



Incidence and prevalence rates of personality disorders in Denmark-A register study.

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Author: Liselotte Pedersen
Erik Simonsen

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Publication Type: Article

Keywords: Adult
Denmark - epidemiology
Female
Humans
Incidence
Male
Middle Aged
Personality Disorders - epidemiology
Prevalence
Registries - statistics & numerical data

Abstract: Personality disorders (PDs) are prevalent in about one in every 10 adults. Prior to the introduction of the ICD-10 in Denmark, the incidence rate for PD (including schizotypal) among psychiatric patients was approximately 12% and the prevalence rate 14%.

The aim of the present clinical epidemiology study is to investigate the use of ICD-10 PD as primary and secondary diagnoses in years 1995, 2000 and 2006, comorbid disorders and their relation to age and gender.

The study includes all adult patients admitted to any psychiatric hospital (inpatients and outpatients) in Denmark. Both incidence and prevalence rates of PD diagnoses decrease over the study period. It is evident that all specific diagnoses significantly decrease or remain stable whereas the unspecified and mixed type significantly increases constituting up to 50% of diagnoses. Emotionally unstable PD stands out as the single most prevalent covering around one third of PD diagnoses. A decrease is found in the prevalence of patients receiving a PD diagnosis as a primary diagnosis, but an increase as a secondary diagnosis (most often as comorbid to depression or anxiety disorder). Differences are found in relation to gender and age.

PDs are among the most prevalent disorders; however, rates are decreasing in psychiatric settings. There seem to be a rather huge gap between clinical evaluation and research data on prevalence of PDs. Clinicians need more education and sufficient time for in-depth personality assessment of PDs in all patient groups.

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Empirical evidence for a four factor framework of personality disorder organization: multigroup confirmatory factor analysis of the Millon Clinical Multiaxial Inventory-III personality disorder scales across Belgian and Danish data samples.

<https://arctichealth.org/en/permalink/ahliterature145052>

Author: Gina Rossi
Ask Elklit
Erik Simonsen

Author Affiliation: Vrije Universiteit Brussel (VUB), Faculty of Psychology and Educational Sciences, Department of Clinical and Life Span Psychology, Brussels, Belgium. grossi@vub.ac.be

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Adult
Aged
Belgium
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Factor Analysis, Statistical
Female
Humans
Male
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Models, Psychological
Personality Assessment - statistics & numerical data
Personality Disorders - diagnosis - psychology
Personality Tests
Psychometrics
Translations
Young Adult

Abstract: The factor structure of the Millon Clinical Multiaxial Inventory-III (Millon, Millon, Davis, & Grossman, 2006) personality disorder scales was analyzed using multigroup confirmatory factor analysis on data obtained from a Danish (N = 2030) and a Belgian (N = 1210) sample. Two-, three-, and four factor models, a priori specified using structures found by Dyce, O'Connor, Parkins, and Janzen (1997), were fitted to the data. The best fitting model was a four factor structure (RMSEA = .066, GFI = .98, CFI = .93) with partially invariant factor loadings. The robustness of this four-factor model clearly supports the efforts to organize future personality disorder description in a four-factor framework by corroborating four domains that were predominant in dimensional models (Widiger & Simonsen, 2005): Factor 1, 2, 3, and 4 respectively corresponded to emotional dysregulation versus stability, antagonism versus compliance, extraversion versus introversion, and constraint versus impulsivity.

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Affect regulation and psychopathology in women with borderline personality disorder.

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Author: Rune Andersen
Nina Timmerby
Erik Simonsen

Author Affiliation: Psykiatrisk Forskningsenhed, Region Sjælland, Roskilde, Denmark. runan@regionsjaelland.dk

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Keywords: Adult
Affect
Affective Symptoms - etiology
Aggression - psychology
Borderline Personality Disorder - complications - diagnosis - psychology
Denmark
Diagnostic and Statistical Manual of Mental Disorders
Female
Humans
Impulsive Behavior - etiology
Interpersonal Relations
Middle Aged
Personality Inventory - standards - statistics & numerical data
Psychiatric Status Rating Scales
Psychometrics
Psychopathology
Self Report
Self-Injurious Behavior - etiology
Translating


Abstract: Dysfunction in affect regulation is a prominent feature that grossly impairs behavioural and interpersonal domains of experience and underlies a great deal of the psychopathology in borderline personality disorder (BPD). However, no study has yet been published that evaluates the psychometric properties of the translated Danish version of self-report measures sensitive to the different aspects and dimensions of dysfunction in affect regulation prevalent in BPD.

This study comprised a group of women diagnosed with BPD (n = 29) and a comparison group of healthy subjects (n = 29) who reported psychopathology and levels of affective instability, aggression, impulsivity and alexithymia by self-report measures.

Our results demonstrated that women with BPD have significant psychopathology and report significantly higher levels of dysfunction in separate components of affect regulation by self-report measures than the comparison group of healthy subjects. Our results also provided partial support for the psychometric appropriateness and clinical relevance of the translated Danish version of affect regulation measures.

The normative reference range indicated by our results makes the measures useful as a practical assessment tool.

not relevant.

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Continuity between interview-rated personality disorders and self-reported DSM-5 traits in a Danish psychiatric sample.

<https://arctichealth.org/en/permalink/ahliterature291088>

Author: Bo Bach
Jaime Anderson
Erik Simonsen

Author Affiliation: Research Unit, Region Zealand.

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Publication Type: Journal Article

Keywords: Adult
Denmark
Female
Humans
Interview, Psychological - standards
Male
Personality Disorders - diagnosis - physiopathology
Personality Inventory - standards
Psychiatric Status Rating Scales - standards
Young Adult

Abstract: The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5) Section III offers an alternative model for the diagnosis of personality disorders (PDs), including 25 pathological personality trait facets organized into 5 trait domains. To maintain continuity with the categorical PD diagnoses found in DSM-5 Section II, specified sets of facets are configured into familiar PD types. The current study aimed to evaluate the continuity across the Section II and III models of PDs. A sample of 142 psychiatric outpatients were administered the Personality Inventory for DSM-5 and rated with the Structured Clinical Interview for the DSM-IV Axis II disorders. We investigated whether the DSM-5 Section III facet-profiles would be associated with their respective Section II counterparts, as well as determining whether additional facets could augment the prediction of the Section II disorders. Results showed that, overall, the interview-rated DSM-5 Section II disorders were most strongly associated with expected self-reported Section III traits. Results also supported the addition of facets not included in the proposed Section III PD criteria. These findings partly underscore the continuity between the Section II and III models of PDs and suggest how it may be enhanced; however, additional research is needed to further evaluate where continuity exists, where it does not exist, and how the traits system could be improved. (PsycINFO Database Record

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Reliability and Hierarchical Structure of DSM-5 Pathological Traits in a Danish Mixed Sample.

<https://arctichealth.org/en/permalink/ahliterature276683>

Author: Sune Bo
Bo Bach
Erik Lykke Mortensen
Erik Simonsen

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Denmark
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Female
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Personality
Personality Disorders - diagnosis - psychology
Personality Inventory - standards
Reproducibility of Results
Sampling Studies
Self Report
Translations

Abstract: In this study we assessed the DSM-5 trait model in a large Danish sample (n = 1,119) with respect to reliability of the applied Danish version of the Personality Inventory for DSM-5 (PID-5) self-report form by means of internal consistency and item discrimination. In addition, we tested whether the five-factor structure of the DSM-5 trait model can be replicated in a Danish independent sample using the PID-5 self-report form. Finally, we examined the hierarchical structure of DSM-5 traits. In terms of internal consistency and item discrimination, the applied PID-5 scales were generally found reliable and functional; our data resembled the five-factor structure of previous findings, and we identified a hierarchical structure from one to five factors that was conceptually reasonable and corresponded with existing findings. These results support the new DSM-5 trait model and suggest that it can be generalized to other languages and cultures.

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The alternative DSM-5 personality disorder traits criterion: A comparative examination of three self-report forms in a Danish population.

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Author: Bo Bach
Jessica L Maples-Keller
Sune Bo
Erik Simonsen

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Middle Aged
Personality Disorders - classification - epidemiology
Personality Inventory - standards
Psychiatric Status Rating Scales - standards
Psychometrics - instrumentation
Reproducibility of Results
Self Report
Young Adult

Abstract: The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013a) offers an alternative model for Personality Disorders (PDs) in Section III, which consists in part of a pathological personality traits criterion measured with the Personality Inventory for DSM-5 (PID-5). The PID-5 self-report instrument currently exists in the original 220-item form, a short 100-item form, and a brief 25-item form. For clinicians and researchers, the choice of a particular PID-5 form depends on feasibility, but also reliability and validity. The goal of the present study was to examine the psychometric qualities of all 3 PID-5 forms, simultaneously, based on a Danish sample (N = 1376) of 451 psychiatric outpatients and 925 community-dwelling participants. Scale reliability and factorial validity were satisfactory across all 3 PID-5 forms. The correlational profiles of the short and brief PID-5 forms with clinician-rated PD dimensions were nearly identical with that of the original PID-5 ($r_{ICC} = .99$ and $.95$, respectively). All 3 forms discriminated appropriately between psychiatric patients and community-dwelling individuals. This supports that all 3 PID-5 forms can be used to reliably and validly assess PD traits and provides initial support for the use of the abbreviated PID-5 forms in a European population. However, only the original 220-item form and the short 100-item form capture all 25 trait facets, and the brief 25-item form may be ideally limited to preliminary screening or situations with substantial time restrictions.

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Determinants of duration of untreated psychosis among first-episode psychosis patients in Denmark: A nationwide register-based study.

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Author: Lene Halling Hastrup
Ulrik Helt Haahr
Jens Einar Jansen
Erik Simonsen

Author Affiliation: Psychiatric Research Unit, Region Zealand Psychiatry, Denmark. Electronic address: lhhs@regionsjaelland.dk.

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Age of Onset
Awareness
Demography
Denmark - epidemiology
Early Intervention (Education)
Female
Humans
Male
Psychiatric Status Rating Scales
Psychotic Disorders - diagnosis - epidemiology - psychology
Registries
Young Adult

Abstract: Information on determinants of duration of untreated psychosis (DUP) is still needed to inform campaigns targeting people with first episode psychosis (FEP). This nation-wide study analysed the association between demographic factors (age, sex, ethnicity, marital status, and geographic area), premorbid and illness-related factors (global functional level, substance misuse, and contact to police), healthcare factors (referral source and first FEP contact) and DUP.

The study population of 1266 patients aged 15-25years diagnosed with FEP (ICD10 F20.0-F20.99) was drawn from the Danish National Indicator Project during 2009-2011. The study population was combined with data from national administrative registers. A multinomial regression model was estimated to analyse the impact of demographic, premorbid and illness-related, and healthcare factors on DUP.

One third of the population had a DUP below 6months. DUP longer than 12months was associated with older age at onset, being female, having cannabis misuse, and living in peripheral municipalities. Being charged by the criminal authorities during one year before FEP was associated with a DUP over 6months.

DUP is related to a number of demographic, premorbid and healthcare factors. These findings suggest that future information campaigns should focus on increasing the awareness of early signs of psychosis not only among mental health professionals but also other professionals in contact with adolescents such as the police. It may also be useful to consider how to target information campaigns towards persons living in peripheral areas.

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Randomised social-skills training and parental training plus standard treatment versus standard treatment of children with attention deficit hyperactivity disorder - the SOSTRA trial protocol.

<https://arctichealth.org/en/permalink/ahliterature137704>

Author: Ole Jakob Storebø
Jesper Pedersen
Maria Skoog
Per Hove Thomsen
Per Winkel
Christian Gluud
Erik Simonsen

Author Affiliation: Child Psychiatric Daytime Clinic, Child and Adolescent Psychiatric Centre, Region Zealand, Holbaek, Denmark.
ojst@regionsjaelland.dk

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Child
Child Behavior
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Combined Modality Therapy
Denmark
Emotions
Female
Humans
Male
Parents - psychology
Psychiatric Status Rating Scales
Questionnaires
Research Design
Sample Size
Social Behavior
Time Factors
Treatment Outcome

Abstract: Children with attention deficit hyperactivity disorder (ADHD) are hyperactive and impulsive, cannot maintain attention, and have difficulties with social interactions. Medical treatment may alleviate symptoms of ADHD, but seldom solves difficulties with social interactions. Social-skills training may benefit ADHD children in their social interactions. We want to examine the effects of social-skills training on difficulties related to the children's ADHD symptoms and social interactions.

The design is randomised two-armed, parallel group, assessor-blinded trial. Children aged 8-12 years with a diagnosis of ADHD are randomised to social-skills training and parental training plus standard treatment versus standard treatment alone. A sample size calculation estimated that at least 52 children must be included to show a 4-point difference in the primary outcome on the Conners 3rd Edition subscale for 'hyperactivity-impulsivity' between the intervention group and the control group. The outcomes will be assessed 3 and 6 months after randomisation. The primary outcome measure is ADHD symptoms. The secondary outcome is social skills. Tertiary outcomes include the relationship between social skills and symptoms of ADHD, the ability to form attachment, and parents' ADHD symptoms.

We hope that the results from this trial will show that the social-skills training together with medication may have a greater general effect on ADHD symptoms and social and emotional competencies than medication alone.

ClinicalTrials (NCT): NCT00937469.

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Cost-effectiveness of early intervention in first-episode psychosis: economic evaluation of a randomised controlled trial (the OPUS study).

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Author: Lene Halling Hastrup
Christian Kronborg
Mette Bertelsen
Pia Jeppesen
Per Jorgensen
Lone Petersen
Anne Thorup
Erik Simonsen
Merete Nordentoft

Author Affiliation: Region Zealand, Psychiatric Research Unit, Roskilde, Denmark. lhhs@regionsjaelland.dk

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Adult
Antipsychotic Agents - therapeutic use
Community Mental Health Services - economics - organization & administration
Cost-Benefit Analysis
Denmark
Diagnosis-Related Groups - economics
Early Medical Intervention - economics
Family Therapy - economics
Health Care Costs - statistics & numerical data
Health Services - utilization
Humans
Intention to Treat Analysis
Middle Aged
Outcome and Process Assessment (Health Care)
Patient Care Team - economics
Patient Education as Topic - economics
Psychotic Disorders - economics - therapy
Schizophrenia - economics - therapy
Single-Blind Method
Socialization
Young Adult

Abstract: Information about the cost-effectiveness of early intervention programmes for first-episode psychosis is limited. To evaluate the cost-effectiveness of an intensive early-intervention programme (called OPUS) (trial registration NCT00157313) consisting of enriched assertive community treatment, psychoeducational family treatment and social skills training for individuals with first-episode psychosis compared with standard treatment.

An incremental cost-effectiveness analysis of a randomised controlled trial, adopting a public sector perspective was undertaken.

The mean total costs of OPUS over 5 years (€123,683, s.e. = 8970) were not significantly different from that of standard treatment (€148,751, s.e. = 13073). At 2-year follow-up the mean Global Assessment of Functioning (GAF) score in the OPUS group (55.16, s.d. = 15.15) was significantly higher than in standard treatment group (51.13, s.d. = 15.92). However, the mean GAF did not differ significantly between the groups at 5-year follow-up (55.35 (s.d. = 18.28) and 54.16 (s.d. = 18.41), respectively). Cost-effectiveness planes based on non-parametric bootstrapping showed that OPUS was less costly and more effective in 70% of the replications. For a willingness-to-pay up to €50,000 the probability that OPUS was cost-effective was more than 80%.

The incremental cost-effectiveness analysis showed that there was a high probability of OPUS being cost-effective compared with standard treatment.

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Third-wave cognitive therapy versus mentalisation-based treatment for major depressive disorder: a randomised clinical trial.

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Author: Janus Christian Jakobsen
Christian Gluud
Mickey Kongerslev
Kirsten Aaskov Larsen
Per Sørensen
Per Winkel
Theis Lange
Ulf Søgaard
Erik Simonsen

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Cognitive Therapy - methods
Denmark
Depressive Disorder, Major - psychology - therapy
Female
Follow-Up Studies
Humans
Male
Psychiatric Status Rating Scales
Theory of Mind
Treatment Outcome

Abstract: To compare the benefits and harms of third-wave cognitive therapy versus mentalisation-based therapy in a small sample of depressed participants.

The trial was conducted at an outpatient psychiatric clinic for non-psychotic patients in Roskilde, Denmark. 44 consecutive adult participants diagnosed with major depressive disorder. 18 weeks of third-wave cognitive therapy (n=22) versus 18 weeks of mentalisation-based treatment (n=22). The primary outcome was the Hamilton Rating Scale for Depression (HDRS) at end of treatment (18 weeks). Secondary outcomes were: remission (HDRS)

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