined using the World Health Organisation Quality of Life (WHOQOL-BREF) tool.
- WHOQOL-BREF scores were assessed against norms reported by Hawthorne et al.[2] Each domain was dichotomised as high or low, whereby scores were considered low when they were below the threshold for the indicated norm.
- Binary logistic regression analyses, adjusting for age, were conducted to determine the association between groups (MSD only, PD only, PD with MSD, compared to controls without PD or MSD) and the WHOQOL-BREF domains (physical, psychological, social, environmental).

Results

- Two hundred and thirty nine (31.6%) women met criteria for MSD, 40 (5.3%) women were identified as having PD, 114 (15.1%) women had co-occurring PD with MSD, and 364 (48.1%) women did not have any history of psychiatric disorder.
- Of those with an MSD, 289 (81.9%) had a mood disorder, 178 (23.5%) had an anxiety disorder, 15 (2.0%) had an alcohol-related disorder, 16 (2.1%) had a drug-related disorder, and 35 (4.6%) had an eating disorder. Of those with a PD, 35 (4.6%) had a Cluster A PD, 20 (2.6%) had a Cluster B PD, and 127 (16.8%) had a cluster C PD.

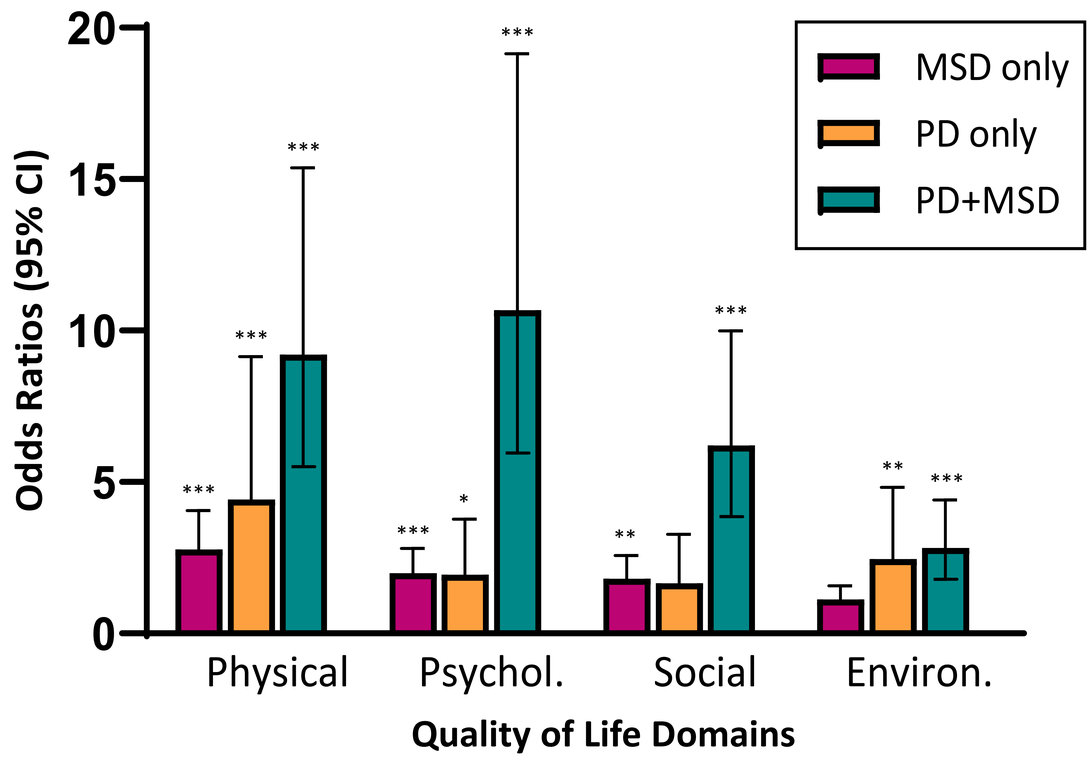

*Figure 1. Age Adjusted odds ratios for MSD only, PD only, and PD+MSD across quality of life domains, compared to controls (error bars represent 95% CI). Note: ***p<.001, **p<.01, *p<.05; Psychol. = psychological; Environ. = environmental.*

Discussion

- Co-occurring MSD and PD are associated with low quality of life in all health domains compared with healthy controls.
- The presence of PD with MSD increases the likelihood of low quality of life in the physical and psychological health domains and these effects are additive for physical quality of life and multiplicative for psychological quality of life.

Low quality of life (particularly psychological) should be a focus of intervention among individuals with co-occurring PD with MSD.

References: [1]Zimmerman et al. (2005). Am J Psychiatry 162, 1911-8; [2]Hawthorne et al. (2006). Soc Indic Res 77, 37-59.. Affiliations: [1]Deakin University, IMPACT Strategic Research Centre, School of Medicine, Barwon Health, Geelong, Australia; [2]Florey Institute for Neuroscience and Mental Health, University of Melbourne, Parkville,, Australia; [3]University of Melbourne, Department of Psychiatry, Royal Melbourne Hospital, Parkville, Australia; [4]Orygen, The National Centre of Excellence in Youth Mental Health, Parkville, Australia; [5]Centre for Youth Mental Health, the University of Melbourne, Parkville, Australia; [6]Barwon Health, Geelong, Australia; [7]Department of Epidemiology and Preventive Medicine, Monash University, Melbourne, Australia; [8]School of Medicine and Public Health, Faculty of Health and Medicine, the University of Newcastle, Callaghan, Australia; [9]Department of Medicine, University of Melbourne, St Albans,, Australia; [10]The University of Melbourne, Melbourne School of Psychological Sciences, Parkville, Australia; [11]Institute of Clinical Medicine (Psychiatry), University of Eastern Finland, Kuopio, Finland; [12]Departments of Psychiatry: Kuopio University Hospital, Kuopio, Finland; [13]Department of Psychiatry, Oulu University Hospital, Finland; [14]Orygen Youth Health, Parkville, Australia