The Relationship between Co morbid Psychiatric Illnesses and Psychopathy Levels on Male Individuals with Antisocial Personality Disorder in the Turkish Community

Mehmet Öğuz, Recep Tutuncu*, Alpay Ates, Sarper Ercan, Umit Baser Semiz, Nihan Öğuz, Selma Bozkurt Zincir, Hakan Balibey, Ayhan Algul and Cengiz Basoglu

Department of Psychiatry, Etimesgut Military Hospital, Ankara, Turkey

*Corresponding author: Recep Tutuncu, GATA Haydarpaşa Training Hospital, Istanbul, Department of Psychiatry, Etimesgut Military Hospital, Ankara, Turkey, Tel: +90 505 4683106; E-mail: drtutuncu@yahoo.com

Received Date: June 13, 2014, Accepted Date: October 28, 2014, Published Date: November 5, 2014

Copyright: © 2015 Recep Tutuncu, This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Abstract

Objective: The studies investigating antisocial personality disorder are mostly applied to subjects in prison. In this study, we aimed to investigate comorbid disorders in a Turkish patient sample with the diagnosis of antisocial personality disorder (ASPD) who are not in prison and we investigated its relationship with psychopathy levels.

Method: 140 male subjects were included in the study. None of them had been in the prison on admission. They all had the diagnoses of ASPD according to DSM-IV (Diagnostic and Statistical Manual of Mental Disorders-IV) diagnostic criteria. Socio-demographic data form, Structured Clinical Interview for DSM- Axis 1 Disorders and Axis 2 Disorders (SCID-I, SCID-II), and Hare Psychopathy Checklist-Revised (PCL-R) were applied.

Results: Most commonly seen comorbid disorders were as follows: substance use disorders (66.9%), alcohol use disorders (5.4%) and adjustment disorders (36.4%). In the high psychopathy group “Current and Lifetime Alcohol and Substance Use Disorder” and “Generalized Anxiety Disorder” were detected significantly more than those of the low psychopathy group.

Conclusion: This study supplies important epidemiological data about ASPD comorbidity. Of note, none of the subjects were in the prison during the study. Psychopathy also seems like a predictor in comorbid situations.

Keywords: Antisocial personality disorder; Psychopathy; Comorbidity

Introduction

Antisocial Personality Disorder (ASPD) is a developmental disorder with heterogeneous etiology. There are many vulnerability factors. Biological, psychological and social factors all play an important role. Symptoms are observed in early childhood and can continue into adulthood by interacting multiple factors. Psychopathy is another aspect of antisocial personality disorder, characterized by a diminished capacity for empathy or remorse, and poor behavioral controls or fearlessness. Psychopathy scales can measure the psychopathy levels. High psychopathy points lead us to a severe form of ASPD [1]. In the literature, it is shown that 50% - 75% of the prisoners are diagnosed as ASPD, and only 15% - 25% of the patients can be defined “psychopathic” [2-4]. A close interaction was found between ASPD and criminal adult life style and it was highly associated especially with psychopathic features [7-11].

As ASPD related acts and psychopathic behaviors may differ between cultures comorbidity rates may also change in different populations [12]. According to the results obtained from a study conducted among prisoners in Turkey, comorbidity rate of psychiatric disorders was found significantly lower than rates obtained in European countries [13]. Furthermore, there are some evidences demonstrating that the treatment of psychiatric disorders are much more complicated in psychopathic patients [16]. Consequently, psychopathy may trigger heavier loads to the psychiatry services. Diagnosis and treatment of ASPD has been quite affected in the presence of comorbid conditions. Treatment of accompanying disorders may prevent the devastating effects of ASPD [13]. It is also known that physicians may have negative attitudes about those patients and they do not often seek for psychiatric treatment, their treatment attempts should be well understood [14,15]. In addition, with the help of psychiatric treatment, some signs and symptoms, including violent behavior, can be overcome. In this study, we aimed to investigate comorbid disorders in a Turkish patient sample with the diagnosis of antisocial personality disorder (ASPD) who are not in prison and we investigated its relationship with psychopathy levels.

Materials and Methods

140 male subjects who were admitted to psychiatry before and during recruitment, between 18-45 years of age, were included in the study. All patients were examined by two different psychiatrists and received the diagnosis of ASPD according to DSM-IV TR diagnostic criteria. Informed consent was obtained and local ethics committee approval was taken. Exclusion criteria were as follows: “neurological diseases that affect cognitive functions or those with hearing or visual disorders, substance intoxication and abstinence during the interview, mental retardation, psychomotor agitation and heavy psychotic symptoms.
Socio-demographic data form, Structured Clinical Interview for DSM-IV (SCID-I), Structured Clinical Interview form for DSM-III-R Axis II Disorders (SCID-II), The Hare Psychopathy Checklist Revised (PCL-R) were applied by the physician during a face-to-face interview.

Socio-demographic form: It is an interview form, prepared by the investigators focusing on the characteristics of patients.

SCID-I (Structured Clinical Interview for DSM-IV): It is a structured clinical interview applied by the interviewer to investigate the diagnosis of Axis I psychiatric disorders according to DSM-IV. It consists of questions and sections in order to determine a total of seven diagnosis groups. These diagnostic groups are: mood disorders, psychotic disorders, substance abuse, anxiety disorders, somatiform disorders, eating disorders and adjustment disorders. [17,18] The validity and reliability studies of SCID-I for the Turkish community were made by Çorapçıoğlu et al. [19].

SCID-II (Structured Clinical Interview form for DSM-III-R Axis II Disorders): It is a form prepared in accordance with the diagnostic criteria for personality disorders within the DSM-III-R classification system. The definitive diagnosis depends on the assessment of the clinician following the interview. Its reliability and validity studies were also made in Turkish population [20]. It is used in clinical interviews in addition to the assessment of Axis II personality disorders [21].

The Hare Psychopathy Checklist Revised, (PCL-R): The scale, developed by Hare in 1991, is a semi-structured clinical interview form of 20 questions, for grading psychopathy, applied by the interviewer to investigate the diagnosis of Axis I psychiatric disorder [22]. All questions were graded basing on a three point scale (0-1-2) considering data obtained at the end of semi-structured interview. Total score obtained from Hare PCL-R ranged between 0 and 40. The ones scoring over a certain point on the PCL-R were identified as high level of psychopathy. Although the cut-off point was considered to be 30 for Canadian and North American prisoners, psychopathy cut-off point was accepted to be 25 for European prisoners due to less number of patients in the studies performed in Europe [23]. Validity and reliability studies were not performed in Turkey. Consequently, we primarily use the leveling system to degree the severity of patient’s symptoms. According to the leveling system: 33-40 points (Level 5): very high psychopathy, 25-32 points (Level 4): high psychopathy, 17-24 points (Level 3): moderate psychopathy, 9-16 points (Level 2): low psychopathy, 0-8 points (Level 1): very low psychopathy [23]. In our study, patients accumulated at level 3 and, so cut-off score was considered to be 25 to determine “high and low” levels of psychopathy.

Cross tabulations was constructed for qualitative data and Chi-square test was used to analyze. Differences between high and low psychopathy levels were compared with the student’s t test. Correlations between parameters were assessed with Pearson’s coefficient correlation. Error level was determined as p=0.05.

Results
The mean age of subjects was calculated as 21.7 ± 2.81. Other socio-demographic characteristics are summarized in Table 1.

Substance use disorders were observed as the most common comorbid disorder (66.9%). The co morbidity rates were as follows: Alcohol use disorders 65.4%, adjustment disorders 36.4%, anxiety disorders 27.9%, depressive disorders 22.1% and psychotic disorders 2.1%. Lifetime alcohol use disorder was 72.1% and lifetime substance use disorder was found 78.6%.At least one psychiatric disorder comorbidity was found in 54.3% of the study sample. In terms of psychopathy levels, 52.9% of subjects (n=74) were determined to constitute the “the Low Psychopathy Group” by getting low scores at the Hare Psychopathy Checklist-Revised (PCL-R).

| Table 1: Socio-demographic Characteristics of Patients, SD: Standard Deviation |
|-----------------|-----------------|---------|
| Age             | 21.76 ± 2.81    |
| Duration of Education | 7.89 ± 2.68   |
| Marital Status  | Unmarried/Widow 134 (59.7) |
| Employment Status| Married 6 (4.3) |
| Place of Living | City Center 33 (23.6) |
| Economic Status | Low 66 (47.1) |
| Social Life     | High 2 (1.4) |
| Academic Level  | Low 68 (48.6) |
| Family History of Psychiatric Disorders | No 70 (50.0) |

Alcohol use disorder and substance use disorder was detected significantly more in high psychopathy group (p<0.05). Similarly, Generalized Anxiety Disorder was detected significantly more in high psychopathy group (p=0.000). However no significant differences were found according to psychiatric disorder comorbidity between groups. (Table 2). Personality disorder comorbidities between low and high psychopathy groups are compared in Table 3. It was found that paranoid personality disorder, borderline personality disorder and passive-aggressive personality disorder comorbidities were significantly higher (p<0.05) in high psychopathy group.

Family history of the patients revealed ASPD (45.7%) was the most common diagnosis. Schizophrenia was second with 15.7% followed by unipolar depression with 11.4%. Positive family psychiatric disorder history was 34.8% in the low psychopathy group and 68.2 % in the high psychopathy group.

Discussion
According to our knowledge, this is the first study conducted in a Turkish community focusing on the comorbid psychiatric disorders of ASPD patients. It is known that psychiatric disorders may occur due to multiple etiological factors. Environmental factors, cultural norms are all may be influential. In Turkey, parents and also even relatives are very strong social support systems. But mostly ASPD patients do not seek for psychiatric help. Furthermore illegal substance trade from Asia to Europe takes place due to geopolitical localization of the country.
Current Alcohol Use Disorder & Lifetime Alcohol Use Disorder & Adjustment Disorder & Generalized Anxiety Disorder & Current Depressive Episode & Lifetime Depression & BTA Anxiety Disorder & Dysthymic Disorder & Mood Disorder & Conversion Disorder & Posttraumatic Stress Disorder (PTSD) & Psychotic Disorder & Current Hypomanic Episode & Schizoaffective Disorder & Social Phobia & Obsessive Compulsive Disorder & Current Manic Episode & Specific Phobia

Table 2: Comparison of the Axis I Disorder Comorbidities between Low and High Psychopathy Groups, χ2: Chi-Square Test, * : Fischer’s Exact Test

In our study, comorbidity of “Generalized Anxiety Disorder” in patients with high psychopathy (45.5%) was determined rather higher than in patients with low psychopathy (12.2%). Besides, socioeconomic status of most of the subjects enrolled was in the low and mid-low groups (96.4%). It is known that in the general population the incidence of anxiety disorders decreases with the increase in the socioeconomic levels [28]. Furthermore, anxiety disorder rates are observed lower in men and anxiety disorder comorbidity rates go up to 25.2% in men with ASPD [27]. This finding is close to the rate we observed in our study (27.9%). Major depressive disorder is more frequently seen in people lack of confiding relationships, low income, single, divorced, separate or young. Major depressive disorder occurs more commonly in urban than rural dwellers. Lifetime prevalence rate of major depression is 5-12% in males [27] In our study comorbid current depressive episode rate was determined as 22.9%. Rate of dysthymic disorder was found to be 5%. Antisocial personality disorder is an enduring pattern behavior that deviates from social norms. Impairments in personality (self and interpersonal) functioning and the presence of pathological personality traits are prominent. As a consequence social support and economical status are lower in ASPD...
and they are more prone to depression. Majority of our study subjects had low socioeconomic status, 95.7% were single and aged a mean of 21.76 years. These findings are consistent with sociodemographic data of depressive disorders in the literature. It is striking that rates of depressive disorders in our study are higher than the studies conducted in the European Community and similar to those of the Iranian studies [29] This condition may be due to the similar cultural structures of both communities. Additionally, in the literature lower values were found related with "low psychopathy" in depressive disorder comorbidity similar to our results [30,31].

In our study, the prevalence of paranoid, borderline and passive-aggressive personality disorders observed in individuals with ASPD in the "high psychopathy" group was observed significantly higher than that of the "low psychopathy" group. Consequently, despite a few number of individuals with ASPD diagnosis alone, combination of, especially both axis I and axis II comorbidities in high rates were reported to increase psychopathy rates [32,33]. In our study, a total of 4 patients were diagnosed only with ASPD and they had low rates of psychopathy (PCL-R<25). The presence of multidiagnosis was determined to increase severity of psychopathology as well as to reduce the treatment response rates. In the present study, at least one comorbid psychiatric illness was diagnosed in 97.1% of subjects with ASPD. This condition may result in treatment resistance, relapse and recommitting an offense by a high rate. Consequently, the significance of holistic approaches to treatment has been understood once more.

ASPD was reported to be characterized by low academic achievement, constant business change and marital problems in epidemic studies [34]. In our study most of the patients were in the age of 21,76 ± 2,81 years, unmarried, primary school graduate or less educated (duration of education 7.89 ± 2.68), working at unqualiﬁed jobs or unoccupied. Marriage has been normally considered to have stabilizing effects on the behavior of men and protective effects from antisocial behaviors [35].

Family studies reveal that all psychiatric disorders including ASPD and substance use may have a familial transition [36]. In this study, the episode of psychiatric illness in first-degree relatives of patients was found to be 50%. When low and high psychopathy groups were compared, the episode of psychiatric illness history within the family was signiﬁcantly higher in the high psychopathy group than that of the low group. When the disorders seen within the family were investigated, ASPD was found to be diagnosed most frequent in both groups. Similarly, in many studies more relatives with ASPD were detected in antisocial adults than in the control group [37,38].

There are also some limitations in our study. The sample size is relatively small. Validity and reliability of PCL-R has not studied yet to assess psychopathy in Turkey. Psychiatric epidemiological information is specific to men.

Conclusions

We consider that this study is epidemiologically important because the study population consists of a general hospital population, including subjects coming from different regions of Turkey instead of a prison population. Remarkably higher comorbid illnesses have been diagnosed in subjects with ASPD. Requirement for diagnosis and treatment of ASPD individuals with mental illness is an important international public health problem. Since comorbid conditions are usually pretty much in individuals with ASPD, these people require careful assessment in clinical practice. Due to the negative attitudes of physicians towards antisocial patients, comorbid conditions are inevitable to be missed. Treatments may cause an increase in the patients to remain social and individual problems. Patients remaining untreated can lead to an increase in social and individual problems. The presence of comorbid diagnoses has been once more emphasizing the importance of holistic approaches. As a result of this research, much information on the development of new rehabilitation programs may be established to increase social adjustment of individuals diagnosed with ASPD, who have numerous legal and social problems. The comparison of psychiatric morbidity rates of individuals with ASPD with the general population of our country will be helpful for the future investigations. Besides, conducting studies with criminal patients and their sub-criminal types in other hospitals and performing studies on larger samples and comparing these rates with the total population will be useful in studies scheduled for later periods.

References


