

1. [Does gambling differ in people with a minority sexual orientation?](#)

Ann Clin Psychiatry. 2023 Feb;35(1):23-30. doi: 10.12788/acp.0102.

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- PMID: [36716473](#)
- DOI: [10.12788/acp.0102](#)

**Abstract**

**Background:** Gambling is common and there is growing concern about its public health implications. Little is known about how gambling differs in people with minority sexual identities. We sought to understand whether lesbian, gay, and bisexual (LGB) individuals differ from non-LGB individuals in terms of gambling and associated characteristics.

**Methods:** A total of 534 participants age 18 to 29 who gambled at least 5 times in the preceding year undertook clinical and neurocognitive evaluations. Those who identified as LGB were compared to heterosexuals on clinical and cognitive measures.

**Results:** Overall, 51 participants (9.6%) identified as LGB. These individuals showed significantly higher levels of problem gambling, suicide risk, substance use disorders, traits of obsessive-compulsive personality disorder (OCPD), higher errors on a set-shifting task, and higher rates of family history of addiction.

**Conclusions:** These results indicate that individuals with minority sexual orientations may be at higher risk of experiencing problem gambling and associated factors, such as increased suicidality, OCPD traits, and some degree of cognitive differences. Future studies should establish whether these associations also exist in clinical samples of people with full gambling disorder. Large-scale longitudinal research in neglected minority groups is needed to further explore these associations.

2. [\*\*Clozapine withdrawal-induced catatonia treated with clozapine: A case report\*\*](#)

Ann Clin Psychiatry. 2023 Feb;35(1):63-64. doi: 10.12788/acp.0101.

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- PMID: [36716466](#)
- DOI: [10.12788/acp.0101](#)

*No abstract available*

3. [\*\*Prevalence and Correlates of Hair Pulling Disorder and Skin Picking Disorder in an Acute Psychiatric Sample\*\*](#)

J Nerv Ment Dis. 2023 Feb 1;211(2):163-167. doi: 10.1097/NMD.0000000000001593.

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- PMID: [36716064](#)

- DOI: [10.1097/NMD.0000000000001593](https://doi.org/10.1097/NMD.0000000000001593)

## Abstract

Hair pulling disorder (HPD; trichotillomania) and skin picking disorder (SPD; excoriation disorder) are understudied psychiatric disorders. The aim of this study was to examine the prevalence and correlates of HPD and SPD in an acute psychiatric sample. Semistructured interviews and self-report measures were administered to patients in a psychiatric partial hospital (N = 599). The past-month prevalence of HPD and SPD was 2.3% and 9%, respectively. HPD and SPD had highly similar clinical characteristics and a strong co-occurrence. Patients with HPD/SPD were significantly younger than other patients and more likely to be female. Logistic regression controlling for age and sex showed that diagnosis of HPD/SPD was not significantly associated with suicidal ideation, suicidal behaviors, nonsuicidal self-injury, or emotional disorder diagnoses (e.g., borderline personality disorder, major depressive disorder). HPD/SPD status was significantly associated with an increased risk of generalized anxiety disorder. However, patients with HPD/SPD did not differ from other patients on self-report measures of generalized anxiety, depression, and distress intolerance. HPD and SPD are common and frequently co-occurring disorders in psychiatric settings.

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- [35 references](#)

### Full text links



4. [Association Between Cannabis and Violence in Community-Dwelling Patients With Severe Mental Disorders: A Cross-sectional Study Using Machine Learning](#)

J Nerv Ment Dis. 2023 Feb 1;211(2):88-94. doi:  
10.1097/NMD.0000000000001604.

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- PMID: [36716062](#)
- DOI: [10.1097/NMD.0000000000001604](#)

## Abstract

The objective of this cross-sectional study was to identify cannabis-related features and other characteristics predictive of violence using a data-driven approach in patients with severe mental disorders (SMDs). A Least Absolute Shrinkage and Selection Operator regularization regression model was used on the database consisting of 97 patients with SMD who completed questionnaires measuring substance use and violence. Cannabis use, particularly related to patients' decision to consume or time spent using, was a key predictor associated with violence. Other patterns of substance use and personality traits were identified as strong predictors. Regular patterns of cannabis use and interpersonal issues related to cannabis/stimulant abuse were inversely correlated to violence. This study identified the effect of several predictors correlated to violence in patients with SMD using a regularization regression model. Findings open the door to better identify the profiles of patients that may be more susceptible to perpetrate violent behaviors.

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- [73 references](#)

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5. [Exploring the associated characteristics of Internet gaming disorder from the perspective of various game genres](#)

Front Psychiatry. 2023 Jan 12;13:1103816. doi: 10.3389/fpsy.2022.1103816. eCollection 2022.

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- PMCID: [PMC9878381](#)
- DOI: [10.3389/fpsy.2022.1103816](#)

**Free PMC article**

**Abstract**

**Introduction:** Although previous studies have reported several characteristics associated with Internet gaming disorder (IGD), the influence of game genre on IGD has rarely been investigated. This study thus aimed to compare demographic characteristics, gaming patterns, personality traits, and gaming

motivations among players in different game genres, as well as identify the associated characteristics of genre-specific IGD.

**Methods:** Internet games were classified into four types: role-playing games (RPGs), strategy (STR) games, action shooter (ACS) games, and brain and skill (BRS) games. Chinese gamers ( $n = 5,593$ ) who usually played one of these games completed an anonymous online survey that included sociodemographic characteristics, gaming patterns, gaming motivations, the Chinese version of the Video Gaming Dependency Scale (VGD-S), and the Chinese Big Five Personality Inventory Brief Version (CBF-PI-B).

**Results:** Significant differences were found between the genre-specific groups regarding age, gender, relationship status, VGD-S score, gaming patterns, and personality traits (e.g., RPG and STR players were more vulnerable to developing IGD compared to ACS and BRS players). Multivariate logistic regression analyses showed that the associated characteristics of IGD were slightly different within each genre-specific group after controlling for sociodemographic factors. Among them, daily gaming time and motivation for sensation seeking and escaping reality were associated with IGD development within the genre-specific group.

**Conclusion:** Individuals in each game genre exhibited distinct characteristics that might predict IGD development (e.g., gaming patterns and personality traits). Game genre preferences should be considered in the early prevention and treatment of IGD to help high-risk individuals' recovery. Additionally, more research should be conducted to explore RPG and STR game characteristics.

**Keywords:** Internet gaming disorder; game genre; gaming motivation; gaming pattern; personality traits.

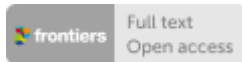
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### **Conflict of interest statement**

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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6.

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**It has not yet been peer reviewed by a journal.**

The National Library of Medicine is [running a pilot](#) to include preprints that result from research funded by NIH in PMC and PubMed.

## [Life-years lost associated with mental illness: a cohort study of beneficiaries of a South African medical insurance scheme](#)

medRxiv. 2023 Jan 19;2023.01.19.23284778. doi:  
10.1101/2023.01.19.23284778. Preprint

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- PMID: [36711937](#)
- PMCID: [PMC9882632](#)
- DOI: [10.1101/2023.01.19.23284778](#)

### Free PMC article

## Abstract

**Background:** People with mental illness have a reduced life expectancy, but the extent of the mortality gap and the contribution of natural and unnatural causes to excess mortality among people with mental illness in South Africa are unknown.

**Methods:** We analysed reimbursement claims and vital registration data from South African medical insurance scheme beneficiaries aged 15-85 years. We estimated excess life years lost (LYL) associated with organic, substance use,

psychotic, mood, anxiety, eating, personality, developmental or any mental disorders.

**Findings:** We followed 1 070 183 beneficiaries, of whom 282 926 (26.4%) received mental health diagnoses. Life expectancy of people with mental health diagnoses was 3.83 years (95% CI 3.58-4.10) shorter for men and 2.19 years (1.97-2.41) shorter for women. Excess mortality varied by sex and diagnosis, ranging from 11.50 LYL (95% CI 9.79-13.07) among men with alcohol use disorder to 0.87 LYL (0.40-1.43) among women with generalised anxiety disorder. Most LYL were attributable to natural causes (3.42 among men and 1.94 among women). A considerable number of LYL were attributable to unnatural causes among men with bipolar (1.52) or substance use (2.45) disorder.

**Interpretation:** The burden of premature mortality among persons with mental disorders in South Africa is high. Our findings support implementing interventions for prevention, early detection, and treatment of physical comorbidities among people with mental disorders. Suicide prevention and substance use treatment programmes are needed to reduce excess mortality from unnatural causes, especially among men.

**Funding:** Swiss National Science Foundation and National Institutes of Health.

**Research in context: Evidence before this study:** We searched PubMed with no language restriction from inception until April 12, 2022, for studies from sub-Saharan African countries on excess mortality among people with mental illness. We used the search string "mental disorders/mortality" as a major MeSH term and a filter for African countries. We identified four relevant studies: three from Ethiopia and one from South Africa. In Ethiopia, mortality in people with schizophrenia was six times higher than in the general population (standardised mortality ratio [SMR] 5.98; 95% confidence interval (CI) 4.09-7.87) and three to four times higher in those with major depression (SMR 3.55; 95% CI 1.97-6.39). Another study from Ethiopia found that people with severe mental disorders, including schizophrenia, bipolar disorder, and severe depression, died 28 years earlier than the general population. Most patients with severe mental disorders died from infectious diseases, suicides, or traffic accidents. Among people living with HIV in South Africa, those diagnosed with or treated for mental illness had a three times higher mortality risk (adjusted hazard ratio 2.98, 95% CI 2.69-3.30) than those without diagnoses or not treated for mental health conditions.**Added value of our study:** This study is one of Africa's most comprehensive analyses of excess mortality among people with mental illness. We compared mortality rates

between 280,000 medical insurance beneficiaries receiving mental health diagnoses in primary, secondary and tertiary care, and 785,000 without mental health diagnoses. In contrast to earlier studies -conducted mainly among people with severe mental illness-our study included a broader sample of people with a spectrum of mental disorders, including common mental disorders. We found life expectancy of people with mental health diagnoses was about 4 years shorter for men and about 2 years shorter for women compared with beneficiaries of the same age and sex without mental health diagnoses. Eating, developmental, psychotic, substance use, and organic mental disorders were associated with high excess mortality, especially among men and people diagnosed in hospitals. In contrast, women diagnosed with anxiety or depression had lower excess mortality. Most LYL associated with mental disorders were attributable to death by natural causes. Among men with alcohol use, drug use, or bipolar disorders, death by unnatural causes accounted for a considerable excess mortality burden.**Implications of available evidence:** Our study demonstrates a considerable burden of premature death from natural causes among a relatively small group of people with certain mental disorders. Our findings support recommendations to implement interventions for prevention, early detection, and appropriate treatment of physical comorbidities among people with these disorders. To reduce excess mortality from unnatural causes among men with bipolar and substance use disorders, we recommend suicide prevention and substance use treatment programmes.

#### Full text links



7. [Psychological assessment of parents of people diagnosed with borderline personality disorder and comparison with parents of people without psychological disorders](#)

Front Psychol. 2023 Jan 13;13:1097959. doi: 10.3389/fpsyg.2022.1097959. eCollection 2022.

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- PMID: [36710828](#)
- PMCID: [PMC9880188](#)
- DOI: [10.3389/fpsyg.2022.1097959](#)

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## Abstract

**Background:** To date, several evidence-based interventions have been created to help relatives of people with Borderline Personality Disorder (BPD), but few studies have analyzed the clinical situation of the family members. The aim of this study was twofold: (1) to explore the clinical symptomatology in a sample of parents of people diagnosed with BPD and compare them with a sample of people without a relative with a personality disorder, (2) to explore whether the parents of people diagnosed with BPD have psychopathology related to personality disorders (PD) or meet the diagnostic criteria for PD.

**Method:** Participants were 42 (39.6%) fathers and 64 (60.4%) were mothers and mothers ( $n = XX$ , -%) of people diagnosed with BPD, who were selected from a specialized PD unit for treatment. The sample of people without a relative with a PD was obtained from social network announcements. To test for differences between the two groups, Student's  $t$  tests were performed for quantitative variables, and Chi-square tests were performed for categorical variables. Cohen's  $d$  was calculated as a measure of the effect size.

**Results:** Parents of people with BPD showed greater depressive and anxious symptomatology, higher levels of expressed emotion, and worse quality of life than the sample of people without a relative with a personality disorder. In addition, a high percentage of the parents of people diagnosed with BPD (50%) met the diagnostic criteria for different PD.

**Conclusion:** Parents of people diagnosed with BPD may need psychological help in various aspects. Therapists are therefore advised to bear in mind the importance of carrying out a psychological assessment of family members and, if necessary, to offer psychological intervention. It is crucial to invite the family to be part of the treatment, since they can be part of the solution. **Clinical Trial registration:** ClinicalTrials.gov ID, [NCT04160871](https://clinicaltrials.gov/ct2/show/study/NCT04160871) (registered November 15, 2019).

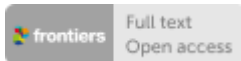
**Keywords:** borderline personality disorder; diagnosis; evaluation; psychopathology; relatives.

### Conflict of interest statement

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

- [73 references](#)

### Full text links



8. [Psychiatric disorders and comorbidity in a Spanish sample of prisoners at the end of their sentence: Prevalence rates and associations with criminal history](#)

Front Psychol. 2023 Jan 12;13:1039099. doi: 10.3389/fpsyg.2022.1039099. eCollection 2022.

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- PMID: [36710755](#)
- PMCID: [PMC9878681](#)
- DOI: [10.3389/fpsyg.2022.1039099](#)

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## Abstract

**Introduction:** This study examined, for the first time, the prevalence of mental disorders and comorbidities among inmates who were about to be released, and their association with criminal history.

**Methods:** A Spanish sample of 140 prisoners at the end of their sentence was recruited from an occupational program. Psychiatric disorders were determined according to the Diagnostic and Statistical Manual of Mental Disorders criteria. Bivariate analyses followed by multivariate regression models were conducted to identify significant variables for repeat incarceration and violent offending.

**Results:** The lifetime prevalence of Axis I disorders was 81.4%, with substance use disorders (SUD) and attention deficit/hyperactivity disorder (ADHD) being the most common diagnoses (51.4 and 31.4%, respectively). The current prevalence of Axis I disorders was 59.0%, including learning disorders (38.6%), ADHD (16.4%), and SUD (5.71%) among the most frequent syndromes. Thirty-six (26.5%) participants met criteria for a current Axis II disorder, which commonly was an antisocial personality disorder (12.5%). The



majority of the sample (60.8%) suffered from two or more comorbid disorders during their lifetime, although the current prevalence fell to 23.3%. Childhood ADHD increased the number of imprisonments, while inmates convicted of a violent crime were more likely to present a learning disorder. Having a lifetime diagnosis of SUD or multiple psychiatric disorders appeared to be associated with both repeat incarceration and violent offending.

**Conclusion:** Given the high rate of mental disorders still present among subjects completing prison sentences and the challenges they may encounter to benefit from vocational programs, our results suggest that appropriate psychiatric care should be provided during imprisonment and after release to facilitate their community reintegration.

**Keywords:** attention deficit/hyperactivity disorder (ADHD); community reintegration; learning disorders (LD); repeat incarceration; substance use disorders (SUD); violent offending.

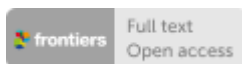
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#### **Conflict of interest statement**

MC has received travel grants and research support from Eli Lilly and Co., Janssen-Cilag, and Shire. He was on the advisory board and served as a consultant for Eli Lilly and Co., Janssen-Cilag, and Shire. The remaining authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

- [82 references](#)

#### **Full text links**



9. [Cardiac interoception in patients accessing secondary mental health services: A transdiagnostic study](#)

Auton Neurosci. 2023 Jan 13;245:103072. doi: 10.1016/j.autneu.2023.103072. Online ahead of print.

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- PMID: [36709619](#)
- DOI: [10.1016/j.autneu.2023.103072](#)

## Abstract

**Background:** Abnormalities in the regulation of physiological arousal and interoceptive processing are implicated in the expression and maintenance of specific psychiatric conditions and symptoms. We undertook a cross-sectional characterisation of patients accessing secondary mental health services, recording measures relating to cardiac physiology and interoception, to understand how physiological state and interoceptive ability relate transdiagnostically to affective symptoms.

**Methods:** Participants were patients (n = 258) and a non-clinical comparison group (n = 67). Clinical diagnoses spanned affective disorders, complex personality presentations and psychoses. We first tested for differences between patient and non-clinical participants in terms of cardiac physiology and interoceptive ability, considering interoceptive tasks and a self-report measure. We then tested for correlations between cardiac and interoceptive measures and affective symptoms. Lastly, we explored group differences across recorded clinical diagnoses.

**Results:** Patients exhibited lower performance accuracy and confidence in heartbeat discrimination and lower heartbeat tracking confidence relative to comparisons. In patients, greater anxiety and depression predicted greater self-reported interoceptive sensibility and a greater mismatch between performance accuracy and sensibility. This effect was not observed in comparison participants. Significant differences between patient groups were observed for heart rate variability (HRV) although post hoc differences were not significant after correction for multiple comparisons. Finally, accuracy in heartbeat tracking was significantly lower in schizophrenia compared to other diagnostic groups.

**Conclusions:** The multilevel characterisation presented here identified certain physiological and interoceptive differences associated with psychiatric symptoms and diagnoses. The clinical stratification and therapeutic targeting of

interoceptive mechanisms is therefore of potential value in treating certain psychiatric conditions.

**Keywords:** Anxiety; Cardiac physiology; Interoception; Psychosis; Transdiagnostic.

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### Full text links



## 10. [Survival of patients with severe mental disorders: Influence of social functioning](#)

Int J Soc Psychiatry. 2023 Jan 28;207640231152201. doi: 10.1177/00207640231152201. Online ahead of print.

### Authors

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- DOI: [10.1177/00207640231152201](#)

### Abstract

**Background:** Patients with severe mental disorders have a high risk of premature death due to the interaction of various factors. Social functioning is a strategic functional factor in understanding the course of psychotic disorders.

**Aim:** Analyze the relationship between social functioning and its various dimensions and survival during a 10-year follow-up.

**Method:** The Social Functioning Scale (SFS) was administered to 163 close relatives of patients under treatment at a Community Mental Health Unit. Survival was described by Kaplan-Meier analysis and any differences in survival by level of social functioning were found by long-rank analysis. Finally, Cox regression was used to predict premature mortality.

**Results:** Significant differences in mortality were identified in the interpersonal behavior dimension of social functioning, while there were no significant gender or diagnostic differences in the rest of the dimensions. The interpersonal behavior dimension and age were found to be factors predicting premature death.

**Conclusion:** These findings show the protective effect of social functioning retained by patients with psychotic disorders on their survival, and the need to apply evidence-based psychotherapy focused on recovery of social functioning in the early stages of the disorder.

**Keywords:** Schizophrenia; bipolar disorder; course; premature death; psychotic disorders.

#### Full text links

[Sage Journals](#)

11. [Autism spectrum disorder and personality disorders: How do clinicians carry out a differential diagnosis?](#)

Autism. 2023 Jan 28;13623613231151356. doi: 10.1177/13623613231151356. Online ahead of print.

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- PMID: [36708368](#)
- DOI: [10.1177/13623613231151356](#)

## Abstract

It is now recognised that autism spectrum disorder (ASD) and personality disorders (PDs) have a variety of factors in common. However, the exact nature of the relationship between ASD and the PDs remains unclear. The overlapping symptom profiles of ASD and PDs can lead to diagnostic uncertainty - features of ASD and PD can be misattributed and easily lead to misdiagnosis of ASD patients. Since differentiating between ASD and PD is such a complex task, it has been argued that there is a need for additional understanding and markers for facilitating diagnostic procedures. There is an urgent need to explore, first, how clinicians make diagnostic decisions and, second, how to effectively deal with the challenges and difficulties they face when making decisions. Also, where there are clear overlaps, how do clinicians choose how to attribute labels in order to understand the person.

**Keywords:** ASD; autism spectrum disorder; personality disorders.

### Full text links

Sage Journals

12. [The relationship between psychosocial and psychiatric risk factors and poor long term outcome following mild traumatic brain injury: a systematic review](#)

Eur J Neurol. 2023 Jan 27. doi: 10.1111/ene.15713. Online ahead of print.

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- PMID: [36708085](#)
- DOI: [10.1111/ene.15713](#)

## Abstract

**Background:** While mild traumatic brain injury (mTBI) has an estimated worldwide incidence of over 60 million per year, long term persistent post-concussion symptoms (PPCS) are increasingly recognized as being predicted by psychosocial variables. Patients at risk for PPCS may be amenable to closer follow up in order to treat modifiable symptoms and prevent chronicity. In this regard, similarities seem to exist with psychosocial risk factors for chronicity in other health-related conditions . However, as opposed to other conditions, no screening instruments exist for mTBI.

**Methods:** A systematic search of the literature on psychological and psychiatric predictors of long term symptoms in mTBI was performed by two independent reviewers using PubMed, Embase and Web of Science.

**Results:** Fifty papers were included in the systematic analysis. Anxiety, depressive symptoms and emotional distress early after injury predict PPCS burden and functional outcome up to one year after injury. In addition, coping styles and pre-injury psychiatric disorders and mental health also correlate with PPCS burden and functional outcome.. Associations between PPCS and personality and beliefs were reported, but these effects were either small or evidence was limited.

**Conclusion:** Early psychological and psychiatric factors may negatively interact with recovery potential to increase the risk of chronicity of PPCS burden after mTBI. This opens opportunities for research on screening tools and early intervention in patients at risk.

**Keywords:** anxiety; concussion; depression; mild traumatic brain injury; post-concussion syndrome.

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### Full text links



13. [Anticipating Unipolar Depression and Bipolar Depression in young adult with first episode of depression using childhood trauma and personality](#)

Front Public Health. 2023 Jan 10;10:1061894. doi: 10.3389/fpubh.2022.1061894. eCollection 2022.

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- PMID: [36703813](#)
- PMCID: [PMC9871579](#)
- DOI: [10.3389/fpubh.2022.1061894](#)



## Abstract

**Objective:** Relevant research focusing on young adults with Unipolar Depression (UD) and Bipolar Depression (BD) is limited. The current research aims to investigate childhood trauma and personality traits in young adults with UD and BD.

**Methods:** Two hundred and thirty-five patients in a first depressive episode (diagnosed UD and BD), 16-25 years old, were recruited from Second Xiangya Hospital. And 79 healthy controls (HC) were recruited from the community to form the comparison group. Patients' childhood trauma was measured by the Childhood Trauma Questionnaire (CTQ), and personality was measured by Eysenck Personality Inventory (EPI). The Kruskal-Wallis test was used to compare depression, anxiety, CTQ, and EPI scores between the HC ( $n = 79$ ), UD ( $n = 131$ ), and BD ( $n = 104$ ) groups. Factors independently associated with mood disorders and BD were determined using binary logistic regression analyses.

**Results:** Compared with HC, mood disorders had more severe anxiety and depression symptoms, and higher CTQ. Emotional abuse (OR = 1.47; 95% CI = 1.08-2.01), emotional neglect (OR = 1.24; 95% CI = 1.05-1.46), and neuroticism (OR = 1.25; 95% CI = 1.16-1.35) were associated with significantly increased odds of mood disorders. Whereas, higher extraversion scores were a protective factor for mood disorders. Compared with UD, BD had more severe anxiety symptoms, and higher CTQ, than extraversion and neuroticism personality scores. Anxiety (OR = 1.06; 95% CI = 1.02-1.08) and extraversion (OR = 1.05; 95% CI = 1.03-1.09) were associated with significantly increased odds of BD.

**Conclusion:** Interventions to prevent childhood trauma may improve young adults' mental health. Using childhood trauma and personality to anticipate BD and UD creates more accurate treatment for young adults with first depression.

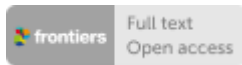
**Keywords:** Bipolar Depression; Eysenck Personality Inventory; childhood trauma; depressive episode; young adult.

## Conflict of interest statement

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

- [45 references](#)
- [2 figures](#)

## Full text links



# 14. [An Integrated Developmental Approach to Personality Disorders in Adolescence: Expanding Kernberg's Object Relations Theory](#)

Am J Psychother. 2023 Jan 25;appipsychotherapy20220023. doi: 10.1176/appi.psychotherapy.20220023. Online ahead of print.

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- PMID: [36695537](#)
- DOI: [10.1176/appi.psychotherapy.20220023](#)

## Abstract

This article is a tribute to Dr. Otto F. Kernberg and his contribution to the theoretical understanding of personality pathology in adolescence. In his object relations theory of the structure of personality, an integrated identity is

considered central to healthy personality functioning and is contrasted with identity diffusion, which is posited to underlie the maladaptive interpersonal functioning of patients with severe personality disorders. His work provided an early theoretical foundation for the understanding and treatment of personality disorders in adults, but a need remained for a deeper understanding of the development and treatment of personality disorders during adolescence. During the past 10 years, Kernberg has led a group of clinicians and developmental researchers focusing on childhood and adolescence to elaborate an understanding of the development, assessment, and treatment of personality disorders among adolescents. He proposed that in the context of typical development, adolescence is important to the expansion of identity, because it represents the period when sexual and aggressive impulses are integrated and earlier representations of the self and others are revised and become more realistic and nuanced. Furthermore, adolescence entails a reorganization of the moral system and enrichment of the ego ideal. This article presents two methods for assessing personality disorders in adolescence that are based on Kernberg's theory and demonstrates the use of transference-focused psychotherapy for adolescents with personality disorders.

**Keywords:** Adolescent personality development; Assessment and Interviewing; Borderline Personality Disorder; Child/Adolescent Psychiatry; Personality Disorders.

#### Full text links



15. [The need for future research into the assessment and monitoring of eating disorder risk in the context of obesity treatment](#)

Int J Eat Disord. 2023 Jan 24. doi: 10.1002/eat.23898. Online ahead of print.

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- PMID: [36694273](#)
- DOI: [10.1002/eat.23898](#)

## Abstract

In adolescents and adults, the co-occurrence of eating disorders and overweight or obesity is continuing to increase, and the prevalence of eating disorders is higher in people with higher weight compared to those with lower weight. People with an eating disorder with higher weight are more likely to present for weight loss than for eating disorder treatment. However, there are no clinical practice guidelines on how to screen, assess, and monitor eating disorder risk in the context of obesity treatment. In this article, we first summarize current challenges and knowledge gaps related to the identification and assessment of eating disorder risk and symptoms in people with higher weight seeking obesity treatment. Specifically, we discuss considerations relating to the validation of current self-report measures, dietary restraint, body dissatisfaction, binge eating, and how change in eating disorder risk can be measured in this setting. Second, we propose avenues for further research to guide the development and implementation of clinical and research protocols for the identification and

assessment of eating disorders in people with higher weight in the context of obesity treatment. **PUBLIC SIGNIFICANCE:** The number of people with both eating disorders and higher weight is increasing. Currently, there is little guidance for clinicians and researchers about how to identify and monitor risk of eating disorders in people with higher weight. We present limitations of current research and suggest future avenues for research to enhance care for people living with higher weight with eating disorders.

**Keywords:** assessment; feeding and eating disorders; obesity; overweight; risk factors; weight management.

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- [75 references](#)

#### Full text links



16. [Assessing social competence and antisocial behaviors in children: item response theory analysis of the home and community social behavior scales](#)

BMC Psychol. 2023 Jan 24;11(1):19. doi: 10.1186/s40359-023-01045-1.

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- PMID: [36694224](#)
- PMCID: [PMC9875445](#)
- DOI: [10.1186/s40359-023-01045-1](#)

**Free PMC article**

## Abstract

**Background:** The Home and Community Social Behavior Scales (HCSBS) is a rating scale that assesses social competence and antisocial behavior among children and youths between ages 5-18. The present study aimed to investigate the psychometric properties of the HCSBS by applying item response theory (IRT).

**Methods:** The HCSBS was completed by parents of 551 Norwegian children referred to three independent interventions towards problem behaviors. Data used in this study was collected before the interventions started. IRT was carried out in R version 4.0.0 to investigate HCSBS items, subscales and main scales.

**Results:** The results showed that the two-dimensional IRT models for social competence and antisocial behavior were the most appropriate. The measurement precision of the scales was high for a large range of the latent spectrum, and estimated reliabilities were satisfactory. Model evaluations indicated that the overall model fit for the scales were acceptable, but some misfit existed with respect to specific item pairs.

**Conclusion:** The results indicate that the HCSBS is a reliable measurement instrument although there is still a potential for improvement by revising some of the items.

**Keywords:** Antisocial behavior; Children; HCSBS; Item response theory; Psychometrics; Social competence.

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### Conflict of interest statement

The authors declare that they have no competing interests.

- [62 references](#)

- [3 figures](#)

### Full text links



17. [Personality traits among major depressive disorder in southern Thailand: a hospital-based case-control study](#)

BMC Psychol. 2023 Jan 24;11(1):18. doi: 10.1186/s40359-023-01057-x.

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- PMID: [36694215](#)
- PMCID: [PMC9875388](#)
- DOI: [10.1186/s40359-023-01057-x](#)

### Free PMC article

### Abstract

**Background:** Residual depression can cause functional impairment. This study aimed to assess personality traits among individuals with depression, to compare the results with personality traits found in outpatients without psychiatric disorders recruited from general practitioner settings, and to study the association between personality traits and the age-onset of depression, duration of treatment, and the presence of depressive residual symptoms.

**Methods:** A case-control study surveyed Thai individuals with depression and outpatients without psychiatric disorders recruited from general practitioner settings at an outpatient clinic of Songklanagarind hospital, in 2022. The questionnaires were: (1) demographic data, (2) the PHQ-9 Thai version, and (3) the International Personality Item Pool-NEO (IPIP-NEO) Thai version. The difference between personality traits and the assigned clinical group were analyzed using the Student's t-test and the Wilcoxon rank sum test. A generalized linear model was performed to examine differences of personality traits between the assigned clinical group (case-control), and the presence of depressive residual symptoms. The association between personality traits and treatment profiles was assessed by using an analysis of the variance test and the Kruskal-Wallis test.

**Results:** In regards to 73 individuals with depression in the case group, and 73 gender-and age-matched outpatients without psychiatric disorders recruited from general practitioner settings in the control group; 78.1% of cases and 82.2% of controls were female. Thirty-eight (52.1%) cases had depressive residual symptoms. Regarding the IPIP-NEO Thai version, there was a statistically significant difference in Neuroticism, Extraversion, and Conscientiousness domains between the case and the control groups. In comparison to the control group, the case group scored higher on the Neuroticism domain, and lower on the Extraversion and Conscientiousness domains. Every 0.18-point reduction in the Neuroticism score and every 0.09-point increment in regards to the Openness score were associated with a 1-year increment of age-onset of depression. This study found an association between a higher score of Neuroticism and a lower score of Conscientiousness with the presence of depressive residual symptoms.

**Conclusion:** Different personality profiles were found between individuals with depression and outpatients without psychiatric disorders recruited from general practitioner settings. Individuals with depressive residual symptoms featured a higher score of Neuroticism and a lower score of Conscientiousness. A higher score of Neuroticism and a lower score of Openness were associated with age-onset of depression, but no personality traits were associated with treatment duration.

**Keywords:** Depression; Depressive residual symptoms; Patients; Personality.

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**Conflict of interest statement**



The authors declare that they have no competing interests.

- [30 references](#)
- [1 figure](#)

#### Full text links



18. [\*\*Premorbid functioning in adolescence associates with comorbid disorders in individuals at ultra-high risk for psychosis: A brief report\*\*](#)

Early Interv Psychiatry. 2023 Jan 24. doi: 10.1111/eip.13373. Online ahead of print.

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- PMID: [36693622](#)
- DOI: [10.1111/eip.13373](#)

#### Abstract

**Aim:** This study examines associations between premorbid adjustment and comorbid disorders in individuals at ultra-high risk (UHR) for psychosis.

**Methods:** Premorbid social and academic adjustment data were collected from 146 UHR individuals using the Premorbid Adjustment Scale. Comorbid disorders were determined by the Structural Clinical Interview for DSM-IV.

**Results:** Logistic regressions showed lower premorbid social adjustment associated with personality disorders. Lower premorbid academic adjustment associated with affective disorders. More specifically, poor premorbid social adjustment in early and late adolescence associated with personality disorders. Lower premorbid social adjustment in late adolescence and lower premorbid academic adjustment in early adolescence associated with affective disorders.

**Conclusion:** Partly corroborating evidence from schizophrenia samples, our findings suggest that poor premorbid adjustment relate to distinct comorbid disorders in UHR individuals. If replicated, it indicates that premorbid adjustment deficits may be a key area for targeted interventions improving the clinical prognosis of UHR individuals.

**Keywords:** UHR individuals; clinical high-risk; comorbid disorders; early intervention; premorbid adjustment.

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- [33 references](#)

#### Full text links



19. [\*\*Incidence of mental disorders in the general population aged 1-30 years disaggregated by gender and socioeconomic status\*\*](#)

Soc Psychiatry Psychiatr Epidemiol. 2023 Jan 24;1-11. doi: 10.1007/s00127-023-02425-z. Online ahead of print.

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- PMID: [36692520](#)
- PMCID: [PMC9872752](#)
- DOI: [10.1007/s00127-023-02425-z](#)

**Free PMC article**

## Abstract

**Purpose:** The objective of this study was to estimate the incidence and age of onset of mental disorders diagnosed by gender and socioeconomic status (SES) in children, adolescents, and young adults up to 30 years of age in the whole population of the Basque Country (Spain).

**Methods:** All mental health diagnoses documented in Basque Health Service records from 1 January 2003 to 31 December 2018, were classified into eight clusters: anxiety, attention deficit hyperactivity disorder (ADHD), conduct disorders, depression, psychosis/personality disorders, substance use, eating disorders, and self-harm. We calculated incidence and cumulative incidence for each cluster, disaggregated by gender, and socioeconomic status (SES). Poisson regression analyses were performed.

**Results:** Overall, 9,486,853 person-years of observation were available for the 609,281 individuals included. ADHD and conduct disorders were diagnosed in the first decade, anxiety and depression disorders in the second and third decades, and psychosis/personality and substance use in the third. The cumulative incidence at 18 years of age for any type of disorder was 15.5%. The group with low SES had a statistically significantly higher incidence of all eight clusters. The incidence of ADHD, conduct disorders, depression, psychosis/personality disorders, and substance use was higher in males and that of anxiety, eating disorders and self-harm was higher in females.

**Conclusions:** The incidence of mental disorders is high among children, adolescents, and young adults in the Basque Country underlining the need for preventive interventions. Marked differences by gender and SES highlight

mental health inequalities, especially for depression and psychosis in low SES males.

**Keywords:** Adolescent; Adolescent psychiatry; Child psychiatry; Healthcare disparities; Incidence; Mental disorders; Socioeconomic factors.

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### Conflict of interest statement

The authors have no biomedical financial interests or potential conflicts of interest to declare.

- [37 references](#)
- [3 figures](#)

### Full text links



20. [Enhancing Internet-based psychotherapy for adults with emotional disorders using ecological momentary assessments and interventions: Study protocol of a feasibility trial with "My EMI, Emotional Well-being" app](#)

Internet Interv. 2023 Jan 5;31:100601. doi: 10.1016/j.invent.2023.100601.  
eCollection 2023 Mar.

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- PMCID: [PMC9852876](#)
- DOI: [10.1016/j.invent.2023.100601](#)

**Free PMC article**

## Abstract

**Introduction:** Emotional disorders are the most frequent mental health problems globally. To ensure the dissemination of psychological treatments for these conditions, novel forms of delivery (e.g., Internet or mobile apps) and more scalable forms of psychotherapy (e.g., transdiagnostic interventions) have become increasingly popular. Research, however, shows that a significant number of patients, around 40 % according to some studies, do not respond to the interventions as expected (i.e., not-on-track patients). Ecological momentary assessments (EMAs) and ecological momentary interventions (EMIs) could simplify tailoring treatments to the patients' progress and rapidly respond to undesired outcomes during psychotherapy. Therefore, these would facilitate measurement-based care with little therapist involvement. This study aims to explore the feasibility of an app-based system called *My EMI*, *Emotional Well-being* for people with emotional disorders. According to daily EMAs, the app will provide personalized EMIs while participants receive a self-applied online transdiagnostic treatment. The app will be used as an add-tool to the online intervention to address emotion dysregulation, foster adherence, and reinforce contents. The current study describes the study protocol for this trial.

**Method and analysis:** A single-group, open trial design will be used. Participants will be 30 adults suffering from emotional disorders. Primary outcomes will be app usability, acceptability, and response rates. Secondary outcomes will be either evaluated in Qualtrics at pre-treatment, post-treatment, and 3-month follow-up (depression and anxiety severity, and transdiagnostic dimensions of emotional disorders) or daily throughout the study with the app (EMAs of mood and five transdiagnostic mechanisms of therapeutic change). EMIs will consist of brief, evidence-based transdiagnostic CBT digital content (images, infographics, or videos) delivered just-in-time. Only if problems

persist, short phone calls or episodic videocalls will be conducted. The Ethics Committee of the Jaume I University approved the study and all its procedures (CD/111/2021) in December 2021.

**Discussion:** Identifying personalized and scalable interventions is paramount to improve mental health care, especially its accessibility, and to reduce the psychological distress of people with mental health problems. Feasibility data of the app (EMA and EMI system) supported by a self-applied online transdiagnostic intervention will be important to explore whether this modern approach is a real option to move forward personalized psychological interventions for persons with emotional disorders.

**Trial registration:** ClinicalTrials.gov Identifier: [NCT05109780](https://clinicaltrials.gov/ct2/show/NCT05109780). Registered 05 November 2021, <https://clinicaltrials.gov/ct2/show/NCT05109780>.

**Keywords:** Ecological momentary assessment; Ecological momentary intervention; Emotional disorders; Transdiagnostic; eHealth.

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#### **Conflict of interest statement**

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

- [94 references](#)
- [3 figures](#)

#### **Full text links**



21. [\*\*Media coverage of Belgium's first criminal case concerning euthanasia for psychiatric patients: A content analysis of Flemish newspapers and magazines\*\*](#)

Front Psychiatry. 2023 Jan 4;13:1050086. doi: 10.3389/fpsyt.2022.1050086. eCollection 2022.

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- PMID: [36684025](#)
- PMCID: [PMC9845880](#)
- DOI: [10.3389/fpsyt.2022.1050086](#)

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## Abstract

**Background:** Belgium is one of the few countries worldwide where euthanasia on the grounds of unbearable suffering caused by a psychiatric disorder is legally possible. In April 2010 euthanasia was carried out on a 38-year-old Belgian woman with borderline personality disorder and/or autism. After a



complaint by the family, three physicians were referred to the Court of Assizes on the charge of "murder by poisoning".

**Methods:** A content analysis of print and online news coverage of the euthanasia case in a selected sample of Flemish newspapers and magazines, published between December 1, 2019 and March 1, 2020, was conducted to analyze the prominence and framing of the euthanasia case, as well as the portrayal of key figures in this case. A quantitative analysis, as well as an in-depth qualitative analysis (with the aid of NVivo 1.0 software) was performed.

**Results:** One thousand two hundred fifteen news articles were identified through database searching. Of these, 789 articles were included after screening for relevance and eligibility. Mean prominence scores were moderate and did not statistically significantly differ between newspapers with a different historical ideological background or form (elite versus popular). The most frequent headline topics featured legal aspects (relating to the Belgian Euthanasia Law or the course of the trial). Headlines and content of most articles (90 and 89%, respectively) did not contain an essential standpoint on the euthanasia case itself or, if they did, were neutral. Historical ideological background, nor form of newspaper (elite versus popular) significantly influenced headline tone or article direction toward the euthanasia case. Despite this, our qualitative analysis showed some subtle differences in selection, statement or tonality of reports between certain newspapers with a different historical ideological background.

**Conclusion:** Although major Flemish newspapers and magazines generally were neutral in their coverage of the judicial case, major points of contention discussed were: the need for an evaluation and possible amendments to the existing Euthanasia Law, including a revision of the Belgian Control Commission and the system of penalties for physicians, and the absence of any consensus or guidance on how to define psychological suffering.

**Keywords:** end-of life; euthanasia; legal; media; psychiatric disorders.

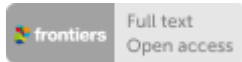
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**Conflict of interest statement**

The authors declare that this study received funding from Janssen. The funder was not involved in the study design, collection, analysis, interpretation of data, the writing of this article, or the decision to submit it for publication.

- [50 references](#)
- [4 figures](#)

#### Full text links



22.

### [The relationship between chronotype, dispositional mindfulness and suicidal ideation among medical students: mediating role of anxiety, insomnia and social dysfunction](#)

J Sleep Res. 2023 Jan 22;e13823. doi: 10.1111/jsr.13823. Online ahead of print.

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- PMID: [36682738](#)
- DOI: [10.1111/jsr.13823](#)

## Abstract

The aim of the study was to assess whether chronotype and subjective amplitude may predict suicidal ideation independently of mindfulness, and whether anxiety/insomnia and social dysfunction may be mediators of the relationship between chronotype and suicidal thoughts among medical students. The study group comprised 600 students of the medical faculties (191 men and 409 women), with a mean (SD, range) age of 21.94 (1.81, 18-31) years. The participants completed the Chronotype Questionnaire, the Five Facet Mindfulness Questionnaire (FFMQ) and the General Health Questionnaire (GHQ-28). Two items from GHQ-28 depression scale were extracted to measure suicidal ideation. The FFMQ score correlated negatively with the suicidal ideation score. The total effect of chronotype was insignificant when controlled for FFMQ. In the case of indirect effects, subjective amplitude score predicted suicidal ideation via both anxiety/insomnia and social dysfunction scores. The FFMQ score predicted suicidal ideation only via the social dysfunction scale. The direct effect of subjective amplitude was insignificant. Our findings indicate that the flexibility (or rigidity) of circadian rhythm may be linked to the intensity of experienced suicidal ideation, but only via anxiety/insomnia and social dysfunction, independently of mindfulness and morningness-eveningness.

**Keywords:** Morningness-eveningness; subjective amplitude of the rhythm; suicidal thoughts; traits mindfulness.

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- [59 references](#)

### Full text links



23. [Effectiveness of outpatient and community treatments for people with a diagnosis of 'personality disorder': systematic review and meta-analysis](#)

BMC Psychiatry. 2023 Jan 21;23(1):57. doi: 10.1186/s12888-022-04483-0.

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- PMID: [36681805](#)
- PMCID: [PMC9862782](#)
- DOI: [10.1186/s12888-022-04483-0](#)

## Free PMC article

## Abstract

**Background:** Quality of care and access to effective interventions have been widely criticised as limited for people diagnosed with 'personality disorder' or who have comparable needs (described in some recent papers as "Complex Emotional Needs" (CEN). It is important to identify effective interventions and the optimal context and mode of delivery for people with CEN. We aimed to investigate the effectiveness of psychosocial interventions delivered in community and outpatient settings in treating symptoms associated with 'personality disorder', and the moderating effects of treatment-related variables.

**Methods:** We systematically searched MEDLINE, EMBASE, PsycINFO, CINAHL, HMIC, ASSIA for articles published in English, from inception to November 23, 2020. We included randomized controlled trials examining

interventions provided in community or outpatient settings for CEN. The primary outcome was 'personality disorder' symptoms, while secondary outcomes included anxiety symptoms, depressive symptoms, and global psychiatric symptoms. Random-effects meta-analysis was conducted for each outcome, and meta-regression analysis was performed to assess the moderating effects of treatment characteristics. The quality of the studies and the degree of publication bias was assessed.

**Results:** We included 54 trials (n = 3716 participants) in the meta-analysis. We found a large effect size (g = 0.78, 95% CI: 0.56 to 1.01, p < 0.0001) favoring interventions for 'borderline personality disorder' (BPD) symptoms over Treatment as Usual or Waitlist (TAU/WL), and the efficacy was maintained at follow-up (g = 1.01, 95% CI: 0.37 to 1.65, p = 0.002). Interventions effectively reduced anxiety symptoms (g = 0.58, 95% CI: 0.21 to 0.95, p = 0.002), depressive symptoms (g = 0.57, 95% CI: 0.32 to 0.83, p < 0.0001), and global psychiatric symptoms (g = 0.50, 95% CI: 0.35 to 0.66, p < 0.0001) compared to TAU/WL. The intervention types were equally effective in treating all symptom categories assessed. Treatment duration and treatment intensity did not moderate the effectiveness of the interventions for any outcome.

**Conclusions:** People with a 'personality disorder' diagnosis benefited from psychological and psychosocial interventions delivered in community or outpatient settings, with all therapeutic approaches showing similar effectiveness. Mental health services should provide people with CEN with specialised treatments in accordance with the availability and the patients' preferences.

**Keywords:** Community treatments; Personality disorder; Psychological interventions; Psychotherapy; Systematic review; meta-analysis.

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### **Conflict of interest statement**

The authors declare that they have no competing interests.

- [121 references](#)
- [4 figures](#)

### **Full text links**



24. [Neural correlates of neuroticism: A coordinate-based meta-analysis of resting-state functional brain imaging studies](#)

Neurosci Biobehav Rev. 2023 Jan 18;105055. doi:  
10.1016/j.neubiorev.2023.105055. Online ahead of print.

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- PMID: [36681370](#)
- DOI: [10.1016/j.neubiorev.2023.105055](#)

## Abstract

Neuroticism is one of the most robust higher-order personality traits associated with negative emotionality and risk of mental disorders. Many studies have investigated relationships between neuroticism and the brain, but the results have been inconsistent. We conducted a meta-analysis of whole-brain resting-state functional neuroimaging studies to identify the most stable neurofunctional substrates of neuroticism. We found stable significant positive correlations between neuroticism and resting-state brain activity in the left middle temporal gyrus (MTG), left striatum, and right hippocampus. In contrast, resting-state brain activity in the left superior temporal gyrus (STG) and right supramarginal gyrus (SMG) were negatively associated with neuroticism. Additionally, meta-regression analysis revealed brain regions in which sex and age moderated the link of spontaneous activity with neuroticism. This is the first study to provide a comprehensive understanding of resting-state brain activity correlates of neuroticism, and the findings may be useful for the targeting of specific brain regions for interventions to decrease the risks of mental health problems.

**Keywords:** mental disorders; meta-analysis; neuroscience; neuroticism personality; resting-state functional brain imaging.

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### Full text links



25. [Measuring Compulsivity as a Self-Reported Multidimensional Transdiagnostic Construct: Large-Scale \( N = 182,000\) Validation of the Cambridge-Chicago Compulsivity Trait Scale](#)

Assessment. 2023 Jan 21;10731911221149083. doi: 10.1177/10731911221149083. Online ahead of print.

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- PMID: [36680457](#)
  - DOI: [10.1177/10731911221149083](#)

## Abstract

Compulsivity has potential transdiagnostic relevance to a range of psychiatric disorders, but it has not been well-characterized and there are few existing measures available for measuring the construct across clinical and nonclinical samples that have been validated at large population scale. We aimed to characterize the multidimensional latent structure of self-reported compulsivity in a population-based sample of British children and adults ( $N = 182,145$ ) using the Cambridge-Chicago Compulsivity Trait Scale (CHI-T). Exploratory structural equation modeling provided evidence for a correlated two-factor model consisting of (a) Perfectionism and (b) Reward Drive dimensions. Evidence was obtained for discriminant validity in relation to the big five personality dimensions and acceptable test-retest reliability. The CHI-T, here validated at extremely large scale, is suitable for use in studies seeking to understand the correlates and basis of compulsivity in clinical and nonclinical participants. We provide extensive normative data to facilitate interpretation in future studies.

**Keywords:** compulsivity; exploratory structural equation modeling; perfectionism; psychopathology; reward drive; transdiagnostic dimensional phenotype.



## Full text links

Sage Journals

26. [Underlying Mechanisms Involved in Gambling Disorder Severity: A Pathway Analysis Considering Genetic, Psychosocial, and Clinical Variables](#)

Nutrients. 2023 Jan 13;15(2):418. doi: 10.3390/nu15020418.

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- PMID: [36678289](#)
- PMCID: [PMC9864492](#)
- DOI: [10.3390/nu15020418](#)

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## Abstract

Gambling Disorder (GD) has a complex etiology that involves biological and environmental aspects. From a genetic perspective, neurotrophic factors (NTFs) polymorphisms have been associated with the risk of developing GD. The aim of this study was to assess the underlying mechanisms implicated in GD severity by considering the direct and mediational relationship between different variables including genetic, psychological, socio-demographic, and clinical factors. To do so, we used genetic variants that were significantly associated with an increased risk for GD and evaluated its relationship with GD severity through pathway analysis. We found that the interaction between these genetic variants and other different biopsychological features predicted a higher severity of GD. On the one hand, the presence of haplotype block 2, interrelated with haplotype block 3, was linked to a more dysfunctional personality profile and a worse psychopathological state, which, in turn, had a direct link with GD severity. On the other hand, having rs3763614 predicted higher general psychopathology and therefore, higher GD severity. The current study described the presence of complex interactions between biopsychosocial variables previously associated with the etiopathogenesis and severity of GD, while also supporting the involvement of genetic variants from the NTF family.

**Keywords:** gambling disorder; neurotrophic genes; personality traits; psychopathology; severity; socio-demographics.

## Conflict of interest statement

Fernando Fernández-Aranda and Susana Jiménez-Murcia received consultancy honoraria from Novo Nordisk, and Fernando Fernández-Aranda editorial honoraria as EIC from Wiley. The rest of the authors declare no conflict of interest. The rest of the authors declare no conflict of interest.

- [90 references](#)

- [2 figures](#)

#### Full text links



27. [\*\*Korean Validation of the Short Version of the TEMPS-A \(Temperament Evaluation of Memphis, Pisa, Paris, and San Diego Autoquestionnaire\) in Patients with Mood Disorders\*\*](#)

Medicina (Kaunas). 2023 Jan 6;59(1):115. doi: 10.3390/medicina59010115.

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- PMID: [36676739](#)
- PMCID: [PMC9860563](#)
- DOI: [10.3390/medicina59010115](#)

#### Free PMC article

#### Abstract

**Background and objectives:** The Temperament Evaluation of Memphis, Pisa, Paris and San Diego Autoquestionnaire (TEMPS-A) is designed to assess

affective temperaments. The short version of the TEMPS-A (TEMPS-A-SV) has been translated into various languages for use in research and clinical settings. However, no research has been conducted to validate the Korean version of the TEMPS-A-SV in patients with mood disorders. The goal of this study is to evaluate the reliability and validity of the TEMPS-A-SV in Korean mood disorder patients.

**Materials and methods:** In this cross-sectional retrospective study, a total of 715 patients (267 patients with major depressive disorder, 94 patients with bipolar disorder I, and 354 patients with bipolar disorder II) completed the Korean TEMPS-A-SV. Cronbach's alpha and McDonald's omega were used to assess the reliability. Exploratory factor analysis (EFA) was also performed. Spearman's correlation coefficient was used to examine associations between the five temperaments. The difference in five temperament scores between the gender or diagnosis groups was analyzed, and the correlation between five temperament scores and age was tested.

**Results:** The Korean TEMPS-A-SV displayed good internal consistency ( $\alpha = 0.65-0.88$ ,  $\omega = 0.66-0.9$ ) and significant correlations between the subscales except one (the correlation between hyperthymic and anxious). Using EFA, a two-factor structure was produced: Factor I (cyclothymic, depressive, irritable, and anxious) and Factor II (hyperthymic). The cyclothymic temperament score differed by gender and the anxious temperament score was significantly correlated with age. All the temperaments, except for irritable temperament, showed significant differences between diagnosis groups.

**Conclusions:** Overall, the results show that the TEMPS-A-SV is a reliable and valid measurement that can be used for estimating Koreans' affective temperaments. However, more research is required on affective temperaments and associated characteristics in people with mood disorders.

**Keywords:** Korean; measurement; mood disorder; temperament; validation.

#### **Conflict of interest statement**

The authors declare no conflict of interest.

- [59 references](#)
- [2 figures](#)

#### **Full text links**



28. [Rationale for a Multi-Factorial Approach for the Reversal of Cognitive Decline in Alzheimer's Disease and MCI: A Review](#)

Int J Mol Sci. 2023 Jan 14;24(2):1659. doi: 10.3390/ijms24021659.

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- PMID: [36675177](#)
- PMCID: [PMC9865291](#)
- DOI: [10.3390/ijms24021659](#)

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### Abstract

Alzheimer's disease (AD) is a multifactorial, progressive, neurodegenerative disease typically characterized by memory loss, personality changes, and a decline in overall cognitive function. Usually manifesting in individuals over the age of 60, this is the most prevalent type of dementia and remains the fifth leading cause of death among Americans aged 65 and older. While the development of effective treatment and prevention for AD is a major healthcare goal, unfortunately, therapeutic approaches to date have yet to find a treatment plan that produces long-term cognitive improvement. Drugs that may be able to slow down the progression rate of AD are being introduced to the market;

however, there has been no previous solution for preventing or reversing the disease-associated cognitive decline. Recent studies have identified several factors that contribute to the progression and severity of the disease: diet, lifestyle, stress, sleep, nutrient deficiencies, mental health, socialization, and toxins. Thus, increasing evidence supports dietary and other lifestyle changes as potentially effective ways to prevent, slow, or reverse AD progression. Studies also have demonstrated that a personalized, multi-therapeutic approach is needed to improve metabolic abnormalities and AD-associated cognitive decline. These studies suggest the effects of abnormalities, such as insulin resistance, chronic inflammation, hypovitaminosis D, hormonal deficiencies, and hyperhomocysteinemia, in the AD process. Therefore a personalized, multi-therapeutic program based on an individual's genetics and biochemistry may be preferable over a single-drug/mono-therapeutic approach. This article reviews these multi-therapeutic strategies that identify and attenuate all the risk factors specific to each affected individual. This article systematically reviews studies that have incorporated multiple strategies that target numerous factors simultaneously to reverse or treat cognitive decline. We included high-quality clinical trials and observational studies that focused on the cognitive effects of programs comprising lifestyle, physical, and mental activity, as well as nutritional aspects. Articles from PubMed Central, Scopus, and Google Scholar databases were collected, and abstracts were reviewed for relevance to the subject matter. Epidemiological, pathological, toxicological, genetic, and biochemical studies have all concluded that AD represents a complex network insufficiency. The research studies explored in this manuscript confirm the need for a multifactorial approach to target the various risk factors of AD. A single-drug approach may delay the progression of memory loss but, to date, has not prevented or reversed it. Diet, physical activity, sleep, stress, and environment all contribute to the progression of the disease, and, therefore, a multi-factorial optimization of network support and function offers a rational therapeutic strategy. Thus, a multi-therapeutic program that simultaneously targets multiple factors underlying the AD network may be more effective than a mono-therapeutic approach.

**Keywords:** AD risk factors; Alzheimer's disease; brain stimulation; cognitive decline; diet; exercise; herbs; multi-therapeutic program; neurodegeneration; sleep; stress; supplements; therapeutics.

**Conflict of interest statement**

This manuscript is not under consideration by another journal, nor has it been published. None of the authors have any competing financial interest.

- [281 references](#)
- [1 figure](#)

#### Full text links



## 29. [Personality and Behavioral Inhibition/Activation Systems in Behavioral Addiction: Analysis of Binge-Watching](#)

Int J Environ Res Public Health. 2023 Jan 16;20(2):1622. doi: 10.3390/ijerph20021622.

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- PMID: [36674381](#)
- PMCID: [PMC9863166](#)
- DOI: [10.3390/ijerph20021622](#)

**Free PMC article**

#### Abstract

Binge-watching (BW) refers to a pattern of watching TV series characterized by the consecutive viewing of three or more episodes in one sitting. Although there is some evidence about its effects on mental health, little is known about predictive variables which may affect negative occurrences of BW, such as problematic and addictive behavior. This study aimed to assess the unique contribution of personality traits (i.e., neuroticism, extraversion, agreeableness, openness, and conscientiousness) to binge-watching, while also considering the role of two motivational systems: the behavioral inhibition system and the behavioral activation system. Cross-sectional data from 790 respondents were collected using standardized questionnaires evaluating: BW, personality traits, and the behavioral inhibition/activation system. The possible predictive roles of these variables were tested via hierarchical linear regression models. Our results underline a predictive high-risk role of neuroticism and the behavioral inhibition system and a protective role of conscientiousness in the continuum of BW from a leisure activity to a problematic one.

**Keywords:** behavioral activation system; behavioral inhibition system; binge watching; personality.

#### **Conflict of interest statement**

The authors declare no conflict of interest.

- [49 references](#)

#### **Full text links**



30. [\*\*Presence of Depression Is Associated with Functional Impairment in Middle-Aged and Elderly Chinese Adults with Vascular Disease/Diabetes Mellitus-A Cross-Sectional Study\*\*](#)

Int J Environ Res Public Health. 2023 Jan 16;20(2):1602. doi: 10.3390/ijerph20021602.

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- PMID: [36674357](#)
- PMCID: [PMC9864745](#)
- DOI: [10.3390/ijerph20021602](#)

## Free PMC article

## Abstract

**Objectives:** The association between chronic diseases and depression has received increasing attention, and are both considered to increase the risk of functional impairment. However, previous research evidence is controversial. Our study aimed to investigate the association between depression, three types of vascular disease (i.e., hypertension, myocardial infarction, stroke), diabetes mellitus, and functional impairment in middle-aged and elderly Chinese people.

**Methods:** We designed a cross sectional study. Data were collected from the China Health and Retirement Longitudinal Study (CHARLS) in 2018. Logistic regression models were used to explore the association between independent variables and functional status.

**Results:** Lower functional status was significantly associated with comorbid depression and vascular disease/diabetes mellitus (Activity of Daily Living/Instrumental Activity of Daily Living: Adjusted OR of Hypertension,

Diabetes mellitus, Myocardial infarction, Stroke is 3.86/4.30, 3.80/4.38, 3.60/4.14, 6.62/7.72, respectively; all  $p < 0.001$ ).

**Conclusions:** Depression is associated with functional decline in middle-aged and elderly Chinese individuals with vascular disease/diabetes mellitus. Identifying mediational factors and preventative strategies to reduce concurrent depression in persons with vascular diseases should be a priority therapeutic vista.

**Keywords:** depression; diabetes; functional disability; older adults; vascular diseases.

### Conflict of interest statement

Roger McIntyre has received research grant support from CIHR/GACD/Chinese National Natural Research Foundation; speaker/consultation fees from Lundbeck, Janssen, Purdue, Pfizer, Otsuka, Takeda, Neurocrine, Sunovion, Bausch Health, Novo Nordisk, Kris, Sanofi, Eisai, Intra-Cellular, NewBridge Pharmaceuticals, Abbvie. Roger McIntyre is a CEO of Braxia Scientific Corp. Leanna M.W. is a contractor to Braxia Scientific Corp. Kayla M. Teopiz receives personal fees from Braxia Scientific Corp. No other author has reported a potential conflict of interest relevant to this article.

- [34 references](#)
- [1 figure](#)

### Full text links



31. [\*\*A Systematic Review of Mobile Apps as an Adjunct to Psychological Interventions for Emotion Dysregulation\*\*](#)

Int J Environ Res Public Health. 2023 Jan 12;20(2):1431. doi: 10.3390/ijerph20021431.

### Authors

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- PMID: [36674189](#)
- PMCID: [PMC9864409](#)
- DOI: [10.3390/ijerph20021431](#)

## Free PMC article

## Abstract

**Background:** Mental health care has been enriched with the progressive use of technology during the last ten years, in particular after the COVID-19 pandemic. Mobile applications (apps) and smartphones have become the most widespread access point for many people who look for self-help in the psychological domain.

**Objective:** We focused on a systematic review of mobile apps for mental health, focusing on the blending of apps with psychotherapy contexts, with a specific focus on emotional dysregulation.

**Methods:** A comprehensive literature search (January 2017 to August 2022) in PubMed, PsycInfo, Web of Science, and the Cochrane Library was conducted. Abstracts were included if they described mental health mobile apps targeting emotional dysregulation and their use during ongoing psychological or psychotherapy treatment for adults and adolescents.

**Results:** In total, 397 abstracts were identified; of these, 19 publications describing apps targeting borderline personality disorder, depression, anxiety, suicidal behaviors, and post-traumatic stress disorders met the inclusion criteria.

**Conclusions:** App-enhanced psychotherapy might be a winning combination in many scenarios, but at the same time, many issues must still be faced in this yet emerging scientific field. In conclusion, we tried to put together some major

guidelines for mental health mobile app development in the context of psychological treatments.

**Keywords:** emotion dysregulation; mental health; mobile application; psychotherapy.

### Conflict of interest statement

The authors declare no conflict of interest.

- [52 references](#)
- [1 figure](#)

### Full text links



## 32. [A Retrospective Longitudinal Analysis of Mental Health Admissions: Measuring the Fallout of the Pandemic](#)

Int J Environ Res Public Health. 2023 Jan 10;20(2):1194. doi: 10.3390/ijerph20021194.

### Authors

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- DOI: [10.3390/ijerph20021194](https://doi.org/10.3390/ijerph20021194)

### Free PMC article

## Abstract

**Background:** In this research article, we review the infrequently considered long-term impact of the pandemic on inpatient mental health, by reviewing the clinical parameters of all psychiatric admissions to Mount Carmel Hospital, our region's main psychiatric healthcare facility, from 2019-2021.

**Methods:** 4292 patients were admitted during the research period of this retrospective longitudinal analysis. Taking 2019 as the pre-COVID reference year, we compared mean monthly admissions from 2020 and 2021, looking at patient demographics, status under the Mental Health Act, diagnosis, and self-injurious behaviour.

**Results:** While the pandemic was reflected in a moderate increase in mean monthly presentations with suicidal ideation and suicidal self-injury, presentations in 2020 otherwise remained largely stable. This contrasted with a surge in presentations in 2021 with mood disorders, schizophrenia, anxiety, personality disorders, and autism spectrum disorders. Furthermore, presentations involving self-injurious behaviour continued to grow. Involuntary admissions also increased significantly in 2021.

**Conclusions:** This paper highlights the pernicious long-term impact of the pandemic on mental health presentations, demonstrated by an increase in hospital admissions and more serious presentations. These findings should be considered in the guidance for responses to any future pandemic, giving attention to the evidence of the impact of restrictive measures on mental health.

**Keywords:** COVID-19; healthcare access; healthcare inequality; mental health.

### Conflict of interest statement

The authors declare no conflict of interest.

- [52 references](#)
- [2 figures](#)

### Full text links



33. [\*\*SOphrology Intervention to Improve WELL-Being in Hospital Staff \(SO-WELL\): Protocol for a Randomized Controlled Trial Study\*\*](#)

Int J Environ Res Public Health. 2023 Jan 9;20(2):1185. doi: 10.3390/ijerph20021185.

### Authors

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- PMCID: [PMC9859524](#)
- DOI: [10.3390/ijerph20021185](#)

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## Abstract

**Introduction:** Stress at work and psychosocial risks are a major public health problem. Sophrology and neurolinguistic programming (NLP) have demonstrated benefits in terms of mental, physical and social health, both in the general population and in patients, and both in and out of hospital settings. However, these approaches have never been provided at the hospital for the benefit of health professionals at risk of suffering at work. In general, we aim to demonstrate the effectiveness of a hospital sophrology/NLP intervention for health care professionals at risk of stress-related disorders. The secondary objectives are to study (i) within-group, and (ii) between-group): (1) effects on mental, physical, and social health; (2) persistence of effect; (3) relationships between job perception and mental, physical, and social health; (4) intervention success factors (personality and job perception, attendance and practice, other); (5) effects on other stress biomarkers (other measures of autonomic nervous system activity, DHEAS, cortisol, etc.).

**Methods:** Our study will be a randomized controlled prospective study (research involving the human person of type 2). The study will be proposed to any health-care workers (HCW) or any non-HCW (NHCW) from a healthcare institution (such as CHU of Clermont-Ferrand, other hospitals, clinics, retirement homes). Participants will benefit from NLP and sophrology interventions at the hospital. For both groups: (i) heart rate variability, skin conductance and saliva biomarkers will be assessed once a week during the intervention period (6 to 8 sophrology sessions) and once by month for the rest of the time; (ii) the short questionnaire will be collected once a week during the whole protocol (1-2 min); (iii) the long questionnaire will be assessed only 5 times: at baseline (M0), month 1 (M1), month 3 (M3), month 5 (M5) and end of the protocol (M7).

**Ethics and dissemination:** The protocol, information and consent form had received the favorable opinion from the Ethics Committee. Notification of the

approval of the Ethics Committee was sent to the study sponsor and the competent authority (ANSM). The study is registered in ClinicalTrials.gov under the identification number [NCT05425511](#) after the French Ethics Committee's approval. The results will be reported according to the CONSORT guidelines.

**Strengths and limitations of this study:** The psychological questionnaires in this study are self-assessed. It is also possible that responses suffer from variation. For the study, participants need to attend 6 to 8 sophrology sessions and one visit per month for 7 months, which might seem demanding. Therefore, to make sure that participants will complete the protocol, two persons will be fully in charge of the participants' follow-up.

**Keywords:** alternative medicine; mental health; occupation; prevention; stress.

#### **Conflict of interest statement**

The authors declare no conflicts of interest.

- [63 references](#)
- [1 figure](#)

#### **Full text links**



34. [\*\*Personality Traits Associated with the Risk of Exercise Dependence in Ultraendurance Athletes: A Cross-Sectional Study\*\*](#)

Int J Environ Res Public Health. 2023 Jan 6;20(2):1042. doi: 10.3390/ijerph20021042.

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- PMID: [36673797](#)
- PMCID: [PMC9858902](#)
- DOI: [10.3390/ijerph20021042](#)

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## **Abstract**

Exercise dependence (ED) is common in endurance athletes and can lead to physical and psychological distress with various health effects. We designed a prospective cross-sectional study to investigate the personality traits associated with ED among ultraendurance athletes. A total of 507 participants (41.6 (9.8) years, men: 73.7%) completed (1) a screening questionnaire about sociodemographic data, sporting habits, and healthcare data, (2) the Exercise Dependence Scale-Revised (EDS-R, 21 items scored from 1 (never) to 6 (always), 7 subscales), (3) the Big Five Inventory (BFI), and (4) 2 items of the SCOFF (Sick-Control-One Stone-Fat-Food) questionnaire regarding possible eating disorders. Based on the EDS-R scores, 37 (7.3%) participants were at risk for ED (scores  $\geq 5/6$  on  $\geq 3$  subscales), 366 (72.2%) were nondependent but symptomatic (scores  $\geq 3/6$  on  $\geq 3$  subscales), and 104 (20.5%) were asymptomatic. Participants with ED had a greater training volume and a higher prevalence of possible eating disorders. A higher level of neuroticism was associated with increased EDS-R scores ( $r = 0.294$ ;  $p < 0.001$ ), with significantly higher scores in the ED group ( $F = 14.50$ ,  $p < 0.001$ ). The association between neuroticism and ED was not moderated by the presence of eating disorders. These findings will help to screen ultraendurance athletes at risk for ED and optimize their care.

**Keywords:** exercise addiction; neuroticism; personality; ultraendurance sport.

**Conflict of interest statement**

The authors declare no conflict of interest.

- [107 references](#)
- [4 figures](#)

#### Full text links



35. [\*\*Relationships between Humor Styles and the Big Five Personality Traits in Workers: A Network Analysis\*\*](#)

Int J Environ Res Public Health. 2023 Jan 5;20(2):1008. doi: 10.3390/ijerph20021008.

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- PMCID: [PMC9859219](#)
- DOI: [10.3390/ijerph20021008](#)

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#### Abstract

In this study, we investigated the relationship between the four humor styles (Affiliative, Self-enhancing, Aggressive, and Self-defeating) assessed via the

Humor Styles Questionnaire (HSQ) and the ten facets of the Big Five Questionnaire (BFQ) through network analysis. Four hundred and sixty-two Italian workers (61.3% women;  $M_{age} = 48.59$ ;  $SD = 10.75$ ) participated in the study and filled out the HSQ and the BFQ. Both centrality indexes (Expected Influence [EI]) and bridge nodes were calculated. In addition, the stability and accuracy of the network were checked. The network analysis revealed that HSQ Self-enhancing ( $EI = 0.63$ ) showed the highest centrality among the HSQ styles, whereas BFQ Emotion Control ( $EI = 1.10$ ) showed the highest centrality among BFQ facets; it also revealed that they were positively linked. Furthermore, HSQ Self-defeating emerged as the second-most-central humor style, negatively associated with BFQ Emotion Control. Concerning Bridge dimensions, four nodes were identified: HSQ Aggressive Humor, BFQ Emotion Control, BFQ Dynamism, and BFQ Dominance, with positive links between humor and personality except for Aggressive humor and Emotion Control, which showed negative links. On the basis of these results, the high centrality of HSQ Self-enhancing indicates the possibility of using this node as a starting point to foster positive and adaptive humor styles. The centrality of HSQ Self-defeating suggests that strength-based interventions could be focused to increase adaptive humor styles and to decrease them in order to enhance health-promoting humor styles. Furthermore, the bridge node of the HSQ Aggressive humor style with specific personality facets shows its possible use in intervention to both resize and to adaptively improve relationships between humor and personality.

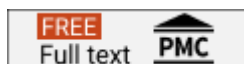
**Keywords:** Humor Styles Questionnaire; personality facets; psychometric network analysis; workplace.

### **Conflict of interest statement**

The authors declare no conflict of interest.

- [74 references](#)
- [7 figures](#)

### **Full text links**



36. [The Emotion Regulation Mechanism in Neurotic Individuals: The Potential Role of Mindfulness and Cognitive Bias](#)

Int J Environ Res Public Health. 2023 Jan 4;20(2):896. doi: 10.3390/ijerph20020896.

### Authors

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- PMID: [36673652](#)
- PMCID: [PMC9858632](#)
- DOI: [10.3390/ijerph20020896](#)

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### Abstract

Neuroticism is a personality trait that impacts daily life and raises the risk of mental problems and physical illnesses. To understand the emotion regulation mechanism of neurotic individuals, we developed two complementary studies

to examine the effects of mindfulness and negative cognitive bias. In Study 1, four scales (EPQ-RSC, FFMQ, CERQ, NCPBQ) were used for assessment. Correlation analysis and structural comparison showed that: (1) the level of neuroticism was positively correlated with negative emotion regulation; (2) negative cognitive bias mediated the relationship between neuroticism and emotion regulation; (3) mindfulness and negative cognitive bias mediated the relationship in a chain. Study 1 showed that cognitive bias may play a key role in the emotion regulation mechanism. Study 2 further explored the cognitive bias of neurotic individuals using three behavioral experiments. A mixed-design ANOVA indicated that individuals with high neuroticism levels exhibited negative attention, memory, and interpretation biases. Our findings extend previous research on emotion regulation problems of neurotic individuals and broaden the field to personality-based emotion disorders. In particular, a theoretical rationale is provided for the application of cognitive behavioral therapy, such as mindfulness-based cognitive therapy (MBCT), to the emotion regulation of neurotic individuals.

**Keywords:** cognitive bias; emotion regulation; mindfulness; neuroticism.

#### **Conflict of interest statement**

The authors declare no conflict of interest.

- [66 references](#)
- [7 figures](#)

#### **Full text links**



37. [\*\*Maladaptive Self- and Interpersonal Functioning Increments General Psychiatric Severity in the Association with Adolescent Personality Pathology\*\*](#)

Children (Basel). 2023 Jan 6;10(1):120. doi: 10.3390/children10010120.

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- PMCID: [PMC9856791](#)
- DOI: [10.3390/children10010120](#)

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## Abstract

Dimensionalized diagnostic systems, especially the entry criterion of maladaptive self and interpersonal functioning, hold particular advantages for the downward extension of personality pathology to young persons, but require conceptual clarification. The current study evaluated the distinctiveness of maladaptive self and interpersonal functioning by examining its incremental value over and above general psychiatric severity in the association with personality pathology. A community sample of  $N = 419$  youth (50.4% female;  $M_{age} = 11.91$ ,  $SD = 1.19$ ) between the ages of 10 and 14 completed measures of maladaptive self- and interpersonal functioning, general psychiatric severity (internalizing-externalizing spectrum), and personality pathology. Results showed that, as expected, maladaptive self- and interpersonal functioning incremented general psychiatric severity in the association with personality pathology in adolescents. Results contribute to the literature base illustrating the value of the entry criterion of the ICD-11 and AMPD diagnostic system.

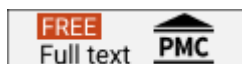
**Keywords:** ICD-11; adolescents; alternative model for personality disorders; level of personality functioning.

## Conflict of interest statement

The authors declare no conflict of interest.

- [64 references](#)

## Full text links



38. [Associations between physical health and the alternative model of personality disorders: A cross-sectional age study](#)

Personal Ment Health. 2023 Jan 20. doi: 10.1002/pmh.1576. Online ahead of print.

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- PMID: [36670518](#)
- DOI: [10.1002/pmh.1576](#)

**Abstract**

The Alternative Model of Personality Disorders (AMPD) is a relatively new dimensional model of personality disorders (PDs) that assesses two diagnostic constructs: personality functioning and pathological personality traits. Thus far, research on the AMPD among older adults has been limited, but the research that does exist suggests limited generalizability to the unique biopsychosocial context of later life. To further examine the applicability of the AMPD to older adults, the purpose of this study was to examine relationships between the AMPD's two constructs with perceived physical health status among younger and older adult samples. Older adults (n = 222) and younger adults (n = 215) completed the Short Form-36 (SF-36), Levels of Personality Functioning Scale-Self-Report (LPFS-SR), and Personality Inventory for DSM-5-Brief Form (PID-5-BF). Correlations and Fisher's z-tests revealed significantly stronger relationships between the SF-36 with the LPFS-SR and PID-5-BF domains for older adults than younger adults. Additionally, age group significantly moderated the relationships between personality functioning and pathological personality traits and health. The stronger relationships between health and the AMPD's constructs for older adults suggest meaningful overlap between negative health outcomes and PD pathology. Future research should further

investigate specific mechanisms in which personality pathology negatively impacts health in older adults.

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- [32 references](#)

#### Full text links



39. [Psychiatric disorders and reoffending risk in individuals with community sentences in Sweden: a national cohort study](#)

Lancet Public Health. 2023 Feb;8(2):e119-e129. doi: 10.1016/S2468-2667(22)00312-7. Epub 2023 Jan 17.

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- PMID: [36669512](#)
- DOI: [10.1016/S2468-2667\(22\)00312-7](https://doi.org/10.1016/S2468-2667(22)00312-7)

**Free article**

#### Abstract



**Background:** Community sentences are widely used in many countries, often comprising the majority of criminal justice sanctions. Psychiatric disorders are highly prevalent in community-sentenced populations and are thus potential targets for treatment interventions designed to reduce reoffending. We examined the association between psychiatric disorders and reoffending in a national cohort of individuals given community sentences in Sweden, with use of a sibling control design to account for unmeasured familial confounding.

**Methods:** We did a longitudinal cohort study of 82 415 individuals given community sentences between Nov 1, 1991, and Dec 31, 2013, in Sweden using data from population-based registers. We calculated hazard ratios (HRs) for any reoffending and violent reoffending with Cox regression models. We compared community-sentenced siblings with and without psychiatric disorders to control for potential familial confounding. Additionally, we calculated population attributable fractions to assess the contribution of psychiatric disorders to reoffending behaviours. The primary outcomes of the study were any (general) reoffending and violent reoffending.

**Findings:** Between Nov 1, 1991, and Dec 31, 2013, those given community sentences who were diagnosed with any psychiatric disorder had an increased reoffending risk in men (adjusted HR 1.59, 95% CI 1.56-1.63 for any reoffending; 1.60, 1.54-1.66 for violent reoffending) and women (1.71, 1.61-1.82 for any reoffending; 2.19, 1.88-2.54 for violent reoffending). Risk estimates remained elevated after adjustment for familial confounding. Schizophrenia spectrum disorders, personality disorders, and substance use disorders had stronger associations with violent reoffending than did other psychiatric disorders. Assuming causality, the adjusted population attributable risk of psychiatric disorders on violent reoffending was 8.3% (95% CI 6.6-10.0) in the first 2 years of community follow-up in men and 30.9% (22.7-39.0) in women.

**Interpretation:** Psychiatric disorders were associated with an increased risk of any reoffending and violent reoffending in the community-sentenced population. The magnitude of the association between psychiatric disorders and reoffending varied by individual diagnosis. Substance use disorders had the highest absolute and relative risks. Most of the increased risk for any reoffending in individuals with psychiatric disorders could be attributed to comorbid substance misuse. Given their high prevalence, substance use disorders should be the focus of treatment programmes in community-sentenced populations.

**Funding:** Wellcome Trust.

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### **Conflict of interest statement**

Declaration of interests We declare no competing interests.

### **Full text links**



40. [\*\*Maladaptive personality traits in patients with recent-onset psychosis: A case-control study using the Personality Inventory for the DSM-5 \(PID-5\)\*\*](#)

Schizophr Res. 2023 Jan 18;252:216-224. doi: 10.1016/j.schres.2023.01.015.  
Online ahead of print.

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- DOI: [10.1016/j.schres.2023.01.015](#)

## Abstract

**Background:** The relationship between maladaptive personality traits and psychotic disorders in the early stages of disease has not been thoroughly investigated, even though it is essential for developing prevention and early intervention strategies.

**Methods:** The five domains and the 25 facets of the Personality Inventory for DSM-5 (PID-5) were compared between 102 patients with recent-onset psychosis (ROP) and 116 community subjects (C) with a general linear model including age and sex in the analyses. In addition, multiple linear regression models were used to identify which factors associated with the PID-5 domains in ROP, and correlation analyses were used to explore the relationship between personality traits.

**Results:** Patients with ROP, compared to C, exhibited higher scores in four out of the five domains with medium effect sizes (Cohen's  $f^2 \geq 0.15$ ) in two of them: negative affect (NA,  $p = 0.013$ ,  $f^2 = 0.04$ ), detachment (DET,  $p < 0.001$ ,  $f^2 = 0.15$ ), disinhibition (DIS,  $p < 0.001$ ,  $f^2 = 0.14$ ) and psychoticism (PSY,  $p < 0.001$ ,  $f^2 = 0.16$ ). Significant group differences were observed in 15 of the 25 facets and the largest effects were observed in the facets of withdrawal ( $p \leq 0.001$ ,  $f^2 = 0.20$ ), irresponsibility ( $p < 0.001$ ,  $f^2 = 0.23$ ) and unusual beliefs ( $p = 0.001$ ,  $f^2 = 0.22$ ). Interestingly, being on antidepressants and high scores on the positive subscale of the Positive and Negative Syndrome Scale (PANSS) were associated with high scores of NA, antagonism (ANT) and PSY.

**Conclusions:** Maladaptive personality traits were prominent in persons with ROP. These findings suggest that personality traits might play a role in vulnerability to psychosis and highlight the importance of evaluating personality in the early stages of psychosis.

**Keywords:** Antidepressants; PANSS; PID-5; Personality; Recent-onset psychosis.

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### **Conflict of interest statement**

Declaration of competing interest The authors declare no conflict of interest.

### **Full text links**



41. [\*\*Development and validation of an instrument to measure personality in adolescence: The HEXACO Medium School Inventory Extended \(MSI-E\)\*\*](#)

PLoS One. 2023 Jan 20;18(1):e0280563. doi: 10.1371/journal.pone.0280563. eCollection 2023.

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- DOI: [10.1371/journal.pone.0280563](#)

**Free PMC article**

### **Abstract**

In this paper, we aimed at developing and validating a novel instrument to evaluate personality in 10-14 years old adolescents with six basic traits, with two dedicated studies. In Study 1, we generated a large pool of items (384 items) from three basic items sources, which we administered to 714 Italian adolescents. Using principal component analysis (PCA) and extension factor analysis, we selected the best eight items for each facet, and so the best 32 items for each factor, except for the Unconventionality facet of Openness to Experience (O) for which we selected the best six items. This resulted in a total of 190 items. The 190-item HEXACO-MSI had very good levels of dimensional validity and reliability, but it fell short in containing 8 items for each facet (i.e., for Unconventionality) and in balancing normal and reversed items within each facet. Therefore, in a second study we added items to the scale and verified again the dimensionality and reliability with the goal of developing a final version of the scale. In Study 2, we administered a version of the HEXACO-MSI consisting of 219 items to 1175 Italian adolescents. Using principal component analysis (PCA), we selected the best eight items for each facet equally balanced between normal and reversed items within each facet and factor. Confirmatory factor analysis (CFA) confirmed the six-factor structure and its invariance. The results showed that the HEXACO-MSI-E had a clear six-factor structure in adolescents, that was invariant across gender and across the three middle school classes, and was reliable. Finally, we established temporal stability of each factor in two measurements after one year. Together with the positive results of this contribution, we discussed some aspects for future studies.

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### **Conflict of interest statement**

The authors have declared that no competing interests exist.

- [42 references](#)

### **Full text links**



42. [Characteristics of behavioural addiction in Parkinson's disease patients with self-reported impulse control disorder and controls matched for levodopa equivalent dose: a matched case-control study](#)

J Neural Transm (Vienna). 2023 Jan 20. doi: 10.1007/s00702-023-02588-8.  
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### Abstract

Impulse control disorders (ICD) in Parkinson's disease (PD) frequently occur, not always as a direct consequence of dopaminergic medication. This study

investigated premorbid personality traits and behavioural characteristics in non-demented PD patients with self-reported symptoms of ICD (PD-srICD). From a total of 200 non-demented PD patients who filled out questionnaires assessing symptoms and severity of ICD, those were classified as PD-srICD ( $n = 32$ ) who reported current occurrence of at least one compulsive behaviour (gambling, sexual behaviour, buying behaviour, or eating). As a control group, 32 patients with no self-reported ICD symptoms were matched for levodopa equivalent daily dose. The demographic, clinical, and premorbid personality profiles were compared between both groups. Frequency of psychological characteristics indicating substance use disorder was evaluated in patients with PD-srICD. Patients with PD-srICD were more frequently male, younger at examination, had earlier PD onset, more depression, higher non-motor burden, less quality of life ( $p < 0.05$ , respectively), and more frequently reported premorbid sensation seeking/novelty orientation ( $p = 0.03$ ) and joyful experience of stress ( $p = 0.04$ ) than patients in the control group. Of patients with PD-srICD, 90.6% reported at least one behavioural characteristic of substance use disorder, most frequently positive expectations following ICD behaviour and illusionary beliefs about its behavioural control. Signs of addiction were common among patients with PD-srICD. Therefore, the profile of psychological characteristics in patients with PD-srICD resembled that of patients with substance use disorder. It can be concluded that dopamine replacement therapy (DRT) alone does not account for PD-srICD and that thorough psychological diagnostics are recommended.

**Keywords:** Behavioural addiction; Impulse control disorder; Parkinson's disease; Personality traits; Premorbid personality traits; Substance use disorder.

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- [50 references](#)

#### Full text links



43. [Do people diagnosed with psychosis spectrum disorders share the same personality space as the general population? Big Five complemented by the](#)

# [proneness to psychotic-like experiences/ behaviors](#)

J Pers. 2023 Jan 19. doi: 10.1111/jopy.12814. Online ahead of print.

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- PMID: [36660808](#)
- DOI: [10.1111/jopy.12814](#)

## Abstract

**Objective:** Disintegration is a recently proposed broad, trait-like reconceptualization of the proneness to psychotic-like experiences/behaviors.

**Methods:** We tested the assumption that the 6-factor model (Five-Factor traits plus Disintegration) was the most adequate one and that it was invariant across clinical and non-clinical populations. The clinical sample (n=161) consisted of patients who had at least one psychotic episode, duration of illness less than 10 years, currently in remission. The general population (n=409) was matched with the patient sample by age, gender, and education. NEO PI-R and DELTA were used to measure personality dimensions in both samples. Invariance of one to six-factor solutions was tested by Exploratory Structural Equation Modeling.



**Results:** We found that: a) several criteria for deciding on the number of factors to retain converged to the conclusion that the assumed 6-factor model was the most adequate one, b) the assumed factorial structure appeared to satisfy the criteria for the scalar invariance across the two samples, c) all nine Disintegration subdimensions separated from the Big Five, forming the Disintegration factor, and d) Disintegration was unrelated to Openness.

**Conclusion:** The Big Five personality structure - complemented with Disintegration - was invariant across individuals from the general population and patients with psychosis.

**Keywords:** Disintegration; Factor structure; Five-Factor model of personality; Psychoticism.

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#### Full text links



44. [Psychometric Correlation of Personality Disorders Along With Defense Mechanisms in Mexican Individuals With Depressive and Anxious Disorders: A Cross-Sectional Study](#)

Cureus. 2023 Jan 15;15(1):e33805. doi: 10.7759/cureus.33805. eCollection 2023 Jan.

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- DOI: [10.7759/cureus.33805](#)

**Free PMC article**

## **Abstract**

**Background** Personality disorders are a multi-theoretical construct that encompasses predictable and quantifiable behavioral, cognitive, and affective characteristics in individuals. Previous studies underscore the existence of a relationship between personality disorders and defense mechanisms, these being coping styles that arise unconsciously in the face of adversity and that have adaptive purposes. There is evidence that alludes to a connection between pathological personality, defense mechanisms, and their relationship with negative mental health outcomes, such as depressive and anxious symptoms. The objective of this study was to study, psychometrically measure, and associate personality disorders, defense mechanisms, and depressive and anxious symptoms. **Methodology** A cross-sectional study was conducted on 81 participants with major depressive disorder, generalized anxiety disorder, and panic disorder who received treatment at a tertiary care institution between July 2021 and February 2022. Psychometric instruments were employed to evaluate the study variables, such as the Beck Depression Inventory (BDI), the Hamilton Depression Rating Scale (HAM-D), the Hamilton Anxiety Rating Scale (HAM-A), the Personality Diagnostic Questionnaire - Version 4 (PDQ-4) Plus, and the 40-item Defensive Styles Questionnaire (DSQ-40). **Results** Depressive and anxious symptoms were related to the scores obtained in the Defensive Styles Questionnaire and the Personality Disorders Questionnaire. Some defense mechanisms were positive predictors of the score between these scales. **Conclusions** There is a relationship between personality traits and defense mechanisms that could influence the development and severity of depressive and anxious psychopathology in this population.

**Keywords:** clinical anxiety; depression; personality tests; personality theories; psychometric tests.

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**Conflict of interest statement**

The authors have declared that no competing interests exist.

- [17 references](#)

#### Full text links



45. [\*\*Connectome-based predictive modeling predicts paranoid ideation in young men with paranoid personality disorder: a resting-state functional magnetic resonance imaging study\*\*](#)

Cereb Cortex. 2023 Jan 19;bhac531. doi: 10.1093/cercor/bhac531. Online ahead of print.

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- PMID: [36657794](#)
- DOI: [10.1093/cercor/bhac531](#)

#### Abstract

Paranoid personality disorder (PPD), a mental disorder that affects interpersonal relationships and work, is frequently neglected during diagnosis and evaluation at the individual-level. This preliminary study aimed to investigate whether connectome-based predictive modeling (CPM) can predict paranoia scores of young men with PPD using whole-brain resting-state functional connectivity (rs-FC). College students with paranoid tendencies were screened using paranoia scores  $\geq 60$  derived from the Minnesota Multiphasic Personality Inventory; 18 participants were ultimately diagnosed with PPD according to the Diagnostic and Statistical Manual of Mental Disorders and subsequently underwent resting-state functional magnetic resonance imaging. Whole-brain rs-FC was constructed, and the ability of this rs-FC to predict paranoia scores was evaluated using CPM. The significance of the models was assessed using permutation tests. The model constructed based on the negative prediction network involving the limbic system-temporal lobe was observed to have significant predictive ability for paranoia scores, whereas the model constructed using the positive and combined prediction network had no significant predictive ability. In conclusion, using CPM, whole-brain rs-FC predicted the paranoia score of patients with PPD. The limbic system-temporal lobe FC pattern is expected to become an important neurological marker for evaluating paranoid ideation.

**Keywords:** limbic system-temporal lobe; paranoia score; paranoid personality disorder; resting-state functional connectivity.

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46. [Perceptual similarity of psychopathy and marital quality in Chinese married couples: The mediating role of couple communication](#)

Psych J. 2023 Jan 19. doi: 10.1002/pchj.627. Online ahead of print.

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- PMID: [36657774](#)
- DOI: [10.1002/pchj.627](#)

## Abstract

Previous studies have shown that psychopathy, one of the Dark Triad personality traits, is associated with relationship dissatisfaction. However, the similarity of psychopathy among romantic couples remains uncertain with regard to relationship outcomes. This study examined the effect of the perceptual similarity of psychopathy on marital quality in a sample of 245 heterosexual married couples, using intraclass correlation coefficients as the method for assessing couples' similarity. This study also explored the possible mediating role of couple communication based on the Actor-Partner Interdependence model. The results reveal that husbands' self-rating and wives' partner-rating of psychopathy showed negative effects on marital quality, whereas wives' perceptual similarity of psychopathy exerted both actor and partner effects on marital quality via couple communication. The current study enriches the theoretical framework of personality and relationship outcomes and emphasizes the importance of communication in a close relationship.

**Keywords:** couple communication; marital quality; personality similarity; psychopathy.

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- [58 references](#)

## Full text links

47. [Psychometric properties of the Spanish adaptation of the Externalizing Spectrum Inventory-Brief Form \(ESI-BF\)](#)

Psychol Assess. 2023 Jan 19. doi: 10.1037/pas0001206. Online ahead of print.

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### Abstract

The Externalizing Spectrum Inventory-Brief Form (ESI-BF) measures tendencies toward disinhibition, lack of control, aggression, and substance use. This study adapts the ESI-BF to the Spanish population and assesses its psychometric properties. The study included 742 community adults obtained by stratified random sampling with proportional allocation according to gender, age, and geographical area of the Spanish territory and a clinical sample consisting of 333 patients. All participants completed the Personality Inventory for *Diagnostic and Statistical Manual of Mental Disorders, fifth edition* (PID-5) and the Alcohol Substance Dependence Severity Scale, in addition to the Spanish version of the ESI-BF. Reliability was quantified using McDonald's omega and Cronbach's  $\alpha$  reliability coefficients. Validity evidences were studied applying confirmatory factor analysis (CFA) and correlations. Results indicated adequate reliability of scores on the ESI-BF's general factors and most of its facets. Regarding internal structure, and in line with previous studies, both symmetric and S-1 hierarchical two-subfactor (bifactor) emerged as the best-fitting models. Considering both criticisms of symmetric models

and parsimony, the S-1 bifactor model, which showed configural invariance across gender and samples, was retained. Validity evidence based on the relationship with other measures of personality and alcohol consumption show correlations values theoretically expected in both clinical and community samples. Findings suggest that the Spanish adaptation of the ESI-BF shows functional near-equivalence to the original version. Its effective psychometric properties make it useful instrument for further research related to the externalizing spectrum. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

48. [\*\*A systematic review of the efficacy of psychological treatments for people detained under the Mental Health Act\*\*](#)

J Psychiatr Ment Health Nurs. 2023 Jan 19. doi: 10.1111/jpm.12897. Online ahead of print.

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- DOI: [10.1111/jpm.12897](#)

#### **Abstract**

**Introduction:** The efficacy of psychological interventions delivered under the Mental Health Act (MHA) (1983) in England and Wales is unclear. While meta-analyses have reviewed acute and forensic psychological interventions in

wider geographical areas, there has been no review specifically in the unique MHA context.

**Aim:** A systematic review was conducted of psychological outcomes for inpatients detained under the MHA in England and Wales.

**Method:** Diagnoses and type of psychological intervention were not restricted, provided a psychological outcome measure was used. Studies were identified through APA PsychInfo, MEDLINE, CINAHL and Academic Search using a combination of key terms. Data extraction included effect direction, statistical significance, intervention type, format and duration, study size, inpatient setting, control group and study quality.

**Results:** High quality evidence was sparse. Some improvements were found in overall wellbeing, self-esteem, social functioning, problem solving, substance use, anger, offending attitudes, fire-setting, violence, anxiety, depression, personality disorder and psychosis. However, the overall evidence base is lacking.

**Discussion:** Larger scale RCTs are needed across secure, acute and LD inpatient settings in England and Wales with longer term follow-up, blind assessors and both self-report and clinician-rated measures, as well as incident, readmission and reoffending rates. Greater representation is needed of females, non-white groups and affective disorders.

**Clinical implications:** The efficacy of psychological interventions for inpatients detained under the MHA in England and Wales remains unclear. Clinicians are encouraged to use relevant outcome measures in relation to treatment goals, to monitor the efficacy of interventions being offered to this client group.

**Relevance to mental health nursing:** This paper highlights the current body of evidence for psychological interventions in inpatient settings within England and Wales, which is an environment in which mental health nursing plays an important role in patients' recovery. This evidence is also particularly important as there is a shift in clinical practice to training nursing staff to deliver some of the low intensity psychological interventions, such as behavioural activation, solution focussed therapy and motivational interviewing.

**Relevance to mental health nursing:** This paper highlights the current body of evidence for psychological interventions in inpatient settings within England and Wales, which is an environment in which mental health nursing plays an



important role in patients' recovery. This evidence is also particularly important as there is a shift in clinical practice to training nursing staff to deliver some of the low intensity psychological interventions, such as behavioural activation, solution focussed therapy and motivational interviewing.

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### Full text links



49. [Suicidal behavior across a broad range of psychiatric disorders](#)

Mol Psychiatry. 2023 Jan 19. doi: 10.1038/s41380-022-01935-7. Online ahead of print.

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- DOI: [10.1038/s41380-022-01935-7](#)

## Abstract

Suicide is a leading cause of death worldwide. In 2020, some 12.2 million Americans seriously contemplated suicide, 3.2 million planned suicide attempts, and 1.2 million attempted suicide. Traditionally, the approach to treating suicidal behavior (SB) has been to treat the "underlying" psychiatric disorder. However, the number of diagnoses associated with SB is considerable. We could find no studies describing the range of disorders reported to be comorbid with SB. This narrative review summarizes literature documenting the occurrence of SB across the lifespan and the full range of psychiatric diagnoses, not only BPD and those that comprise MDE, It also describes the relevance of these observations to clinical practice, research, and nosology. The literature searches contained the terms "suicid\*" and each individual psychiatric diagnosis and identified 587 studies. We did not include case reports, case series, studies only addressing suicidal ideation or non-suicidal self-injury (NSSI), studies on self-harm, not distinguishing between SB and NSSI and studies that did not include any individuals that met criteria for a specific DSM-5 diagnosis (n = 366). We found that SB (suicide and/or suicide attempt) was reported to be associated with 72 out of 145 diagnoses, although data quality varied. Thus, SB is not exclusively germane to Major Depressive Episode (MDE) and Borderline Personality Disorder (BPD), the only conditions for which it is a diagnostic criterion. That SB co-occurs with so many diagnoses reinforces the need to assess current and past SB regardless of diagnosis, and supports the addition of charting codes to the DSM-5 to indicate current or past SB. It also comports with new data that specific genes are associated with SB independent of psychiatric diagnoses, and suggests that SB should be managed with specific suicide prevention interventions in addition to treatments indicated for co-occurring diagnoses. SB diagnostic codes would help researchers and clinicians document and measure SB's trajectory and response to treatment over time, and, ultimately, help develop secondary and tertiary prevention strategies. As a separate diagnosis, SB would preclude situations in which a potentially life-threatening behavior is not accounted for by a diagnosis, a problem that is particularly salient when no mental disorder is present, as is sometimes the case.

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50. [Personality descriptions influence perceived cuteness of children and nurturing motivation toward them](#)

PLoS One. 2023 Jan 18;18(1):e0279985. doi: 10.1371/journal.pone.0279985. eCollection 2023.

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- DOI: [10.1371/journal.pone.0279985](#)

### Free PMC article

### Abstract

The current empirical evidence regarding the effects of personality on physical attractiveness is limited to adult faces. In two preregistered studies, we demonstrated that personality descriptions influenced perceived cuteness, warmth, competence of young children, and female adults' nurturing motivation toward them. Study 1 showed that participants rated children accompanied by positive personality descriptions as cuter, friendlier, and more intelligent than their initial ratings. Negative personality descriptions reduced perceived cuteness in children, which in turn reduced nurturing motivation. Study 2 showed that negative personality descriptions consistently reduced perceived cuteness and warmth ratings after manipulation, regardless of the initial level of perceived cuteness. After one week, cuteness and warmth ratings in the positive personality condition tended to return to their initial ratings. However, the effect of negative personality descriptions on cuteness ratings persisted for all children. Together, our findings suggest that female adults' perception of

cuteness and nurturing motivation are induced not only by children's appearance but also their personality.

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### Conflict of interest statement

The authors have declared that no competing interests exist.

- [77 references](#)
- [4 figures](#)

### Full text links



51. [\*\*Childhood maladaptive coping mechanisms and the subsequent development of depression\*\*](#)

Clin Psychol Psychother. 2023 Jan 18. doi: 10.1002/cpp.2831. Online ahead of print.

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- DOI: [10.1002/cpp.2831](#)

## Abstract

**Background:** Depression is a major source of symptoms and disability. In adults, maladaptive coping (usually characterized as personality dysfunction) has been shown to be associated with a depression diagnosis and poorer depression outcome. As adults with maladaptive coping difficulties are more prone to depression, we hypothesized that children with childhood disorders that involve poor coping would increase the risk of later developing depressive disorders.

**Methods:** Longitudinal studies of conduct disorder (CD), oppositional defiant disorder (ODD) and Disruptive Disorder (DD) that included a later measure of depressive disorder were reviewed. Meta-analyses of CD and ODD + DD were performed to predict increased odds of depression.

**Results:** Eight longitudinal studies were found where there was a measure of CD followed by depressive disorder assessment and nine studies for the variables ODD + DD. All of these studies showed these diagnoses were a significant risk factor for later depression. For the studies included in the meta-analysis CD predicted depression OR = 3.9 (1.6-9.3) (six studies), while ODD + DD also predicted depression OR = 5.6 (2.7-11.8) (five studies).

**Conclusions:** Childhood disorders with maladaptive coping may increase the odds of later development of a depressive disorder diagnosis. If so, these diagnoses might also indicate an early intervention possibility to prevent depression.

**Keywords:** child; conduct disorder; depression; disruptive disorder.

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- [34 references](#)

**Full text links**



52. [Combining Novel Trait and Neurocognitive Frameworks to Parse Heterogeneity in Borderline Personality Disorder](#)

J Pers. 2023 Jan 17. doi: 10.1111/jopy.12811. Online ahead of print.

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**Abstract**

**Objective:** Borderline Personality Disorder (BPD) diagnosis comprises several constellations of trait, neurocognitive and psychosocial alterations. Dimensional models of psychopathology provide new opportunities to parse heterogeneity and create a stronger interface between individual characterisation and psychosocial outcomes. However, dimensional models have focused on either traits or neurocognitive features, lacking integration to capture the multifaceted nature of BPD.

**Method:** We assessed 100 participants with BPD using a combination of tools stemming from trait (Alternative Model for Personality Disorders) and neurocognitive models (Research Domain Criteria; RDoC) to examine if trait-derived subgroups display distinctive social-processing and psychosocial

profiles. We used two complementary analytical approaches: person-centered (k-means clustering) and construct-based (multiple-factor analysis).

**Results:** Our person-centered approach identified four subgroups with separable internalizing, detached, externalizing, and low psychopathology trait-profiles. These profiles revealed distinctive patterns of affiliation, emotion recognition and mentalisation performance in RDoC tasks, and psychosocial measures of quality of life and social connectedness. RDoC-based measures showed close construct proximity with negative affectivity, disinhibition, and antagonism trait domains, relative to the detachment domain, which had close proximity with self-knowledge.

**Conclusions:** Altogether, findings support consilience between trait-based and neurobiological frameworks and suggest that trait models are useful to parse BPD heterogeneity leading to unique social functioning profiles.

**Keywords:** borderline; dimensional; personality; social processing; transdiagnostic.

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#### Full text links



53. [Risk factors for eating disorders: findings from a rapid review](#)

J Eat Disord. 2023 Jan 17;11(1):8. doi: 10.1186/s40337-022-00717-4.

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## Abstract

**Background:** Risk factors represent a range of complex variables associated with the onset, development, and course of eating disorders. Understanding these risk factors is vital for the refinement of aetiological models, which may inform the development of targeted, evidence-based prevention, early intervention, and treatment programs. This Rapid Review aimed to identify and summarise research studies conducted within the last 12 years, focusing on risk factors associated with eating disorders.

**Methods:** The current review forms part of a series of Rapid Reviews to be published in a special issue in the Journal of Eating Disorders, funded by the Australian Government to inform the development of the National Eating Disorder Research and Translation Strategy 2021-2031. Three databases were searched for studies published between 2009 and 2021, published in English, and comprising high-level evidence studies (meta-analyses, systematic reviews, moderately sized randomised controlled studies, moderately sized controlled-cohort studies, or population studies). Data pertaining to risk factors for eating disorders were synthesised and outlined in the current paper.

**Results:** A total of 284 studies were included. The findings were divided into nine main categories: (1) genetics, (2) gastrointestinal microbiota and autoimmune reactions, (3) childhood and early adolescent exposures, (4) personality traits and comorbid mental health conditions, (5) gender, (6) socio-economic status, (7) ethnic minority, (8) body image and social influence, and (9) elite sports. A substantial amount of research exists supporting the role of inherited genetic risk in the development of eating disorders, with biological risk factors, such as the role of gut microbiota in dysregulation of appetite, an area of emerging evidence. Abuse, trauma and childhood obesity are strongly linked to eating disorders, however less conclusive evidence exists regarding developmental factors such as role of in-utero exposure to hormones. Comorbidities between eating disorders and mental health disorders, including personality and mood disorders, have been found to increase the severity of eating disorder symptomatology. Higher education attainment, body image-related factors, and use of appearance-focused social media are also associated with increased risk of eating disorder symptoms.

**Conclusion:** Eating disorders are associated with multiple risk factors. An extensive amount of research has been conducted in the field; however, further studies are required to assess the causal nature of the risk factors identified in the current review. This will assist in understanding the sequelae of eating disorder development and in turn allow for enhancement of existing interventions and ultimately improved outcomes for individuals.

**Keywords:** Aetiology, review; DSM-5; Eating disorders; Risk factors.

### **Plain language summary**

Research into the risk factors associated with eating disorders (EDs) is necessary in order to better understand the reasons why people develop EDs and to inform programs which aim to reduce these risk factors. In the current study we reviewed studies published between 2009 and 2021 which had researched risk factors associated with EDs. This study is one review of a wider Rapid Review series conducted as part the development of Australia’s National Eating Disorders Research and Translation Strategy 2021–2031. The findings from this review are grouped into nine main risk factor categories. These include (1) genetics, (2) gastrointestinal microbiota and autoimmune reactions, (3) childhood and early adolescent exposures, (4) personality traits and comorbid mental health conditions, (5) gender, (6) socio-economic status, (7) ethnic minority, (8) body image and social influence, and (9) elite sports. Further research is needed to better understand the relationship between the risk factors, in particular the ways in which they may interact with each other and whether they cause the ED or are just associated with the ED.

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### **Conflict of interest statement**

ST receives royalties from Hogrefe and Huber, McGraw Hill and Taylor and Francis for published books/book chapters. He has received honoraria from the Takeda Group of Companies for consultative work, public speaking engagements and commissioned reports. He has chaired their Clinical Advisory Committee for Binge Eating Disorder. He is the Editor in Chief of the Journal of Eating Disorders. ST is a committee member of the National Eating Disorders Collaboration as well as the Technical Advisory Group for Eating Disorders. AL undertook work on this RAPID REVIEW while employed by HMA. A/Prof Sarah Maguire is a guest editor of the special issue “Improving

the future by understanding the present: evidence reviews for the field of eating disorders.”

- [333 references](#)

#### Full text links



54. [\*\*Absolute risks of self-harm and interpersonal violence by diagnostic category following first discharge from inpatient psychiatric care\*\*](#)

Eur Psychiatry. 2023 Jan 18;66(1):e13. doi: 10.1192/j.eurpsy.2022.2352.

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- PMID: [36649931](#)
- DOI: [10.1192/j.eurpsy.2022.2352](#)

## Abstract

**Background:** Persons discharged from inpatient psychiatric services are at greatly elevated risk of harming themselves or inflicting violence on others, but no studies have reported gender-specific absolute risks for these two outcomes across the spectrum of psychiatric diagnoses. We aimed to estimate absolute risks for self-harm and interpersonal violence post-discharge according to gender and diagnostic category.

**Methods:** Danish national registry data were utilized to investigate 62,922 discharged inpatients, born 1967-2000. An age and gender matched cohort study was conducted to examine risks for self-harm and interpersonal violence at 1 year and at 10 years post-discharge. Absolute risks were estimated as cumulative incidence percentage values.

**Results:** Patients diagnosed with substance misuse disorders were at especially elevated risk, with the absolute risks for either self-harm or interpersonal violence being 15.6% (95% CI 14.9, 16.3%) of males and 16.8% (15.6, 18.1%) of females at 1 year post-discharge, rising to 45.7% (44.5, 46.8%) and 39.0% (37.1, 40.8%), respectively, within 10 years. Diagnoses of personality disorders and early onset behavioral and emotional disorders were also associated with particularly high absolute risks, whilst risks linked with schizophrenia and related disorders, mood disorders, and anxiety/somatoform disorders, were considerably lower.

**Conclusions:** Patients diagnosed with substance misuse disorders, personality disorders and early onset behavioral and emotional disorders are at especially high risk for internally and externally directed violence. It is crucial, however, that these already marginalized individuals are not further stigmatized. Enhanced care at discharge and during the challenging transition back to life in the community is needed.

**Keywords:** Discharge from inpatient care; interpersonal violence; psychiatric illness; self-harm; substance misuse.

### Full text links



55. [Withdrawal ruptures in adolescents with borderline personality disorder psychotherapy are marked by increased speech pauses-can minimal responses be automatically detected?](#)

PLoS One. 2023 Jan 17;18(1):e0280329. doi: 10.1371/journal.pone.0280329. eCollection 2023.

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- PMID: [36649265](#)
- PMCID: [PMC9844899](#)
- DOI: [10.1371/journal.pone.0280329](#)

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### Abstract

Alliance ruptures of the withdrawal type are prevalent in adolescents with borderline personality disorder (BPD). Longer speech pauses are negatively perceived by these patients. Safran and Muran's rupture model is promising but

its application is very work intensive. This workload makes research costly and limits clinical usage. We hypothesised that pauses can be used to automatically detect one of the markers of the rupture model i.e. the minimal response marker. Additionally, the association of withdrawal ruptures with pauses was investigated. A total of 516 ruptures occurring in 242 psychotherapy sessions collected in 22 psychotherapies of adolescent patients with BPD and subthreshold BPD were investigated. Trained observers detected ruptures based on video and audio recordings. In contrast, pauses were automatically marked in the audio-recordings of the psychotherapy sessions and automatic speaker diarisation was used to determine the speaker-switching patterns in which the pauses occur. A random forest classifier detected time frames in which ruptures with the minimal response marker occurred based on the quantity of pauses. Performance was very good with an area under the ROC curve of 0.89. Pauses which were both preceded and followed by therapist speech were the most important predictors for minimal response ruptures. Research costs can be reduced by using machine learning techniques instead of manual rating for rupture detection. In combination with other video and audio derived features like movement analysis or automatic facial emotion detection, more complete rupture detection might be possible in the future. These innovative machine learning techniques help to narrow down the mechanisms of change of psychotherapy, here specifically of the therapeutic alliance. They might also be used to technologically augment psychotherapy training and supervision.

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### **Conflict of interest statement**

The authors have declared that no competing interests exist.

- [69 references](#)
- [4 figures](#)

### **Full text links**



56. [The Self-Compassion Scale-Short Form: Psychometric evaluation in one non-clinical and two clinical Swedish samples](#)

Clin Psychol Psychother. 2023 Jan 17. doi: 10.1002/cpp.2830. Online ahead of print.

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- PMID: [36648383](#)
- DOI: [10.1002/cpp.2830](#)

### Abstract

**Background:** Self-compassion has been defined as the ability to be with one's feelings of suffering in a warm and caring way. Research has shown a negative association between self-compassion and mental illness, and that low self-compassion can make psychotherapeutic effects less likely. The ability to measure a patient's self-compassion in a fast and reliable way is therefore important in investigating effects of psychotherapies. The aim of the present study was to evaluate the psychometric properties of the Swedish version of the Self-Compassion Scale-Short Form (SCS-SF) in both non-clinical (NC) and clinical samples.

**Methods:** Cross-sectional data were gathered in a NC community sample (n = 1,089), an eating disorder (ED) sample (n = 253) and a borderline personality disorder (BPD) sample (n = 151). All participants were asked to complete a number of questionnaires, including the SCS-SF, and 121 participants in the NC sample repeated the assessment after 2 weeks for test-retest analysis.

**Results:** Confirmatory factor analyses supported the first-order model suggested in previous research. Good internal consistency (Cronbach's alpha = 0.78-0.87) and test-retest reliability (intra-class correlation = 0.84) were demonstrated for the entire scale. Results also showed good convergent validity, demonstrating moderate negative associations between self-compassion and mental illnesses, as expected, and acceptable divergent validity, demonstrating weak positive associations between self-compassion and quality of life and mindfulness.

**Discussion:** The correlations between the SCS-SF and the instruments used for validation were weaker in the clinical samples than the NC sample. This may be due to difficulties measuring these constructs or that the associations differ somewhat between different populations, which could warrant further research. The results added some support to the assumption that self-compassion may overlap with mindfulness yet still represents a distinct construct.

**Conclusions:** Analyses of the SCS-SF provided evidence of adequate to good psychometric properties, supporting use of the scale's total sum score and a first-order factor structure. This is in accordance with previous evaluations of the SCS-SF, suggesting that it is a reliable and time-efficient instrument for measuring a general level of self-compassion. This may be important when evaluating psychotherapy and investigating self-compassion and its influence on psychiatric illness.

**Keywords:** borderline personality disorder; compassion-focused therapy; eating disorders; psychometric evaluation; self-compassion.

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- [56 references](#)

**Full text links**





57. [Psychotic spectrum features in borderline and bipolar disorders within the scope of the DSM-5 section III personality traits: a case control study](#)

Borderline Personal Disord Emot Dysregul. 2023 Jan 16;10(1):2. doi: 10.1186/s40479-022-00205-w.

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- PMID: [36647173](#)
- PMCID: [PMC9841700](#)
- DOI: [10.1186/s40479-022-00205-w](#)

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## Abstract

**Background:** Psychotic spectrum features in borderline personality disorder (PD) are a long-standing phenomenon, but remarkably, to date, they have not been the focus of many empirical studies. Moreover, the comparative studies that acknowledge their links to affective psychoses are even more scarce. Likewise, the contributions of empirical research on the DSM-5 dimensional approach to this topic are also uncommon. This study seeks to identify the best set of pathological personality traits and/or symptoms that are predictors of psychotic features (psychoticism and ideation paranoid symptoms) in borderline PD and in bipolar disorder, based on the framework of the DSM-5 section III personality traits.

**Methods:** A cross-sectional study of two clinical samples: 1) Borderline PD group of 63 participants; 2) Bipolar disorder group of 65 participants. Self-reported assessment: Personality Inventory for DSM-5 (PID-5); Brief Symptom Inventory (BSI). A series of linear and logistic regression analyses were computed.

**Results:** Overall, the data emerging as common predictors are detachment, negative affectivity, psychoticism, depressivity, grandiosity, suspiciousness and interpersonal sensitivity symptoms. Borderline PD has the highest score in BSI paranoid ideation which emerges as its discriminating trait (Nagelkerke  $R^2 = .58$ ): cognitive and perceptual dysregulation (OR: 13.02), restricted affectivity (OR: 12.09), withdrawal (OR: 11.70), anhedonia (OR: 10.98) and emotional lability (OR: 6.69).

**Conclusions:** Besides the commonality that appears to overlap both disorders with a psychosis superspectrum, the patterns of the pathological personality-symptoms underlying the psychotic features appear to reinforce a position between schizophrenia and bipolar disorders that borderline PD may occupy, highlighting the possibility of its intersection with schizoaffective/psychosis spectra. The pathological personality nature of the psychotic features emerges as a potential comprehensive trait of the phenomenological dimensions.

**Keywords:** Bipolar disorder; Borderline personality disorder; DSM-5; Personality; Personality inventory; Psychopathology; Psychotic.

## Conflict of interest statement

The authors declare that they have no competing interests.

- [81 references](#)
- [3 figures](#)

## Full text links



## 58. [Role of Gaming Devices Associated With Internet Gaming Disorder in China: Cross-sectional Study](#)

JMIR Serious Games. 2023 Jan 16;11:e40130. doi: 10.2196/40130.

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- PMID: [36645700](#)
- DOI: [10.2196/40130](#)

## Free article

### Abstract

**Background:** Chinese gamers use computer and mobile phone games widely. Consequently, concerns regarding the development of internet gaming disorder (IGD) in adolescents have been raised. However, only a few studies have focused on the influence of gaming devices on IGD.

**Objective:** This study aims to compare sociodemographic information, gaming use characteristics, personality traits, and gaming motivations between computer game users (CGUs) and mobile phone game users (MGUs), as well as identifying IGD predictors.

**Methods:** This was a cross-sectional study. A total of 3593 internet game players took part in an online survey, which included sociodemographic information, gaming patterns, gaming motivations, the Chinese version of the Video Game Dependency Scale, and the Chinese Big Five Personality Inventory brief version. The population was divided into 2 groups for comparison by mobile phone or computer use, and the IGD population was also compared within the 2 groups.

**Results:** There were significant differences between the 2 gaming device groups in the time ( $t_{2994}=7.75$ ,  $P<.001$ ) and money ( $t_{2994}=5.11$ ,  $P<.001$ ) spent on gaming and in internet game addiction scores ( $t_{2994}=3.68$ ,  $P<.001$ ). Individuals using different gaming devices had different game motivations and personality traits and preferred different genres of games. Results showed that IGD predictors were different for the 2 groups, for example, strategy (odds ratio [OR] 4.452, 95% CI 1.938-10.227;  $P<.001$ ) and action shooter (OR 3.725, 95% CI 1.465-9.474;  $P=.01$ ) games increased the risk for MGUs.

**Conclusions:** Gaming devices should be considered during early identification, such as long daily gaming time, much money spent on gaming, neuroticism, and conscientiousness. In addition, more research should be conducted on new gaming devices and IGD treatment.

**Keywords:** gaming device; gaming motivation; gaming use characteristics; internet gaming disorder; personality traits.

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### Full text links



59. [Assessing Internalizing Symptoms and Their Relation with Levels of Impairment: Evidence-Based Cutoffs for Interpreting Inventory of Depression and Anxiety Symptoms \(IDAS-II\) Scores](#)

J Psychopathol Behav Assess. 2023 Jan 10;1-11. doi: 10.1007/s10862-022-10008-6. Online ahead of print.

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- PMID: [36644288](#)
- PMCID: [PMC9830132](#)
- DOI: [10.1007/s10862-022-10008-6](#)

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### Abstract

Tests and scales measuring psychological disorders should provide information about how scores relate to other constructs such as quality of life or functional impairment. Such information is necessary to allow that their scores contribute to clinical decision making. The current study analyzes the clinical utility of the Spanish version of the Inventory for Depression and Anxiety Symptoms (IDAS-II) to discriminate between different levels of functional impairment and identify the IDAS-II scales that contribute most to explaining impairment. The total sample ( $N = 1390$ ) consists of two subsamples: a community sample of the general population ( $n = 1072$ ) selected by random sampling; and a sample of patients ( $n = 318$ ) from public and private mental health services. The Spanish IDAS-II for measuring internalizing symptoms and WHODAS 2.0 for measuring impairment were administered to all participants. All scales show statistically significant higher scores in the patient sample, with Cohen's  $d$  effect sizes values greater than 0.30, except for well-being ( $d = 0.19$ ). The cutoff values and their confidence intervals do not overlap with the means of either the community or patient sample. AUC values for most of the scales are above .70, except for appetite gain, ordering, euphoria, cleaning, and well-being. Multiple linear regression model using IDAS-II scales explain 57.1% of the variance of the WHODAS 2.0 ( $F_{12,1377} = 155.305$ ;  $p < .001$ ). Cutoff values provided allow us to reliably differentiate between the patients and community samples. Spanish IDAS-II scores show greater sensitivity and specificity in detecting those with greater impairment. General Depression, Lassitude, Panic and Claustrophobia contribute to impairment in a greater extent. Knowledge of which symptoms are most related with impairment, allows healthcare providers to improve treatment planning based on empirical evidence.

**Keywords:** Anxiety; Assessment; Cutoffs; Depression; Emotional Disorders; Impairment; PROMs.

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### **Conflict of interest statement**

Conflicts of Interest A. De la Rosa-Cáceres, O. M. Lozano, M. Sanchez-Garcia, F. Fernandez-Calderon, G. Rossi and C. Diaz-Batanero declare that there are no conflicts of interest to report.

- [74 references](#)

### **Full text links**



60. [Profiles of quality of outpatient care use, associated sociodemographic and clinical characteristics, and adverse outcomes among patients with substance-related disorders](#)

Subst Abuse Treat Prev Policy. 2023 Jan 14;18(1):5. doi: 10.1186/s13011-022-00511-0.

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- PMID: [36641441](#)
- PMCID: [PMC9840840](#)
- DOI: [10.1186/s13011-022-00511-0](#)

### Free PMC article

### Abstract

**Background:** This study identified patient profiles in terms of their quality of outpatient care use, associated sociodemographic and clinical characteristics, and adverse outcomes based on frequent emergency department (ED) use, hospitalization, and death from medical causes.

**Methods:** A cohort of 18,215 patients with substance-related disorders (SRD) recruited in addiction treatment centers was investigated using Quebec (Canada) health administrative databases. A latent class analysis was produced, identifying three profiles of quality of outpatient care use, while multinomial and logistic regressions tested associations with patient characteristics and adverse outcomes, respectively.

**Results:** Profile 1 patients (47% of the sample), labeled "Low outpatient service users", received low quality of care. They were mainly younger, materially and socially deprived men, some with a criminal history. They had more recent SRD, mainly polysubstance, and less mental disorders (MD) and chronic physical illnesses than other Profiles. Profile 2 patients (36%), labeled "Moderate outpatient service users", received high continuity and intensity of care by general practitioners (GP), while the diversity and regularity in their overall quality of outpatient service was moderate. Compared with Profile 1, they were older, less likely to be unemployed or to live in semi-urban areas, and most had common MD and chronic physical illnesses. Profile 3 patients (17%), labeled "High outpatient service users", received more intensive psychiatric care and higher quality of outpatient care than other Profiles. Most Profile 3 patients lived alone or were single parents, and fewer lived in rural areas or had a history of homelessness, versus Profile 1 patients. They were strongly affected by MD, mostly serious MD and personality disorders. Compared with Profile 1, Profile 3 had more frequent ED use and hospitalizations, followed by Profile 2. No differences in death rates emerged among the profiles.

**Conclusions:** Frequent ED use and hospitalization were strongly related to patient clinical and sociodemographic profiles, and the quality of outpatient services received to the severity of their conditions. Outreach strategies more responsive to patient needs may include motivational interventions and prevention of risky behaviors for Profile 1 patients, collaborative GP-psychiatrist care for Profile 2 patients, and GP care and intensive specialized treatment for Profile 3 patients.

**Keywords:** Adverse outcomes; Latent class analysis; Outpatient service use; Quality of care profiles; Sociodemographic and clinical characteristics; Substance-related disorders.

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**Conflict of interest statement**



The authors declare no conflicts of interest associated with this study.

- [70 references](#)
- [1 figure](#)

### Full text links



61. [Prevention of suicide by clozapine in mental disorders: systematic review](#)

Eur Neuropsychopharmacol. 2023 Jan 12;69:4-23. doi: 10.1016/j.euroneuro.2022.12.011. Online ahead of print.

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- PMID: [36640481](#)
- DOI: [10.1016/j.euroneuro.2022.12.011](#)

### Free article

### Abstract

**Background:** Previous research has investigated the efficacy of clozapine in reducing suicidality in patients with schizophrenia and schizoaffective disorder. We aimed to systematically review published evidence, including studies

concerning clozapine administration to treat: (a) refractory suicidality in other mental disorders, including bipolar disorder and borderline and other personality disorders; and (b) refractory cases of non-suicidal self-injury.

**Method:** We performed a PUBMED-search (last day: July 17, 2022) of English-language studies, combining the keywords "clozapine", "suicidality", and "suicide" with various psychopathological terms (e.g. "schizophrenia"). All duplications were eliminated.

**Results:** Fifty-one studies were eligible for inclusion in the review. Most studies suggest a superior anti-suicide effect of clozapine in schizophrenia/schizoaffective disorder, compared to other antipsychotics, or no antipsychotic therapy, which is not due to the close monitoring of patients for blood dyscrasias. No consensus exists as to whether other antipsychotic drugs share this effect. Discontinuation of clozapine is associated with increases in suicidality. Reductions in refractory suicidality/NSSI are observed in clozapine-treated patients with bipolar disorder or borderline personality disorder, but the evidence is limited. Potential biological underpinnings of the anti-suicide effect of clozapine include its unique profile of modulation of brain neurotransmitters; its non-selectivity for neurotransmitter receptors; specific genetic and hormonal factors; effects on neuroinflammation; and ability to elicit epileptiform activity.

**Conclusion:** The superior anti-suicide effect of clozapine in schizophrenia/schizoaffective disorder patients is well established. It may have a role in severe and refractory cases of suicidality and non-suicidal self-injury in patients with bipolar disorder or borderline personality disorder, but the level and quality of supporting evidence is limited.

**Keywords:** Clozapine; Self-injury; Suicidality; Suicide prevention.

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### **Conflict of interest statement**

Conflict of Interest Neither of the authors reports any conflict of interest.

### **Full text links**



62. [Serotonin transporter availability in physically aggressive personality disordered patients: associations with trait and state aggression, and response to fluoxetine](#)

Psychopharmacology (Berl). 2023 Feb;240(2):361-371. doi: 10.1007/s00213-022-06306-2. Epub 2023 Jan 14.

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- PMID: [36640190](#)
- DOI: [10.1007/s00213-022-06306-2](#)

## Abstract

**Rationale:** Characterizing the neuroanatomical basis of serotonergic abnormalities in severe, chronic, impulsive aggression will allow for rational treatment selection, development of novel therapeutics, and biomarkers to identify at-risk individuals.

**Objectives:** The aim of this study is to identify associations between regional serotonin transporter (5-HTT) availability and trait and state aggression, as well as response to the anti-aggressive effects of fluoxetine.

**Methods:** We examined 5-HTT availability using positron emission tomography (PET) imaging with [<sup>11</sup>C]DASB in personality disordered patients with current physical intermittent explosive disorder (IED; n = 18), and healthy comparison participants (HC; n = 11), in the anterior cingulate cortex (ACC), amygdala (AMY), ventral striatum (VST), and midbrain (MID). After PET imaging, IED patients were treated with fluoxetine 20 mg daily (n = 9) or placebo (n = 6) for 12 weeks. Trait and state aggression, trait callousness, and childhood trauma were assessed.

**Results:** In IED patients, trait aggression was positively associated with [<sup>11</sup>C]DASB binding in the ACC and VST; covarying for trait callousness and childhood trauma enhanced these correlations. Baseline state aggression was positively correlated with ACC [<sup>11</sup>C]DASB in IED patients. Greater baseline VST [<sup>11</sup>C]DASB binding predicted greater decreases in state aggression with fluoxetine treatment.

**Conclusions:** Consistent with prior reports, ACC 5-HTT is related to trait aggression, and adjusting for factors related to proactive (callousness) and reactive (childhood trauma) aggression subtypes further resolves this relationship. Novel findings of the study include a better understanding of the association between regional 5-HTT availability and state aggression, and the involvement of VST 5-HTT with trait aggression, and with the anti-aggressive effects of fluoxetine.

**Keywords:** Aggression; Anterior cingulate cortex; Callousness; Childhood trauma; DASB; Fluoxetine; Intermittent explosive disorder; Positron emission tomography; Serotonin transporter; Ventral striatum.

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- [63 references](#)

### Full text links



63. [Psychiatric presentations and admissions during the first wave of Covid-19 compared to 2019 in a psychiatric emergency department in Berlin, Germany: a retrospective chart review](#)

BMC Psychiatry. 2023 Jan 14;23(1):38. doi: 10.1186/s12888-023-04537-x.

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- PMID: [36639626](#)
- PMCID: [PMC9839445](#)
- DOI: [10.1186/s12888-023-04537-x](#)

**Free PMC article**

## Abstract

**Background:** Most studies agree that the Covid-19 pandemic and the subsequent lockdown had a negative impact on mental health. On the other hand, international studies have shown that psychiatric emergency departments (pED) experienced a decrease in presentations and admissions.

**Methods:** Retrospective chart review of all pED presentations and admissions during the first wave of Covid-19 pandemic in Germany (Covid-19 period: 3/2/20 to 05/24/20) in a psychiatric hospital in Berlin compared to 1 year earlier (pre-Covid-19 period). Descriptive statistics and logistic regression were performed.

**Results:** We observed no statistical significant changes in overall pED presentations and overall hospital admissions during the Covid-19 period compared to the pre-Covid-19 period (813 vs. 894, - 9.1%,  $p = 0.064$  and (363 vs. 437, - 16.9%,  $p = 0.080$  respectively). In the subgroup analysis, less patients with depressive disorders ( $p = 0.035$ ) and with personality disorders ( $p = 0.002$ ) presented to the pED, a larger number of presentations with schizophrenia was observed ( $p = 0.020$ ). In the Covid-19 period, less patients with substance use disorder and paranoid schizophrenia were admitted to the hospital via the pED than in the pre-Covid-19 period ( $p = 0.035$  and  $p = 0.006$ , respectively). Bed capacity was reduced in the Covid-19 period by - 32.8% ( $p < 0.001$ ). Presentations in police custody were 13.7% ( $p = 0.029$ ) higher during the Covid-19 compared to pre-Covid-19 period, with higher rates in female presentations ( $p = 0.008$ ) and suicide attempts ( $p = 0.012$ ) and less hospital admissions ( $p = 0.048$ ). Logistic regression analyses revealed that positive predictors for pED presentation during Covid-19 period were police custody ( $p < 0.001$ ), being redirected from another hospital ( $p < 0.001$ ), suicide attempt ( $p = 0.038$ ), suicidal thoughts ( $p = 0.004$ ), presentation with paranoid schizophrenia ( $p = 0.001$ ) and bipolar and manic disorders ( $p = 0.004$ ), negative predictors were hospital admission ( $p < 0.001$ ), depressive disorders ( $p = 0.021$ ) and personality disorders ( $p < 0.001$ ).

**Conclusions:** A larger number of presentations in police custody during the Covid-19 period may represent untreated medical needs. This was seen predominantly in female patients, suggesting this subgroup might have suffered particularly under lockdown measures. Patients with paranoid schizophrenia were the only subgroup, which increased in absolute numbers, also suggesting a particular lockdown effect. Reduced bed capacity due to infection curbing

measures is suggestive to have played an important role in augmenting the threshold for hospital admissions.

**Keywords:** Berlin; Covid-19; Police custody; Psychiatric emergency department; Psychiatry; Schizophrenia.

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### Conflict of interest statement

All authors declare to have no competing interests.

- [61 references](#)
- [4 figures](#)

### Full text links



64. [Exploring Personality and Perceived Present Control as Factors in Postsurgical Voice Rest: A Case Comparison](#)

J Voice. 2023 Jan 11;S0892-1997(22)00415-5. doi: 10.1016/j.jvoice.2022.12.014. Online ahead of print.

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- PMID: [36639311](#)
- DOI: [10.1016/j.jvoice.2022.12.014](#)

## Abstract

**Objective:** This case comparison explored the relation between personality, perceived present control, and postoperative voice rest (as estimated by self-report and objective voice use) following surgery for benign vocal fold lesions.

**Method:** Two participants were included. Both participants were diagnosed with benign vocal fold pathology, underwent phonosurgery, and were assigned to either complete voice rest (CVR) or relative voice rest (RVR) postoperatively. During voice rest (VR), a visual analog scale (VAS) and a dosimeter (the Vocalog2) were used daily to estimate self-perceived and objective voice use, respectively. The participants also completed questionnaires on voice-related demographics, the Voice Handicap Index (VHI), Ten-Item Personality Inventory (TIPI), and Perceived Present Control (PPC). After 7 days of CVR or RVR, participants completed a postoperative questionnaire and a final VAS for overall voice use.

**Results:** A wide discrepancy was observed in one of two participant's subjective perception of voice use (using the VAS) versus objective dosimetry data wherein she reported significantly more voice use than was observed objectively. Differences in personality and PPC between the participants did not appear to affect their voice use following the VR protocols.

**Conclusion:** The amount of voice use in both VR protocols for these two participants suggests that personality and PPC did not affect their adherence to recommendations of VR. Patients may perceive their voice use differently across time, which might play a role in their adherence to voice rest recommendations: voice use measured as instances versus a unit of time (seconds).

**Keywords:** Patient adherence; Perceived present control; Personality; Phonosurgery; Voice rest.



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### Full text links



65. [On the Borderline of Pleasure and Pain: Comorbid Persistent Genital Arousal Disorder and Borderline Personality Disorder](#)

Prim Care Companion CNS Disord. 2023 Jan 10;25(1):22cr03281. doi: 10.4088/PCC.22cr03281.

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- PMID: [36638541](#)
- DOI: [10.4088/PCC.22cr03281](#)

### Free article

*No abstract available*

### Full text links



66. [Antisocial and impulsive personality traits are linked to individual differences in somatosensory maps of emotion](#)

Sci Rep. 2023 Jan 12;13(1):675. doi: 10.1038/s41598-023-27880-1.

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- PMID: [36635384](https://pubmed.ncbi.nlm.nih.gov/36635384/)
- PMCID: [PMC9837047](https://pubmed.ncbi.nlm.nih.gov/PMC9837047/)
- DOI: [10.1038/s41598-023-27880-1](https://doi.org/10.1038/s41598-023-27880-1)

**Free PMC article**

**Abstract**

Somatosensory experience is an important component of emotion, playing a prominent role in many traditional emotion theories. Nonetheless, and despite the extensive literature on the influence of individual differences in emotional processing, the relation between personality traits and emotion-related somatosensation has received little attention. Here, we addressed this question in a large sample of healthy individuals through the "bodily maps of emotion" behavioural paradigm, in which participants indicated the location and extent of their body sensations for the 6 basic and 4 additional social emotions

(contempt, envy, pride, shame). We found that emotional somatosensation in specific body areas, including the heart, the stomach, and the head, was related to specific personality factors, particularly antisocial attitudes and impulsivity. Moreover, the similarity of individual participants' maps to the group-average was likewise negatively correlated with antisocial tendencies. Overall, our results suggest that differences in individuals' sensitivity to somatosensation from different body areas, as well as the typicality of their topographical patterns, may partly underlie variation in higher-order social and affective traits.

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### Conflict of interest statement

The authors declare no competing interests.

- [80 references](#)
- [5 figures](#)

### Full text links



67. [\*\*Structural Correlates of Lifetime Voice-Hearing in Patients with Borderline Personality Disorder: A Pilot Study\*\*](#)

Neuropsychobiology. 2023 Jan 12;1-9. doi: 10.1159/000528039. Online ahead of print.

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- PMID: [36634631](https://pubmed.ncbi.nlm.nih.gov/36634631/)
- DOI: [10.1159/000528039](https://doi.org/10.1159/000528039)

## Abstract

**Introduction:** Auditory verbal hallucinations (AVH) are transdiagnostic phenomena that can occur in several mental disorders, including borderline personality disorder (BPD). Despite the transdiagnostic relevance of these symptoms, very little is known about neural signatures of AVH in BPD.

**Methods:** We used structural magnetic resonance imaging to investigate multiple markers of brain morphology in BPD patients presenting with a lifetime history of AVH (AVH,  $n = 6$ ) versus BPD patients without AVH (nAVH,  $n = 10$ ) and healthy controls (HC,  $n = 12$ ). The Computational Anatomy Toolbox (CAT12) was used for surface-based morphometric analyses that considered cortical thickness (CTh), gyrification (CG), and complexity of cortical folding (CCF). Factorial models were used to explore differences between AVH patients and HC, as well as between the patient groups.

**Results:** Compared to HC, AVH patients showed distinct abnormalities in key regions of the language network, i.e., aberrant CTh and CG in right superior temporal gyrus and abnormal CCF in left inferior frontal gyrus. Further abnormalities were found in right prefrontal cortex (CTh) and left orbitofrontal cortex (CCF). Compared to nAVH patients, individuals with AVH showed abnormal CTh in right prefrontal cortex, along with CCF differences in right transverse temporal, superior parietal, and parahippocampal gyri. CG differences between the patient groups were found in left orbitofrontal cortex.

**Conclusion:** The data suggest a transdiagnostic neural signature of voice-hearing that converges on key regions involved in speech generation and

perception, memory and executive control. It is possible that cortical features of distinct evolutionary and genetic origin, i.e., CTh and CG/CCF, differently contribute to AVH vulnerability in BPD.

**Keywords:** Auditory verbal hallucinations; Borderline personality disorder; Cortical thickness; Gyriification; Surface-based morphometry.

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### Full text links



68. [Autonomy-Supportive Teaching Enhances Prosocial and Reduces Antisocial Behavior via Classroom Climate and Psychological Needs: A Multilevel Randomized Control Intervention](#)

J Sport Exerc Psychol. 2023 Jan 12;45(1):26-40. doi: 10.1123/jsep.2021-0337. Print 2023 Feb 1.

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- PMID: [36634307](#)
- DOI: [10.1123/jsep.2021-0337](#)

### Abstract

Autonomy-supportive teaching increases prosocial and decreases antisocial behavior. Previous research showed that these effects occur because autonomy-

supportive teaching improves students' need states (a student-level process). However, the present study investigated whether these effects also occur because autonomy-supportive teaching improves the classroom climate (a classroom-level process). Teachers from 80 physical education classrooms were randomly assigned to participate (or not) in an autonomy-supportive teaching intervention, while their 2,227 secondary-grade students reported their need satisfaction and frustration, supportive and hierarchical classroom climates, and prosocial and antisocial behaviors at the beginning, middle, and end of an academic year. A doubly latent, multilevel structural equation model showed that teacher participation in the intervention (experimental condition) increased class-wide need satisfaction, a supportive climate, and prosocial behavior and decreased class-wide need frustration, a hierarchical climate, and antisocial behavior. Together, greater collective need satisfaction and a more supportive climate combined to explain increased prosocial behavior, while lesser need frustration and a less hierarchical climate combined to explain decreased antisocial behavior. These classroom climate effects have been overlooked, yet they are essential to explain why autonomy-supportive teaching improves students' social functioning.

**Keywords:** autonomy support; prosocial behavior; self-determination theory.

#### Full text links



69. [Effective therapeutic components in Systems Training for Emotional Predictability and Problem Solving \(STEPPS\) for borderline personality disorder](#)

Personal Disord. 2023 Jan 12. doi: 10.1037/per0000605. Online ahead of print.

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- PMID: [36634019](#)
- DOI: [10.1037/per0000605](#)

## Abstract

The study aimed to examine the relative contribution to borderline personality disorder (BPD) symptom change of two potential effective therapeutic components in a manualized group psychotherapy (Systems Training for Emotional Predictability and Problem Solving; STEPPS): development of emotional/behavior regulation skills and group alliance. A repeated measures design assessed BPD symptom change over time, use of behavior and emotion regulation skills taught in STEPPS, and perceptions of global alliance within the group. Data were analyzed using hierarchical multiple regression. Additional qualitative feedback was analyzed using quantitative content analysis. Data were collected from 14 STEPPS groups across three NHS Trusts. Forty participants completed the study and were included in the final analysis. Self-reported skill acquisition throughout STEPPS treatment and satisfaction with intragroup relationships at the group midpoint were associated with improvement in BPD symptoms at the end of treatment, once symptoms at the start and mid-point of treatment had been controlled for. These two factors also emerged as the top two factors cited in qualitative feedback to explain subjective improvements observed as a result of STEPPS treatment. This is the first study to investigate and find support for acquisition of emotion and behavior regulation skills in STEPPS and satisfaction with intragroup relationships as potential effective therapeutic components in the treatment. Causal relationships cannot be concluded from this study. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

70. [\*\*Risk Factors Associated With Peripartum Suicide Attempts in Japan\*\*](#)

JAMA Netw Open. 2023 Jan 3;6(1):e2250661. doi: 10.1001/jamanetworkopen.2022.50661.

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## Free article

## Abstract

**Importance:** Peripartum suicide attempt is a major psychiatric complication associated with pregnancy, but the risk factors remain largely uncertain.

**Objective:** To identify the demographic characteristics and predisposing risks for peripartum suicide attempts and postpartum depression.

**Design, setting, and participants:** This cohort study used retrospective data on pregnant women who delivered children between April 1, 2016, and March 31, 2021, at 712 hospitals in Japan. The nationwide Diagnosis Procedure Combination database was used.



**Exposures:** Psychiatric and nonpsychiatric medical history, age, alcohol and tobacco use, and obstetric complications and procedures.

**Main outcomes and measures:** Data on admissions for prepartum suicide attempt and delivery during the same hospital stay and readmissions for depression or suicide attempt within 1 year post partum were collected. Comparisons of prevalence of each study variable were performed, and multivariable logistic regression analyses were used to determine risk factors.

**Results:** From a total of 39 908 649 hospitalization episodes, 804 617 cumulative pregnant women (median [IQR] age at childbirth, 33 [29-36] years) who delivered at the enrolled hospitals were identified, including 1202 who were admitted for suicide attempt and delivery during the same hospital stay and 111 readmitted for suicide attempt within 1 year post partum. Risk factors associated with prepartum suicide attempts included younger age (adjusted odds ratio [aOR], 0.99; 95% CI, 0.98-1.00) and histories of personality disorder (aOR, 10.81; 95% CI, 5.70-20.49), depression (aOR, 3.97; 95% CI, 2.35-6.70), schizophrenia (aOR, 2.89; 95% CI, 1.52-5.50), and adjustment disorder (aOR, 2.66; 95% CI, 1.07-6.58). Risk factors associated with postpartum suicide attempts included younger age (aOR, 0.96; 95% CI, 0.93-1.00), heavy tobacco use (aOR, 23.09; 95% CI, 5.46-97.62), and histories of alcohol use disorder (aOR, 163.54; 95% CI, 28.30-944.95), personality disorder (aOR, 10.28; 95% CI, 3.29-32.10), anxiety disorders (aOR, 8.13; 95% CI, 2.88-22.98), depression (aOR, 7.27; 95% CI, 2.95-17.91), schizophrenia (aOR, 5.77; 95% CI, 2.17-15.38), bipolar disorder (aOR, 3.98; 95% CI, 1.36-11.67), and insomnia (aOR, 3.17; 95% CI, 1.30-7.78). On sensitivity analysis, risk factors associated with postpartum depression after excluding those with prenatal depression included histories of personality disorder, adjustment disorder, bipolar disorder, insomnia, and anxiety disorders.

**Conclusions and relevance:** The findings of this cohort study suggest that histories of smoking and prenatal psychiatric disorders are potential risk factors for peripartum suicide attempts and may require additional treatment and prevention interventions.

#### Full text links



71. [Structure of Pathological Personality Traits Through the Lens of the CAT-PD Model](#)

Assessment. 2023 Jan 12;10731911221143343. doi: 10.1177/10731911221143343. Online ahead of print.

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- PMID: [36633104](#)
- DOI: [10.1177/10731911221143343](#)

**Abstract**

Personality pathology is increasingly conceptualized within hierarchical, dimensional trait models. The Comprehensive Assessment of Traits Relevant to Personality Disorders (CAT-PD) is a pathological-trait measure with potential to improve on currently prevailing instruments because it has wider content coverage; however, its domain-level structure, which is of scientific and clinical interest, is not established. In this study, we investigated the structure and construct validity of the CAT-PD's domain level to facilitate wider use of the measure. We estimated five- and six-factor models with exploratory factor analysis in a pooled sample of eight independent subsamples ( $N = 3,987$ ) and found that both models fit the data well; each had interpretable factors that were invariant across gender, sample type, and Black/White racial groups; and the factors had good convergent validity with other measures of maladaptive traits, Big Five personality, and interpersonal problems. Our results support the

validity of the CAT-PD for assessing multiple levels of the pathological trait hierarchy.

**Keywords:** assessment; dimensional trait models; maladaptive traits; personality disorders; transdiagnostic.

### Full text links

Sage Journals

72. [Psychiatric disorders, personality and neuropsychological alterations in Erdheim-Chester disease](#)

Orphanet J Rare Dis. 2023 Jan 11;18(1):9. doi: 10.1186/s13023-022-02609-x.

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- DOI: [10.1186/s13023-022-02609-x](#)

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## Abstract

Although neurological manifestations and changes in brain volumes have been described in Erdheim-Chester disease (ECD), it remains unknown whether ECD may be associated with psychiatric symptoms and cognitive dysfunctions. We assessed the presence of psychiatric disorders, changes in temperaments and characters, and neuropsychological performances in 32 ECD patients (mean age = 59) younger than 70, not treated with interferon alpha during the last 6 months, and without other serious illnesses. ECD patients exhibited high level of past depressive disorder (80%) and anxiety disorder, especially agoraphobia (29%). They revealed personality changes, especially with high agreeableness ( $t = 3.18$ ,  $p < 0.005$ ) and high conscientiousness ( $t = 3.81$ ,  $p < 0.001$ ). Neuropsychological assessments showed impairments in attention (GZ:  $t = 16.12$ ,  $p < 0.0001$ , KL:  $t = 37.01$ ,  $p < 0.0001$ ) and episodic memory performances (STIR:  $t = -3.01$ ,  $p = 0.006$ , LTFR:  $t = -2.87$ ,  $p = 0.008$ , LTIR:  $t = -3.63$ ,  $p = 0.001$ ). Executive functions, such as flexibility, inhibitory control, were unimpaired. Although it remains to be clarified whether these psychiatric symptoms and cognitive impairments may impact the daily functioning and the quality of life, the present study highlights the need to consider cognitive and emotional states in ECD management.

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### Conflict of interest statement

The authors declare that they have no competing interests.

- [17 references](#)
- [2 figures](#)

### Full text links



73. [How we compare: A new approach to assess aspects of the comparison process for appearance-based standards and their associations with individual differences in wellbeing and personality measures](#)

PLoS One. 2023 Jan 11;18(1):e0280072. doi: 10.1371/journal.pone.0280072. eCollection 2023.

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- PMCID: [PMC9833549](#)
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### Free PMC article

### Abstract

We introduce a novel approach to assess habitual comparison processes, while distinguishing between different types of comparison standards. Several comparison theories (e.g., social) suggest that self-evaluations use different standards to inform self-perception and are associated with wellbeing and personality. We developed the Comparison Standards Scale for Appearance (CSS-A) to examine self-reported engagement with social, temporal, criteria-based, dimensional, and counterfactual comparisons for upward and downward standards in relation to appearance. The scale was completed by three hundred participants online alongside measures of appearance schemas, social comparison evaluations, depression, anxiety, stress, self-esteem, physical self-concept, narcissism, and perfectionism. The CSS-A was found to reliably assess individual differences in upward and downward comparison frequency and affective impact for multiple comparison standards. In line with theory,

CSS-A upward comparisons were more frequent than downward comparisons and coincided with negative (versus positive) affective impact. Comparison intensity (i.e., comparison frequency  $\times$  discrepancy) predicted negative and positive affective impact for upward and downward comparisons, respectively. This relationship was partially mediated by appearance concern for upward comparisons (a composite of appearance schemas and physical self-concept), yet moderated by negativity for downward comparisons (a composite of depression, anxiety, stress, and self-esteem). We offer a framework for measuring the comparison process that warrants further research on underlying comparison processes, for which the CSS(-A) and experience sampling methods should serve as useful tools.

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#### **Conflict of interest statement**

The authors have declared that no competing interests exist.

- [73 references](#)
- [3 figures](#)

#### **Full text links**



## 74. [Proactive personality and organizational support in television industry: Their roles in creativity](#)

PLoS One. 2023 Jan 10;18(1):e0280003. doi: 10.1371/journal.pone.0280003. eCollection 2023.

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- PMID: [36626372](#)
- PMCID: [PMC9831303](#)
- DOI: [10.1371/journal.pone.0280003](#)

**Free PMC article**

## **Abstract**

Employee creativity is important for TV companies because it can improve organizational performance and increase success and survival based on the ability to create innovations. In response to this, field reporters who work for TV companies also need high creativity in facing the challenges of their work and in creating innovations. This research aims to test the roles of perceived organizational support, proactive personality, the meaning of work, and work engagement in affecting employee creativity. The total numbers of respondents were 119 selected from 14 private television companies in Indonesia. The method in this study is a quantitative approach using the Partial Least Square (PLS) analysis tool with the SmartPls 3.0 application. Most of the hypotheses of this study show significant results. However, there is one finding that a proactive personality is not able to strengthen employee creativity. This indicates that employees' behavior at work is sometimes different from the personality. This study is the first to look at news reporters' employee creativity using the suggested model. As a result, organizations can use the study's findings as a starting point to determine the best strategy for fostering creativity within their workforce.

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## Conflict of interest statement

The authors have declared that no competing interests exist.

- [58 references](#)
- [3 figures](#)

## Full text links



75. [\*\*Coping with Mental Health Problems and Medication Adherence Challenges Among Persons Receiving Antiretroviral Therapy\*\*](#)

AIDS Behav. 2023 Jan 10. doi: 10.1007/s10461-022-03955-4. Online ahead of print.

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- PMID: [36626033](#)
- DOI: [10.1007/s10461-022-03955-4](https://doi.org/10.1007/s10461-022-03955-4)

## Abstract

Although several studies have investigated common mental disorders among persons living with HIV, few have explored how they cope with both a mental health condition and treatment adherence requirements. We conducted qualitative interviews with 20 South African antiretroviral treatment (ART) users living with a mental health condition, a sub-sample from a larger study, at



a community clinic and a secondary hospital in the Western Cape of South Africa. The interviews were transcribed and analysed thematically. We found that participants used a range of coping methods to manage stressors pertaining to HIV, their mental health condition, and their environments. Participants used religion more frequently than any other way of coping. Both public and self-stigma challenged individuals and impacted HIV disclosure and social support seeking behaviour. Participants reported misconceptions held by themselves and others concerning mental health problems and HIV.

**Keywords:** Age; Alcohol Use Disorder; Common Mental Disorders; Coping; Depression; Gender; Personality; Post-Traumatic Stress Disorder; Poverty; Stigma.

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- [42 references](#)

#### Full text links



76. [\*\*Type D Personality as a Marker of Poorer Quality of Life and Mood Status Disturbances in Patients with Skin Diseases: A Systematic Review\*\*](#)

Acta Derm Venereol. 2023 Jan 10;103:adv00846. doi: 10.2340/actadv.v103.2741.

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- PMID: [36625209](https://pubmed.ncbi.nlm.nih.gov/36625209/)
- DOI: [10.2340/actadv.v103.2741](https://doi.org/10.2340/actadv.v103.2741)

### Free article

## Abstract

Type D personality is characterized by social inhibition and negative affectivity. Poorer outcomes and worse quality of life have been linked to type D personality in patients with a variety of non-dermatological diseases. Despite increasing evidence of the importance of type D personality in skin diseases, there are no reviews on this subject. The aim of this review is to summarize the current evidence regarding type D personality and skin diseases. A systematic search was performed using Medline and Web of Science databases from inception to 11 October 2022. Studies addressing the presence of type D personality, its associated factors, its impact on the outcomes of the disease or the quality of life of the patients were included in the systematic review. A total of 20 studies, including 3,124 participants, met the eligibility criteria and were included in the review. Acne, hidradenitis suppurativa, psoriasis, melanoma, atopic dermatitis, chronic spontaneous urticaria and pruritic disorders were the main diseases assessed. Type D personality was more frequent among patients with skin diseases than among controls. Type D personality was found to be associated with poorer quality of life and higher rates of psychological comorbidities in patients with skin diseases. In conclusion, type D personality appears to be a marker of patients with increased risk of poorer quality of life

and higher rates of psychological comorbidities. Screening for type D personality in specialized dermatology units might be beneficial to identify patients who are more psychologically vulnerable to the consequences of chronic skin diseases.

### Full text links



## 77. [Dispositional employability and self-regulation in antisocial and prosocial personalities: different contributions to employability](#)

BMC Psychol. 2023 Jan 9;11(1):7. doi: 10.1186/s40359-023-01037-1.

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- PMID: [36624541](#)
- PMCID: [PMC9830865](#)
- DOI: [10.1186/s40359-023-01037-1](#)

### Free PMC article

## Abstract

The manuscript is based on the dispositional approach of employability, dispositional personality trait theories (dark triad, light triad, HEXACO honesty-humility), and reinforcement sensitivity theory. The facet-focused analysis allowed a more targeted interpretation of the results about the contribution of dark/light personalities and self-regulation for employability

and a deeper understanding of practical implications. We analyzed the mediating effect of the behavioral activating system (BAS drive) on antisocial and prosocial traits in predicting employability. The convenient research sample consisted of 343 students. Participants completed: The short dark triad, light triad, honesty-humility, dispositional employability, and BIS/BAS. Dark traits explained 17.5% of work/career resilience, 12% of work identity, 6.4% of career motivation, and 6.6% of openness to changes at work. Narcissism explained 20% of work/career resilience. Prosocial traits explained 19.7% of work/career resilience, 16.8% of work identity, 11.8% of career motivation, and 5.3% of openness to changes at work. Modesty explained 10% of career motivation variance. BAS drive mediates predictions of employability by prosocial and antisocial traits. Demanding attention from others and focusing on making a good impression are effective tools for employability. Prosocial traits significant for BAS drive-activated participants (believing in the goodness of people and avoiding fraud and corruption) can be supported in organizations by providing career growth opportunities.

**Keywords:** BAS drive; Dark triad; Employability; Honesty-humility; Light triad.

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#### **Conflict of interest statement**

The authors declare that they have no competing interests.

- [101 references](#)
- [3 figures](#)

#### **Full text links**



78. [\*\*Exploring pain catastrophizing and its associations with low disease activity in rheumatic inflammatory disorders\*\*](#)

Rheumatol Int. 2023 Jan 9. doi: 10.1007/s00296-023-05271-z. Online ahead of print.

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- PMID: [36624289](#)
- DOI: [10.1007/s00296-023-05271-z](#)

## Abstract

Pain catastrophizing is a maladaptive mechanism associated with the exaggerated experience of pain, increased rumination and feelings of helplessness. The main objective of this study was to explore whether increased pain catastrophizing is independently associated with a lower proportion of low disease activity (LDA) in rheumatoid arthritis (RA), psoriatic arthritis (PsA) and axial spondylarthritis (axSpA). Demographics, comorbidities, treatment, disease activity measures and patient-reported outcome data were recorded in RA, PsA and axSpA patients. Pain catastrophizing score (PCS) was assessed using a standardised questionnaire. For each diagnosis, composite disease activity scores with distinct cut-off values for LDA, i.e. DAS28-CRP (RA), DAPSA (PsA) and ASDAS-CRP (axSpA) were calculated and used as the dependent variable in logistic regression reflecting LDA achieved. A total of one thousand two hundred and twenty nine patients were included: 580 with

RA, 394 with PsA and 255 with axSpA. In the multivariable analysis, pain catastrophizing was independently associated with LDA rates in axSpA (OR 0.33, 95% CI [0.12, 0.88]) amongst tested groups. In RA (OR 0.90, 95% CI [0.64, 1.28]) and PsA (OR 0.77, 95% CI [0.55, 1.07]), a statistically significant association was not observed. Higher PCS was independently associated with not achieving LDA in axSpA. Our data, however, indicate that pain catastrophizing, which also reflects a patient's personality traits and coping abilities, plays a less important role for the patient than general pain perception.

**Keywords:** Anxiety; Axial spondylarthritis; Pain catastrophizing; Psoriatic arthritis; Rheumatoid arthritis; Severity of illness index.

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- [39 references](#)

#### Full text links



79. [Antidepressant and anti-suicidal effects of ketamine in treatment-resistant depression associated with psychiatric and personality comorbidities: A double-blind randomized trial](#)

J Affect Disord. 2023 Jan 7;325:127-134. doi: 10.1016/j.jad.2023.01.005. Online ahead of print.

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- PMID: [36623562](#)
- DOI: [10.1016/j.jad.2023.01.005](#)

## Abstract

**Objective:** To evaluate the effects of ketamine treatment on depression and suicidal ideation in treatment resistant depression (TRD) and to determine whether they are influenced by other psychiatric and personality comorbidities.

**Methods:** A randomized double-blind parallel-arm controlled study on 36 patients with TRD. Patients were divided into two treatment groups: ketamine (K group) and placebo (P group). Patients in the K and P groups received one infusion of medicine per week for two weeks. All participants were assessed using the Structured Interview for the Five-Factor Personality Model (SIFFM), Hamilton Depression Rating Scale (HDRS), Suicide Probability Scale (SPS), and Symptom Checklist 90 (SCL 90).

**Results:** After treatment, there was a significant decrease in the total HDRS and SPS scores in the K group compared to the P group, but the magnitude of response was not influenced by the presence of other psychiatric symptoms. Regression model, only receive ketamine treatment was significant factor for improve suicide and depression scores.

**Limitations:** lack of data on other outcomes that are important to patients (e.g., quality of life, cognition) and need for a larger sample size.

**Conclusions:** Ketamine infusions in TRD reduce suicidal ideation and depression despite the presence other psychiatric and personality disorders.

**Keywords:** Comorbidity; Ketamine; Personality; Psychiatric; Treatment resistant depression.

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## Conflict of interest statement

Conflict of interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

## Full text links



## 80. [Suicide risk among combatants: The longitudinal contributions of pre-enlistment characteristics, pre-deployment personality factors and moral injury](#)

J Affect Disord. 2023 Mar 1;324:624-631. doi: 10.1016/j.jad.2022.12.160. Epub 2023 Jan 6.

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- PMID: [36621681](#)
- DOI: [10.1016/j.jad.2022.12.160](#)

## Abstract

**Background:** Recent studies have shown that exposure to potentially morally injurious events (PMIEs) in deployment situations facilitates higher suicide risk



among combatants. However, knowledge about pre-deployment factors that may moderate the negative contribution of PMIEs to suicide risk is rare. In this prospective study, we examined pre-enlistment characteristics and pre-deployment personality factors as possible moderators in the link between exposure to self, other, and betrayal dimensions of PMIEs and post-deployment suicide risk among Israeli active-duty combatants.

**Methods:** A sample of 335 active-duty Israeli combatants participated in a 2.5-year prospective study with three waves of measurements: T1-12 months before enlistment, T2-6 months following enlistment (pre-deployment), and T3-18 months following enlistment (post-deployment). Participants were assessed via semi-structured interviews of personal characteristics (e.g., cognitive index) at T1, validated self-report measures of personality factors for emotional regulation, impulsivity, and aggression at T2, and combat exposure, PMIEs, and suicide risk at T3 between 2019 and 2021.

**Results:** All three dimensions of PMIEs were significantly associated with higher suicidal risk among combatants. Importantly, higher levels of pre-deployment aggression and lower levels of emotional regulation moderated the association between PMIEs and suicide risk post-deployment, above and beyond pre-enlistment psychiatric difficulties and life events.

**Conclusions:** Our results highlight the roles of pre-deployment factors of emotional regulation and aggressiveness as possible moderators in the PMIEs-suicide risk link. These results emphasize the need for higher awareness of suicide risk among deployed combatants with low emotional regulation and high aggressiveness. Moreover, tailored interventions aiming to decrease emotional dysregulation and aggressiveness levels should be considered, as such interventions may help reduce suicide risk following combat-related transgressive acts.

**Keywords:** Aggressiveness; Emotional regulation; Moral injury; Prospective; Suicide.

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#### **Conflict of interest statement**

Conflict of interests NA.

#### **Full text links**

81. [The body keeps the score: The neurobiological profile of traumatized adolescents](#)

Neurosci Biobehav Rev. 2023 Jan 4;145:105033. doi:  
10.1016/j.neubiorev.2023.105033. Online ahead of print.

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- DOI: [10.1016/j.neubiorev.2023.105033](#)

**Abstract**

Trauma-related disorders are debilitating psychiatric conditions that affect people who have directly or indirectly witnessed adversities. Experiencing multiple types of traumas appears to be common during childhood, and even more so during adolescence. Dramatic brain/body transformations occurring during adolescence may provide a highly responsive substrate to external stimuli and lead to trauma-related vulnerability conditions, such as internalizing (anxiety, depression, anhedonia, withdrawal) and externalizing (aggression,

delinquency, conduct disorders) problems. Analyzing relations among neuronal, endocrine, immune, and biochemical signatures of trauma and internalizing and externalizing behaviors, including the role of personality traits in shaping these conducts, this review highlights that the marked effects of traumatic experience on the brain/body involve changes at nearly every level of analysis, from brain structure, function and connectivity to endocrine and immune systems, from gene expression (including in the gut) to the development of personality.

**Keywords:** Amygdala; Endocrine and immune systems; Genetic and epigenetic factors; Gut-brain axis; Hippocampus; Internalizing and externalizing behaviors; Medial prefrontal cortex; Personality traits; Trauma.

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### **Conflict of interest statement**

Declaration of Competing Interest The authors report no declarations of interest.

### **Full text links**



82. [\*\*An exploratory study of functional brain activation underlying response inhibition in major depressive disorder and borderline personality disorder\*\*](#)

PLoS One. 2023 Jan 6;18(1):e0280215. doi: 10.1371/journal.pone.0280215. eCollection 2023.

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- DOI: [10.1371/journal.pone.0280215](#)

**Free PMC article**

## **Abstract**

Cognitive control is associated with impulsive and harmful behaviours, such as substance abuse and suicidal behaviours, as well as major depressive disorder (MDD) and borderline personality disorder (BPD). The association between MDD and BPD is partially explained by shared pathological personality traits, which may be underpinned by aspects of cognitive control, such as response inhibition. The neural basis of response inhibition in MDD and BPD is not fully understood and could illuminate factors that differentiate between the disorders and that underlie individual differences in cross-cutting pathological traits. In this study, we sought to explore the neural correlates of response inhibition in MDD and BPD, as well as the pathological personality trait domains contained in the ICD-11 personality disorder model. We measured functional brain activity underlying response inhibition on a Go/No-Go task using functional magnetic resonance imaging in 55 female participants recruited into three groups: MDD without comorbid BPD ( $n = 16$ ), MDD and comorbid BPD ( $n = 18$ ), and controls with neither disorder ( $n = 21$ ). Whereas response-inhibition-related activation was observed bilaterally in frontoparietal cognitive control regions across groups, there were no group differences in activation or significant associations between activation in regions-of-interest and pathological personality traits. The findings highlight potential shared neurobiological substrates across diagnoses and suggest that the associations between individual differences in neural activation and pathological personality traits may be small in magnitude. Sufficiently powered studies are needed to elucidate the associations between the functional neural correlates of response inhibition and pathological personality trait domains.

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## Conflict of interest statement

The authors have declared that no competing interests exist.

- [95 references](#)
- [2 figures](#)

## Full text links



## 83. [Alcohol Use Disorder Criteria Exhibit Different Comorbidity Patterns](#)

Addiction. 2023 Jan 6. doi: 10.1111/add.16121. Online ahead of print.

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- DOI: [10.1111/add.16121](#)

## Abstract

**Background and aims:** Alcohol use disorder is comorbid with numerous other forms of psychopathology, including externalizing disorders (e.g., conduct disorder) and, to a lesser extent, internalizing conditions (e.g., depression, anxiety). Much of the time, overlap among alcohol use disorder and other conditions is explored at the disorder-level, assuming that criteria are co-equal indicators of other psychopathology even though alcohol use disorder criteria span numerous varied domains. Emerging evidence suggests that there are symptom clusters within the construct of alcohol use disorder that relate

differentially with important external criteria, including psychopathology and allied personality traits (e.g., impulsivity, novelty seeking). The present study mapped individual alcohol use disorder criteria onto internalizing and externalizing dimensions. Design and participants We used multivariate and factor analytic modeling and data from 2 large nationally representative samples of past year drinkers (ns = 25,604; 19,454).

**Setting:** USA MEASUREMENTS: Psychopathology was assessed using the Alcohol Use Disorder and Associated Disabilities Interview Schedule, yielding alcohol use disorder criteria, internalizing diagnoses (i.e., major depressive disorder, dysthymia, social anxiety disorder, generalized anxiety disorder, specific phobia, agoraphobia, and panic disorder), and externalizing diagnoses and symptoms (i.e., antisocial personality disorder, conduct disorder, and 3 impulsivity items drawn from borderline personality disorder criteria). Alcohol consumption was assessed in terms of past-year drinking frequency, usual amount of alcohol consumed on drinking days, binge drinking frequency, intoxication frequency, and maximum number of drinks in a 24-hour period.

**Findings:** Four different patterns emerged. First, several alcohol use disorder criteria were relatively weakly associated with externalizing and internalizing. Second, withdrawal was associated with internalizing, but this association was not specific to distress. Third, there was a general lack of specificity between alcohol use disorder criteria and narrower forms of internalizing, despite what might be predicted by modern models of addiction. Fourth, recurrent use in hazardous situations reflected higher degrees of externalizing and lower internalizing liability.

**Conclusions:** Different symptom combinations appear to yield differential expressions of alcohol use disorder that are disorder-specific, or reflect broader tendencies toward externalizing, internalizing, or both.

**Keywords:** alcohol use disorder; comorbidity; externalizing; heterogeneity; internalizing; symptoms.

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**Full text links**



84. [Schema therapy with cognitive behaviour day-treatment in patients with treatment-resistant anxiety disorders and obsessive-compulsive disorder: an uncontrolled pilot study](#)

Behav Cogn Psychother. 2023 Jan 6;1-6. doi: 10.1017/S1352465822000625. Online ahead of print.

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- PMID: [36606408](#)
- DOI: [10.1017/S1352465822000625](#)

### Abstract

**Background:** Treatment resistance in patients with anxiety disorders and obsessive-compulsive disorder (OCD) might be caused by dysfunctional personality traits or, more specifically, early maladaptive schemas (EMSs) and schema modes, that can be treated with schema therapy (ST).

**Aim:** To explore possible effectiveness of ST-CBT day-treatment in patients with treatment-resistant anxiety disorders and OCD in an uncontrolled pilot study.

**Method:** Treatment-resistant patients with anxiety disorders or OCD ( $n = 27$ ) were treated with ST-CBT day-treatment for 37 weeks on average including 11.5 therapy hours per week. The Symptom Questionnaire-48, Young Schema

Questionnaire-2 and Schema Mode Inventory were completed before and after treatment.

**Results:** General psychopathology, EMSs and schema modes significantly improved after treatment. Spearman's correlations between pre- to post-treatment difference scores of general psychopathology, EMSs and schema modes were significant and high. The level of pre-treatment EMSs and schema modes did not predict post-treatment general psychopathology.

**Conclusions:** Symptom reduction was strongly correlated with improvement of EMSs and schema modes. Stronger pre-treatment EMSs and schema modes did not hinder improvement of symptoms. ST-CBT day-treatment is promising for patients with treatment-resistant anxiety disorders and OCD. Further controlled research is needed to substantiate evidence for schema therapy in patients with treatment-resistant anxiety disorders and OCD.

**Keywords:** anxiety disorders; day-treatment; obsessive-compulsive disorder; schema therapy; schema-focused therapy; treatment-resistant.

#### Full text links



85. [Suicidality in a psychiatric inpatient unit: a 2-year retrospective study in Umbria, central Italy](#)

Int Clin Psychopharmacol. 2023 Jan 4. doi: 10.1097/YIC.0000000000000453.  
Online ahead of print.

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- PMID: [36602882](#)
- DOI: [10.1097/YIC.0000000000000453](#)

## Abstract

Suicide ranks among the 10 leading causes of death worldwide; in Italy, almost 4000 persons per year die by suicide. Studies focusing on suicidality in Italian inpatient samples before the COVID-19 pandemic are scant. We, thus, aimed to define sociodemographic and clinical variables associated with suicidal ideation (SI) and deliberate self-harm (DSH) in a sample of inpatients admitted to a Psychiatric Inpatient Unit. This retrospective study was conducted in the Psychiatric Inpatient Unit of the Perugia Hospital, from January 2018 to December 2019. Sociodemographic and clinical characteristics, including diagnostic and treatment features, were collected from the medical records of subjects admitted for suicidality-related phenomena, namely DSH and SI. The prevalence of suicidality-related phenomena in the sample (n = 850) was 14.12% (n=120) and was mainly due to DSH (n = 84; 70%). Subjects hospitalized due to these conditions were more frequently females, separated, and displayed a higher prevalence of personality disorders, especially borderline personality disorder. People in the suicidality-related phenomena subgroup were more often committed involuntarily and reported multiple hospitalizations less frequently than other inpatients. They were receiving community treatment in a higher percentage of cases, and lithium was prescribed more frequently than among inpatients who were hospitalized for reasons other than suicidality. Our study provides a further characterization of psychiatric inpatients who experience SI or perform DSH. Targeted treatment strategies should be considered for subjects suffering from personality disorders who experience suicidality-related phenomena.

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- [47 references](#)

## Full text links



86. [Individual differences in naturalistic learning link negative emotionality to the development of anxiety](#)

Sci Adv. 2023 Jan 4;9(1):eadd2976. doi: 10.1126/sciadv.add2976. Epub 2023 Jan 4.

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- PMID: [36598977](#)
- PMCID: [PMC9812386](#)
- DOI: [10.1126/sciadv.add2976](#)

**Free PMC article**

### Abstract

Organisms learn from prediction errors (PEs) to predict the future. Laboratory studies using small financial outcomes find that humans use PEs to update expectations and link individual differences in PE-based learning to internalizing disorders. Because of the low-stakes outcomes in most tasks, it is unclear whether PE learning emerges in naturalistic, high-stakes contexts and whether individual differences in PE learning predict psychopathology risk. Using experience sampling to assess 625 college students' expected exam grades, we found evidence of PE-based learning and a general tendency to discount negative PEs, an "optimism bias." However, individuals with elevated negative emotionality, a personality trait linked to the development of anxiety

disorders, displayed a global pessimism and learning differences that impeded accurate expectations and predicted future anxiety symptoms. A sensitivity to PEs combined with an aversion to negative PEs may result in a pessimistic and inaccurate model of the world, leading to anxiety.

- [120 references](#)
- [6 figures](#)

#### Full text links



87. [\*\*Predictors of transfer and prognosis after transfer from child and adolescent mental health services to adult mental health services-a Danish nationwide prospective register-based cohort study\*\*](#)

Eur Child Adolesc Psychiatry. 2023 Jan 4. doi: 10.1007/s00787-022-02136-x.  
Online ahead of print.

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- PMID: [36598584](#)
- DOI: [10.1007/s00787-022-02136-x](#)

## Abstract

Onset of mental health disorder peaks during adolescence making continuity of care during this period of life crucial both to ensure a smooth treatment course and high quality of mental health services for adolescents. We aimed to examine which clinical and sociodemographic features predict transfer from child and adolescent mental health services to adult mental health services and if transfer is associated with prognosis. A Danish register study including all 16-17-year-olds with an outpatient contact in child and adolescent mental health services, who were discharged in the period of 1/1/06-10/05/15. Out of 27,170 Danish adolescents, 16% transferred to adult mental health services. Transfer was predicted by schizophrenia (OR 6.16; 95% CI 5.51-6.90) and personality disorders (OR 2.08; 95% CI 1.84-2.34), while hyperkinetic (OR 0.54; 95% CI 0.49-0.59) and pervasive developmental disorders (OR 0.42; 95% CI 0.31-0.58) decreased likelihood of transfer. Transfer was also substantially predicted by inpatient admission (OR 3.37; 95% CI 3.14-3.61) and psychiatric medication (OR 2.07; 95% CI 1.92-2.23). Transfer was associated with higher rates of inpatient admission to adult mental health services (IRR 5.83; 95% CI 4.37-7.77), more psychiatric emergency contacts (IRR 12.0; 95% CI 10.7-13.4), more convictions (IRR 1.40; 95% CI 1.23-1.59) and suicide attempts (IRR 5.70; 95% CI 4.72-6.90). Policy-makers and clinicians should push for improvements and open a discussion of how to ensure continuity of care for adolescents with psychiatric disorders.

**Keywords:** Adult psychiatry; Child and adolescent mental health; Transfer; Youth psychiatry.

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- [38 references](#)

## Full text links



88. [Altered regional homogeneity and its association with cognitive function in adolescents with borderline personality disorder](#)

J Psychiatry Neurosci. 2023 Jan 3;48(1):E1-E10. doi: 10.1503/jpn.220144. Print 2023 Jan-Feb.

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- PMID: [36596589](#)
- PMCID: [PMC9829058](#)
- DOI: [10.1503/jpn.220144](#)

**Free PMC article**

## Abstract

**Background:** Adolescents with borderline personality disorder often have cognitive impairment, but the underlying mechanism for this is not clear. This study was aimed at assessing alterations in regional homogeneity using resting-state functional MRI (fMRI) in adolescents with borderline personality disorder, and evaluating the associations between regional homogeneity and cognitive testing scores.

**Methods:** We enrolled 50 adolescents with borderline personality disorder (age 12-17 years) and 21 age- and sex-matched healthy controls. We performed regional homogeneity and seed-based functional connectivity analysis for both groups. We also performed correlative analysis for regional homogeneity and cognitive testing scores.

**Results:** Compared with healthy controls, adolescents with borderline personality disorder had reduced regional homogeneity values in the frontal cortex (including the left inferior orbitofrontal cortex and the bilateral superior frontal cortex) as well as in the left precuneus in the default mode network. Adolescents with borderline personality disorder also had higher regional homogeneity values in several cortical regions: the right middle temporal gyrus, the right cuneus, the right precentral gyrus and the left middle occipital gyrus. Regional homogeneity values in the left middle occipital gyrus, left inferior orbitofrontal cortex and right superior frontal gyrus were associated with cognitive testing scores in adolescents with borderline personality disorder. We also found increased functional connectivity between the left middle occipital gyrus and right superior frontal gyrus in adolescents with borderline personality disorder.

**Limitations:** This study had a modest sample size, with a possible case selection bias for patients with more severe illness. This cohort also included

patients with comorbidities or taking psychotropic medications, which may have confounded study results.

**Conclusion:** Alterations in regional homogeneity and functional connectivity in brain regions that involve the limbic-cortical circuit could be neural correlates for cognitive impairment in adolescents with borderline personality disorder.

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### Conflict of interest statement

Competing interests: None declared.

- [45 references](#)
- [4 figures](#)

### Full text links

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89. [Rivalry and admiration-seeking in a social competition: From traits to behaviors through contextual cues](#)

Personal Disord. 2023 Jan 2. doi: 10.1037/per0000610. Online ahead of print.

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- DOI: [10.1037/per0000610](https://doi.org/10.1037/per0000610)

## Abstract

To gain social status, humans employ two strategies, rivalry and admiration-seeking, and these strategies are over-expressed in trait narcissism, according to the Narcissistic Admiration and Rivalry Concept (NARC) and the Status Pursuit in Narcissism (SPIN) model. Whether one engages in rivalry or admiration-seeking behaviors is thought to depend on the interaction between underlying traits and status-relevant social cues, with status threats encouraging rivalry and status-boosting experiences encouraging admiration-seeking. However, experimental studies of how traits and environment influence rivalry and admiration-seeking are lacking, and we do not know whether status-relevant cues selectively activate congruent traits (i.e., whether defeat primarily activates trait rivalry and victory, trait admiration-seeking). We used a rigged video game tournament with three randomized blocks with defeat manipulations of varying intensity, measuring behavioral rivalry (stealing points from opponents) and admiration-seeking (paying to boost rank in the tournament) in a sample of 434 undergraduates assessed for trait rivalry and trait admiration-seeking with the Narcissistic Admiration and Rivalry Questionnaire. We found trait-congruent main effects: behavioral rivalry scaled with trait rivalry and behavioral admiration-seeking with trait admiration-seeking. Exploratory analyses found modest support for *trait* × *environment* interactions wherein trait rivalry primarily increased status-pursuit behaviors following defeats and trait admiration-seeking following victories. However, these effects were not robust. These results support the NARC's two-dimensional conceptualization of narcissistic grandiosity. Future studies with greater within-subject power are needed to test the interactionist model of status pursuit. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

90. [Replication of the associations of positive, negative, and disorganized schizotypy with interview-assessed symptoms and impairment: Convergence with previous studies](#)

Personal Disord. 2023 Jan 2. doi: [10.1037/per0000611](https://doi.org/10.1037/per0000611). Online ahead of print.

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- DOI: [10.1037/per0000611](#)

## Abstract

Schizophrenia-spectrum psychopathology appears best understood as being expressed across a continuum of clinical and subclinical symptoms and impairment referred to as schizotypy. This brief report describes a comprehensive replication study examining the associations of positive, negative, and disorganized schizotypy with interview ratings of impairment, psychopathology, and personality pathology in a sample of 161 young adults. Consistent with past studies, positive, negative, and disorganized schizotypy had distinct and hypothesized associations with symptoms and impairment. Positive schizotypy was associated with prodromal symptoms and schizotypal, paranoid, and borderline personality traits. Negative schizotypy was associated with impaired functioning, negative symptoms, and schizoid, schizotypal, and paranoid traits, as well as any broad personality disorder diagnosis; it was also associated with never having dated. Disorganized schizotypy was associated with impaired functioning, disorganized schizotypic experiences, attentional deficits, and schizotypal, paranoid, borderline, and avoidant personality traits, as well as depression. Overall, we successfully replicated findings from five previous schizotypy interview studies, supporting the construct validity of the multidimensional model of schizotypy and the Multidimensional Schizotypy Scale. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

91. [\*\*Psychopathy and substance use predict recidivism in women: A 7-year prospective study\*\*](#)

Personal Disord. 2023 Jan 2. doi: 10.1037/per0000615. Online ahead of print.

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- DOI: [10.1037/per0000615](#)

## Abstract

Recidivism places a significant burden on society and efforts aimed at reducing cyclical criminal justice involvement are needed. This prospective study tested the utility of psychopathic traits in predicting general, felony, and substance-related rearrest in women following release from a correctional facility. The extent to which psychopathic traits offered incremental utility in predicting outcomes, above and beyond other established risk factors, including substance use disorder, was examined. Participants included 327 incarcerated adult women who completed comprehensive clinical and psychiatric assessments prior to release from correctional facilities. Psychopathic traits and lifetime substance use disorder were measured using the Hare Psychopathy Checklist-Revised (PCL-R) and Structured Clinical Interview for DSM-IV-TR Axis I Disorders, respectively. Results showed that general, felony, and substance-related rearrest following institutional release were associated with higher PCL-R Factor 2 scores, assessing lifestyle/behavioral and antisocial/developmental psychopathic traits. Additionally, when controlling for other risk factors associated with recidivism, including age at release, number of prior adult prison terms, and substance use disorder, higher PCL-R Factor 2 scores remained significantly associated with rearrest outcomes in women. Findings inform risk prediction and treatment efforts aimed at reducing recidivism in justice-involved women. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

92. [\*\*BPD compass: A randomized controlled trial of a short-term, personality-based treatment for borderline personality disorder\*\*](#)

Personal Disord. 2023 Jan 2. doi: 10.1037/per0000612. Online ahead of print.

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### Abstract

Borderline personality disorder (BPD) is a heterogeneous condition that is particularly associated with three broad personality dimensions: neuroticism (i.e., high negative affectivity), agreeableness (i.e., low antagonism), and conscientiousness (i.e., low disinhibition). The purpose of the present study was to explore whether treatment with BPD Compass, a novel personality-based intervention for BPD, results in greater reductions in BPD symptoms, neuroticism, agreeableness, and conscientiousness compared to a waitlist control (WLC) condition. We also aimed to characterize within-treatment effects for participants assigned to the BPD Compass condition and evaluate patients' satisfaction with treatment. Participants ( $N = 51$ ;  $M_{\text{age}} = 28.38$ ; 83.3% female; 93.8% White; 54.2% sexual minority) meeting DSM-5 criteria for BPD were enrolled in a randomized controlled trial to evaluate the efficacy of BPD Compass. Patients were randomly assigned to receive 18 sessions of BPD Compass or complete an 18-week waiting period. BPD Compass led to larger reductions in BPD symptoms (assessor-rated [ $\beta = -0.47$ ] and self-reported [ $\beta = -0.62$ ]) and neuroticism ( $\beta = -0.37$ ), but not agreeableness ( $\beta = 0.08$ ) or conscientiousness ( $\beta = 0.10$ ), compared to the WLC condition. Within the BPD

Compass condition, pre- to posttreatment improvements in BPD symptoms, neuroticism, and conscientiousness were significant and large in magnitude (Hedges' *gs*: -1.38 to -1.08). Patients were highly satisfied with BPD Compass and generally perceived it to be an appropriate length. Thus, BPD Compass may be an accessible and useful complement to more specialty or intensive treatments for BPD. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

**Trial registration:** ClinicalTrials.gov [NCT04587518](https://clinicaltrials.gov/ct2/show/study/NCT04587518).

93. [\*\*The Self-Concept and Identity Measure in Patients with Personality Disorders: A Psychometric Evaluation and Associations With Identity Processes, Core Domains of Self-Functioning, and Personality Disorder Symptoms\*\*](#)

Assessment. 2023 Jan 3;10731911221140313. doi: 10.1177/10731911221140313. Online ahead of print.

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  - DOI: [10.1177/10731911221140313](#)

**Abstract**

As developmental and clinical research on identity has largely developed in disconnect, scholars recommend adopting a developmental psychopathology perspective on identity, which considers adaptive and pathological identity functioning. Such a perspective has also been introduced in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*) Alternative Model for Personality Disorders (AMPD), which suggests that all personality disorders (PDs) are marked by moderate to extreme deficits in self-functioning (i.e., identity and self-direction). The present study aims to validate the Dutch Self-Concept and Identity Measure (SCIM), a 27-item self-report questionnaire that assesses consolidated identity, disturbed identity, and lack of identity, in 153 psychiatric inpatients with PDs (75.2% female;  $M_{\text{age}} = 31.73$ ). We investigated the factor structure and reliability of the SCIM, and examined associations of SCIM scales with typical identity processes, AMPD domains of self-functioning, and symptoms of all PDs. Results indicated that a 23-item Dutch SCIM produced valid and reliable scores among patients with PDs. Furthermore, SCIM scales were significantly and differentially related to identity commitment processes, ruminative identity exploration, domains of self-functioning, and symptoms of all PDs. Moreover, findings indicated that PDs varied regarding the severity of identity impairment.

**Keywords:** AMPD; SCIM; developmental psychopathology; identity; patients; personality disorders.

#### Full text links

Sage Journals

94. [\*\*A comparison of daytime and out of hour mental health presentations to Beaumont Hospital Emergency Department between 2018 and 2020\*\*](#)

Ir J Med Sci. 2023 Jan 2;1-7. doi: 10.1007/s11845-022-03249-7. Online ahead of print.

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- PMCID: [PMC9805908](#)
- DOI: [10.1007/s11845-022-03249-7](#)

## Free PMC article

## Abstract

**Background:** In 2018, there were more than 12,000 self-harm presentations to emergency departments (EDs) in Ireland with 50% occurring between 7p.m. and 3a.m. There is evidence that the assessment quality and follow-up is variable across clinicians. To address this, The National Clinical Programme for the Management of Self-Harm in the ED (NCPSH 2016) was developed to set clear standards.

**Aim:** Our aim was to compare diagnosis and management of patients presenting to Beaumont Hospital (BH) ED, across a 3-year period, by the on-site Liaison Psychiatry Service, during normal working hours, to the off-site on call service outside of normal working hours (OOH).

**Methods:** This is a retrospective audit of BH ED patients referred for psychiatric assessment between 2018 and 2020, using patient electronic records for data collection, and Pearson's chi square testing for group differences. Post hoc analysis was performed using adjusted residuals and Bonferroni correction.

**Results:** Of 3659 psychiatric referrals to Beaumont ED from 2018 to 2020, alcohol-related disorders were the most common diagnosis and were diagnosed more frequently during normal working hours (n = 592, 16.2%; 22.9% normal hours vs 8.5% OOH, p < 0.001), while personality disorder was diagnosed more frequently out of hours. (n = 432, 11.8%; 9.6% normal hours vs 14.4% out of hours, p < 0.001). There was a statistically significant difference in referral to voluntary services out of hours (7.2% normal hours vs 0.3% OOH).

**Conclusion:** In contrast to previous findings, our study found higher rates of alcohol-related disorders diagnosed during normal hours vs OOH. Furthermore, voluntary and addiction services were under-utilised OOH and this presents an important teaching opportunity.

**Keywords:** Alcohol; Emergency department; NCPSH; Self-harm program.

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### Conflict of interest statement

The authors declare no competing interests.

- [33 references](#)
- [2 figures](#)

### Full text links



95. [Obsessive-compulsive, harm-avoidance and persistence tendencies in patients with gambling, gaming, compulsive sexual behavior and compulsive buying-shopping disorders/concerns](#)

Addict Behav. 2023 Apr;139:107591. doi: 10.1016/j.addbeh.2022.107591.  
Epub 2022 Dec 22.

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- PMID: [36587418](#)
- DOI: [10.1016/j.addbeh.2022.107591](#)

## Abstract

**Background and aims:** There is a growing interest in determining the specific role of obsessive-compulsive features in different behavioral addictions. However, more studies comparing sizable clinical populations with different addictions are needed. Therefore, a main aim of the present study was to explore the presence of obsessive-compulsive features among people with different behavioral addictions (gambling disorder, internet gaming disorder, compulsive



sexual behavior disorder and compulsive buying-shopping concerns). Through a clustering procedure, the existence of empirical clusters among treatment-seeking patients based on obsessive-compulsive measures was explored.

**Materials and methods:** The Symptom Checklist-Revised, and the Temperament and Character Inventory-Revised were obtained from 4,010 treatment-seeking patients. Obsessive-compulsive features were measured with the obsessive-compulsive subscale of the Symptom Checklist-Revised and the harm avoidance and persistence dimensions of the Temperament and Character Inventory-Revised. Cluster analysis was applied to explore the existence of empirical groups based on obsessive-compulsive features.

**Results:** Patients with compulsive sexual behavior disorder and compulsive buying-shopping disorder reported the highest scores on the obsessive-compulsive subscale, while patients with gambling disorder showed the lowest scores on harm avoidance, and patients with internet gaming disorder the lowest scores on persistence. Two mutually exclusive clusters were identified. Cluster 1 exhibited a more maladaptive psychopathological and personality profile than cluster.

**Discussion and conclusions:** These results provide new evidence regarding obsessive-compulsive features in specific behavioral addictions. Therapeutic approaches should consider that different addictions may present distinct levels of obsessive-compulsive features.

**Keywords:** Addictive behaviors; Compulsive sexual behaviors; Gambling; Impulsive behaviors; Obsessive-compulsive behaviors; Video games.

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### **Conflict of interest statement**

Declaration of Competing Interest FFA and SJM received consultancy honoraria from Novo Nordisk and FFA editorial honoraria as EIC from Wiley. The rest of the authors declare no conflict of interest. The funders had no role in the design of the study; in the collection, analyses, or interpretation of data; in the writing of the manuscript, or in the decision to publish the results.

### **Full text links**



96. [\*\*Social media as an incubator of personality and behavioral psychopathology: Symptom and disorder authenticity or psychosomatic social contagion?\*\*](#)

Compr Psychiatry. 2023 Feb;121:152362. doi: 10.1016/j.comppsy.2022.152362. Epub 2022 Dec 12.

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- DOI: [10.1016/j.comppsy.2022.152362](#)

### Free article

### Abstract

There has been an increasing recognition among both medical and psychological professionals, as well as the public media, of a concerning trend for child and adolescent users of audiovisual-based, algorithmic social media platforms (e.g., TikTok) to present with or claim functional psychiatric impairment that is inconsistent with or distinct from classic psychiatric nosology. In this short communication, we provide a detailed historical overview of this transdiagnostic phenomenon and suggest a conceptual model to organize thinking and research examining it. We then discuss the implications of our suggested model for accurate assessment, diagnosis, and

medical-psychiatric treatment. We believe there is an urgent need for focused empirical research investigation into this concerning phenomenon that is related to the broader research and discourse examining social media influences on mental health.

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### Full text links



97. [The effect modification of extreme temperatures on mental and behavior disorders by environmental factors and individual-level characteristics in Canada](#)

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Epub 2022 Dec 21.

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- PMID: [36565843](#)
- DOI: [10.1016/j.envres.2022.114999](#)

### Free article

## Abstract

**Objective:** Ambient extreme temperatures have been associated with mental and behavior disorders (MBDs). However, few studies have assessed whether vulnerability factors such as ambient air pollution, pre-existing mental health conditions and residential environmental factors increase susceptibility. This study aims to evaluate the associations between short-term variations in outdoor ambient extreme temperatures and MBD-related emergency department (ED) visits and how these associations are modified by vulnerability factors.

**Methods:** We conducted a case-crossover study of 9,958,759 MBD ED visits in Alberta and Ontario, Canada made between March 1st, 2004 and December 31st, 2020. Daily average temperature was assigned to individual cases with ED visits for MBD using gridded data at a 1 km × 1 km spatial resolution. Conditional logistic regression was used to estimate associations between extreme temperatures (i.e., risk of ED visit at the 2.5th percentile temperature for cold and 97.5th percentile temperature for heat for each health region compared to the minimal temperature risk) and MBD ED visits. Age, sex, pre-existing mental health conditions, ambient air pollution (i.e. PM<sub>2.5</sub>, NO<sub>2</sub> and O<sub>3</sub>) and residential environmental factors (neighborhood deprivation, residential green space exposure and urbanization) were evaluated as potential effect modifiers.

**Results:** Cumulative exposure to extreme heat over 0-5 days (odds ratio [OR] = 1.145; 95% CI: 1.121-1.171) was associated with ED visits for any MBD. However, cumulative exposure to extreme cold was associated with lower risk

of ED visits for any MBD (OR = 0.981; 95% CI: 0.976-0.987). We also found heat to be associated with ED visits for specific MBDs such as substance use disorders, dementia, neurotic disorders, schizophrenia and personality behavior disorder. Individuals with pre-existing mental health conditions, those exposed to higher daily concentrations of NO<sub>2</sub> and O<sub>3</sub> and those residing in neighborhoods with greater material and social deprivation were at higher risk of heat-related MBD ED visits. Increasing tree canopy coverage appeared to mitigate risks of the effect of heat on MBD ED visits.

**Conclusions:** Findings provide evidence that the impacts of heat on MBD ED visits may vary across different vulnerability factors.

**Keywords:** Effect modification; Emergency department; Mental health; Temperature; Vulnerability.

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#### **Conflict of interest statement**

Declaration of competing interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

#### **Full text links**



98. [\*\*The effects of childhood trauma and mental disorders on treatment engagement, contact with the criminal justice system, and mortality among people with opioid dependence\*\*](#)

Drug Alcohol Depend. 2023 Feb 1;243:109734. doi: 10.1016/j.drugalcdep.2022.109734. Epub 2022 Dec 10.

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- PMID: [36549227](https://pubmed.ncbi.nlm.nih.gov/36549227/)
- DOI: [10.1016/j.drugalcdep.2022.109734](https://doi.org/10.1016/j.drugalcdep.2022.109734)

## Abstract

**Background:** Childhood trauma and mental disorders increase the risk of opioid dependence. We aimed to examine whether childhood trauma and mental disorders are associated with opioid agonist treatment (OAT) engagement, contact with the criminal justice system, and mortality among people with opioid dependence.

**Methods:** This observational study linked survey data from 1482 people receiving OAT in Sydney, Australia (2004-2008) to administrative data on OAT, crime, and mortality through 2017. We used survey data to assess childhood trauma, depression, panic disorder, post-traumatic stress disorder (PTSD), borderline personality disorder, anti-social personality disorder (ASPD), and comorbid substance dependence. We used discrete-time analysis to examine time from opioid dependence onset to OAT entry and mortality. Poisson regressions were used to analyze time receiving OAT and number of charges.

**Results:** Participants with extensive childhood trauma histories and ASPD were less likely to enter OAT and those with depression were more likely to enter OAT in any given year after opioid dependence onset. Panic disorder, PTSD, and borderline personality disorder were associated with less time in OAT. Extensive histories of childhood trauma, PTSD, ASPD, and comorbid

substance dependence increased risk of charges for any offence. There were no significant associations between the exposure variables and mortality.

**Conclusions:** Our findings suggest that childhood trauma and mental disorders increase the risk of adverse treatment and social outcomes among people with opioid dependence. Interventions that aim to reduce harm among people with opioid dependence may consider the effect of childhood trauma and mental disorders on OAT engagement and crime.

**Keywords:** Childhood trauma; Crime; Mental Disorders; Mental Health; Opioid Agonist Treatment; Opioid dependence.

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### **Conflict of interest statement**

Conflicts of interest LD has received investigator-initiated untied educational grants for studies of opioid medications in Australia from Indivior and Seqirus. GC has received investigator-initiated untied educational grants for studies of opioid medications in Australia from Indivior. Neither company had input into the design, conduct, data collection, analyses, or publication of these studies' findings.

### **Full text links**



99. [\*\*Irrelevant Threats Linger and Affect Behavior in High Anxiety\*\*](#)

J Neurosci. 2023 Jan 25;43(4):656-671. doi: 10.1523/JNEUROSCI.1186-22.2022. Epub 2022 Dec 16.

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## Abstract

Threat-related information attracts attention and disrupts ongoing behavior, and particularly so for more anxious individuals. Yet, it is unknown how and to what extent threat-related information leave lingering influences on behavior (e.g., by impeding ongoing learning processes). Here, human male and female participants ( $N = 47$ ) performed probabilistic reinforcement learning tasks where irrelevant distracting faces (neutral, happy, or fearful) were presented together with relevant monetary feedback. Behavioral modeling was combined with fMRI data ( $N = 27$ ) to explore the neurocomputational bases of learning relevant and irrelevant information. In two separate studies, individuals with high trait anxiety showed increased avoidance of objects previously paired with the combination of neutral monetary feedback and fearful faces (but not neutral or happy faces). Behavioral modeling revealed that high anxiety increased the integration of fearful faces during feedback learning, and fMRI results (regarded as provisional, because of a relatively small sample size) further showed that variance in the prediction error signal, uniquely accounted for by fearful faces, correlated more strongly with activity in the right DLPFC for more anxious individuals. Behavioral and neuronal dissociations indicated that the threat-related distractors did not simply disrupt learning processes. By showing that irrelevant threats exert long-lasting influences on behavior, our results extend previous research that separately showed that anxiety increases learning from aversive feedbacks and distractibility by threat-related information. Our behavioral results, combined with the proposed neurocomputational mechanism, may help explain how increased exposure to irrelevant affective information contributes to the acquisition of maladaptive behaviors in more anxious individuals. **SIGNIFICANCE STATEMENT** In modern-day society, people are increasingly exposed to various types of irrelevant information (e.g., intruding social media announcements). Yet, the neurocomputational mechanisms influenced by irrelevant information during learning, and their interactions with increasingly distracted personality types are largely unknown. Using a reinforcement learning task, where relevant feedback is presented together with irrelevant distractors (emotional faces), we reveal an interaction between irrelevant threat-related information (fearful faces) and interindividual anxiety levels. fMRI shows provisional evidence for



an interaction between anxiety levels and the coupling between activity in the DLPFC and learning signals specifically elicited by fearful faces. Our study reveals how irrelevant threat-related information may become entrenched in the anxious psyche and contribute to long-lasting abnormal behaviors.

**Keywords:** anxiety; distractors; dorsolateral PFC; maladaptive; prediction error; reinforcement learning.

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### Full text links



## 100. [Biomarkers of ketamine's antidepressant effect: An umbrella review](#)

J Affect Disord. 2023 Feb 15;323:598-606. doi: 10.1016/j.jad.2022.12.021.  
Epub 2022 Dec 13.

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- PMID: [36521662](#)
- DOI: [10.1016/j.jad.2022.12.021](#)

## Abstract

Ketamine is a NMDA receptor antagonist that has a rapid acting antidepressant effect with high efficacy in treatment-resistant patients. Ketamine is a beneficial antidepressant for many individuals with depression, but not all of the patients respond, and some even exhibit symptom deterioration. The discovery of repeatable and mechanistically relevant biomarkers would address a major gap in treatment response prediction. Numerous potential peripheral biomarkers have been reported, but their current utility is unclear. We conducted an umbrella review to evaluate the biomarkers of ketamine's antidepressant effect in individuals with depression. PubMed and Copas were searched using terms appropriate to each area of research, from their inception until July 2022. Five systematic reviews and meta-analyses including 108 studies with 4912 participants were included. Blood-based and neuroimaging biomarkers were investigated. The results of this review indicate that ketamine can produce an anti-inflammatory effect and decrease at least one inflammatory marker following administration. Data from neuroimaging studies demonstrated that the cingulate cortex is the key locus of ketamine's action. The majority of the blood-based, neuroimaging, and neurophysiological investigations reviewed herein indicate ketamine induced normalization of major depressive disorder pathogenesis via synaptic plasticity and functional connectivity. Currently, no biomarker/biosignature is sufficiently validated for clinical utility, but several are promising. Now that ketamine is more widely

available, biomarker discovery and replication should be attempted in larger, real-world populations.

**Keywords:** Anti-inflammatory; Antidepressant; Biomarker; Biosignature; Computational psychiatry; Depression; Esketamine; Ketamine; Neuroimaging; Personalized medicine; Precision medicine; Rapid-acting; Treatment resistant depression.

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### **Conflict of interest statement**

Declaration of competing interest Dr. Roger McIntyre has received research grant support from CIHR/GACD/National Natural Science Foundation of China (NSFC) and the Milken Institute; speaker/consultation fees from Lundbeck, Janssen, Alkermes, Neumora Therapeutics, Boehringer Ingelheim, Sage, Biogen, Mitsubishi Tanabe, Purdue, Pfizer, Otsuka, Takeda, Neurocrine, Sunovion, Bausch Health, Axsome, Novo Nordisk, Kris, Sanofi, Eisai, Intra-Cellular, NewBridge Pharmaceuticals, Abbvie, Atai Life Sciences. Dr. Roger McIntyre is a CEO of Braxia Scientific Corp. Dr. Joshua D Rosenblat has received research grant support from the Canadian Institute of Health Research (CIHR), Canadian Cancer Society, Canadian Psychiatric Association, Academic Scholars Award, American Psychiatric Association, American Society of Psychopharmacology, University of Toronto, University Health Network Centre for Mental Health, Joseph M. West Family Memorial Fund and Timeposters Fellowship and industry funding for speaker/consultation/research fees from Janssen, Allergan, Lundbeck, Sunovion and COMPASS. He is the Chief Medical and Scientific Officer of Braxia Scientific and the medical director of Braxia Health. Dr. Roger Ho has received research grant support from National Medical Research Council (Singapore), and NUS iHeattech Other Operating Expenses (R-722-000-004-731); speaker/consultation fees from Lundbeck, Janssen, Eisai, Pfizer, DKSH, and OBELAB. Dr. Rhee was supported in part by the National Institute on Aging (NIA) through Yale School of Medicine (#T32AG019134) in the past 3 years. Dr. Rhee has also been funded by the NIA (#R21AG070666), National Institute of Mental Health (#R21MH117438) and Institute for Collaboration on Health, Intervention, and Policy (InCHIP) of the University of Connecticut. Dr. Rhee serves as a review committee member for Patient-Centered Outcomes Research Institute (PCORI) and Substance Abuse and Mental Health Services Administration (SAMHSA) and has received honoraria payments from PCORI and SAMHSA. Dr. Rhee has also served as a stakeholder/consultant for PCORI

and received consulting fees from PCORI. Dr. Rhee is currently a co-editor-in-chief of Mental Health Science and has received honorarium payments from the publisher, John Wiley & Sons, Inc. Kayla M. Teopiz has received personal fees from Braxia Scientific Corp.

### Full text links



Items 1-100 of 137 ([Display the 100 citations in PubMed](#))

## 1. [Predictors of Completed Suicides Among Emergency Department Visits for Attempted Suicides](#)

Am Surg. 2023 Feb 28;31348231161671. doi: 10.1177/00031348231161671.  
Online ahead of print.

### Authors

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- PMID: [36853915](#)
- DOI: [10.1177/00031348231161671](#)

### Abstract

**Background:** The objective of this study was to identify predictors of mortality among patients presenting to the emergency department (ED) with attempted suicides.

**Methods:** We analyzed data on emergency department (ED) visits for attempted suicides from the Nationwide Emergency Department Sample (NEDS) database from January 2010 to December 2017. The predictors of mortality were determined in multivariate analysis including age, sex, insurance, annual income, region of the country, mechanism of injury, mental health conditions (schizophrenia; depression; and anxiety, bipolar, and personality disorders), chronic illnesses (hypertension, diabetes, obesity, and dementia), and social risk factors such as alcohol addiction, smoking, and substance abuse.

**Results:** From 2010 to 2017, there were 979,383 ED visits for attempted suicides in the NEDS database. Among these patients, 10,301 (1.1%) died. Of these completed suicides, 73.9% were male with the median age of 43 years (IQR, 30) while the unsuccessful suicide attempt group had a median age of 30 years (IQR, 24) and were 42.7% male. The most common mechanisms of suicide attempt were poisoning (58.8%) and cut injury (25.6%). Gunshot was the most lethal mechanism accounting 40.3% of the completed suicides despite representing 1.3% of the attempts who came to ED. After controlling for common risk factors for attempted suicide, significant predictors of completed suicide include higher income status, uninsured status, male sex, and higher age.

**Discussion:** Among US patients presenting to the ED following attempted suicide, factors associated with suicide completion include increasing age, male sex, higher income, gunshot injuries, and uninsured status.

**Keywords:** Trauma; emergency department; firearms; mortality; suicide.

2. [Prevalence of substance use disorders and associations with mindfulness, impulsive personality traits and psychopathological symptoms in a representative sample of adolescents in Germany](#)

Eur Child Adolesc Psychiatry. 2023 Feb 28. doi: 10.1007/s00787-023-02173-0. Online ahead of print.

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- PMID: [36853515](#)
- DOI: [10.1007/s00787-023-02173-0](#)

## Abstract

Adolescence is a critical phase for the development of substance use disorders (SUDs). For Europe and Germany, there are limited data on problematic substance use from representative youth samples. Trait mindfulness is relevant in buffering against substance use-related problems and associated deficits in self-regulatory control. The objective of this study is to estimate 12-month prevalence rates for SUDs in a representative sample of adolescents in Germany and to examine associations with mindfulness and related factors such as stress, impulsivity, sensation seeking and symptoms of psychopathology. A sample of 4001 adolescents aged 12-18 years from Germany was surveyed based on DSM-IV diagnostic criteria for SUDs. Logistic regression analyses were used to examine associations with mindfulness-related variables. Criteria of at least one of the assessed SUDs were endorsed by 11.2% of the adolescents. Alcohol use disorders had the highest prevalence rate (10.1%) followed by cannabis use disorders (2.6%). For both substances, the criteria for abuse were met about twice as often as those for dependence. The prevalence of cigarette dependence was 1.7%, while the prevalence for e-cigarette dependence was only 0.1%. Prevalence rates were higher for male youth and increasing with age. SUD prevalence was also related to mindfulness, impulsivity and sensation seeking and externalizing symptoms of psychopathology. The statistically significant associations varied

across different SUDs. SUDs appear highly prevalent among German adolescents. The results have public health implications with regard to treatment needs and prevention measures in the youth population in Germany.

**Keywords:** Adolescence; Alcohol; Cannabis; Mindfulness; Prevalence; Substance use disorders.

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- [73 references](#)

### 3. [\*\*Borderline Personality Disorder: A Review\*\*](#)

JAMA. 2023 Feb 28;329(8):670-679. doi: 10.1001/jama.2023.0589.

#### **Authors**

[Falk Leichsenring](#)<sup>1 2</sup>, [Nikolas Heim](#)<sup>3</sup>, [Frank Leweke](#)<sup>1</sup>, [Carsten Spitzer](#)<sup>2</sup>, [Christiane Steinert](#)<sup>1 3</sup>, [Otto F Kernberg](#)<sup>4</sup>

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- PMID: [36853245](#)
- DOI: [10.1001/jama.2023.0589](#)

#### **Abstract**

**Importance:** Borderline personality disorder (BPD) affects approximately 0.7% to 2.7% of adults in the US. The disorder is associated with considerable social and vocational impairments and greater use of medical services.

**Observations:** Borderline personality disorder is characterized by sudden shifts in identity, interpersonal relationships, and affect, as well as by impulsive behavior, periodic intense anger, feelings of emptiness, suicidal behavior, self-mutilation, transient, stress-related paranoid ideation, and severe dissociative symptoms (eg, experience of unreality of one's self or surroundings). Borderline personality disorder is typically diagnosed by a mental health specialist using semistructured interviews. Most people with BPD have coexisting mental disorders such as mood disorders (ie, major depression or bipolar disorder) (83%), anxiety disorders (85%), or substance use disorders (78%). The etiology of BPD is related to both genetic factors and adverse childhood experiences, such as sexual and physical abuse. Psychotherapy is the treatment of choice for BPD. Psychotherapy such as dialectical behavior therapy and psychodynamic therapy reduce symptom severity more than usual care, with medium effect sizes (standardized mean difference) between -0.60 and -0.65. There is no evidence that any psychoactive medication consistently improves core symptoms of BPD. For discrete and severe comorbid mental disorders, eg, major depression, pharmacotherapy such as the selective serotonin reuptake inhibitors escitalopram, sertraline, or fluoxetine may be prescribed. For short-term treatment of acute crisis in BPD, consisting of suicidal behavior or ideation, extreme anxiety, psychotic episodes, or other extreme behavior likely to endanger a patient or others, crisis management is required, which may include prescription of low-potency antipsychotics (eg, quetiapine) or off-label use of sedative antihistamines (eg, promethazine). These drugs are preferred over benzodiazepines such as diazepam or lorazepam.

**Conclusions and relevance:** Borderline personality disorder affects approximately 0.7% to 2.7% of adults and is associated with functional impairment and greater use of medical services. Psychotherapy with dialectical behavior therapy and psychodynamic therapy are first-line therapies for BPD, while psychoactive medications do not improve the primary symptoms of BPD.

#### 4. [The Heritability of Subjective Cognitive Complaints in Older Australian Twins](#)

J Alzheimers Dis. 2023 Feb 21. doi: 10.3233/JAD-221008. Online ahead of print.

**Authors**



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- PMID: [36847002](#)
- DOI: [10.3233/JAD-221008](#)

## Abstract

**Background:** Subjective cognitive complaints (SCCs) may be a precursor to mild cognitive impairment (MCI) and dementia.

**Objective:** This study aimed to examine the heritability of SCCs, correlations between SCC and memory ability, and the influence of personality and mood on these relationships.

**Methods:** Participants were 306 twin pairs. The heritability of SCCs and the genetic correlations between SCCs and memory performance, personality, and mood scores were determined using structural equation modelling.

**Results:** SCCs were low to moderately heritable. Memory performance, personality and mood were genetically, environmentally, and phenotypically correlated with SCCs in bivariate analysis. However, in multivariate analysis, only mood and memory performance had significant correlations with SCCs. Mood appeared to be related to SCCs by an environmental correlation, whereas memory performance was related to SCCs by a genetic correlation. The link between personality and SCCs was mediated by mood. SCCs had a significant amount of both genetic and environmental variances not explained by memory performance, personality, or mood.

**Conclusion:** Our results suggest that SCCs are influenced both by a person's mood and their memory performance, and that these determinants are not mutually exclusive. While SCCs had genetic overlap with memory performance and environmental association with mood, much of the genetic

and environmental components that comprised SCCs were specific to SCCs, though these specific factors are yet to be determined.

**Keywords:** Affect; cognitive aging; depression; human genetics; memory disorders; neuroticism; personality; twin study.

5. [Personality traits and mental distress after COVID-19 testing. Prospective long-term analysis in a Viennese cohort](#)

Front Psychiatry. 2023 Feb 8;14:1129794. doi: 10.3389/fpsy.2023.1129794. eCollection 2023.

### Authors

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- PMID: [36846237](#)
- PMCID: [PMC9944018](#)
- DOI: [10.3389/fpsy.2023.1129794](#)

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### Abstract

**Background:** Symptoms of mental stress are a hallmark of the COVID-19 pandemic. We hypothesized that just testing for COVID-19 could act as an effective stressor for persisting symptoms of mental distress including posttraumatic stress disorder. Our study aimed to determine whether personal beliefs on individual control and competence (locus of control, LoC) correlate

with symptoms of mental distress and positive screening for post-traumatic stress disorder during a 9-month observational period.

**Methods:** Between March and December 2021, we applied online versions of the Questionnaire on Competence and Control Expectations (FKK), the Depression, Anxiety, and Stress Score (DASS), the Short Screening Scale for DSM-IV Posttraumatic Stress Disorder (PTSD), and a medical history questionnaire for COVID-19 symptoms (visit 1). 48 hours after negative COVID-19 testing, DASS was repeated to address relief effects on mental distress (visit 2). Following 90 days (visit 3), development of mental distress was addressed by a combination of DASS and PTSD, while the possible long-term manifestation of PTSD was evaluated 9 months later (visit 4).

**Results:** At visit 1, 7.4 percent of the total sample ( $n = 867$ ) demonstrated a positive screening for PTSD, while after nine months (at visit 4), 8.9 percent of the remaining sample ( $n = 204$ ) had positive screening results. The mean age was 36.2 years; 60.8% were women, 39.2% men. In contrast to individuals with negative PTSD screening, these participants demonstrated a significantly different LoC personality profile. This was confirmed by the results of both DASS and the COVID-19 medical history questionnaire.

**Conclusion:** Following testing for COVID-19, individuals with positive long-term PTSD screening present with significantly different personality traits than those w/o suggesting that self-confidence and effective control over one's own actions serve as a protective function against mental distress.

**Keywords:** COVID-19 pandemic; anxiety; depression; internal-external control; stress disorders - posttraumatic; stress psychological.

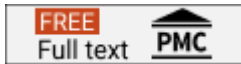
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### **Conflict of interest statement**

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

- [39 references](#)
- [5 figures](#)

## Full text links



## 6. [Neurobiology of Disorganized Attachment: A Review of Primary Studies on Human Beings](#)

Neurosci Insights. 2023 Feb 21;18:26331055221145681. doi: 10.1177/26331055221145681. eCollection 2023.

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- PMID: [36844427](#)
- PMCID: [PMC9947683](#)
- DOI: [10.1177/26331055221145681](#)

### Free PMC article

## Abstract

This article describes and analyzes various aspects related to the neurobiology of disorganized attachment (DA), which is associated with personality, eating, affective, dissociative, and addictive disorders. We included primary studies in humans, published in PubMed from 2000 to 2022. Eight genetic and one epigenetic study were considered. Three molecular studies describe possible roles of oxytocin and cortisol, seven neurophysiological studies investigated functional correlates, and five morphological studies describe anatomical

changes. Findings in candidate genes involved in dopaminergic, serotonergic, and oxytonergic systems have not been able to be replicated in large-scale human studies. Alterations in the functioning of cortisol and oxytocin are preliminary. Neurophysiological studies show changes in subcortical structures (mainly in the hippocampus) and occipital, temporal, parietal, and insular cortices. Since there is a lack of robust evidence on the neurobiology of DA in humans, the possible inferences of these studies are preliminary, which restricts their translation to clinical parameters.

**Keywords:** Neurobiology; neurophysiology; psychology; review.

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### **Conflict of interest statement**

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

- [44 references](#)
- [1 figure](#)

### **Full text links**



## 7. [\*\*ADHD Follow-Up in Adulthood among Subjects Treated for the Disorder in a Child and Adolescent Mental Health Service from 1995 to 2015\*\*](#)

Medicina (Kaunas). 2023 Feb 10;59(2):338. doi: 10.3390/medicina59020338.

### **Authors**

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- PMID: [36837537](#)
- PMCID: [PMC9966311](#)
- DOI: [10.3390/medicina59020338](#)

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## Abstract

*Background and Objectives:* ADHD is a neurodevelopmental disorder characterized by inattention and hyperactivity/impulsivity and can persist in adulthood. The aim of this study is to deepen knowledge about adult ADHD follow-up. *Materials and Methods:* This observational study consists of one retrospective part aimed at collecting records of children and adolescents treated for ADHD in the Children and Adolescent Mental Health Service (CAMHS) from 1995 to 2015 and, successively, at identifying their adult follow-up in Adult Mental Health Service (AMHS); the second part consists of ADHD scale administration, Diagnostic Interview for ADHD in Adults (DIVA 2-0) and Adult Self Rating Scale (ASRSv1.1), for the subjects currently being treated at AMHS who agreed to participate in the study. *Results:* We observed that among the 55 patients treated at CAMHS between 1995 and 2015 for ADHD and subsequently at the AMHS, none presented a diagnosis of ADHD; instead, they were treated for Intellectual Dysfunction (33%), Borderline Personality Disorder (15%) and Anxiety Disorders (9%), and two individuals were also diagnosed with comorbid substance/alcohol abuse (4%). Of the 55 patients, only 25 (45%) were treated at AMHS during the study period. Though we asked for their informed consent to administer the questionnaires, we were able to test only seven patients. The ASRS-V1.1 score showed that 43% of

patients reported symptoms of ADHD persistence in adulthood. For DIVA 2.0, 57% of individuals reported scores indicating the persistence of the ADHD inattention component, and 43% the persistence of both ADHD dimensions.

*Conclusions:* ADHD cannot be considered a disorder confined to childhood/adolescence but instead is a chronic and complex condition that can persist into adulthood. The very small size of our final sample may account for both the high ADHD dropout rate over the long follow-up period and the difficult transition from child to adult health care in ADHD treatment. Our investigation suggests the need for specific training in the diagnosis and treatment of adult ADHD and the implementation of transition protocols between minor and adult services to improve long-term treatments.

**Keywords:** ADHD comorbidities; adult ADHD; follow-up ADHD in adulthood.

#### **Conflict of interest statement**

The authors declare no conflict of interest.

- [87 references](#)
- [1 figure](#)

#### **Full text links**



8. [\*\*Early Maladaptive Schemas and Their Impact on Parenting: Do Dysfunctional Schemas Pass Generationally?-A Systematic Review\*\*](#)

J Clin Med. 2023 Feb 5;12(4):1263. doi: 10.3390/jcm12041263.

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- PMID: [36835799](#)
- PMCID: [PMC9963559](#)
- DOI: [10.3390/jcm12041263](#)

### Free PMC article

## Abstract

There are several factors that play a key role in the development of early maladaptive schemas, i.e., temperament, unmet core emotional needs, and adverse childhood events (e.g., traumatization and victimization, overindulgence, overprotection). Thus, the parental care that a child experiences has a substantial impact on the potential development of early maladaptive schemas. Negative parenting can range from unconscious neglect to overt abuse. Previous research supports the theoretical concept that there is a clear and close relationship between adverse childhood experiences and the development of early maladaptive schemas. Maternal mental health problems have been proven to be a factor that has strengthened the link between a mother's history of negative childhood experiences and subsequent negative parenting. Consistent with the theoretical background, early maladaptive schemas are associated with a wide variety of mental health problems. Clear links have been found for EMSs and personality disorders, depression, eating disorders, anxiety disorders, obsessive-compulsive disorder, and post-traumatic stress disorder. In light of these theoretical and clinical connections, we decided to summarize the available literature on the multigenerational transmission of early maladaptive schemas, which is also an introduction to our research project.

**Keywords:** early maladaptive schemas; intergenerational transmission; parenting.

### Conflict of interest statement

The authors declare no conflict of interest.

- [47 references](#)



- [2 figures](#)

### Full text links



9. [Prosociality and Personality: Perceived Efficacy of Behaviors Mediates Relationships between Personality and Self-Reported Climate Change Mitigation Behavior](#)

Int J Environ Res Public Health. 2023 Feb 18;20(4):3637. doi: 10.3390/ijerph20043637.

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- PMID: [36834330](#)
- PMCID: [PMC9961638](#)
- DOI: [10.3390/ijerph20043637](#)

### Free PMC article

### Abstract

The included studies examined the relationship between climate change mitigation behavior (CCB) and personality. In Study 1, 1089 US collegians completed a measure of the Big Five and indicated how often they engaged in five CCBs. Engaging in each CCB was regressed on the Big Five. These analyses found openness was positively related to all five CCBs, neuroticism

was positively related to four of five CCBs, and extraversion was positively related to three CCBs. In Study 2, 1688 US collegians completed the same measures as in Study 1 with two additional CCBs. They also indicated how efficacious they thought each CCB was. Each CCB was regressed on the Big Five. These results largely replicated those of Study 1 and also found that conscientiousness was positively related to five of seven CCBs. Mediation analyses found that all relationships between personality factors and CCB were mediated by the perceived efficacy of the CCB. The present results suggest that efforts to increase climate change mitigation behavior need to take into account the perceived efficacy of such behaviors.

**Keywords:** climate change mitigation behavior; environmental psychology; perceived efficacy; personality.

#### **Conflict of interest statement**

The authors declare no conflict of interest.

- [23 references](#)

#### **Full text links**



10. [\*\*Sleep Quality as a Predictor of Quality-of-Life and Emotional Status Impairment in Patients with Chronic Spontaneous Urticaria: A Cross-Sectional Study\*\*](#)

Int J Environ Res Public Health. 2023 Feb 16;20(4):3508. doi: 10.3390/ijerph20043508.

#### **Authors**

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- PMID: [36834203](#)
- PMCID: [PMC9964690](#)
- DOI: [10.3390/ijerph20043508](#)

**Free PMC article**

## **Abstract**

Chronic Spontaneous Urticaria (CSU) leads to a decreased quality of life in patients because of pruritus and skin lesions. However, there is still little evidence on the impact that a worse sleep quality could have on the quality of life and emotional disorders in these patients. The aims of the present study are to analyze the potential impact of sleep quality on the quality-of-life and emotional status of patients with CSU. A cross-sectional study of 75 CSU patients was performed. Socio-demographic variables and disease activity, quality of life, sleep, sexual dysfunction, anxiety, depression and personality traits were collected. A majority of 59 of the patients suffered from poor sleep quality. Sleep quality impairment was associated with worse disease control, greater pruritus and swelling and poorer general and urticaria-related quality-of-life ( $p < 0.05$ ). Patients with poor sleep quality showed an increased prevalence of anxiety (1.62-fold) and depression risk (3.93-fold). Female sexual dysfunction, but not male, was found to be linked to poorer sleep quality ( $p = 0.04$ ). To conclude, sleep quality impairment in patients with CSU is related to poor quality-of-life, worse disease control and higher rates of anxiety and depression. Global management of the disease should take sleep quality into account to improve the care of CSU patients.

**Keywords:** mood status disturbances; quality of life; sleep quality; urticaria.

**Conflict of interest statement**

The authors declare no conflict of interest.

- [28 references](#)
- [1 figure](#)

#### Full text links



## 11. [Central Sensitization and Chronic Pain Personality Profile: Is There New Evidence? A Case-Control Study](#)

Int J Environ Res Public Health. 2023 Feb 8;20(4):2935. doi: 10.3390/ijerph20042935.

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- PMID: [36833631](#)
  - PMCID: [PMC9957222](#)
  - DOI: [10.3390/ijerph20042935](#)

## Free PMC article

### Abstract

**Background:** Personality traits are relevant for pain perception in persistent pain disorders, although they have not been studied in depth in sensitized and nonsensitized patients with knee osteoarthritis (OA).

**Objective:** To explain and compare the personality profile of patients with OA, with and without central sensitization (CS), and fibromyalgia (FM).

**Setting:** Participants were selected at the Rheumatology Department in two major hospitals in Spain.

**Participants:** Case-control study where the sample consists of 15 patients with OA and CS (OA-CS), 31 OA without CS (OA-noCS), 47 FM, and 22 controls. We used a rigorous and systematic process that ensured the sample strictly fulfilled all the inclusion/exclusion criteria, so the sample is very well delimited.

**Primary outcome measures:** Personality was assessed by the Temperament and Character Inventory of Cloninger.

**Results:** The percentile in harm-avoidance dimension for the FM group is higher compared to OA groups and controls. The most frequent temperamental profiles in patients are cautious, methodical, and explosive. Patients with FM are more likely to report larger scores in harm-avoidance, with an increase in logistic regression adjusted odds ratio ( $OR_{adj}$ ) between 4.2% and 70.2%.

**Conclusions:** Harm-avoidance seems to be the most important dimension in personality patients with chronic pain, as previously found. We found no differences between OA groups and between sensitized groups, but there are differences between FM and OA-noCS, so harm-avoidance might be the key to describe personality in patients with CS rather than the presence of prolonged pain, as found in the literature before.

**Keywords:** central sensitization; fibromyalgia; osteoarthritis; personality.

### Conflict of interest statement

The authors declare no conflict of interest.

- [39 references](#)
- [4 figures](#)

#### Full text links



## 12. [The Quest for Neurodegenerative Disease Treatment-Focusing on Alzheimer's Disease Personalised Diets](#)

Curr Issues Mol Biol. 2023 Feb 9;45(2):1519-1535. doi: 10.3390/cimb45020098.

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- PMCID: [PMC9955192](#)
- DOI: [10.3390/cimb45020098](#)

**Free PMC article**

## **Abstract**

Dementia represents a clinical syndrome characterised by progressive decline in memory, language, visuospatial and executive function, personality, and behaviour, causing loss of abilities to perform instrumental or essential activities of daily living. The most common cause of dementia is Alzheimer's disease (AD), which accounts for up to 80% of all dementia cases. Despite that extensive studies regarding the etiology and risk factors have been performed in recent decades, and how the current knowledge about AD pathophysiology significantly improved with the recent advances in science and technology, little is still known about its treatment options. In this controverted context, a nutritional approach could be a promising way to formulate improved AD management strategies and to further analyse possible treatment strategy options based on personalised diets, as Nutritional Psychiatry is currently gaining relevance in neuropsychiatric disease treatment. Based on the current knowledge of AD pathophysiology, as well as based on the repeatedly documented anti-inflammatory and antioxidant potential of different functional foods, we aimed to find, describe, and correlate several dietary compounds that could be useful in formulating a nutritional approach in AD management. We performed a screening for relevant studies on the main scientific databases using keywords such as "Alzheimer's disease", "dementia", "treatment", "medication", "treatment alternatives", "vitamin E", "nutrition", "selenium", "*Ginkgo biloba*", "antioxidants", "medicinal plants", and "traditional medicine" in combinations. *Results*: nutrients could be a key component in the physiologic and anatomic development of the brain. Several nutrients have been studied in the pursuit of the mechanism triggered by the pathology of AD: vitamin D, fatty acids, selenium, as well as neuroprotective plant extracts (i.e., *Ginkgo biloba*, *Panax ginseng*, *Curcuma longa*), suggesting that the nutritional patterns could modulate the cognitive status and provide neuroprotection. The multifactorial origin of AD development and progression could suggest that nutrition could greatly contribute to the complex pathological picture. The identification of adequate nutritional interventions and the not yet fully

understood nutrient activity in AD could be the next steps in finding several innovative treatment options for neurodegenerative disorders.

**Keywords:** Alzheimer's disease; Curcuma longa; Ginkgo biloba; Mediterranean diet; Panax ginseng; dementia; neuroprotection; nutritional psychiatry; oxidative stress; selenium.

### Conflict of interest statement

The authors declare no conflict of interest.

- [126 references](#)
- [2 figures](#)

### Full text links



13.

This is a preprint.

**It has not yet been peer reviewed by a journal.**

The National Library of Medicine is [running a pilot](#) to include preprints that result from research funded by NIH in PMC and PubMed.

## [Dual-systems models of the genetic architecture of impulsive personality traits: Neurogenetic evidence of distinct but related factors](#)

medRxiv. 2023 Feb 14;2023.02.10.23285725. doi:  
10.1101/2023.02.10.23285725. Preprint

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[Alex P Miller](#), [Ian R Gizer](#)

- PMID: [36824800](#)
- PMCID: [PMC9949186](#)
- DOI: [10.1101/2023.02.10.23285725](#)

**Free PMC article**



## Abstract

**Background:** Dual-systems models provide a parsimonious framework for understanding the interplay between cortical and subcortical brain regions relevant to impulsive personality traits (IPTs) and their associations with psychiatric disorders. Despite recent developments in multivariate analysis of genome-wide association studies (GWAS), molecular genetic investigations of these models have not been conducted.

**Methods:** Using extant IPT GWAS, we conducted confirmatory genomic structural equation models (GenomicSEM) to empirically evaluate dual-systems models of the genetic architecture of IPTs. Genetic correlations between results of multivariate GWAS of dual-systems factors and GWAS of relevant cortical and subcortical neuroimaging phenotypes (regional/structural volume, cortical surface area, cortical thickness) were calculated and compared.

**Results:** Evaluation of GenomicSEM model fit indices for dual-systems models suggested that these models highlight important sources of shared and unique genetic variance between top-down and bottom-up constructs. Specifically, a dual-systems genomic model consisting of sensation seeking and lack of self-control factors demonstrated distinct but related sources of genetic influences ( $r_g = .60$ ). Genetic correlation analyses provided evidence of differential associations between dual-systems factors and cortical neuroimaging phenotypes (e.g., lack of self-control negatively associated with cortical thickness, sensation seeking positively associated with cortical surface area). However, no significant associations were observed for subcortical phenotypes inconsistent with hypothesized functional localization of dual-systems constructs.

**Conclusions:** Dual-systems models of the genetic architecture of IPTs tested here demonstrate evidence of shared and unique genetic influences and associations with relevant neuroimaging phenotypes. These findings emphasize potential advantages in utilizing dual-systems models to study genetic influences for IPTs and transdiagnostic associations with psychiatric disorders.

### Full text links



14. [Exploring the comorbidity between personality and musculoskeletal disorders among adults: A scoping review](#)

Front Psychiatry. 2023 Feb 2;13:1079106. doi: 10.3389/fpsy.2022.1079106. eCollection 2022.

### Authors

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- PMCID: [PMC9932280](#)
- DOI: [10.3389/fpsy.2022.1079106](#)

**Free PMC article**

### Abstract

**Introduction:** There is growing awareness of the comorbidity between mental and musculoskeletal disorders (MSDs) and their associated burden. We aimed to explore what is known regarding the existing epidemiological clinical- and population- based literature on the comorbidity between personality disorders (PDs) and MSDs specifically. In addition, we aimed to investigate their associated burden by examining a range of outcomes including morbidity/mortality, patient- and clinical-reported outcomes, work-related

outcomes, hospital admissions, and financial costs. Finally, we sought to identify gaps in the literature and provide recommendations for further research.

**Methods:** Studies with participants 15 years of age were eligible. Categorical PDs/features (DSM-III/IV/5 or ICD 9/10), identified by a health care professional, medical records, diagnostic interviews, or self-administered questionnaires. The definitions/groupings of MSDs were guided by the ICD-10 including conditions of the back, joints, and soft tissue, and disorders of bone density and structure. Published peer-reviewed and gray literature were considered. Eligible study designs were cohort, case-control, and cross-sectional studies, and existing reviews of observational studies. Identification and selection of articles, data extraction and the presentation of the results was conducted according to the Joanna Briggs Institute methodological guidance and the PRISMA extension for scoping reviews.

**Results:** In total, 57 articles were eligible including 10 reviews and 47 individual studies. Across clinical and population settings, we detected evidence of comorbidity between PDs and chronic back/neck/spine conditions, arthritis, and fibromyalgia, and emerging evidence of associations between PDs and reduced bone mineral density. In terms of knowledge gaps, the burden associated with PDs and MSDs is poorly understood, as is their underlying mechanisms.

**Discussion:** This scoping review might prompt further research into PDs and MSDs as separate groups of disorders, along with their comorbidity and the mechanisms that may link them.

**Systematic review registration:** <https://osf.io/mxbr2/registrations>.

**Keywords:** comorbidity; comorbidity [MeSH]; musculoskeletal; musculoskeletal diseases; personality disorder; personality disorder (MeSH); review; scoping review.

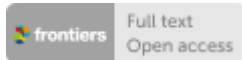
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**Conflict of interest statement**

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

- [102 references](#)
- [1 figure](#)

#### Full text links



15. [\*\*Composition of yoga-philosophy based mental traits \( \*Gunas\*\) in major psychiatric disorders: A trans-diagnostic approach\*\*](#)

Front Psychol. 2023 Feb 1;14:1075060. doi: 10.3389/fpsyg.2023.1075060. eCollection 2023.

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- PMID: [36818072](#)
  - PMCID: [PMC9930472](#)
  - DOI: [10.3389/fpsyg.2023.1075060](#)

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## Abstract

Yoga philosophy includes the theory of *Tri-guna* (three mental traits): *sattva* (signifies a tendency to 'goodness'), *rajas* (tendency towards 'activity'), and *tamas* (tendency towards "inertia"). This cross-sectional study aimed to understand the differences in the expression of *gunas* in patients suffering from major psychiatric disorders ( $n = 113$ , 40 females) and age-gender-education-matched healthy controls (HCs;  $n = 113$ , 40 females). Patients were diagnosed by a psychiatrist using DSM 5 criteria and suffered from the following disorders: depression ( $n = 30$ ), schizophrenia (SCZ;  $n = 28$ ), obsessive-compulsive disorder (OCD;  $n = 23$ ), anxiety ( $n = 16$ ), and bipolar affective disorder (BPAD;  $n = 16$ ). *Tri-gunas* were assessed using a validated tool (Vedic Personality Inventory) and symptoms were assessed using standard scales as per the diagnosis. Multi-variate analysis of variance (MANOVA) was used to assess the differences in *guna* scores between HCs and patients, and between patients with different diagnoses. A two-tailed Pearson correlation was performed between the *gunas* and psychometric scales. Results revealed that HCs had significantly higher *sattva* traits as compared to patients (except those with OCD). Each psychiatric diagnosis also showed a specific *guna* configuration: (1) Anxiety disorders and OCD: High *sattva-rajas*, low *tamas*; (2) Depression: High *sattva-tamas*, low *rajas*; (3) Psychotic disorders (SCZ/BPAD): High *tamo-rajas*, low *sattva*. Significant positive correlations were observed between *rajas* traits and anxiety/OC/positive psychotic symptoms, negative psychotic symptoms and *tamas* traits, and *sattva* traits and OC symptoms. This finding has clinical implications, both to develop ways of predicting outcomes of psychiatric disorders, as well as to develop psycho-therapeutic and lifestyle interventions targeting the *gunas*.

**Keywords:** Guna; cross-sectional; experimental study; mental attributes; psychiatric disorders; yoga-based personality.

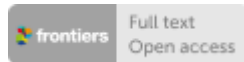
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### Conflict of interest statement

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- [30 references](#)
- [2 figures](#)

### Full text links



## 16. [LSD1 inhibitors for cancer treatment: Focus on multi-target agents and compounds in clinical trials](#)

Front Pharmacol. 2023 Feb 2;14:1120911. doi: 10.3389/fphar.2023.1120911. eCollection 2023.

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- PMID: [36817147](#)
- PMCID: [PMC9932783](#)
- DOI: [10.3389/fphar.2023.1120911](#)

### Free PMC article

## Abstract

Histone lysine-specific demethylase 1 (LSD1/KDM1A) was first identified in 2004 as an epigenetic enzyme able to demethylate specific lysine residues of histone H3, namely H3K4me1/2 and H3K9me1/2, using FAD as the cofactor. It is ubiquitously overexpressed in many types of cancers (breast, gastric, prostate, hepatocellular, and esophageal cancer, acute myeloid leukemia, and others) leading to block of differentiation and increase of proliferation,

migration and invasiveness at cellular level. LSD1 inhibitors can be grouped in covalent and non-covalent agents. Each group includes some hybrid compounds, able to inhibit LSD1 in addition to other target(s) at the same time (dual or multitargeting compounds). To date, 9 LSD1 inhibitors have entered clinical trials, for hematological and/or solid cancers. Seven of them (tranylcypromine, iadademstat (ORY-1001), bomedemstat (IMG-7289), GSK-2879552, INCB059872, JBI-802, and Phenelzine) covalently bind the FAD cofactor, and two are non-covalent LSD1 inhibitors [pulrodemstat (CC-90011) and seclidemstat (SP-2577)]. Another TCP-based LSD1/MAO-B dual inhibitor, vafidemstat (ORY-2001), is in clinical trial for Alzheimer's diseases and personality disorders. The present review summarizes the structure and functions of LSD1, its pathological implications in cancer and non-cancer diseases, and the identification of LSD1 covalent and non-covalent inhibitors with different chemical scaffolds, including those involved in clinical trials, highlighting their potential as potent and selective anticancer agents.

**Keywords:** LSD1 inhibitors; cancer therapy; dual-targeting compounds; epigenetics; histone demethylases.

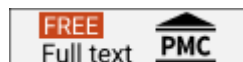
Copyright © 2023 Noce, Di Bello, Fioravanti and Mai.

#### **Conflict of interest statement**

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

- [126 references](#)
- [11 figures](#)

#### **Full text links**



## 17. [Urinary neurotransmitter analysis and canine behavior assessment](#)

Front Vet Sci. 2023 Feb 6;10:1124231. doi: 10.3389/fvets.2023.1124231. eCollection 2023.

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- PMID: [36814465](#)
- PMCID: [PMC9939829](#)
- DOI: [10.3389/fvets.2023.1124231](#)

## Free PMC article

## Abstract

Behavioral problems are highly prevalent in domestic dogs, negatively affecting the quality of life of dogs and their owners. In humans and dogs, neuropsychological or neurobehavioral disorders can be associated with deviations in various neurotransmitter systems. Previous evidence has revealed correlations between urinary neurotransmitters and various behavioral disorders; however, a causal relationship has not yet been conclusively demonstrated. Non-invasive urinary neurotransmitter analysis may identify specific biomarkers, which enable a more differentiated assessment of canine behavioral disorders in the future and contribute to more effective neuromodulatory treatment decisions and monitoring. This approach could offer new insights into underlying pathomechanisms of canine neurobehavioral disorders. This study assessed urinary neurotransmitter levels and the descriptive behavior profile of 100 dogs using established rating scales (Canine Behavioral Assessment and Research Questionnaire, Attention Deficit Hyperactivity Disorder Rating Scale, Dog Personality Questionnaire, Canine Cognitive Dysfunction Rating Scale), and explored relationships between these



variables. No correlation was found between urinary neurotransmitters and the assessed behavior profiles; however, age-, sex- and neuter-related influences were identified. The lack of correlation could be explained by the many confounding factors influencing both behavior and urinary neurotransmitter excretion, including age, sex and neuter status effects, and methodological issues e.g., low discriminatory power between anxiety and aggression in the descriptive behavior evaluation. Urinary neurotransmitter testing could not be validated as a tool for canine behavior evaluation in this study. However, reliable assessment methods with low susceptibility to human biases could be valuable in the future to support behavioral-phenotype diagnoses.

**Keywords:** C-BARQ; behavior; behavioral problems; canine; neurotransmitter; questionnaire; urinary.

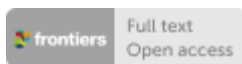
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#### **Conflict of interest statement**

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

- [75 references](#)
- [2 figures](#)

#### **Full text links**



18. [\*\*Accelerated epigenetic aging in women with emotionally unstable personality disorder and a history of suicide attempts\*\*](#)

Transl Psychiatry. 2023 Feb 22;13(1):66. doi: 10.1038/s41398-023-02369-7.

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- PMID: [36813766](https://pubmed.ncbi.nlm.nih.gov/36813766/)
- PMCID: [PMC9946998](https://pubmed.ncbi.nlm.nih.gov/PMC9946998/)
- DOI: [10.1038/s41398-023-02369-7](https://doi.org/10.1038/s41398-023-02369-7)

**Free PMC article**

## Abstract

Emotional unstable personality disorder (EUPD; previously borderline personality disorder, BPD) is associated with excess natural-cause mortality, comorbid medical conditions, poor health habits and stress related epigenomic alterations. Previous studies demonstrated that GrimAge - a state-of-the-art epigenetic age (EA) estimator - strongly predicts mortality risk and physiological dysregulation. Herein, we utilize the GrimAge algorithm to investigate whether women with EUPD and a history of recent suicide attempts exhibit EA acceleration (EAA) in comparison to healthy controls. Genome-

wide methylation patterns were measured using the Illumina Infinum Methylation Epic BeadChip in whole blood from 97 EUPD patients and 32 healthy controls. The control group was significantly older ( $p < 0.0001$ ) and reported lesser exposure to violent behavior in both youth and adulthood ( $p < 0.0001$ ). Groups were otherwise comparable regarding gender, BMI, or tobacco usage ( $p > 0.05$ ). EA estimator DNAmGrimAge exceeded chronological age by 8.8 and 2.3 years in the EUPD and control group, respectively. Similarly, EAA marker AgeAccelGrim was substantially higher in EUPD subjects when compared to controls, in both univariate and multivariate analyzes ( $p < 0.00001$ ). Tobacco usage conferred substantial within-group effects on the EA-chronological age difference, i.e., 10.74 years ( $SD = 4.19$ ) compared to 6.00 years ( $SD = 3.10$ ) in the non-user EUPD group ( $p < 0.00001$ ). Notably, past alcohol and substance abuse, use of psychotropic medications, global assessment of functioning, self-reported exposure to violent behavior in youth and adulthood, later completed suicide ( $N = 8$ ) and age at first suicide attempt did not predict EAA in the EUPD group ( $p > 0.05$ ). These results underscore the importance of addressing medical health conditions along with low-cost preventative interventions aimed at improving somatic health outcomes in EUPD, such as efforts to support cessation of tobacco use. The independency of GrimAge to other EA algorithms in this group of severely impaired EUPD patients, suggest it may have unique characteristics to evaluate risk of adverse health outcomes in context of psychiatric disorders.

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### Conflict of interest statement

MRA has performed consulting services for Olink Proteomics, Uppsala. The authors have no other competing interests to report.

- [56 references](#)
- [3 figures](#)

### Full text links



19. [Do better nights lead to better days? Guided internet-based cognitive behavioral therapy for insomnia in people suffering from a range of](#)

# mental health problems: Protocol of a pragmatic randomized clinical trial

Contemp Clin Trials. 2023 Feb 20;107122. doi: 10.1016/j.cct.2023.107122.  
Online ahead of print.

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- PMID: [36813085](https://pubmed.ncbi.nlm.nih.gov/36813085/)
- DOI: [10.1016/j.cct.2023.107122](https://doi.org/10.1016/j.cct.2023.107122)

## Abstract

**Background:** Insomnia is the transdiagnostically shared most common complaint in disorders of anxiety, stress and emotion regulation. Current cognitive behavioral therapies (CBT) for these disorders do not address sleep, while good sleep is essential for regulating emotions and learning new cognitions and behaviours: the core fundamentals of CBT. This transdiagnostic randomized control trial (RCT) evaluates whether guided internet-delivered cognitive behavioral therapy for insomnia (iCBT-I) (1) improves sleep, (2) affects the progression of emotional distress and (3) enhances the effectiveness of regular treatment of people with clinically relevant symptoms of emotional disorders across all mental health care (MHC) echelons.

**Methods:** We aim for 576 completers with clinically relevant symptoms of insomnia as well as at least one of the dimensions of generalized anxiety disorder (GAD), social anxiety disorder (SAD), panic disorder (PD), posttraumatic stress disorder (PTSD) or borderline personality disorder (BPD). Participants are either pre-clinical, unattended, or referred to general- or

specialized MHC. Using covariate-adaptive randomization, participants will be assigned to a 5 to 8-week iCBT-I (i-Sleep) or a control condition (sleep diary only) and assessed at baseline, and after two and eight months. The primary outcome is insomnia severity. Secondary outcomes address sleep, severity of mental health symptoms, daytime functioning, mental health protective lifestyles, well-being, and process evaluation measures. Analyses use linear mixed-effect regression models.

**Discussion:** This study can reveal for whom, and at which stage of disease progression, better nights could mean substantially better days.

**Trial registration:** International Clinical Trial Registry Platform (NL9776). Registered on 2021-10-07.

**Keywords:** Anxiety; CBT-I; Cognitive behavioral treatment; Hyperarousal; Insomnia; Posttraumatic stress.

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#### Full text links



## 20. [Separating the influences of means and daily variations of sleep on the stress-induced salivary cortisol response](#)

Psychoneuroendocrinology. 2023 Feb 17;151:106059. doi: 10.1016/j.psyneuen.2023.106059. Online ahead of print.

#### Authors

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- PMID: [36812860](#)
- DOI: [10.1016/j.psyneuen.2023.106059](#)

## Abstract

**Background:** Previous research regarding the effects of sleep quality and quantity on the acute stress response has yielded inconsistent findings. This may be attributed to various factors, including composite sleep components (i.e., means and daily variations) and mixed cortisol stress response (i.e., reactivity and recovery). Thus, this study aimed to separate the effects of means and daily variations of sleep on the reactivity and recovery of cortisol responses to psychological challenges.

**Methods:** In study 1, we recruited 41 healthy participants (24 women; age range, 18-23 years), monitored their sleep during seven consecutive days via wrist actigraphy and sleep diaries, and adopted the Trier Social Stress Test (TSST) paradigm to induce acute stress. Study 2 consisted of a validation experiment using the ScanSTRESS paradigm, which included 77 additional healthy individuals (35 women; age range, 18-26 years). Similarly to the TSST, the ScanSTRESS induces acute stress using uncontrollability and social evaluation. In both studies, saliva samples from the participants were collected before, during, and after the acute stress task.

**Results:** Using residual dynamic structural equation modeling, both study 1 and study 2 demonstrated that higher means of objective sleep efficiency, and longer means of objective sleep duration were related to greater cortisol recovery. In addition, fewer daily variations in objective sleep duration were associated with greater cortisol recovery. However, there was no correlation between sleep variables and cortisol reactivity, except for the daily variations in objective sleep duration in study 2. No correlation was observed between subjective sleep and cortisol response to stress.

**Conclusions:** The present study separated two features of multi-day sleep patterns and two components of cortisol stress response, providing a more comprehensive picture of the effect of sleep on the stress-induced salivary cortisol response, and contributing to the future development of targeted interventions for stress-related disorders.

**Keywords:** Acute psychological stress; Daily sleep variations; Means of sleep; Salivary cortisol.

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### **Conflict of interest statement**

Conflict of interest All authors have no conflict of interest relevant to this article. Disclosure statement None declared.

### **Full text links**



21. [\*\*Mutualistic processes in the development of psychopathology: The special case of borderline personality disorder\*\*](#)

J Psychopathol Clin Sci. 2023 Feb;132(2):185-197. doi: 10.1037/abn0000800.

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## Abstract

Borderline personality disorder (BPD) is a serious mental illness characterized by instability in affective, cognitive, and interpersonal domains. BPD co-occurs with several mental disorders and has robust, positive associations with the general factors of psychopathology (p-factor) and personality disorders (g-PD). Consequently, some researchers have purported BPD to be a marker of p, such that the core features of BPD reflect a generalized liability to psychopathology. This assertion has largely stemmed from cross-sectional evidence and no research to date has explicated the developmental relationships between BPD and p. The present study aimed to investigate the development of BPD traits and the p-factor by examining predictions of two opposing frameworks: dynamic mutualism theory and the common cause theory. Competing theories were evaluated to determine which perspective best accounted for the relationship of BPD and p from adolescence into young adulthood. Data were drawn from the Pittsburgh Girls Study (PGS; N = 2,450) and included yearly self-assessments of BPD and other internalizing and externalizing indices from ages 14 to 21. Theories were examined using random-intercept cross-lagged panel models (RI-CLPMs) and network models. Results indicated that neither dynamic mutualism nor the common cause theory could fully explain the developmental relations between BPD and p. Instead, both frameworks were partially supported, with p found to strongly predict within-person change in BPD at several ages. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

22. [Pathological personality in relation to multiple domains of quality of life and impairment: Evidence for the specific relevance of the maladaptive poles of major trait domains](#)

J Psychopathol Clin Sci. 2023 Feb;132(2):135-144. doi: 10.1037/abn0000810.

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- 
- PMID: [36808957](#)
  - DOI: [10.1037/abn0000810](#)

## Abstract

The current study examined whether personality domains have nonmonotonic relationships with functional outcomes, specifically in relation to quality of life and impairment. Four samples were utilized, which were drawn from the United States and Germany. Personality trait domains were measured via the IPIP-NEO and PID-5; quality of life (QoL) was measured with the WHOQOL-BREF, and impairment was measured using the WHODAS-2.0. The PID-5 was analyzed in all four samples. Two-line testing, which fits two spline regression lines separated at a break point, was conducted to evaluate potential nonmonotonicity of the relationship between personality traits and quality of life. Overall, results demonstrated little support for nonmonotonic relationships in the PID-5 and IPIP-NEO dimensions. Rather, our results indicate that there is one clear pathological pole of major domains of personality that is associated with lower quality of life and increased impairment. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

23. [\*\*Homicides committed by women with mental disorders: A descriptive study conducted in a French secure unit\*\*](#)

J Forensic Sci. 2023 Feb 18. doi: 10.1111/1556-4029.15207. Online ahead of print.

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## Abstract

Women remain a small minority of homicide offenders and appear to be understudied in the scientific literature. Gender-specific characteristics are however identified by existing studies. The aim of the study was to explore homicides committed by women with mental disorders, by analyzing their sociodemographic, clinical features, and criminological circumstances of the homicide. We conducted a retrospective and descriptive study among all female homicide offenders with mental disorders hospitalized in a French high-secure unit over a 20-year period (n = 30). We found that the female patients we studied were a diverse group in terms of their clinical profiles, backgrounds, and criminological characteristics. Confirming previous studies, we observed an over-representation of young women, unemployed, with a destabilized family situation and history of adverse childhood experiences. Prior self- and hetero-aggressive behavior were frequent. We found a history of suicidal behavior in 40% of cases. Their homicidal acts often occurred impulsively at home, in the evening or at night and were mainly directed toward family members (60%), especially their child(ren) (46.7%), then acquaintances (36.7%), and rarely a stranger. We found symptomatic and diagnostic heterogeneity: schizophrenia (40%), schizoaffective disorder (10%), delusional disorder (6.7%), mood disorders (26.7%), and borderline personality disorder (16.7%). Mood disorders were exclusively unipolar or bipolar depressions, often with psychotic features. The majority of patients had received psychiatric care prior to the act. We identified four subgroups, according to psychopathology and criminal motives: delusional (46.7%), melancholic (20%), homicide-suicide dynamic (16.7%), and impulsive outbursts (16.7%). We consider that further studies are necessary.

**Keywords:** female offenders; forensic psychiatry; homicide; mental disorder; psychopathology; secure unit.

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- [39 references](#)

## Full text links



# 24. [An optical coherence tomography and endothelial shear stress study of a novel bioresorbable bypass graft](#)

Sci Rep. 2023 Feb 20;13(1):2941. doi: 10.1038/s41598-023-29573-1.

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- PMID: [36805474](https://pubmed.ncbi.nlm.nih.gov/36805474/)
- PMCID: [PMC9941467](https://pubmed.ncbi.nlm.nih.gov/PMC9941467/)
- DOI: [10.1038/s41598-023-29573-1](https://doi.org/10.1038/s41598-023-29573-1)

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## **Abstract**

Endothelial shear stress (ESS) plays a key role in the clinical outcomes in native and stented segments; however, their implications in bypass grafts and especially in a synthetic biorestorative coronary artery bypass graft are yet unclear. This report aims to examine the interplay between ESS and the morphological alterations of a biorestorative coronary bypass graft in an animal model. Computational fluid dynamics (CFD) simulation derived from the fusion of angiography and optical coherence tomography (OCT) imaging was used to reconstruct data on the luminal anatomy of a bioresorbable coronary bypass graft with an endoluminal "flap" identified during OCT acquisition. The "flap" compromised the smooth lumen surface and considerably disturbed the local flow, leading to abnormally low ESS and high oscillatory shear stress (OSI) in the vicinity of the "flap". In the presence of the catheter, the flow is more stable (median OSI 0.02384 versus 0.02635,  $p < 0.0001$ ; maximum OSI 0.4612 versus 0.4837). Conversely, OSI increased as the catheter was withdrawn which can potentially cause back-and-forth motions of the "flap", triggering tissue fatigue failure. CFD analysis in this report provided sophisticated physiological information that complements the anatomic assessment from imaging enabling a complete understanding of biorestorative graft pathophysiology.

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## **Conflict of interest statement**

X. Wu has a research grant from the Natural Science Foundation of Zhejiang Province, China (LQ20H180004). Prof. Onuma reports institutional research

grants related to his work as the chairman of cardiovascular imaging core labs of several clinical trials and registries sponsored by the industry, for which they receive no direct compensation. Prof. Serruys reports personal fees from Sino Medical Sciences Technology, Philips/Volcano, and Xeltis. Martijn Cox and Mohammed S. El-Kurdi are employed by Xeltis. The other authors have nothing to disclose.

- [34 references](#)
- [4 figures](#)

#### Full text links



25. [Big five model personality traits and job burnout: a systematic literature review](#)

BMC Psychol. 2023 Feb 19;11(1):49. doi: 10.1186/s40359-023-01056-y.

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- PMID: [36804929](#)
- PMCID: [PMC9938997](#)
- DOI: [10.1186/s40359-023-01056-y](#)

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#### Abstract

**Background:** Job burnout negatively contributes to individual well-being, enhancing public health costs due to turnover, absenteeism, and reduced job performance. Personality traits mainly explain why workers differ in experiencing burnout under the same stressful work conditions. The current

systematic review was conducted with the PRISMA method and focused on the five-factor model to explain workers' burnout risk.

**Methods:** The databases used were Scopus, PubMed, ScienceDirect, and PsycINFO. Keywords used were: "Burnout," "Job burnout," "Work burnout," "Personality," and "Personality traits".

**Results:** The initial search identified 3320 papers, from which double and non-focused studies were excluded. From the 207 full texts reviewed, the studies included in this review were 83 papers. The findings show that higher levels of neuroticism ( $r$  from 0.10\*\* to 0.642\*\*\*;  $\beta$  from 0.16\*\* to 0.587\*\*\*) and lower agreeableness ( $r$  from - 0.12\* to - 0.353\*\*\*;  $\beta$  from - 0.08\*\*\* to - 0.523\*), conscientiousness ( $r$  from -0.12\* to -0.355\*\*\*;  $\beta$  from - 0.09\*\*\* to - 0.300\*), extraversion ( $r$  from - 0.034\*\* to - 0.33\*\*\*;  $\beta$  from - 0.06\*\*\* to - 0.31\*\*\*), and openness ( $r$  from - 0.18\*\*\* to - 0.237\*\*;  $\beta$  from - 0.092\* to - 0.45\*) are associated with higher levels of burnout.

**Conclusions:** The present review highlighted the relationship between personality traits and job burnout. Results showed that personality traits were closely related to workers' burnout risk. There is still much to explore and how future research on job burnout should account for the personality factors.

**Keywords:** Big five; Burnout; PRISMA; Personality; Personality traits; Review; Stress.

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#### **Conflict of interest statement**

The authors declare that they have no competing interests.

- [218 references](#)
- [2 figures](#)

#### **Full text links**



26.

## **[Personality traits in psychotic illness and their clinical correlates: A systematic review](#)**

Schizophr Res. 2023 Feb;252:348-406. doi: 10.1016/j.schres.2023.01.001.  
Epub 2023 Feb 15.

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- PMID: [36804473](#)
- DOI: [10.1016/j.schres.2023.01.001](#)

## Free article

## Abstract

This systematic review focuses on personality traits according to both the Five Factor Model and Cloninger Psychobiological Model in relation to treatment related outcome variables across all stages of clinical psychotic illness. Search of Pubmed and Psycinfo databases led to final inclusion of 65 studies, which were ranked on quality and analyzed according to the associations between personality and outcome. Main findings are that higher levels of Harm Avoidance and Neuroticism are associated with higher symptom levels, tendency towards passive coping, greater self-stigma, lower quality of life, and Harm Avoidance to higher suicidality. Higher levels of Extraversion and higher levels of Self-Directedness are associated with more preference for active coping, more intrinsic motivation and higher self-esteem. Higher Novelty Seeking is related to more substance use and aggression, in men specifically. On outcome of trauma, care consumption and duration of untreated illness no consistent associations with personality traits were found. Combined evidence



from both personality models however reveals a consistent pattern of personality traits related to clinical outcome in psychotic disorder, which is discussed in a dimensional manner.

**Keywords:** Character; Cloninger psychobiological model; Five factor model; Personality; Psychosis; Temperament.

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### **Conflict of interest statement**

Declaration of competing interest All authors declare that they have no conflicts of interest.

### **Full text links**



27. [\*\*A profile of prosodic speech differences in individuals with autism spectrum disorder and first-degree relatives\*\*](#)

J Commun Disord. 2023 Feb 16;102:106313. doi: 10.1016/j.jcomdis.2023.106313. Online ahead of print.

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- PMID: [36804204](#)
- DOI: [10.1016/j.jcomdis.2023.106313](#)

## Abstract

**Background:** Impairments in prosody (e.g., intonation, stress) are among the most notable communication characteristics of individuals with autism spectrum disorder (ASD) and can significantly impact communicative interactions. Evidence suggests that differences in prosody may be evident among first-degree relatives of autistic individuals, indicating that genetic liability to ASD is expressed through prosodic variation, along with subclinical traits referred to as the broad autism phenotype (BAP). This study aimed to further characterize prosodic profiles associated with ASD and the BAP to better understand the clinical and etiologic significance of prosodic differences.

**Method:** Autistic individuals, their parents, and respective control groups completed the Profiling Elements of Prosody in Speech-Communication (PEPS-C), an assessment of receptive and expressive prosody. Responses to expressive subtests were further examined using acoustic analyses. Relationships between PEPS-C performance, acoustic measurements, and pragmatic language ability in conversation were assessed to understand how differences in prosody might contribute to broader ASD-related pragmatic profiles.

**Results:** In ASD, receptive prosody deficits were observed in contrastive stress. With regard to expressive prosody, both the ASD and ASD Parent groups exhibited reduced accuracy in imitation, lexical stress, and contrastive stress expression compared to respective control groups, though no acoustic differences were noted. In ASD and Control groups, lower accuracy across several PEPS-C subtests and acoustic measurements related to increased pragmatic language violations. In parents, acoustic measurements were tied to broader pragmatic language and personality traits of the BAP.

**Conclusion:** Overlapping areas of expressive prosody differences were identified in ASD and parents, providing evidence that prosody is an important language-related ability that may be impacted by genetic risk of ASD.

**Keywords:** ASD; Acoustic; BAP; Pragmatics; Prosody.

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### Full text links



## 28. [Association of self-reported mother-infant relationship with child and adolescent mental health](#)

BJPsych Open. 2023 Feb 20;9(2):e39. doi: 10.1192/bjo.2023.4.

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- PMID: [36804106](#)
- DOI: [10.1192/bjo.2023.4](#)

### Free article

## Abstract

**Background:** The quality of the relationship between mother and infant may have profound implications for the development of a child. Early indicators of

psychological vulnerability may allow targeting of support for the child's cognitive, emotional and social development. A challenging mother-infant relationship could be one indicator of risk.

**Aims:** This study examined variations in psychological well-being and psychopathology among boys and girls according to early maternal perception of the mother-infant relationship.

**Method:** This study is based on 64 663 mother-infant pairs from the Danish National Birth Cohort, for which data on the mother-infant relationship were collected at 6 months postpartum. Behavioural problems were assessed with the Danish version of the Strengths and Difficulties Questionnaire (SDQ) at child ages 7, 11 and 18 years, and we retrieved information on diagnosed childhood and adolescent psychiatric disorders and prescriptions of psychotropic drugs from Danish registries.

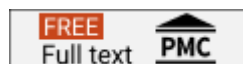
**Results:** Children in the challenging mother-infant relationship group had higher odds of behavioural problems at age 7 among both boys and girls. The same pattern of elevated estimates was identified for boys across all SDQ domains and for girls in three of five SDQ domains. All associations were attenuated at age 18, but increased odds of behavioural problems still existed. A challenging early mother-infant relationship increased the offspring's risk of being diagnosed with a psychiatric disorder or being prescribed a psychotropic drug before the age of 18.

**Conclusion:** A challenging self-reported mother-infant relationship was associated with later psychopathological difficulties. Routine clinical enquiry may be useful in identification of future vulnerability.

**Keywords:** Attention-deficit hyperactivity disorder; autistic spectrum disorder; conduct disorder; epidemiology; personality disorder.

- [33 references](#)

#### Full text links



29.

[\*\*A pilot randomized controlled trial comparing a novel compassion and metacognition approach for\*\*](#)

# [schizotypal personality disorder with a combination of cognitive therapy and psychopharmacological treatment](#)

BMC Psychiatry. 2023 Feb 20;23(1):113. doi: 10.1186/s12888-023-04610-5.

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- PMID: [36803673](#)
  - PMCID: [PMC9942388](#)
  - DOI: [10.1186/s12888-023-04610-5](#)

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## Abstract

**Background:** Schizotypal personality disorder is characterized by a pervasive pattern of maladaptive behavior that has been associated with the liability for schizophrenia. Little is known about effective psychosocial interventions. This pilot non-inferiority randomized controlled trial aimed to compare a novel form of psychotherapy tailored for this disorder and a combination of cognitive therapy and psychopharmacological treatment. The former treatment - namely, Evolutionary Systems Therapy for Schizotypy-integrated evolutionary, metacognitively oriented, and compassion focused approaches.

**Methods:** Thirty-three participants were assessed for eligibility, twenty-four randomized on a 1:1 ratio, nineteen included in the final analysis. The treatments lasted 6 months (24 sessions). The primary outcome was change across nine measurements in personality pathology, the secondary outcomes were remission from diagnosis and pre-post changes in general symptomatology and metacognition.

**Results:** Primary outcome suggested a non-inferiority of the experimental treatment in respect to control condition. Secondary outcomes reported mixed results. There was no significant difference in terms of remission, but experimental treatment showed a larger reduction of general symptomatology ( $\eta^2 = 0.558$ ) and a larger increase in metacognition ( $\eta^2 = 0.734$ ).

**Conclusions:** This pilot study reported promising results about the effectiveness of the proposed novel approach. A confirmatory trial on large sample size is needed to provide evidence about relative effectiveness of the two treatment conditions.

**Trial registration:** ClinicalTrials.gov; [NCT04764708](https://clinicaltrials.gov/ct2/show/study/NCT04764708); Registration day 21/02/2021.

**Keywords:** Compassion; Evolution; Evolutionary systems therapy for schizotypy; Metacognition; Schizotypal personality disorder; Schizotypy.

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### Conflict of interest statement

The authors declare no conflict of interest related to the present study.

- [62 references](#)
- [4 figures](#)

### Full text links



## 30. [Predictors of treatment response to serotonin and noradrenaline reuptake inhibitors in fibromyalgia](#)

Pol Arch Intern Med. 2023 Feb 14;16432. doi: 10.20452/pamw.16432. Online ahead of print.

### Authors

[Anna J Krupa](#), [Mariusz Korkosz](#), [Aleksandra Gorostowicz](#), [Jarosław Nowakowski](#), [Izabella Kierzkowska](#), [Dominika Dudek](#), [Marcin Siwek](#)

- PMID: [36799096](#)
- DOI: [10.20452/pamw.16432](#)

### Free article

### Abstract

**Introduction:** Fibromyalgia (FM) is often comorbid with anxiety and depression. The serotonin and noradrenalin reuptake inhibitors (SNRI) are used in treatment of FM, depression, anxiety, but are ineffective in a substantial number of patients. Recently it was reported that FM is associated with impaired glucose metabolism.

**Objectives:** The aim was to explore the associations between insulin resistance, psychiatric comorbidity and treatment response to SNRI in FM.

**Patients and methods:** 59 FM patients and 30 healthy controls (HC) were recruited. Patients were classified as treatment non-responsive if SNRI treatment resulted in <30% reduction in reported pain. All participants were examined by a physician and filled self-report questionnaires. Blood samples were drawn to assess fasting glucose and insulin levels and calculate HOMA-IR. Multivariable logistic regression models were constructed to analyze the

associations between insulin resistance, psychiatric comorbidity and the lack of response to treatment with SNRI.

**Results:** Non-responders (FM [T-]) had higher BMI, fasting insulin and HOMA-IR levels than responders (FM [T+]) and HC. FM [T+] patients did not significantly differ from HC in the BMI, levels of fasting glucose, fasting insulin, HOMA-IR. Depression, anxiety and personality disorders were significantly more prevalent in FM [T-] than in FM [T+]. Insulin resistance, depression, anxiety and personality disorders were predictors of the lack of treatment response to SNRI. The effect of BMI on lack of response to SNRI treatment was fully mediated by the insulin resistance.

**Conclusions:** Significant differences in clinical, metabolic parameters and psychiatric comorbidities could explain the treatment response to SNRI in FM patients.

#### Full text links



This is a preprint.

31. **It has not yet been peer reviewed by a journal.**

The National Library of Medicine is [running a pilot](#) to include preprints that result from research funded by NIH in PMC and PubMed.

## [Polysubstance addiction and psychiatric, somatic comorbidities among 7,989 individuals with cocaine use disorder: a latent class analysis](#)

medRxiv. 2023 Feb 10;2023.02.08.23285653. doi:  
10.1101/2023.02.08.23285653. Preprint

#### Authors

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- PMID: [36798273](#)
- PMCID: [PMC9934788](#)



- DOI: [10.1101/2023.02.08.23285653](https://doi.org/10.1101/2023.02.08.23285653)

**Free PMC article**

## Abstract

**Aims:** We performed a latent class analysis (LCA) in a sample ascertained for addiction phenotypes to investigate cocaine use disorder (CoUD) subgroups related to polysubstance addiction (PSA) patterns and characterized their differences with respect to psychiatric and somatic comorbidities.

**Design:** Cross-sectional study.

**Setting:** United States.

**Participants:** Adult participants aged 18-76, 39% female, 47% African American, 36% European American with a lifetime DSM-5 diagnosis of CoUD (N=7,989) enrolled in the Yale-Penn cohort. The control group included 2,952 Yale-Penn participants who did not meet for alcohol, cannabis, cocaine, opioid, or tobacco use disorders.

**Measurements:** Psychiatric disorders and related traits were assessed via the Semi-structured Assessment for Drug Dependence and Alcoholism. These features included substance use disorders (SUD), family history of substance use, sociodemographic information, traumatic events, suicidal behaviors, psychopathology, and medical history. LCA was conducted using diagnoses and diagnostic criteria of alcohol, cannabis, opioid, and tobacco use disorders.

**Findings:** Our LCA identified three subgroups of PSA (i.e., low, 17%; intermediate, 38%; high, 45%) among 7,989 CoUD participants. While these subgroups varied by age, sex, and racial-ethnic distribution ( $p < 0.001$ ), there was no difference on education or income ( $p > 0.05$ ). After accounting for sex, age, and race-ethnicity, the CoUD subgroup with high PSA had higher odds of antisocial personality disorder (OR=21.96 vs. 6.39, difference- $p = 8.08 \times 10^{-6}$ ), agoraphobia (OR=4.58 vs. 2.05, difference- $p = 7.04 \times 10^{-4}$ ), mixed bipolar episode (OR=10.36 vs. 2.61, difference- $p = 7.04 \times 10^{-4}$ ), posttraumatic stress disorder (OR=11.54 vs. 5.86, difference- $p = 2.67 \times 10^{-4}$ ), antidepressant medication use (OR=13.49 vs. 8.02, difference- $p = 1.42 \times 10^{-4}$ ), and sexually transmitted diseases (OR=5.92 vs. 3.38, difference- $p = 1.81 \times 10^{-5}$ ) than the low-PSA CoUD subgroup.

**Conclusions:** We found different patterns of PSA in association with psychiatric and somatic comorbidities among CoUD cases within the Yale-Penn cohort. These findings underscore the importance of modeling PSA severity and comorbidities when examining the clinical, molecular, and neuroimaging correlates of CoUD.

#### Full text links



32. [Needs of parents and carers of children and young people with mental health difficulties: protocol for a systematic review](#)

BMJ Open. 2023 Feb 16;13(2):e071341. doi: 10.1136/bmjopen-2022-071341.

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- PMID: [36797023](#)
- PMCID: [PMC9936057](#)
- DOI: [10.1136/bmjopen-2022-071341](#)

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## Abstract

**Introduction:** Having a child or young person (CYP) with mental health problems can be highly distressing for parents/carers. The impact can include parental/carer depression, anxiety, lost productivity and poor family relationships. Currently, there is no synthesis of this evidence, which is needed to provide clarity around what support parents/carers may need, to meet the needs of family mental health. This review aims to identify the needs of the parents/carers of CYP who are receiving mental health services.

**Methods and analysis:** A systematic review will be conducted to identify potentially relevant studies that provide evidence concerning the needs and impact on parents/carers linked to their CYP having mental health difficulties. CYP mental health conditions included are anxiety disorders, depression, psychoses, oppositional defiant and other externalising disorders, labels of emerging personality disorders, eating disorders and attention deficit (hyperactive) disorders. The following databases were searched on November 2022 with no date restriction applied: Medline; PsycINFO; CINAHL; AMED; EMBASE; Web of Science; Cochrane Library; WHO International Clinical Trials Registry Platform; Social Policy and Practice; Applied Social Sciences Index and Abstracts; and Open Grey. Only studies reported in English will be included. The quality of the included studies will be assessed using Joanna Briggs Institute Critical Appraisal Checklist for qualitative studies and the Newcastle Ottawa Scale for quantitative studies. Qualitative data will be analysed thematically and inductively.

**Ethics and dissemination:** This review was approved by the ethical committee at Coventry University, UK, reference number P139611. The findings from this systematic review will be disseminated across various key stakeholders and published in peer-reviewed journals.

**Keywords:** Child & adolescent psychiatry; MENTAL HEALTH; PUBLIC HEALTH.

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**Conflict of interest statement**

Competing interests: All authors have completed the ICMJE uniform disclosure form. SG is an author and the director of Parental Minds, which provides services to parent of children with mental health. All other authors declare no competing interests.

- [21 references](#)

#### Full text links



33. [\*\*The impact of COVID-19 pandemic on patients with personality disorders\*\*](#)

Psychiatriki. 2023 Feb 10. doi: 10.22365/jpsych.2023.004. Online ahead of print.

[Article in Modern Greek (1453-), English]

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- PMID: [36796406](#)
- DOI: [10.22365/jpsych.2023.004](#)

#### Free article

#### Abstract

Three years after the outbreak of COVID-19 pandemic, numerous epidemiological studies confirm its significant psychological impact. Recent meta-analyses with 50,000-70000 participants noted the increase in anxiety,

depression and feelings of loneliness in the general population.<sup>1</sup> Patients with pre-existing mental disorders were a vulnerable group at high risk of deterioration.<sup>1,2</sup> As part of the measures to combat the pandemic, the operation of mental health services was reduced, the access to them became more difficult and the provision of supportive and psychotherapeutic interventions continued through telepsychiatry.<sup>2</sup> Of particular interest is the study of the impact of the pandemic on patients with personality disorders (PD).<sup>3</sup> These patients experience severe difficulties related to interpersonal relationships and identity, which lie at the basis of intense affective and behavioral manifestations.<sup>4,5</sup> Most studies on the impact of the pandemic on patients with personality pathology have focused on borderline personality disorder (BPD).<sup>6</sup> Social distancing measures during the pandemic and increased sense of loneliness are serious aggravating factors for patients with BPD and may cause anxieties of abandonment and rejection, social withdrawal, and feelings of emptiness. Consequently, the patients' susceptibility to risky behaviors and substance use increases.<sup>3,7</sup> The anxieties caused by the condition, as well as the feeling of not being in control of the situation by the subject, may mobilize paranoid ideation in patients with BPD, which further exacerbates the difficulties in their interpersonal relationships.<sup>7</sup> In a Nordic multicenter study of 1120 outpatients with PD during the first wave of the pandemic, results showed an increase in anxiety, depression, aggression, substance use, social isolation and a decrease in work activity, while the rates of suicidal behaviors remained the same.<sup>8</sup> On the other hand, for some patients the restricted exposure to interpersonal triggers could lead to amelioration of symptoms.<sup>7</sup> Several papers have studied the number of visits of patients with PD or patients with self-harm to hospital emergency departments during the pandemic.<sup>6,9</sup> In the studies that examined self-injury, the psychiatric diagnosis was not recorded, but they are mentioned here because the presence of self-harm is closely associated with PD.<sup>10</sup> The number of emergency department visits of patients with PD or self-harm was found to be increased in some papers, decreased in others, and stable in others, compared to the previous year.<sup>6,9</sup> During the same period, however, both the distress of patients with PD and rates of self-harm thoughts in the general population increased.<sup>3,6-8</sup> The decreased number of emergency department visits could be the result of reduced access to services or amelioration of symptomatology due to decreased social contact or sufficient remote therapy through telepsychiatry. A critical issue that mental health services providing therapy to patients with PD had to encounter was the need to discontinue in person psychotherapy and continue by telephone or online. Patients with PD are particularly sensitive to therapeutic setting modifications and this was an aggravating factor.<sup>7</sup> In several studies, discontinuation of in person psychotherapy for BPD patients was accompanied

by worsening symptomatology, feelings of anxiety, sadness, and feelings of helplessness.<sup>6,11</sup> When it was not possible to continue sessions by telephone or online, there was an increase in the number of emergency department visits.<sup>6,11</sup> In contrast, continuation of sessions via tele-psychiatry was considered satisfactory by patients and in some cases their clinical picture, after the initial nuance, returned and maintained at previous level.<sup>6,11</sup> In the above studies, the discontinuation of sessions involved a period of 2-3 months. In a study conducted at the PD services of the First Psychiatric Department of the National and Kapodistrian University of Athens, at Eginition Hospital, at the start of the restriction measures, 51 BPD patients were attending group psychoanalytic psychotherapy sessions. The face-to-face sessions were discontinued and continued online for 4 months. During this time, no self-harm incidents, suicide attempts or hospitalizations occurred; 2 patients discontinued treatment. In crises, patients used telephone communication with therapists and no emergency department visits were recorded.<sup>12</sup> In conclusion, the pandemic had a significant psychological impact on patients with PD. However, it should be emphasized that in cases where the therapeutic setting remained alive and the continuity of therapeutic collaboration was maintained, patients with PD, despite the severity of their pathology, showed good adaptation and were able to withstand the tensions caused by the pandemic.

#### Full text links



### 34. [The evolution of personality disorders: A review of proposals](#)

Front Psychiatry. 2023 Jan 30;14:1110420. doi: 10.3389/fpsyt.2023.1110420. eCollection 2023.

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- PMID: [36793943](#)
- PMCID: [PMC9922784](#)
- DOI: [10.3389/fpsy.2023.1110420](#)

**Free PMC article**

## **Abstract**

Personality disorders (PDs) are currently considered dysfunctions. However, personality differences are older than humanity and are ubiquitous in nature, from insects to higher primates. This suggests that a number of evolutionary mechanisms-other than dysfunctions-may be able to maintain stable behavioral variation in the gene pool. First of all, apparently maladaptive traits may actually improve fitness by enabling better survival or successful mating or reproduction, as exemplified by neuroticism, psychopathy, and narcissism. Furthermore, some PDs may harm important biological goals while facilitating others, or may be globally beneficial or detrimental depending on environmental circumstances or body condition. Alternatively, certain traits may form part of life history strategies: Coordinated suites of morphological, physiological and behavioral characters that optimize fitness through alternative routes and respond to selection as a whole. Still others may be vestigial adaptations that are no longer beneficial in present times. Finally, variation may be adaptative in and by itself, as it reduces competition for finite resources. These and other evolutionary mechanisms are reviewed and illustrated through human and non-human examples. Evolutionary theory is the best-substantiated explanatory framework across the life sciences, and may shed light on the question of why harmful personalities exist at all.

**Keywords:** evolutionary psychiatry; evolutionary psychology; natural selection; personality; personality disorders.

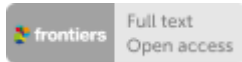
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**Conflict of interest statement**

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

- [373 references](#)
- [4 figures](#)

#### Full text links



### 35. [Traumatic Brain Injury Under Triage Risk: A Rural Trauma System Experience](#)

Am Surg. 2023 Feb 15;31348231157823. doi: 10.1177/00031348231157823. Online ahead of print.

#### Authors

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- PMID: [36793222](#)
- DOI: [10.1177/00031348231157823](#)

#### Abstract

**Background:** The process of interfacility transfer may cause a delay in the necessary medical treatment, which could lead to poor outcomes and increased mortality rates. The ACS-COT considers an acceptable under triage rate of <5%. The aim of this research was to identify the likelihood of under triage among transferred-in traumatic brain injury (TBI) patients.



**Methods:** This is a single-center study of Trauma Registry data, from July 1, 2016, to October 31, 2021. The inclusion criteria were based upon age ( $\geq 40$  years), ICD10 diagnosis of TBI, and interfacility transfer. Under triage using the Cribari matrix method was the dependent variable. A logistic regression was performed to identify additional predictor variables on the likelihood that an adult TBI trauma patient experienced under triage.

**Results:** 878 patients were included in the analysis; 168 (19%) experienced an under triage. The logistic regression model was statistically significant ( $N = 837$ ,  $P < .01$ ). In addition, several significant increases in odds for under triage were identified, which included increasing injury severity score (ISS; OR 1.40,  $P < .01$ ), increasing AIS head region (OR 6.19,  $P < .01$ ), and personality disorders (OR 3.61,  $P = .02$ ). In addition, a reduction in odds in TBI adult trauma under triage is the comorbidity of anticoagulant therapy (OR .25,  $P < .01$ ).

**Conclusions:** The likelihood of under triage in the adult TBI trauma population is associated with increasing AIS head injuries and increasing ISS and among those with mental health comorbidities. This evidence and additional protective factors, such as patients on anticoagulant therapy, may aid in education and outreach efforts to reduce under triage among the regional referring centers.

**Keywords:** rural trauma; traumatic brain injury; under triage risk.

#### Full text links



36. [Developmental predictors of young adult borderline personality disorder: a prospective, longitudinal study of females with and without childhood ADHD](#)

BMC Psychiatry. 2023 Feb 15;23(1):106. doi: 10.1186/s12888-023-04515-3.

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- PMID: [36793031](#)
- PMCID: [PMC9930262](#)
- DOI: [10.1186/s12888-023-04515-3](#)

## Free PMC article

## Abstract

**Background:** Research on the precursors of borderline personality disorder (BPD) reveals numerous child and adolescent risk factors, with impulsivity and trauma among the most salient. Yet few prospective longitudinal studies have examined pathways to BPD, particularly with inclusion of multiple risk domains.

**Methods:** We examined theory-informed predictors of young-adult BPD (a) diagnosis and (b) dimensional features from childhood and late adolescence via a diverse (47% non-white) sample of females with (n = 140) and without (n = 88) carefully diagnosed childhood attention-deficit hyperactivity disorder (ADHD).

**Results:** After adjustment for key covariates, low levels of objectively measured executive functioning in childhood predicted young adult BPD diagnostic status, as did a cumulative history of childhood adverse experiences/trauma. Additionally, both childhood hyperactivity/impulsivity and childhood adverse experiences/trauma predicted young adult BPD dimensional features. Regarding late-adolescent predictors, no significant predictors emerged regarding BPD diagnosis, but internalizing and externalizing symptoms were each significant predictors of BPD dimensional features. Exploratory moderator analyses revealed that predictions to BPD dimensional

features from low executive functioning were heightened in the presence of low socioeconomic status.

**Conclusions:** Given our sample size, caution is needed when drawing implications. Possible future directions include focus on preventive interventions in populations with enhanced risk for BPD, particularly those focused on improving executive functioning skills and reducing risk for trauma (and its manifestations). Replication is required, as are sensitive measures of early emotional invalidation and extensions to male samples.

**Keywords:** Adverse childhood experiences; Attention-deficit hyperactivity disorder; Borderline personality disorder; Longitudinal studies; Risk factors.

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#### **Conflict of interest statement**

All authors have no conflicts of interest to declare.

- [99 references](#)

#### **Full text links**



### 37. [Attention to faces in images is associated with personality and psychopathology](#)

PLoS One. 2023 Feb 15;18(2):e0280427. doi: 10.1371/journal.pone.0280427. eCollection 2023.

#### **Authors**

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- PMID: [36791081](#)
- PMCID: [PMC9931157](#)
- DOI: [10.1371/journal.pone.0280427](#)

**Free PMC article**

## **Abstract**

Humans show a robust tendency to look at faces in images, but also differ consistently in the strength of this attentional preference. Previous research remained inconclusive as to how a stronger face preference may be indicative of an individual's personality or clinical characteristics. Here we investigated face preferences in 120 participants (primarily drawn from a student population) who freely viewed photos in an internet browser showing a person in the context of a visually rich environment while attention was assessed using a cursor-based technique. Participants differed consistently in the strength of their face preference across images. A stronger preference for faces was correlated positively with openness to experience, extraversion, agreeableness and empathizing and was correlated negatively with social anxiety, depression levels and alexithymia. Trait measures were linked through a strong common factor which was additionally correlated with face preference. We conclude that face preferences may be linked to personality traits and to psychopathology but that an attribution to a specific facet of psychopathology may not be warranted. Future research should investigate links between face preferences and personality features in more diverse samples and across differing social situations.

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## **Conflict of interest statement**

The authors have declared that no competing interests exist.

- [97 references](#)

- [3 figures](#)

#### Full text links



### 38. [The impact of life satisfaction in the treatment of gaming disorder and other internet use disorders: Results from a randomized controlled trial](#)

J Behav Addict. 2023 Feb 14. doi: 10.1556/2006.2022.00091. Online ahead of print.

#### Authors

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- PMID: [36790830](#)
- DOI: [10.1556/2006.2022.00091](#)

## Abstract

**Objective:** According to ICD-11 gaming disorder is currently defined as a behavioral addiction. While our understanding of crucial aspects of this new condition including other subtypes of internet use disorders is growing, less is known about treatment strategies and their effectiveness. Particularly, dimensions of life satisfaction and their meaning for internet use disorders are poorly investigated. The aim of this study was addressing the role of life satisfaction dimensions in a randomized controlled trial. We examined life satisfaction as an additional treatment outcome and investigated in how far life satisfaction is predictive for symptom reduction and related to personality traits.

**Methods:** A multicenter randomized controlled trial with three measure points (baseline, post-treatment, 6-month follow-up) was conducted based on  $N = 143$  patients aged 17 and above meeting diagnostic criteria for internet use disorders. A cognitive-behavioral disorder specific intervention was applied in  $n = 72$  and compared to a wait list control ( $n = 71$ ). Endpoints included symptoms of internet use disorders, psychosocial functioning, and life satisfaction. Personality traits were assessed as moderating factors.

**Results:** Life satisfaction ( $\eta^2 = 0.106$ ) and health satisfaction ( $\eta^2 = 0.173$ ) significantly increased in the intervention group with large effect sizes. Decreasing symptoms of internet use disorders at follow-up were predicted by life satisfaction at post-treatment ( $\beta = -0.51$ ) with extraversion ( $B = 1.606$ ) and openness ( $B = 2.069$ ) moderating this association.

**Conclusion:** Life satisfaction yields additional value as a secondary treatment outcome in internet use disorders and can be therapeutically addressed in order to stabilize treatment effects in the long run. Our study indicates that existing treatment strategies might benefit from explicitly addressing and enhancing psychosocial resources in order to prevent relapses in patients.

**Keywords:** gaming disorder; internet use disorders; life satisfaction; personality traits; randomized controlled trial.

### Full text links



39. [Eating Disorders In weight-related Therapy \(EDIT\)  
Collaboration: Rationale and study design](#)

Nutr Res Rev. 2023 Feb 15;1-30. doi: 10.1017/S0954422423000045. Online ahead of print.

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- PMID: [36788665](https://pubmed.ncbi.nlm.nih.gov/36788665/)
- DOI: [10.1017/S0954422423000045](https://doi.org/10.1017/S0954422423000045)

## Abstract

The cornerstone of obesity treatment is behavioural weight management, resulting in significant improvements in cardio-metabolic and psychosocial health. However, there is ongoing concern that dietary interventions used for weight management may precipitate the development of eating disorders. Systematic reviews demonstrate that, while for most participants medically supervised obesity treatment improves risk scores related to eating disorders, a subset of people who undergo obesity treatment may have poor outcomes for eating disorders. This review summarises the background and rationale for the formation of the Eating Disorders In weight-related Therapy (EDIT) Collaboration. The EDIT Collaboration will explore the complex risk factor interactions that precede changes to eating disorder risk following weight management. In this review, we also outline the program of work and design of studies for the EDIT Collaboration, including expected knowledge gains. The EDIT studies explore risk factors and the interactions between them using individual level data from international weight management trials. Combining all available data on eating disorder risk from weight management trials will allow sufficient sample size to interrogate our hypothesis: that individuals undertaking weight management interventions will vary in their eating disorder risk profile, based on personal characteristics and intervention strategies



available to them. The collaboration includes the integration of health consumers in project development and translation. An important knowledge gain from this project is a comprehensive understanding of the impact of weight management interventions on eating disorder risk.

**Keywords:** Eating disorders; individual participant data; meta-analysis; obesity.

### Full text links



40. [The relationship between self-control and symptoms of anxiety and depression in patients with eating disorders: a cross-sectional study including exploratory longitudinal data](#)

J Eat Disord. 2023 Feb 14;11(1):21. doi: 10.1186/s40337-023-00750-x.

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- PMID: [36788558](#)
- PMCID: [PMC9930220](#)
- DOI: [10.1186/s40337-023-00750-x](#)

## Abstract

**Background:** Personality style can partly be described as the way an individual controls and regulates emotions and can be divided into over- and undercontrol. Studies have indicated that personality style may impact the onset, clinical presentation, and recovery from an eating disorder (ED). Furthermore, symptoms of anxiety and depression are common in patients with EDs. However, the association between self-control levels and anxiety/depression symptoms in patients with EDs remains unknown. The main aim of this study was to assess how levels of self-control relate to anxiety/depression symptoms in patients with EDs, with a secondary, exploratory aim to assess the stability of self-control during treatment.

**Methods:** Patients were recruited from the outpatient ED clinic at the Uppsala University Hospital, between October 2014 and December 2019. In total, 227 patients (age: 25.4, SD: 7.1) were included at the start of their treatment, with 14 participants also completing post-treatment measurements. Self-control was assessed with the Ego Undercontrol scale (EUC-13), anxiety/depression symptoms with the Hopkins Symptoms Checklist (HSCL-25), and ED diagnosis and symptoms with the Eating Disorder Examination Interview (EDE-I) and Questionnaire (EDE-Q), respectively.

**Results:** A quadratic regression ( $n = 227$ ) showed that levels of self-control accounted for about four percent of the variance in degree of global anxiety/depressive symptoms. Anxiety/depression symptoms were better explained by ED symptoms ( $R^2 = 0.24$ ). Visualizations in boxplots revealed a tendency for extreme values of both over- and undercontrol to be associated with higher levels of depression, whereas symptoms of anxiety increased with increasing undercontrol. In the exploratory analyses ( $n = 14$ ) levels of self-control remained more stable than symptoms of anxiety and depression, which decreased significantly during ED treatment.

**Conclusions:** Our results indicated that anxiety/depression symptoms, in patients with EDs, were not strongly correlated with levels of self-control, but rather with ED symptoms. However, extreme values of both over- and undercontrol showed a tendency to be associated with higher levels of depression symptoms, whereas anxiety symptoms increased with increasing

levels of undercontrol. Future studies could benefit from considering both over- and undercontrol as potentially dysfunctional.

**Keywords:** Anxiety; Depression; Eating disorders; Overcontrol; Personality style; Self-control; Undercontrol.

### **Plain language summary**

Eating disorders (EDs) are mental disorders characterized by a persevering behavioral disturbance in eating and distress in thoughts or emotions, significantly impairing psychosocial function and/or physical health. Anxiety and depression are common in patients with EDs. Studies have indicated that personality style may impact the onset, clinical presentation, and recovery from an ED. Personality style can be studied in terms of self-control, ranging from over- to undercontrol. However, it remains unknown how self-control relates to anxiety/depression in patients with EDs and its stability during ED treatment. This is what we aimed to investigate in this study, collecting data before treatment in 227 adult patients from a Swedish outpatient ED clinic, with 14 also completing post-treatment measurements. Our results indicated that global anxiety/depression levels in patients with EDs were not strongly correlated with levels of self-control, but rather with ED symptoms. Nevertheless, anxiety seemed to increase with increasing levels of undercontrol and extreme values of both over- and undercontrol showed a tendency to be associated with higher levels of depression. In the exploratory analyses self-control levels remained more stable during treatment than global anxiety/depression levels, which decreased significantly.

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### **Conflict of interest statement**

The authors declare that they have no conflict of interest.

- [43 references](#)
- [3 figures](#)

### **Full text links**



41. [Behavioral Improvements Following Lesion Resection for Pediatric Epilepsy: Pediatric Psychosurgery?](#)

Pediatr Neurosurg. 2023 Feb 14. doi: 10.1159/000529683. Online ahead of print.

**Authors**

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- PMID: [36787706](#)
- DOI: [10.1159/000529683](#)

**Abstract**

**Introduction:** Resection of brain lesions associated with refractory epilepsy to achieve seizure control is well-accepted. However, concurrent behavioral effects of these lesions such as changes in mood, personality, and cognition and the effects of surgery on behavior have not been well characterized. We describe 5 such children with epileptogenic lesions and significant behavioral abnormalities which improved after surgery.

**Case descriptions:** Five children (ages 3-14 years) with major behavioral abnormalities and lesional epilepsy were identified and treated at our center. Behavioral problems included academic impairment, impulsivity, self-injurious behavior, and decreased social interaction with diagnoses of ADHD, oppositional defiant disorder, and autism. Pre-operative neuropsychiatric testing was performed in 4/5 patients and revealed low-average cognitive and intellectual abilities for their age, attentional difficulties, and poor memory. Lesions were located in the temporal (2 gangliogliomas, 1 JPA, 1 cavernoma) and parietal (1 DNET) lobes. Gross total resection was achieved in all cases. At mean 1-year follow-up, seizure freedom (Engel 1a in 3 patients, Engel 1c in 2 patients) and significant behavioral improvements (academic performance, attention, socialization, and aggression) were achieved in all. Two patients manifested violence pre-operatively; one had extreme behavior with violence

towards teachers and peers despite low seizure burden. Since surgery, his behavior has normalized.

**Conclusion:** We identified five patients with severe behavioral disorders in the setting of lesional epilepsy, all of whom demonstrated improvement after surgery. The degree of behavioral abnormality was disproportionate to epilepsy severity, suggesting a more complicated mechanism by which lesional epilepsy impacts behavior. We propose a novel paradigm in which lesionectomy may offer behavioral benefit even when seizures are not refractory. Thus, behavioral improvement may be an important novel goal for neurosurgical resection in children with epileptic brain lesions.

S. Karger AG, Basel.

#### Full text links



42. [Contextualizing motherhood in persons with borderline personality vulnerabilities: cultural adaptation of the parent development interview-revised in an Indian context](#)

Res Psychother. 2023 Feb 3. doi: 10.4081/ripppo.2023.675. Online ahead of print.

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- PMID: [36786229](#)
- DOI: [10.4081/ripppo.2023.675](#)

### Free article

## Abstract

An understanding of the complex intersection of borderline personality vulnerabilities and motherhood calls for an integrative and culture-sensitive lens in assessment and therapeutic interventions. The aim of the study was to explore constructions of motherhood in an Indian context to inform the adaptation of the Parent Development Interview-Revised (PDI-R) for use with mothers with borderline personality vulnerabilities. A stepwise framework was followed to obtain conceptual, semantic, and operational equivalences for the PDI-R adaptation. Interviews on contextualised aspects of motherhood were conducted with a sample of eight mental health practitioners specializing in borderline personality disorders, women's mental health or child psychology, two cultural psychologists, one gynaecologist and one paediatrician. Six emergent themes were identified through thematic analysis, 'The ideal mother and her search for identity,' 'Mothering the mother and the vicissitudes of care,' 'Not just mine - negotiating boundaries,' 'Mother knows best,' 'Food, feeding and embodied nurturing,' and 'Approaching motherhood in the clinic.' The proposed adaptations to the PDI-R were further reviewed by two experts, a clinical psychologist and a psychiatrist specialised in perinatal services. This was followed by the process of operational equivalence through administration of PDI-R with two mothers with borderline personality vulnerabilities and two mothers from the community. The expert review and the administration informed the final adaptation of the PDI-R. A systematic process of adaptation can support the use of measures like the PDI-R in different cultures. A contextual understanding of constructions of motherhood and borderline personality has potential to support meaningful assessment and targeted parenting interventions.

### Full text links



43. [Hospital Admissions for Personality Disorders Increased During the COVID-19 Pandemic](#)

Can J Psychiatry. 2023 Feb 14;7067437231155999. doi:  
10.1177/07067437231155999. Online ahead of print.

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  - DOI: [10.1177/07067437231155999](#)

## Free PMC article

*No abstract available*

**Keywords:** COVID-19 pandemic; borderline personality disorder; eating disorders; mental health services.

## Conflict of interest statement

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

- [5 references](#)
- [1 figure](#)

## Full text links



44. [Targeting Persistent Changes in Neuroimmune and Epigenetic Signaling in Adolescent Drinking to Treat Alcohol Use Disorder in Adulthood](#)

Pharmacol Rev. 2023 Mar;75(2):380-396. doi: 10.1124/pharmrev.122.000710.  
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- PMID: [36781218](#)
- PMCID: [PMC9969522](#)
- DOI: [10.1124/pharmrev.122.000710](#)

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**Abstract**

Studies universally find early age of drinking onset is linked to lifelong risks of alcohol problems and alcohol use disorder (AUD). Assessment of the lasting effect of drinking during adolescent development in humans is confounded by the diversity of environmental and genetic factors that affect adolescent development, including emerging personality disorders and progressive increases in drinking trajectories into adulthood. Preclinical studies using an adolescent intermittent ethanol (AIE) exposure rat model of underage binge drinking avoid the human confounds and support lifelong changes that increase risks. AIE increases adult alcohol drinking, risky decision-making, reward-seeking, and anxiety as well as reductions in executive function that all increase risks for the development of an AUD. AIE causes persistent increases in brain



neuroimmune signaling high-mobility group box 1 (HMGB1), Toll-like receptor, receptor for advanced glycation end products, and innate immune genes that are also found to be increased in human AUD brain. HMGB1 is released from cells by ethanol, both free and within extracellular vesicles, that act on neurons and glia, shifting transcription and cellular phenotype. AIE-induced decreases in adult hippocampal neurogenesis and loss of basal forebrain cholinergic neurons are reviewed as examples of persistent AIE-induced pathology. Both are prevented and reversed by anti-inflammatory and epigenetic drugs. Findings suggest AIE-increased HMGB1 signaling induces the RE-1 silencing transcript blunting cholinergic gene expression, shifting neuronal phenotype. Inhibition of HMGB1 neuroimmune signaling, histone methylation enzymes, and galantamine, the cholinesterase inhibitor, both prevent and reverse AIE pathology. These findings provide new targets that may reverse AUD neuropathology as well as other brain diseases linked to neuroimmune signaling. SIGNIFICANCE STATEMENT: Adolescent underage binge drinking studies find that earlier adolescent drinking is associated with lifelong alcohol problems including high levels of lifetime alcohol use disorder (AUD). Preclinical studies find the underage binge drinking adolescent intermittent ethanol (AIE) model causes lasting changes in adults that increase risks of developing adult alcohol problems. Loss of hippocampal neurogenesis and loss of basal forebrain cholinergic neurons provide examples of how AIE-induced epigenetic and neuroimmune signaling provide novel therapeutic targets for adult AUD.

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- [183 references](#)
- [4 figures](#)

#### Full text links



45. [Frequency-resolved connectome alterations in major depressive disorder: A multisite resting fMRI study](#)

J Affect Disord. 2023 Feb 11;328:47-57. doi: 10.1016/j.jad.2023.01.104. Online ahead of print.

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- PMID: [36781144](#)
- DOI: [10.1016/j.jad.2023.01.104](#)

## Abstract

**Background:** Functional connectome studies have revealed widespread connectivity alterations in major depressive disorder (MDD). However, the low frequency bandpass filtering (0.01-0.08 Hz or 0.01-0.1 Hz) in most studies have impeded our understanding on whether and how these alterations are affected by frequency of interest.

**Methods:** Here, we performed frequency-resolved (0.01-0.06 Hz, 0.06-0.16 Hz and 0.16-0.24 Hz) connectome analyses using a large-sample resting-state functional MRI dataset of 1002 MDD patients and 924 healthy controls from seven independent centers.

**Results:** We reported significant frequency-dependent connectome alterations in MDD in left inferior parietal, inferior temporal, precentral, and fusiform cortices and bilateral precuneus. These frequency-dependent connectome alterations are mainly derived by abnormalities of medium- and long-distance connections and are brain network-dependent. Moreover, the connectome alteration of left precuneus in high frequency band (0.16-0.24 Hz) is significantly associated with illness duration.

**Limitations:** Multisite harmonization model only removed linear site effects. Neurobiological underpinning of alterations in higher frequency (0.16-0.24 Hz) should be further examined by combining fMRI data with respiration, heartbeat and blood flow recordings in future studies.

**Conclusions:** These results highlight the frequency-dependency of connectome alterations in MDD and the benefit of examining connectome alteration in MDD under a wider frequency band.

**Keywords:** Frequency; Functional connectivity strength; Major depressive disorder; Resting-state functional magnetic resonance imaging.

## Conflict of interest statement

Conflict of interest The authors and all members of DIDA-MDD Working Group report no biomedical financial interests or potential conflicts of interest.

## Full text links



## 46. [Good conduct makes your face attractive: The effect of personality perception on facial attractiveness judgments](#)

PLoS One. 2023 Feb 13;18(2):e0281758. doi: 10.1371/journal.pone.0281758. eCollection 2023.

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- DOI: [10.1371/journal.pone.0281758](#)

## Free PMC article

## Abstract

Human facial attractiveness is related to physical features, such as clear complexion and symmetry. However, it is also known that facial attractiveness judgments are influenced by a wide range of non-physical factors. Here, we examined the effect of the personality information of a target person on facial attractiveness judgments. In Experiment 1, participants read a verbal description of a target person (high or low honesty), followed by the presentation of the target face and facial attractiveness rating. The honest

personality increased the rated facial attractiveness, replicating a previous report. This "honesty premium" effect was independent of pre-rated facial attractiveness (Experiment 1), target gender, participant gender, and target clothing (Experiment 2). Experiment 3 found that creative personality did not affect facial attractiveness ratings, while an aggressive personality was suggested to decrease the rated facial attractiveness of male targets. We did not find evidence that participants' moods caused these effects. The results suggest that the "what is good is beautiful" stereotype is robust and that facial attractiveness is malleable and dependent on various physical and non-physical information.

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### **Conflict of interest statement**

The first author (RN) received a grant from the KOSE Cosmetology Research Foundation. This does not alter our adherence to PLOS ONE policies on sharing data and materials. The second author (MG) declares no competing interests.

- [75 references](#)
- [4 figures](#)

### **Full text links**



## 47. [\*\*A stenography of empathy: Toward a consensual model of the empathic process\*\*](#)

Encephale. 2023 Feb 10;S0013-7006(23)00012-X. doi: 10.1016/j.encep.2022.12.002. Online ahead of print.

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- PMID: [36775761](https://pubmed.ncbi.nlm.nih.gov/36775761/)
- DOI: [10.1016/j.encep.2022.12.002](https://doi.org/10.1016/j.encep.2022.12.002)

## Abstract

Empathy has gained popularity in the general population and the scientific world during the past decade. Recently, several researchers found a significant decrease in empathy scores of healthcare students (notably medical students) and recommend promoting empathy skills in several fields of education. The current paper presents a new model of the empathic process: a stenography of empathy compelling scientific data and contemporary conceptions. Indeed, we combined all pioneer researchers' conceptions of empathy (Davis, Decety, Batson, Preston & de Waal) into an integrative model. This model is centered on the empathizer (i.e., a person observing a target experiencing emotions) and displays how all empathy components are articulated, explaining the individuals' general functioning and how the process might become dysfunctional. We illustrated applications of the model with three clinical examples (i.e., burnout, psychopathy, and borderline personality disorders) to display how empathy is related to psychopathological symptoms. We believe this new dynamic and sequential model would be helpful in explaining how empathy works, which is of great interest to healthcare students, clinicians, researchers, and academics.

**Keywords:** Contagion émotionnelle; Education; Emotion regulation; Emotional contagion; Empathie; Empathy; Formation académique; Psychopathologie; Psychopathology; Régulation émotionnelle.

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## Full text links



48. [Depressive personality traits and temperament and character personality traits in a clinical sample: Results from regression and network analyses](#)

Acta Psychol (Amst). 2023 Feb 10;234:103860. doi: 10.1016/j.actpsy.2023.103860. Online ahead of print.

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- PMID: [36774773](#)
- DOI: [10.1016/j.actpsy.2023.103860](https://doi.org/10.1016/j.actpsy.2023.103860)

## Free article

## Abstract

Personality and psychopathology are highly relevant and easily relatable constructs. The current study investigated the relationships between dependency and self-criticism, sociotropy and autonomy depressive personality traits, and Cloninger's temperament and character personality traits postulated

as vulnerability factors for depression, in relation to depressive and general psychopathology symptoms in a clinical sample of 100 patients diagnosed with major depressive disorder. The results showed that self-directedness, a character trait of the temperament and character model, was positively associated with dependency, self-criticism, sociotropy, and autonomy. Applying more in-depth analyses with regression models revealed associations between self-directedness and depressive personality styles dependency and sociotropy, and general psychopathology symptoms was a significant clinical indicator in these relationships. Going beyond the regression models, network analysis showed that self-directedness is associated with self-criticism, sociotropy, autonomy, and general psychopathology symptoms. The relationship between self-directedness and sociotropy, self-criticism and autonomy suggests that these depressive personality traits may be attributable to aspects of self-determination, maturity, responsibility, discipline, and self-acceptance. General psychopathology research informed by literature incorporating personality traits has far-reaching implications for understanding individual differences as well as increasing efforts to contribute to the amelioration of disabling psychological disorders like major depressive disorders.

**Keywords:** Depressive personality traits; Depressive symptoms; Psychopathology; Temperament and character traits.

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#### **Conflict of interest statement**

Declaration of competing interest The Authors declare that there are no conflicts of interest.

#### **Full text links**



49. [Modeling urgency in the lab: Exploring the associations between self-reported urgency and behavioral responses to negative outcomes in laboratory gambling](#)

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10.1016/j.actpsy.2023.103849. Online ahead of print.

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## Free article

## Abstract

Impulsivity is a multifaceted construct that relates to different behaviors in everyday life and has been associated with many psychopathological disorders and behavioral problems, such as problematic gambling behavior. One questionnaire to measure these several facets on a trait level is the UPPS-P Impulsive Behavior Scale. Specifically, the UPPS-P investigates five distinct facets: (a) negative urgency, (b) lack of premeditation, (c) lack of perseverance, (d) sensation seeking, and (e) positive urgency. Negative urgency at a trait level in particular seems to be associated with the development of psychopathological disorders. To date, there are no established state measures of negative urgency. However, it was recently proposed that speeding after losses might be a suitable measure. Thus, in this study, we explored the possible relationship between a state measure of negative urgency modeled through a behavioral gambling task and a trait measure of negative urgency through the UPPS-P questionnaire. We used correlational and network analyses in an aggregated database of eight samples (total N = 1216) to explore the potential relationships between post-loss speeding on the behavioral gambling

task and UPPS-P scores (by combining trait vs. item-based analyses). We found that the degree of speeding after losses (post-loss speeding) did not correlate with the trait measure of impulsivity in general and negative urgency specifically, either at the latent trait level or on an item-based level. This null finding indicates that our state measure of post-loss speeding and negative urgency on a trait level does not seem to capture the same underlying constructs. Implications for personality research are discussed.

**Keywords:** Gambling; Impulsivity; UPPS-P; Urgency.

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### **Conflict of interest statement**

Conflict of interest The authors declare no conflict of interests

### **Full text links**



## 50. [Delta brush on EEG: a characteristic EEG finding in autoimmune encephalitis](#)

BMJ Case Rep. 2023 Feb 10;16(2):e249899. doi: 10.1136/bcr-2022-249899.

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- DOI: [10.1136/bcr-2022-249899](https://doi.org/10.1136/bcr-2022-249899)

## Abstract

A woman in her late 20s was admitted via the emergency department in the psychiatric ward with acute-onset behavioural changes and suicidal thoughts in the past 2 weeks. Workup revealed positive N-methyl-D-aspartate (NMDA) receptor antibodies in cerebrospinal fluid and electroencephalogram (EEG) showing a specific pattern of delta brush on bilateral frontal regions. Other investigations were unremarkable. The patient was started on intravenous methylprednisolone 1000 mg for 5 days with oral steroids. She responded on steroids. She has been recommended for workup for teratoma/mediastinal tumours with NMDA receptor encephalitis is an autoimmune disorder predominantly affecting women of childbearing age. Delta brush pattern on EEG is specific for NMDA receptor encephalitis hence can be used as a diagnostic tool. It is advisable to investigate any patient with the presentation of mental deterioration for pathological causes. However, treatment with immunotherapy increases the chance of survival and may prevent cognitive impairment.

**Keywords:** Clinical neurophysiology; Epilepsy and seizures; Personality disorders.

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### Conflict of interest statement

Competing interests: None declared.

### Full text links



51. [Personality as a Predictor of Disability in Multiple Sclerosis](#)

Arch Clin Neuropsychol. 2023 Feb 10;acad010. doi: 10.1093/arclin/acad010. Online ahead of print.

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- PMID: [36764662](#)
  - DOI: [10.1093/arclin/acad010](#)

## Abstract

**Objective:** As personality changes and personality disorders are frequently observed in multiple sclerosis (MS), personality may be a prognostic factor for this disease. The present study investigated the influence of personality on disability, progression, and treatment adherence in MS.

**Method:** Personality was assessed in 41 patients with Relapsing-Remitting MS (30 females; mean age = 42.63 years) using the NEO Personality Inventory-3rd edition. Disability was measured with the Expanded Disability Status Scale, and treatment adherence information was collected from the Swiss MS Cohort. Correlation, multiple linear and partial least square regressions were performed to examine relations between personality, disability, and treatment adherence in MS.

**Results:** After accounting for age and time since disease onset, our analysis revealed that Neuroticism ( $\beta = 0.32$ ,  $p = 0.01$ ) and its Vulnerability facet ( $\beta = 0.28$ ,  $p < 0.05$ ) predicted greater disability, whereas Extraversion ( $\beta = -0.25$ ,  $p = 0.04$ ) and its Activity facet ( $\beta = -0.23$ ,  $p < 0.05$ ) predicted milder disability. Regarding disability progression, correlational analysis revealed that it was negatively correlated with Extraversion ( $r = -0.44$ ,  $p = 0.02$ ) and the Feelings facet of Openness ( $r = -0.41$ ,  $p = 0.03$ ), but regressions failed to highlight any

predictive links. No significant results could be demonstrated for treatment adherence.

**Conclusions:** Overall, our study showed that some personality traits can impact disability in MS, indicating that these should be considered in clinical practice, as they could be used to adapt and improve patients' clinical support.

**Keywords:** Disability/handicaps; Multiple sclerosis; Personality and personality disorders.

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52. [The \*p\* factor of psychopathology and personality in middle childhood: genetic and gestational risk factors](#)

Psychol Med. 2023 Feb 10;1-11. doi: 10.1017/S0033291723000077. Online ahead of print.

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- DOI: [10.1017/S0033291723000077](#)

## Abstract

**Background:** A joint, hierarchical structure of psychopathology and personality has been reported in adults but should also be investigated at earlier ages, as psychopathology often develops before adulthood. Here, we investigate the joint factor structure of psychopathology and personality in eight-year-old children, estimate factor heritability and explore external validity through associations with established developmental risk factors.

**Methods:** Phenotypic and biometric exploratory factor analyses with bifactor rotation on genetically informative data from the Norwegian Mother, Father, and Child Cohort (MoBa) study. The analytic sub-sample comprised 10 739 children (49% girls). Mothers reported their children's symptoms of depression (Short Moods and Feelings Questionnaire), anxiety (Screen for Anxiety Related Disorders), attention-deficit/hyperactivity disorder inattention and hyperactivity, oppositional-defiant disorder, conduct disorder (Parent/Teacher Rating Scale for Disruptive Behavior Disorders), and Big Five personality (short Hierarchical Personality Inventory for Children). Developmental risk factors (early gestational age and being small for gestational age) were collected from the Medical Birth Registry.

**Results:** Goodness-of-fit indices favored a  $p$  factor model with three residual latent factors interpreted as negative affectivity, positive affectivity, and antagonism, whereas psychometric indices favored a one-factor model. ADE solutions fitted best, and regression analyses indicated a negative association between gestational age and the  $p$  factor, for both the one- and four-factor solutions.

**Conclusion:** Correlations between normative and pathological traits in middle childhood mostly reflect one heritable and psychometrically interpretable  $p$



factor, although optimal fit to data required less interpretable residual latent factors. The association between the  $p$  factor and low gestational age warrants further study of early developmental mechanisms.

**Keywords:** MoBa; behavior genetics; factor analysis; internalizing and externalizing behavior problems;  $p$  factor; psychiatric comorbidity.

#### Full text links



53. [Examining readmission factors in psychiatric emergency care for individuals with personality disorders: A 6-year retrospective study](#)

Personal Disord. 2023 Feb 9. doi: 10.1037/per0000616. Online ahead of print.

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#### Abstract

People with personality disorders (PDs) are often admitted to psychiatric emergency services due to the frequent repetition of acute crises. This study drew on the ICD diagnostic records of 2,634 individuals with PDs who were admitted to a specialized inpatient psychiatric crisis unit over a 6-year period. Multiple logistic regressions and survival regressions were performed to examine whether PD categories, gender, and other individual, interpersonal, and precipitating factors were associated with readmission and time-to-readmission. The results showed a 16.1% readmission rate. Of these, 99.5% of

readmissions occurred within 4 years following the first admission. Gender was the main factor associated with both readmission and time-to-readmission: while men were readmitted faster, more women in total were readmitted for a second psychiatric emergency hospitalization. Findings also indicated that readmission rate and time-to-readmission differed following the category of PD: readmission rate in a ratio of 1-2 (from 8% to 10% for dissocial and paranoid PD up to 19%-21% for impulsive and borderline PD), and time-to-readmission in a ratio of 1-5 (from 1 month for anankastic and dependent, to 5 months for impulsive, histrionic and anxious-avoidant PD). Limitations of this naturalistic study include a lack of self-reported measures and generalizability to less specialized emergency settings. Future research should include a prospective longitudinal design using standardized scalable measurement tools to improve the completeness and accuracy of the data concerning the psychological processes involved in risk and time-to-readmission after brief hospitalizations in emergency psychiatry. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

54. [\*\*The relationship between effective personality and occupational health of lecturers: An empirical assessment in vietnam\*\*](#)

Heliyon. 2023 Jan 25;9(2):e13231. doi: 10.1016/j.heliyon.2023.e13231.  
eCollection 2023 Feb.

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- DOI: [10.1016/j.heliyon.2023.e13231](#)

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#### **Abstract**

There are gaps in research on the relationship between effective personality and occupational health of lecturers that need to be addressed. This study, therefore, explores the relationship between effective personality and occupational health of lecturers of provincial/city political schools in Vietnam. The survey is carried out in a convenient sampling method with 365 lecturers of provincial/city political schools in Vietnam. The questionnaires are provided to the participants of professional training courses at the Ho Chi Minh National Academy of Politics. The lecturers are willing to fill in the questionnaires at the same time. Descriptive, correlative, and linear regressive analyses are applied. The findings show that all elements of the effective personality structure have positive significant statistical impacts on enhancing self-efficacy, satisfaction, and cognitive affections while negatively causing exhaustion, musculoskeletal disorders, and voice disturbance of the lecturers' occupational health. Recommendations for promoting the effective personality of lecturers are provided. However, the study results are limited to the survey participants, who are lecturers of provincial political schools. Future research could expand the survey participants as well as elements of the effective personality structure and occupational health.

**Keywords:** Effective personality; Lecturers; Occupational health; Political schools; Satisfaction.

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#### **Conflict of interest statement**

The authors declare no competing interests.

- [81 references](#)

#### **Full text links**



55. [\*\*Stronger coupling of emotional instability with reward processing in borderline personality disorder is predicted by schema modes\*\*](#)

Psychol Med. 2023 Feb 9;1-10. doi: 10.1017/S0033291723000193. Online ahead of print.

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- PMID: [36754994](#)
- DOI: [10.1017/S0033291723000193](#)

## Abstract

**Background:** Mood instability and risk-taking are hallmarks of borderline personality disorder (BPD). Schema modes are combinations of self-reflective evaluations, negative emotional states, and destructive coping strategies common in BPD. When activated, they can push patients with BPD into emotional turmoil and a dissociative state of mind. Our knowledge of the underlying neurocognitive mechanisms driving these changes is incomplete. We hypothesized that in patients with BPD, affective instability is more influenced by reward expectation, outcomes, and reward prediction errors (RPEs) during risky decision-making than in healthy controls. Additionally, we expected that these alterations would be related to schema modes.

**Methods:** Thirty-two patients with BPD and thirty-one healthy controls were recruited. We used an established behavioral paradigm to measure mood fluctuations during risky decision-making. The impact of expectations and RPEs on momentary mood was quantified by a computational model, and its parameters were estimated with hierarchical Bayesian analysis. Model parameters were compared using High-Density Intervals.

**Results:** We found that model parameters capturing the influence of RPE and Certain Rewards on mood were significantly higher in patients with BPD than

in controls. These model parameters correlated significantly with schema modes, but not with depression severity.

**Conclusions:** BPD is coupled with altered associations between mood fluctuation and reward processing under uncertainty. Our findings seem to be BPD-specific, as they stand in contrast with the correlates of depressive symptoms. Future studies should establish the clinical utility of these alterations, such as predicting or assessing therapeutic response in BPD.

**Keywords:** Computational psychiatry; decision-making; hierarchical Bayesian analysis; impulsivity; mood instability; personality disorders; reward prediction error; reward processing; risky decision; schema modes.

#### Full text links



56. [Altered gray matter volume and functional connectivity in adolescent borderline personality disorder with non-suicidal self-injury behavior](#)

Eur Child Adolesc Psychiatry. 2023 Feb 8. doi: 10.1007/s00787-023-02161-4. Online ahead of print.

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## Abstract

**Background and objectives:** Non-suicidal self-injury (NSSI) behavior is one of the characteristics of borderline personality disorder (BPD) in adolescents. Prior studies have shown that adolescents with BPD may have a unique pattern of brain alterations. The purpose of this study was to investigate the alterations in brain structure and function including gray matter volume and resting-state functional connectivity in adolescents with BPD, and to assess the association between NSSI behavior and brain changes on neuroimaging in adolescents with BPD.

**Methods:** 53 adolescents with BPD aged 12-17 years and 39 age-gender matched healthy controls (HCs) were enrolled into this study. Brain magnetic resonance imaging (MRI) was acquired with both 3D-T1 weighted structural imaging and resting-state functional imaging. Voxel-based morphometry (VBM) analysis for gray matter volume and seed-based functional connectivity (FC) analysis were performed for assessing gray matter volume and FC. Clinical assessment for NSSI, mood, and depression was also obtained. Correlative analysis of gray matter alterations with self-injury or mood scales were performed.

**Results:** There were reductions of gray matter volume in the limbic-cortical circuit and default mode network in adolescents with BPD as compared to HCs (FWE  $P < 0.05$ , cluster size  $\geq 1000$ ). The diminished gray matter volumes in the left putamen and left middle occipital gyrus were negatively correlated with NSSI in adolescents with BPD ( $r = -0.277$  and  $P = 0.045$ ,  $r = -0.422$  and  $P = 0.002$ , respectively). Furthermore, there were alterations of FC in these two regions with diminished gray matter volumes (voxel  $P < 0.001$ , cluster  $P < 0.05$ , FWE corrected).

**Conclusions:** Our results suggest that diminished gray matter volume of the limbic-cortical circuit and default mode network may be an important neural correlate in adolescent BPD. In addition, the reduced gray matter volume and the altered functional connectivity may be associated with NSSI behavior in adolescents with BPD.

**Keywords:** Adolescent; Borderline personality disorder; Default mode network; Functional connectivity; Limbic-cortical circuit; Non-suicidal self-injury behavior; Voxel-based morphometry.

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- [47 references](#)

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57. [Personality disorders in patients with newly diagnosed bipolar disorder, their unaffected first-degree relatives and healthy control individuals](#)

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Epub 2023 Feb 6.

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- PMID: [36754094](#)



- DOI: [10.1016/j.jad.2023.02.005](https://doi.org/10.1016/j.jad.2023.02.005)

## Abstract

**Objective:** Bipolar disorder (BD) is often a progressive mood disorder with a high prevalence of comorbid personality disorder (PD) ranging from 25 to 73 %. Previous studies have included patients with various illness duration of BD. Longer illness duration may be associated with increased prevalence of comorbid PD. This study investigated the prevalence of comorbid personality disorders in patients with newly diagnosed BD and their unaffected first-degree relatives (UR) compared with healthy control individuals (HC).

**Methods:** We included 204 patients with newly diagnosed BD, 109 of their UR and 188 HC. To assess comorbid PD according to DSM-IV, the SCID-II-interview was performed in full or partial remission. Subthreshold PD was defined as scores above cut-off in the SCID-II self-report questionnaires. Functioning was assessed using the Functioning Assessment Short Test.

**Results:** In total 52 (25.5 %) of the patients with newly diagnosed BD fulfilled criteria for a comorbid PD. Regarding UR, 7 (6.4 %) fulfilled the criteria for a PD. Subthreshold PD were more prevalent in BD (82.8 %) and UR (53.0 %) than in HC (35.1 %),  $p$ -values  $< 0.003$ ). Patients with comorbid PD presented with impaired functioning compared with patients without PD.

**Limitations:** Clinical diagnostic distinction between PD and BD is challenged by overlapping symptoms.

**Conclusion:** A quarter of patients with newly diagnosed BD fulfill criteria for a comorbid PD, already at the time of the diagnosis with BD. A comorbid PD is associated with larger functional impairments. This emphasizes the need for early assessment of comorbid PD at time of BD diagnosis.

**Keywords:** Bipolar disorder; Comorbidity; Personality disorder.

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### Conflict of interest statement

Conflict of interest Lars Vedel Kessing: has within the last three years been a consultant for Lundbeck. Maj Vinberg had within the last three years been a

consultant for Lundbeck, JanssenCilag and Sunovion. The remaining authors declare no conflicts of interest.

### Full text links



58. [\*\*A comparison of the role of aggression in the association between hostile interpretation bias and antisocial personality features between young offenders and university students\*\*](#)

Crim Behav Ment Health. 2023 Feb;33(1):9-21. doi: 10.1002/cbm.2275. Epub 2023 Feb 7.

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### Abstract

**Background:** Antisocial personality features in adolescents are frequently associated with delinquency and constitute the problem that most concerns the criminal justice system and the public. Hostile interpretation bias has been identified as a candidate for explaining emergent adolescent antisocial personality problems and aggression, but it is unclear whether offenders and non-offenders show differences in the relationships between hostile interpretation bias, aggression and antisocial personality features.

**Aims:** To compare relationships between hostile interpretation bias and a personality measure between incarcerated teenagers and first year university students and to explore aggression and criminal history as mediating or moderating variables.

**Methods:** Fifty-three 16-18-year-old incarcerated male offenders and 69 17-20-year-old male university students were recruited, the former through institutional staff and the latter by online advert only. Individuals in both groups self-rated, in private, on the Word and Sentence Association Paradigm-hostile (WSAP), The Ambiguous Intentions Hostility Questionnaire (AIHQ), Hostility Interpretation Bias Task (HIBT) as tests for hostile interpretation bias, and on the Buss-Perry Aggression Questionnaire and on Hyler's Personality Disorder Questionnaire (PDQ-4). Among the students, criminal history was assessed by a self-reported binary question. LASSO regressions were used to test inter-relationships between hostile interpretation bias and aggression or antisocial personality traits. Mediation and moderation were tested using MPLUS 7.4.

**Results:** The WSAP and AIHQ, as measures of self-reported hostility bias, had relationships with self-reported aggression (Pearson  $r$  0.24-0.58,  $p < 0.001$ ) and with antisocial personality features ( $r$  0.36-0.50,  $p < 0.001$ ), the HIBT did not. Aggression scores mediated the relationship between hostile interpretation bias and antisocial personality features. Furthermore, the relationship between hostile interpretation bias and aggression was stronger among the young offenders (estimates 0.43-0.75) than among the university students without criminal history (estimates 0.13-0.36).

**Conclusions:** Hostile interpretation bias appears to promote antisocial personality features by increasing an individual's aggression, regardless of social status, although the effect was much stronger among the young offenders. To reduce young people's antisocial personality features, future studies should perhaps focus on evaluating strategies to reduce hostile bias or prevent it from being expressed in aggressive behaviours.

**Keywords:** aggression; antisocial personality features; hostility interpretation bias; juvenile delinquents.

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- [29 references](#)

## Full text links



59. [The intracortical myelin content of impulsive choices: results from T1- and T2-weighted MRI myelin mapping](#)

Cereb Cortex. 2023 Feb 7;bhad028. doi: 10.1093/cercor/bhad028. Online ahead of print.

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- PMID: [36748995](#)
- DOI: [10.1093/cercor/bhad028](#)

## Abstract

Delay discounting (DD) refers to a phenomenon that humans tend to choose small-sooner over large-later rewards during intertemporal choices. Steep discounting of delayed outcome is related to a variety of maladaptive behaviors

and is considered as a transdiagnostic process across psychiatric disorders. Previous studies have investigated the association between brain structure (e.g. gray matter volume) and DD; however, it is unclear whether the intracortical myelin (ICM) influences DD. Here, based on a sample of 951 healthy young adults drawn from the Human Connectome Project, we examined the relationship between ICM, which was measured by the contrast of T1w and T2w images, and DD and further tested whether the identified associations were mediated by the regional homogeneity (ReHo) of brain spontaneous activity. Vertex-wise regression analyses revealed that steeper DD was significantly associated with lower ICM in the left temporoparietal junction (TPJ) and right middle-posterior cingulate cortex. Region-of-interest analysis revealed that the ReHo values in the left TPJ partially mediated the association of its myelin content with DD. Our findings provide the first evidence that cortical myelination is linked with individual differences in decision impulsivity and suggest that the myelin content affects cognitive performances partially through altered local brain synchrony.

**Keywords:** T1w/T2w ratio; delay discounting; intracortical myelin; regional homogeneity; resting-state fMRI.

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### 60. [Implicit Perception of Differences between NLP-Produced and Human-Produced Language in the Mentalizing Network](#)

Adv Sci (Weinh). 2023 Feb 7;e2203990. doi: 10.1002/advs.202203990. Online ahead of print.

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- DOI: [10.1002/advs.202203990](https://doi.org/10.1002/advs.202203990)

## Abstract

Natural language processing (NLP) is central to the communication with machines and among ourselves, and NLP research field has long sought to produce human-quality language. Identification of informative criteria for measuring NLP-produced language quality will support development of ever-better NLP tools. The authors hypothesize that mentalizing network neural activity may be used to distinguish NLP-produced language from human-produced language, even for cases where human judges cannot subjectively distinguish the language source. Using the social chatbots Google Meena in

English and Microsoft XiaoIce in Chinese to generate NLP-produced language, behavioral tests which reveal that variance of personality perceived from chatbot chats is larger than for human chats are conducted, suggesting that chatbot language usage patterns are not stable. Using an identity rating task with functional magnetic resonance imaging, neuroimaging analyses which reveal distinct patterns of brain activity in the mentalizing network including the DMPFC and rTPJ in response to chatbot versus human chats that cannot be distinguished subjectively are conducted. This study illustrates a promising empirical basis for measuring the quality of NLP-produced language: adding a judge's implicit perception as an additional criterion.

**Keywords:** human language; implicit perception; mentalizing network; natural language processing.

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- [63 references](#)

61. [\*\*Risk of readmission among individuals with cannabis use disorder during a 15-year cohort study: the impact of socio-economic factors and psychiatric comorbidity\*\*](#)

Addiction. 2023 Feb 6. doi: 10.1111/add.16158. Online ahead of print.

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- DOI: [10.1111/add.16158](https://doi.org/10.1111/add.16158)

## Abstract

**Background and aim:** Cannabis use disorder (CUD) is one of the main reasons for seeking substance treatment in the Nordic countries, but there are few studies on readmission to care. We aimed to characterize CUD readmission and estimate the magnitude of how socio-economic factors and psychiatric comorbidity influence the risk of CUD readmission.

**Design, setting and participants:** This was a nation-wide cohort study carried out between 2001 and 2016 in Sweden. The participants were individuals with CUD, aged 17 years and above (n = 12 143).

**Measurements:** Information on predictors was obtained from registers and included education, income and psychiatric comorbidity assessed by six disease groups. The outcome measure was readmission, defined as a CUD visit to health-care at least 6 months after initial CUD diagnosis. Hazard ratios (HR) were estimated using Cox survival analyses and flexible parametric survival analyses to assess risk of readmission and how the risk varied with age.

**Findings:** The vast majority of CUD visits took place in outpatient care (~80%). Approximately 23% of the included individuals were readmitted to care during follow-up. The fully adjusted model showed an increased risk of readmission among those with schizophrenia and other psychotic disorders [HR = 1.54, 95% confidence interval (CI) = 1.29-1.84], low education (HR = 1.40, 95% CI = 1.24-1.57), personality disorders (HR = 1.27, 95% CI = 1.05-1.54) or mood disorders (HR = 1.27, 95% CI = 1.12-1.45). Flexible parametric modeling revealed increased risk of readmission mainly in individuals aged 18-35 years.

**Conclusions:** The risk of readmission was highest among those with low education, schizophrenia and other psychotic disorders, mood-related disorders or personality disorders. Individuals aged 18-35 years showed the highest risk of readmission. Our findings highlight individuals with complex health-care needs.

**Keywords:** Cannabis use disorder; comorbidity; health-care utilization; psychiatric disorders; readmission; register-based epidemiology.



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- [40 references](#)

#### Full text links



62. [\*\*The Origin of Surrealism: Rethinking Apollinaire's Penetrating Brain Injury with Current Knowledge Regarding White Matter Tracts\*\*](#)

World Neurosurg. 2023 Feb 3;S1878-8750(23)00137-7. doi: 10.1016/j.wneu.2023.01.121. Online ahead of print.

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- PMID: [36739894](#)
- DOI: [10.1016/j.wneu.2023.01.121](#)

## Abstract

The French poet Apollinaire enrolled in the French army during World War I. In 1916, he suffered a penetrating brain injury when a fragment of shrapnel pierced his helmet in the right temporal region. Neurosurgical techniques were then standardized to manage the important number of war-related neurosurgical casualties. Apollinaire, who experienced a transient fainting followed by left-sided hemiparesis two months after his trauma, underwent trepanation. The poet's personality and behavior changed dramatically after his trauma. These neurobehavioral changes, associated with preserved cognition and no other neurological dysfunction, were later described as the Apollinaire's Syndrome. These personality changes were accompanied by flourishing writing changes. Hence, fifteen months after his penetrating brain injury, the poet introduced the word "Surrealism" to the World in his play *The Breast of Tiresias*, giving birth to a major movement that paved the XX<sup>th</sup> Century. Linguistic shifts such as phonological and semantical words of game were at the forefront of the narrative process of the play. Traumatic brain injury often leads to cognitive impairment. In the case of Apollinaire, if the ballistic trauma was also responsible for diffuse axonal injury, it could have also led to semantic and social cognition impairment, in addition to the neuropsychological disorders that had already been widely documented by his friends and family. The World will always remember Apollinaire's writing genius as deeply associated with the birth of Surrealism. But what if the poet new writing style was due, at least in part, to the unexpected help of a lost shrapnel fragment?

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### Full text links



63. [Borderline personality traits are differently associated with postpartum psychosis and](#)

# [postpartum depression episodes in women with bipolar disorder](#)

J Affect Disord. 2023 Feb 2;328:81-86. doi: 10.1016/j.jad.2023.01.124. Online ahead of print.

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- PMID: [36739003](#)
- DOI: [10.1016/j.jad.2023.01.124](#)

## Abstract

**Background:** Women with bipolar disorder have approximately 40 %-50 % chance of having a perinatal bipolar recurrence. Knowing the factors associated will be beneficial for the prediction and prevention of episodes. We aim to establish if borderline personality disorder traits, as measured by the BEST (Borderline Evaluation of Severity over Time) scale, are associated with perinatal psychiatric outcomes.

**Methods:** We recruited women with bipolar disorder as part of the BDRN (Bipolar Disorder Research Network) study. Women were interviewed and we collected their demographic and clinical information. Participants subsequently completed the BEST questionnaire. We analysed the association of BEST

scores with lifetime presence/absence of perinatal bipolar relapse and, employing multinomial logistic regression, with different subtypes of perinatal outcomes: postpartum psychosis; postpartum depression, and other episodes.

**Results:** In our sample of 807, although there was no significant association between the BEST total score and perinatal episodes as a whole (adjustedOR 1.01 CI95% [0.99, 1.03],  $p = 0.204$ ), we found significant differing associations with different subtypes of episodes. Women scoring highly on BEST were less likely to experience a postpartum psychotic episode (RRR 0.96 CI95% [0.94, 0.99],  $p = 0.005$ ) but more likely to experience a non-psychotic depressive episode (RRR 1.03 CI95% [1.01, 1.05],  $p = 0.007$ ) than no relapse.

**Limitations:** This study is limited by its cross-sectional design and self-report nature of BEST.

**Conclusions:** In women with bipolar disorder, borderline traits differentiate the risk of postpartum depression and postpartum psychosis, emphasise the importance of considering risk factors for these perinatal episodes separately, and may help individualise the risk for women in the perinatal period.

**Keywords:** Bipolar affective disorders; Borderline personality traits; Perinatal psychiatry; Postpartum depression; Postpartum psychosis.

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#### **Conflict of interest statement**

Conflict of interest None.

#### **Full text links**



### 64. [The science of psychopathy and some strategies for moving forward](#)

Crim Behav Ment Health. 2023 Feb;33(1):1-8. doi: 10.1002/cbm.2271. Epub 2023 Feb 4.

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- DOI: [10.1002/cbm.2271](#)

*No abstract available*

- [67 references](#)

### Full text links



65. [Sexual Dysfunctions and Problematic Sexuality in Personality Disorders and Pathological Personality Traits: A Systematic Review](#)

Curr Psychiatry Rep. 2023 Mar;25(3):93-103. doi: 10.1007/s11920-023-01409-9. Epub 2023 Feb 4.

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- PMID: [36738436](#)
- PMCID: [PMC9968244](#)
- DOI: [10.1007/s11920-023-01409-9](#)

**Free PMC article**

## **Abstract**

**Purpose of review:** This aim of the present systematic literature review is to critically analyze problematic sexuality and sexual dysfunctions in personality disorders (PDs) and pathological personality traits.

**Recent findings:** An initial pool of 123 studies was found, out of which 17 met the selection criteria and were therefore included. Traumatic experiences as childhood sexual abuse and adverse childhood experiences characterize the relationship between sexual behavior and PDs. From this point of view, sexual compulsivity and sexual risk behaviors, typical of BPD and ASPD, respectively, are among the pathognomonic aspects of PDs and of pathological personality traits. A maladaptive personality functioning may manifest through a problematic sexuality and a sexual impairment. In this regard, traumatic life experiences may structure personality together with sexual functioning. Therefore, it would be useful to consider the relationship between trauma, sexuality, and personality in research and in the clinical setting.

**Keywords:** Adverse childhood experiences; Personality disorders; Personality traits; Problematic sexuality; Sexual dysfunction; Sexual risk behavior.

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**Conflict of interest statement**

The authors declare that they have no competing interests.

- [45 references](#)
- [1 figure](#)

#### Full text links



66. [\*\*Optimism and pessimism as predictors of seizure group among patients with intractable seizure disorders\*\*](#)

Epilepsy Behav. 2023 Feb 1;140:109094. doi: 10.1016/j.yebeh.2023.109094.  
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- DOI: [10.1016/j.yebeh.2023.109094](#)

#### Abstract

The purpose of this study was to investigate the validity of the Revised Optimism-Pessimism Scale (PSM-R) as a measure of attributional style, and the incremental utility of optimism and pessimism as predictors of seizure group, in an intractable seizure disorder sample. Participants included adult patients with epileptic seizures (ES; n = 151) and psychogenic nonepileptic seizures (PNES; n = 173) whose diagnoses were confirmed by prolonged video/EEG monitoring (PVEM). Optimism and pessimism scores were

computed from abbreviated versions of the MMPI for all participants. Analyses were conducted to examine the relationships between optimism, pessimism, and MMPI clinical scale scores. Logistic regression analyses were conducted to generate a model for the prediction of seizure group. Results supported the validity of the PSM-R as a measure of attributional style in an intractable seizure disorder sample. Both optimism and pessimism provided significant incremental predictive utility over and above other predictors of seizure group. There are advantages of using the proposed prediction model over other alternative differential diagnostic procedures, including lower cost, greater availability, and increased standardization. Overall, results indicated that attributional style is a clinically relevant index of personality and cognitive response to stress among an intractable seizure disorder sample.

**Keywords:** Attributional style; Optimism; PNES; Pessimism.

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#### **Conflict of interest statement**

Declaration of Competing Interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

#### **Full text links**



### 67. [Global occurrence of depressive symptoms during the COVID-19 pandemic](#)

J Psychosom Res. 2023 Mar;166:111145. doi: 10.1016/j.jpsychores.2022.111145. Epub 2023 Jan 13.

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- PMID: [36736190](https://pubmed.ncbi.nlm.nih.gov/36736190/)
- PMCID: [PMC9838027](https://pubmed.ncbi.nlm.nih.gov/PMC9838027/)
- DOI: [10.1016/j.jpsychores.2022.111145](https://doi.org/10.1016/j.jpsychores.2022.111145)

**Free PMC article**

## Abstract

**Objective:** This study aimed to estimate the occurrence of depressive symptoms in a global population of young, middle-aged and older adults amid the COVID-19 pandemic. Study data also assessed the impact of the social restrictions caused by the pandemic on depressive symptomatology.

**Methods:** A self-administered internet-based survey was completed by 111,225 individuals residing in 176 countries (March-April 2020). We retained: demographic data, depressive symptoms (PHQ8), anxieties specific to the COVID-19, personality traits (Big-Five Personality Questionnaire), comorbidity frequency, health quality, behavioral variables (i.e., staying at home, avoiding social gatherings, social distancing in the past week). Occurrence of depressive symptoms was estimated using standard cut-offs (total PHQ8 score  $\geq 10$ ). Hierarchical regression modeling examined correlates of depressive symptoms (PHQ8 score) in three groups stratified by age, i.e., 18-34, 35-54 and 55+ years.

**Results:** Moderate to severe depressive symptoms were present in 27% of young, 15% middle-aged and 9% older adults. Younger age, female gender, not partnered, higher anxiety, and poorer health were associated with elevated depressive symptoms. Staying at home/not attending social gatherings were minor contributors to depressive symptoms in young and middle-aged adults. These were not significant in older adults. Social distancing was a marginal contributor in middle-aged and near significant in older adults, but not significant in young adults.

**Conclusions:** The occurrence of depressive symptoms is decreasing with advancing age. Increased risk of depressive symptoms was associated with being a younger adult, females, single/divorced, poorer health and higher anxiety. In all age groups, the presence of depressive symptoms was greater

than global estimates preceding the COVID-19 pandemic. Social restrictions amid the COVID-19 pandemic were marginal risks for depressive symptoms.

**Keywords:** Aging; Anxiety; Depression; Mental health; Quality of health; Stressor.

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### **Conflict of interest statement**

Declaration of Competing Interest Authors declare no competing interests.

- [61 references](#)
- [2 figures](#)

### **Full text links**



## 68. [Listener perceptions of stuttering and stuttering modification techniques](#)

J Fluency Disord. 2023 Mar;75:105960. doi: 10.1016/j.jfludis.2023.105960. Epub 2023 Jan 27.

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- PMID: [36736074](#)
- DOI: [10.1016/j.jfludis.2023.105960](#)

## Abstract

**Purpose:** The purpose of this study was to analyse naïve listener perceptions of speech containing unmodified stuttering, use of the pull-out technique, and use of preparatory-sets.

**Method:** Participants (N = 62) were randomly assigned to listen to one audio sample (unmodified stuttered speech, speech with pull-outs, or speech with preparatory-sets) and completed a survey assessing perceptions of the speaker's speech and personality and the listener's comfort level and willingness to social interact with the speaker.

**Results:** Survey results revealed low perceptual ratings in all experimental conditions. Unmodified stuttered speech received significantly more positive ratings than the stuttering modification conditions in all measurements except for speech naturalness. Listeners reported being less willing to socially interact with those who use preparatory-sets than unmodified stuttered speech.

**Conclusion:** The use of stuttering modification techniques did not improve listeners' perceptions or willingness to interact with persons who stutter. Clinicians and those who stutter should be aware that the use of speech techniques will not decrease negative social interactions or stereotypes.

**Keywords:** Fluency; Listener perceptions; Speech techniques; Stuttering; Stuttering modification.

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### Conflict of interest statement

Conflict of interest The authors report no conflict of interest.

### Full text links



69. [Influences and patterns of intimate partner violence among married Akha and Lahu women in northern Thailand](#)

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- DOI: [10.1186/s12889-023-15162-4](#)

## Free PMC article

## Abstract

**Background:** Intimate partner violence (IPV) is a major global public health problem. Women are the principal victims of IPV, and some special populations have been particularly impacted. The Akha and Lahu women are vulnerable populations for IPV due to the modernization and changes of their culture and norms. This study aimed to understand premarriage factors related to IPV, including associated factors, influencers, patterns and impacts, in Akha and Lahu women in Thailand.

**Methods:** A qualitative method was used to gather information among Akha and Lahu women who had experienced IPV in the previous year and were

fluent in Thai. Women who had experienced IPV in the previous year and lived in the border area of Thailand and Myanmar were invited to provide information. A thematic analysis was used to extract information from the participants and develop findings.

**Results:** A total of fifty-two married women were recruited into the study: 46.2% were Akha and 53.8% were Lahu. Those married Akha and Lahu women younger than 39 years found their partner through social media, had conditions before getting married, had high self-confidence, and tended to marry people from different tribes. While those aged 40 years and over met their husbands in village activities, were highly compliant with the norms of their culture, and married men from the same tribe. Three factors were detected as associated factors of IPV: cultural differences between partners from different tribes, substance use, and personality. Differences in age between partners, living in poor family economic status, and poor education were also detected as influencers of IPV. Four patterns of IPV were observed among Akha and Lahu married women: neglect, emotional abuse, verbal abuse, and physical abuse. Several patterns of the impacts were presented: children were neglected, especially in the preparation of daily food, having stress, having poor family relationships, and having children with unsuccessful lives in terms of education and getting a good job. Almost all married Akha and Lahu women had no particular expectations in their lives.

**Conclusion:** Akha and Lahu women face IPV problems with several key influences and impacts. Effective implementations are required to monitor and reduce the problem in the Akha and Lahu families, especially where the women are younger than 40 years old and married to men from different tribes.

**Keywords:** Akha; Hill tribe; Influence; Intimate partner violence; Lahu; Source; Women.

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### **Conflict of interest statement**

The authors declare no competing interests.

The authors have no conflict of interest to report.

- [45 references](#)

## Full text links



70. [Treating Symptoms of Posttraumatic Stress in People with Dementia: Expert Consensus Using the Delphi Method](#)

Clin Gerontol. 2023 Feb 2;1-15. doi: 10.1080/07317115.2023.2170842. Online ahead of print.

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- DOI: [10.1080/07317115.2023.2170842](#)

## Abstract

**Objectives:** Posttraumatic stress disorder is frequently present in people with dementia, but the symptoms are difficult to recognize and suitable treatments are lacking. The aim of the present study was to investigate which trauma-focused treatments are applicable to these patients.

**Methods:** The Delphi method is a process which is used to reach consensus from a panel of experts. The study was conducted online and consisted of three rounds with statements about support for treatment, treatment, and implementation.

**Results:** There are several treatment options available, but it depends on the symptoms, and the severity of PTSD and dementia which treatment is most suitable.

**Conclusions:** The outcomes offer some practical tips for health care workers, and they provide a fundamental base for future research.

**Clinical implications:** Clinicians should pay attention to the treatment of PTSD symptoms in people with dementia and it is necessary to examine the type and severity of both PTSD symptoms and dementia. Taking these factors into account, clinicians are able to focus on the best treatment option in order to improve the quality of life of these specific type of patients.

**Keywords:** Delphi method; Dementia; PTSD; trauma-focused treatment.

71. [Exploring the predictive validity of personality disorder criteria](#)

Personal Disord. 2023 Feb 2. doi: 10.1037/per0000609. Online ahead of print.

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## Abstract

We tested the predictive validity of personality disorder (PD) indicators at different levels of aggregation, ranging from general PD severity to PD syndrome scales to individual PD criteria. We compared the predictive validity of models on these levels based on interview data on all 78 DSM-IV PD criteria, by using 19 outcome scales in three different samples ( $N = 651$ ,  $N = 552$ , and  $N = 1,277$ ). We hypothesized that criteria of personality pathology yield a significant increase in predictive validity compared with scales that are aggregated at the syndrome- or general severity-level. We assessed out of sample performance of predictive models in a repeated cross-validation design using regularized linear regression and regression forest algorithms. We observed no significant difference in predictive performance between models trained at the item-level and models trained on scale-level data. We further tested the predictive performance of the trained linear models across samples on outcome measures shared between samples and inspected models for criteria-level information they relied on to make predictions. Our results suggest that little predictive variance is lost when interview items assessing DSM-IV PD criteria are aggregated to dimensional PD scales. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

## 72. [Revisiting Paraphrenia: A Case Report](#)

Cureus. 2023 Jan 30;15(1):e34391. doi: 10.7759/cureus.34391. eCollection 2023 Jan.

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- DOI: [10.7759/cureus.34391](https://doi.org/10.7759/cureus.34391)

### Free PMC article

## Abstract

Paraphrenia is a chronic psychotic disorder characterized by a strong delusional component with preservation of thought and personality. It was first introduced as a disorder associated with paranoid dementia and paranoia, but with less personality deterioration than schizophrenia and without fulfilling the clinical features of a delusional disorder. This classic diagnostic entity is not currently listed in main diagnostic systems, rendering delusional disorders difficult to classify in cases that resemble the concept of paraphrenia. We revisit the concept of paraphrenia through a critical review based on a clinical vignette of a patient followed at the psychiatry department of the University Hospital Center of São João.

**Keywords:** atypical psychosis; delusional disorder; paranoid schizophrenia; paraphrenia; psychotic disorder not otherwise specified.

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### Conflict of interest statement

The authors have declared that no competing interests exist.

- [14 references](#)

### Full text links



73. [Psychiatric comorbidity in individuals with bipolar disorder: relation with clinical outcomes and functioning](#)

Eur Arch Psychiatry Clin Neurosci. 2023 Feb 1. doi: 10.1007/s00406-023-01562-5. Online ahead of print.

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## Abstract

The aim was to assess the lifetime prevalence of psychiatric comorbidity (PC) in Brazilian euthymic individuals with bipolar disorder type I, and investigate its effects on clinical outcomes and functioning. A group of 179 outpatients with BD-I in the recuperation phase were assessed, of whom 75 (41.9%) had PC and 104 (58.1%) had not. Both groups were compared using sociodemographic/clinical questionnaire, Structured Clinical Interview for DSM-IV axis I and II, Sheehan Disability and Barratt Impulsiveness Scales. Patients with PC presented less religious affiliation, more history of lifetime psychotic symptoms, rapid cycling, suicide attempts, worse scores of functioning, and higher prevalence of personality disorders. Ordinal logistic regression indicated that PC was associated with increased odds of worse levels of disability. Therefore, it could be observed that patients with BD evaluated only in euthymia presented a high mental disorders comorbidity. Considering their burdensome impact, appropriate management is a challenging reality and a crucial factor in reducing morbidity and mortality associated with BD.

Further longitudinal studies on their relationship may broaden interventions to reduce patient's suffering.

**Keywords:** Bipolar disorder; Euthymia; Functioning; Personality disorder; Psychiatric comorbidity.

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- [45 references](#)

### Full text links



74. [First episode psychosis during the Covid-19 pandemic in Milan, Italy: Diagnostic outcomes at 1-year follow-up](#)

Psychiatry Res. 2023 Mar;321:115068. doi: 10.1016/j.psychres.2023.115068. Epub 2023 Jan 24.

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- PMID: [36724649](#)
  - DOI: [10.1016/j.psychres.2023.115068](#)

## Abstract

An influence of the Covid-19 pandemic on First Episode Psychosis (FEP) has been hypothesized. We previously reported an increase of FEP during the early stages of the pandemic in Milan, Italy. Here we report a 1-year follow-up of the same cohort and comparison with a FEP cohort from 2019. The higher proportion of non-chronic psychoses observed during the pandemic (58.62% in 2020 vs 43,75% in 2019) should be confirmed in larger cohorts over a longer follow-up period.

**Keywords:** Covid-19 pandemic; First episode psychosis; Personality traits; Reactive psychosis.

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**Conflict of interest statement**

Declaration of Competing Interest None to disclose.

### Full text links



75.

## [A Systematic Review of the Association Between Early Childhood Trauma and Borderline Personality Disorder](#)

J Pers Disord. 2023 Feb;37(1):16-35. doi: 10.1521/pedi.2023.37.1.16.

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- PMID: [36723424](#)
- DOI: [10.1521/pedi.2023.37.1.16](#)

### Abstract

Borderline personality disorder (BPD) is a debilitating clinical disorder associated with adverse impacts on multiple levels. While a high prevalence of childhood trauma has been noted, the ways such trauma impacts the development of BPD symptomatology remain unclear. In this systematic review, the authors examine the literature from 2000 to 2020, focusing on the association between trauma and BPD, and offer a comprehensive synthesis of possible etiological implications related to either one specific or multiple trauma types. In addition, results are analyzed based on commonly tested trauma parameters, including repeated exposure, polytrauma, onset, perpetrators, and gender. The authors also note some limitations in areas of sampling, measurement, causal inference methods, and data analyses. Results

of this review point to several parameters of trauma that can be used to inform training for practitioners as well as enhance current interventions.

**Keywords:** abuse; borderline personality disorder; etiology; systematic review; trauma.

### Full text links



76. [Situating Psychopathy Within the \*DSM-5\* Alternative Model of Personality Disorders \(AMPD\) Among Italian Community-Dwelling Adults](#)

J Pers Disord. 2023 Feb;37(1):49-70. doi: 10.1521/pedi.2023.37.1.49.

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- PMID: [36723423](#)
- DOI: [10.1521/pedi.2023.37.1.49](#)

### Abstract

Given growing evidence for a joint hierarchical framework of clinical and personality symptomatology, situating triarchic traits within this model would acknowledge transdiagnostic trait-related variance and provide a basis for

linking the *DSM-5* Alternative Model of Personality Disorders (AMPD) domains to established indicators of these neurobehavioral traits. The current study ( $N = 2,041$  Italian adults) sought to replicate and extend recent evidence regarding the locations of triarchic traits within the AMPD and to examine relations with criterion measures at different levels of the hierarchy. "Bass-ackwards" analyses revealed a hierarchical structure of personality pathology in which triarchic traits aligned with broad dispositional domains of the AMPD. Boldness, meanness, and disinhibition were clearly situated within the Externalizing branch of the hierarchy and helped to differentiate the Negative Affect, Antagonism, Detachment, and Disinhibition domains at lower levels. The current findings support the view of psychopathy as multidimensional and encompassing developmentally meaningful and neurobehaviorally relevant traits.

**Keywords:** AMPD; bass-ackwards; personality; psychopathy; transdiagnostic.

#### Full text links



### 77. [Identifying Splitting Through Sentiment Analysis](#)

J Pers Disord. 2023 Feb;37(1):36-48. doi: 10.1521/pedi.2023.37.1.36.

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- DOI: [10.1521/pedi.2023.37.1.36](#)

## Abstract

In Kernerg's Object Relations Theory model of personality pathology, splitting, the mutual polarization of aspects of experience, is thought to result in a failure of identity integration. The authors sought to identify a clinician-independent, automated measure of splitting by examining 54 subjects' natural speech. Splitting in these individuals, recruited from the community, was investigated and evaluated with a shortened version of the Structured Interview of Personality Organization (STIPO-R). A type of automated sentiment textual analysis called VADER was applied to transcripts from the section of the STIPO-R that probes identity integration. Higher variability in speech valence, more negative minimum valence, and more frequent shifts in valence polarity were associated with more severe identity disturbance. The authors concluded that the degree of splitting elicited during the description of self and others is related to the degree of identity disturbance, and to the degree of negativity and instability of these descriptions of self and others.

**Keywords:** identity; polarization; sentiment; splitting; valence.

### Full text links



78. [Attitudes, Clinical Practices, and Perceived Advocacy Needs of Professionals With Interests in Personality Disorders](#)

J Pers Disord. 2023 Feb;37(1):1-15. doi: 10.1521/pedi.2023.37.1.1.

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- PMID: [36723421](#)
- DOI: [10.1521/pedi.2023.37.1.1](#)

## Abstract

Experts in personality disorders (PDs) generally prefer dimensional diagnostic systems to categorical ones, but less is known about experts' attitudes toward personality pathology diagnoses in adolescents, and little is known about public health shortfalls and advocacy needs and how these might differ geographically. To fill these gaps, the International Society for the Study of Personality Disorders surveyed 248 professionals with interests in PDs about their attitudes toward different diagnostic systems for adults and adolescents, their PD-related clinical practices, and perceived advocacy needs in their area. Results suggested that dimensional diagnostic systems are preferable to categorical and that skepticism about personality pathology in adolescents may not be warranted. The most pressing advocacy need was the increased availability of PD-related services, but many other needs were identified. Results provide a blueprint for advocacy and suggest ways that professional societies can collaborate with public health bodies to expand the reach of PD expertise and services.

**Keywords:** diagnosis; evidence-based practice; personality pathology; public health needs; treatment accessibility.

## Full text links



79. [Evaluating Dialectical Behavior Therapy Training With Mental Health Clinicians](#)

J Pers Disord. 2023 Feb;37(1):95-111. doi: 10.1521/pedi.2023.37.1.95.

**Authors**

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- PMID: [36723420](#)
- DOI: [10.1521/pedi.2023.37.1.95](#)

**Abstract**

A substantial body of research supports dialectical behavior therapy (DBT) as an evidence-based treatment for those with borderline personality disorder (BPD); however, there remains a lack of mental health clinicians trained in this modality, resulting in limited clinician competencies and skills. Furthermore, the effectiveness of DBT trainings with mental health clinicians remains understudied. The present study evaluated a comprehensive 5-day DBT-Linehan Board of Certification training program. Informed by the Theory of Planned Behavior, this study assessed changes in clinician knowledge, attitudes, perceived behavioral control (PBC), intentions, and behaviors relevant to DBT at baseline, posttraining, and 6-month follow-up. Results showed large, significant pre-to-post training improvements in clinicians' knowledge, attitudes, PBC, and intentions related to DBT implementation. Large improvements in knowledge, attitudes, and PBC were sustained at follow-up. A significant improvement in actual behaviors was also found at follow-up. Implications of the present study and directions for future research are discussed.

**Keywords:** Theory of Planned Behavior; borderline personality disorder; dialectical behavior therapy training; evidence-based treatment; training implementation.

#### Full text links



80. [\*\*Borderline Personality Disorder \(BPD\) and Complex Posttraumatic Stress Disorder \(CPTSD\): A Network Analysis in a Highly Traumatized Clinical Sample\*\*](#)

J Pers Disord. 2023 Feb;37(1):112-129. doi: 10.1521/pedi.2023.37.1.112.

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- PMID: [36723419](#)
- DOI: [10.1521/pedi.2023.37.1.112](#)

## Abstract

Whether complex posttraumatic stress disorder (CPTSD) and borderline personality disorder (BPD) diagnoses differ substantially enough to warrant separate diagnostic classifications has been a subject of controversy for years. To contribute to the nomological network of cumulative evidence, the main goal of the present study was to explore, using network analysis, how the symptoms of ICD-11 PTSD and disturbances in self-organization (DSO) are interconnected with BPD in a clinical sample of polytraumatized individuals ( $N = 330$ ). Participants completed measures of life events, CPTSD, and BPD. Overall, our study suggests that BPD and CPTSD are largely separated. The bridges between BPD and CPTSD symptom clusters were scarce, with "Affective Dysregulation" items being the only items related to BPD. The present study contributes to the growing literature on discriminant validity of CPTSD and supports its distinctiveness from BPD. Implications for treatment are discussed.

**Keywords:** BPD; CPTSD; PTSD; network; trauma.

### Full text links



81. [Construct Validity of Triarchic Model Traits in the Dunedin Multidisciplinary Health and Development Study Using the Multidimensional Personality Questionnaire](#)

J Pers Disord. 2023 Feb;37(1):71-94. doi: 10.1521/pedi.2023.37.1.71.

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- PMID: [36723418](https://pubmed.ncbi.nlm.nih.gov/36723418/)
- DOI: [10.1521/pedi.2023.37.1.71](https://doi.org/10.1521/pedi.2023.37.1.71)

## Abstract

The triarchic model of psychopathy emphasizes the role of three phenotypic personality domains (boldness, meanness, and disinhibition) that have been operationalized using the well-established Multidimensional Personality Questionnaire. The present study sought to further validate the MPQ-Tri scales and examine their temporal stability and predictive validity across two time points (ages 18 and 26) from the Dunedin Multidisciplinary Health and Development Study, a population-representative and longitudinal sample ( $N = 1,037$ ). This investigation necessitated modification of the MPQ-Tri scales to enable their use in a broader range of samples, including the Dunedin Study. The revised MPQ-Tri scales demonstrated good temporal stability, and correlation and multiple linear regression analyses predominantly revealed associations consistent with theoretical expectations. Overall, the findings provide support for the MPQ-Tri scales as reliable, stable, and valid measures of the triarchic constructs, which provide a unique opportunity to examine highly novel research questions concerning psychopathy in a wide variety of samples.

**Keywords:** Multidimensional Personality Questionnaire; construct validity; personality assessment; psychopathy; triarchic psychopathy model.

## Full text links



82. [Anxiety as a differentiating variable in emotional recognition in juvenile offenders with high callous-unemotional traits](#)

Crim Behav Ment Health. 2023 Feb;33(1):22-32. doi: 10.1002/cbm.2276. Epub 2023 Feb 1.

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- DOI: [10.1002/cbm.2276](#)

### Abstract

**Background:** The presence of so-called callous-unemotional (CU) traits-lack of remorse/empathy, callous use of others and shallow/deficient affect-defines an important subgroup of children and adolescents with more severe and stable antisocial behaviours over time and may be a precursor to so-called psychopathy in adults. There are two main hypotheses to account for such traits, one emphasising deficits in recognition of specific emotions-the distress specific-and the other in aspects of facial recognition-the attention to the eyes hypothesis, but it may be that the manifestation of deficits is affected by the person's own emotional state.

**Aims:** To test the effect of anxiety scores on emotion recognition among young people high scoring for CU traits.

**Methods:** 14- to 21-year-olds serving sentences in youth justice institutions across Spain were invited to participate. Only those scoring above the cut-off on the Kimonis Inventory of Callous and Unemotional Traits were included. Anxiety was measured using the State-Trait Anxiety Inventory. Emotion recognition was assessed using the Emotional Face and Emotional Gaze Tasks.

**Results:** Of 91 (90% male) eligible participants, 53 had above threshold anxiety scores. The latter group recognised the emotional expressions of sadness, anger and fear earlier than their non-anxious peers, both when only the eye region was presented and when full faces were presented. There was less difference between groups in the case of the emotions of disgust and happiness, with both groups recognising these emotions earlier and more accurately when a full face was presented.

**Conclusions:** Our findings suggest that 14- to 21-year old who struggle with callous emotional traits should not be treated as a homogenous group but that testing for other relevant problems, including anxiety, may inform optimal routes to the emotion recognition training that is likely to help them relate to others more prosocially.

**Keywords:** anxiety; callous-unemotional; young offenders.

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- [44 references](#)

#### Full text links



83. ["It's not you, it's me": identity disturbance as the main contributor to interpersonal problems in pathological narcissism](#)

Borderline Personal Disord Emot Dysregul. 2023 Feb 1;10(1):3. doi: 10.1186/s40479-022-00209-6.

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- PMID: [36721254](#)
- PMCID: [PMC9890803](#)
- DOI: [10.1186/s40479-022-00209-6](#)

**Free PMC article**

## **Abstract**

**Background:** Core impairments in self and other functioning typify individuals with personality disorder. While interpersonal dysfunction is a known element of narcissistic disorders, empirical research investigating intrapersonal elements is lacking. The aim of this study was to investigate the internal representations of individuals with grandiose and vulnerable features, as manifested through their attachment styles, and the specific role of identity disturbance in explaining the relationship between pathological narcissism and maladaptive interpersonal functioning.

**Methods:** A sample of 270 university students completed the Brief Pathological Narcissism Inventory (B-PNI), the Severity Indices of Personality Problems (SIPP), the Relationship Questionnaire (RQ), and the Inventory of Interpersonal Problems (IIP-32).

**Results:** Both vulnerable and grandiose narcissism were positively associated with both fearful and preoccupied attachment, and negatively associated with secure attachment, whilst grandiose narcissism was also positively associated with dismissive attachment. Furthermore, unstable representations of self, poor self-reflective functioning, and low sense of purpose fully mediated the relationship between interpersonal problems and grandiose narcissism while partially mediating the relationship between interpersonal problems and vulnerable narcissism.

**Conclusions:** Overall, our findings suggest that for individuals presenting with narcissistic features, capacity for adaptive interpersonal functioning is



grounded by deficits in identity integration. Implications of these findings are discussed.

**Keywords:** Grandiosity; Identity impairment; Interpersonal functioning; Narcissism; Vulnerability.

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### **Conflict of interest statement**

The authors declare they have no competing interests.

- [87 references](#)
- [1 figure](#)

### **Full text links**



## 84. [Does gambling differ in people with a minority sexual orientation?](#)

Ann Clin Psychiatry. 2023 Feb;35(1):23-30. doi: 10.12788/acp.0102.

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- PMID: [36716473](#)
- DOI: [10.12788/acp.0102](#)

## Abstract

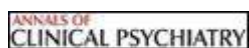
**Background:** Gambling is common and there is growing concern about its public health implications. Little is known about how gambling differs in people with minority sexual identities. We sought to understand whether lesbian, gay, and bisexual (LGB) individuals differ from non-LGB individuals in terms of gambling and associated characteristics.

**Methods:** A total of 534 participants age 18 to 29 who gambled at least 5 times in the preceding year undertook clinical and neurocognitive evaluations. Those who identified as LGB were compared to heterosexuals on clinical and cognitive measures.

**Results:** Overall, 51 participants (9.6%) identified as LGB. These individuals showed significantly higher levels of problem gambling, suicide risk, substance use disorders, traits of obsessive-compulsive personality disorder (OCPD), higher errors on a set-shifting task, and higher rates of family history of addiction.

**Conclusions:** These results indicate that individuals with minority sexual orientations may be at higher risk of experiencing problem gambling and associated factors, such as increased suicidality, OCPD traits, and some degree of cognitive differences. Future studies should establish whether these associations also exist in clinical samples of people with full gambling disorder. Large-scale longitudinal research in neglected minority groups is needed to further explore these associations.

### Full text links



85. [Clozapine withdrawal-induced catatonia treated with clozapine: A case report](#)

Ann Clin Psychiatry. 2023 Feb;35(1):63-64. doi: 10.12788/acp.0101.

### Authors

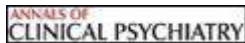
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- DOI: [10.12788/acp.0101](#)

*No abstract available*

## Full text links



## 86. [Prevalence and Correlates of Hair Pulling Disorder and Skin Picking Disorder in an Acute Psychiatric Sample](#)

J Nerv Ment Dis. 2023 Feb 1;211(2):163-167. doi: 10.1097/NMD.0000000000001593.

## Authors

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- PMID: [36716064](#)
- DOI: [10.1097/NMD.0000000000001593](#)

## Abstract

Hair pulling disorder (HPD; trichotillomania) and skin picking disorder (SPD; excoriation disorder) are understudied psychiatric disorders. The aim of this study was to examine the prevalence and correlates of HPD and SPD in an acute psychiatric sample. Semistructured interviews and self-report measures were administered to patients in a psychiatric partial hospital (N = 599). The past-month prevalence of HPD and SPD was 2.3% and 9%, respectively. HPD and SPD had highly similar clinical characteristics and a strong co-occurrence. Patients with HPD/SPD were significantly younger than other patients and more likely to be female. Logistic regression controlling for age and sex

showed that diagnosis of HPD/SPD was not significantly associated with suicidal ideation, suicidal behaviors, nonsuicidal self-injury, or emotional disorder diagnoses (e.g., borderline personality disorder, major depressive disorder). HPD/SPD status was significantly associated with an increased risk of generalized anxiety disorder. However, patients with HPD/SPD did not differ from other patients on self-report measures of generalized anxiety, depression, and distress intolerance. HPD and SPD are common and frequently co-occurring disorders in psychiatric settings.

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- [35 references](#)

#### Full text links



87. [\*\*Association Between Cannabis and Violence in Community-Dwelling Patients With Severe Mental Disorders: A Cross-sectional Study Using Machine Learning\*\*](#)

J Nerv Ment Dis. 2023 Feb 1;211(2):88-94. doi:  
10.1097/NMD.0000000000001604.

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- PMID: [36716062](#)
- DOI: [10.1097/NMD.0000000000001604](#)

#### Abstract

The objective of this cross-sectional study was to identify cannabis-related features and other characteristics predictive of violence using a data-driven approach in patients with severe mental disorders (SMDs). A Least Absolute Shrinkage and Selection Operator regularization regression model was used on the database consisting of 97 patients with SMD who completed questionnaires measuring substance use and violence. Cannabis use, particularly related to patients' decision to consume or time spent using, was a key predictor associated with violence. Other patterns of substance use and personality traits were identified as strong predictors. Regular patterns of cannabis use and interpersonal issues related to cannabis/stimulant abuse were inversely correlated to violence. This study identified the effect of several predictors correlated to violence in patients with SMD using a regularization regression model. Findings open the door to better identify the profiles of patients that may be more susceptible to perpetrate violent behaviors.

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- [73 references](#)

#### Full text links



88. [Cardiac interoception in patients accessing secondary mental health services: A transdiagnostic study](#)

Auton Neurosci. 2023 Mar;245:103072. doi: 10.1016/j.autneu.2023.103072.  
Epub 2023 Jan 13.

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- PMID: [36709619](https://pubmed.ncbi.nlm.nih.gov/36709619/)
- DOI: [10.1016/j.autneu.2023.103072](https://doi.org/10.1016/j.autneu.2023.103072)

## Abstract

**Background:** Abnormalities in the regulation of physiological arousal and interoceptive processing are implicated in the expression and maintenance of specific psychiatric conditions and symptoms. We undertook a cross-sectional characterisation of patients accessing secondary mental health services,

recording measures relating to cardiac physiology and interoception, to understand how physiological state and interoceptive ability relate transdiagnostically to affective symptoms.

**Methods:** Participants were patients (n = 258) and a non-clinical comparison group (n = 67). Clinical diagnoses spanned affective disorders, complex personality presentations and psychoses. We first tested for differences between patient and non-clinical participants in terms of cardiac physiology and interoceptive ability, considering interoceptive tasks and a self-report measure. We then tested for correlations between cardiac and interoceptive measures and affective symptoms. Lastly, we explored group differences across recorded clinical diagnoses.

**Results:** Patients exhibited lower performance accuracy and confidence in heartbeat discrimination and lower heartbeat tracking confidence relative to comparisons. In patients, greater anxiety and depression predicted greater self-reported interoceptive sensibility and a greater mismatch between performance accuracy and sensibility. This effect was not observed in comparison participants. Significant differences between patient groups were observed for heart rate variability (HRV) although post hoc differences were not significant after correction for multiple comparisons. Finally, accuracy in heartbeat tracking was significantly lower in schizophrenia compared to other diagnostic groups.

**Conclusions:** The multilevel characterisation presented here identified certain physiological and interoceptive differences associated with psychiatric symptoms and diagnoses. The clinical stratification and therapeutic targeting of interoceptive mechanisms is therefore of potential value in treating certain psychiatric conditions.

**Keywords:** Anxiety; Cardiac physiology; Interoception; Psychosis; Transdiagnostic.

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**Full text links**



89. [Implicit cognitions on self-injurious and suicidal behavior in borderline personality disorder](#)

J Behav Ther Exp Psychiatry. 2023 Jun;79:101836. doi: 10.1016/j.jbtep.2023.101836. Epub 2023 Jan 20.

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- PMID: [36709601](#)
- DOI: [10.1016/j.jbtep.2023.101836](#)

### Abstract

**Background and objectives:** Performance on implicit measures of suicidality has been associated with suicidal and nonsuicidal self-injury. Despite the high prevalence of self-harm in patients with borderline personality disorder (BPD), no previous study has assessed implicit measures in this patient group.

**Methods:** Forty patients with BPD and 25 healthy controls completed three implicit association tests (IATs) (Death words - Me/Others words, Self-Harm pictures - Me/Others, and Self-Harm pictures - Good/Bad words) and a subliminal priming task (effect of the primes "dying"/"growing" on the categorization speed of positive/negative adjectives) as well as measures of



psychopathology (suicidal ideation, previous nonsuicidal self-injury, borderline symptomatology, depression, and hopelessness).

**Results:** Patients with BPD had higher scores on all three IATs than healthy controls. The subliminal priming procedure did not reveal group differences. Correlations between implicit measures and psychopathology among patients with BPD were mostly weak and nonsignificant with a few exceptions: Positive correlations were observed between IAT Self-Harm - Good/Bad and lifetime frequency of nonsuicidal self-injury, between IAT Self-Harm - Me/Others and depression, and between IAT Death - Me/Others and depression. Correlations between implicit measures were weak to moderate.

**Limitations:** The study was cross-sectional only, and the study had reduced power as the sample size was limited.

**Conclusions:** As expected, patients with BPD had higher scores than healthy controls on the IATs, which indicates higher implicit self-identification with self-harm and death as well as stronger implicit positive attitudes towards self-harm. The mostly weak correlations between implicit and explicit measures speak against the discriminative value of IATs in patients with BPD.

**Keywords:** Assessment; Implicit cognitions; Personality disorder; Self-harm behavior; Suicide risk.

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#### **Conflict of interest statement**

Declaration of competing interest None.

#### **Full text links**



90. [Is low platelet MAO activity associated with antisocial behavior? evidence from representative samples of longitudinally observed birth cohorts](#)

Brain Res. 2023 Apr 1;1804:148249. doi: 10.1016/j.brainres.2023.148249.  
Epub 2023 Jan 20.

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- PMID: [36682705](#)
  - DOI: [10.1016/j.brainres.2023.148249](#)

## Abstract

Lower platelet monoamine oxidase (MAO) activity has been associated with problem behaviors, including criminal behavior, but not all studies agree. We have examined platelet MAO activity and antisocial behavior involving police contact in a longitudinal birth cohort study. The sample included both birth cohorts (original n = 1238) of the Estonian Children Personality Behavior and Health Study. Platelet MAO activity was measured at ages 15, 18 and 25 radioenzymatically with  $\beta$ -phenylethylamine as the substrate. Police contacts were self-reported in an interview and drug use in a questionnaire filled in during a laboratory visit. In cross-sectional analyses, males with the record of antisocial behavior had lower platelet MAO activity. In longitudinal mixed-effect regression models, this association was found to be independent of smoking. Furthermore, including smoking in the model revealed lower platelet

MAO activity also in females with past antisocial behaviour. A further exploratory regression analysis with antisocial behavior at two levels of frequency and consideration of self-reported use of illicit drugs either in a single occasion or repeatedly demonstrated some "dose-dependency" in the relationship of antisocial behavior and platelet MAO activity. Platelet MAO activity was lower in male but not female subjects with basic education level as compared to secondary and higher education, but it was not related to non-verbal intelligence. Neither was platelet MAO activity associated with socio-economic status. In conclusion, antisocial behavior as occurring in general population is associated with low platelet MAO activity that probably reflects low capacity of the serotonergic system.

**Keywords:** Antisocial behavior; Birth cohort; Gender; Longitudinal; Platelet monoamine oxidase (MAO) activity; Serotonin.

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#### **Conflict of interest statement**

Declaration of Competing Interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

#### **Full text links**



91. [Characteristics of behavioural addiction in Parkinson's disease patients with self-reported impulse control disorder and controls matched for levodopa equivalent dose: a matched case-control study](#)

J Neural Transm (Vienna). 2023 Feb;130(2):125-133. doi: 10.1007/s00702-023-02588-8. Epub 2023 Jan 20.

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- PMID: [36662280](#)
- PMCID: [PMC9902415](#)
- DOI: [10.1007/s00702-023-02588-8](#)

## Free PMC article

## Abstract

Impulse control disorders (ICD) in Parkinson's disease (PD) frequently occur, not always as a direct consequence of dopaminergic medication. This study investigated premorbid personality traits and behavioural characteristics in non-demented PD patients with self-reported symptoms of ICD (PD-srICD). From a total of 200 non-demented PD patients who filled out questionnaires assessing symptoms and severity of ICD, those were classified as PD-srICD (n = 32) who reported current occurrence of at least one compulsive behaviour (gambling, sexual behaviour, buying behaviour, or eating). As a control group, 32 patients with no self-reported ICD symptoms were matched for levodopa equivalent daily dose. The demographic, clinical, and premorbid personality profiles were compared between both groups. Frequency of psychological characteristics indicating substance use disorder was evaluated in patients with PD-srICD. Patients with PD-srICD were more frequently male, younger at examination,

had earlier PD onset, more depression, higher non-motor burden, less quality of life ( $p < 0.05$ , respectively), and more frequently reported premorbid sensation seeking/novelty orientation ( $p = 0.03$ ) and joyful experience of stress ( $p = 0.04$ ) than patients in the control group. Of patients with PD-srICD, 90.6% reported at least one behavioural characteristic of substance use disorder, most frequently positive expectations following ICD behaviour and illusionary beliefs about its behavioural control. Signs of addiction were common among patients with PD-srICD. Therefore, the profile of psychological characteristics in patients with PD-srICD resembled that of patients with substance use disorder. It can be concluded that dopamine replacement therapy (DRT) alone does not account for PD-srICD and that thorough psychological diagnostics are recommended.

**Keywords:** Behavioural addiction; Impulse control disorder; Parkinson's disease; Personality traits; Premorbid personality traits; Substance use disorder.

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#### **Conflict of interest statement**

B. Lепlow has nothing to disclose. D. Renftle has nothing to disclose. M. Thomas has nothing to disclose. K. Michaelis has nothing to disclose. S. Solbrig has nothing to disclose. W. Maetzler reports grant from the European Union, the German Federal Ministry of Education and Research, German Research Council, Michael J. Fox Foundation, Robert Bosch Foundation, Neuroalliance, Lundbeck, Sivantos and Janssen, outside the submitted work. He received speaker honoraria from Abbvie, Bayer, GlaxoSmithKline, Licher MT, Neuro-Kolleg Online-Live, Rölke Pharma, Takeda and UCB, was invited to Advisory Boards of Abbvie, Biogen, Kyowa Kirin, Lundbeck and Market Access & Pricing Strategy GmbH, is an advisory board member of the Critical Path for Parkinson's Consortium, and an editorial board member of Geriatric Care. He serves as the co-chair of the MDS Technology Task Force. D. Berg reports grants from Janssen Research and Development, a division of Janssen Pharmaceutica N.V. related to the conduct of this study; grants from German Research Foundation (DFG), German Parkinson's Disease Association (dPV), German Ministry for Education and Research (BMBF), Parkinson Fonds Deutschland gGmbH, UCB Pharma GmbH, EU, Novartis Pharma GmbH, Lundbeck, Damp foundation, outside the submitted work. She received speaker honoraria from AbbVie, Biogen, BIAL, UCB Pharma GmbH Zambon, Desitin and was invited to Advisory Boards for Biogen, BIAL, UCB Pharma GmbH, Zambon. I. Liepelt-Scarfone reports grants from Janssen Research and

Development, a division of Janssen Pharmaceutica N.V. related to the conduct of this study; grants from the Michael J. Fox Foundation during the conduct of the study, European Commission, H2020-TWINN-2015, International Parkinson Fonds (Deutschland) GmbH (IPD), Novartis, German Ministry for Education and Research (BMBF), outside the submitted work.

- [50 references](#)
- [1 figure](#)

#### Full text links



92. [\*\*Acquiring Psychopathy and Callousness Traits: Examining the Influence of Childhood Betrayal Trauma and Adult Dissociative Experiences in a Community Sample\*\*](#)

J Trauma Dissociation. 2023 Mar-Apr;24(2):268-283. doi: 10.1080/15299732.2023.2168827. Epub 2023 Jan 18.

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- PMID: [36653975](#)
- DOI: [10.1080/15299732.2023.2168827](#)

#### Abstract

The study of psychopathy has largely centered on samples of incarcerated offenders with a focus on primary psychopathy traits. Less is known, however, about how experiences of childhood betrayal trauma and dissociation influence the development of these traits in non-institutionalized individuals. In the

present study, we utilized structural equation modeling to investigate the relationships among childhood betrayal trauma, adult dissociation, and adult psychopathy traits and callous affect traits in a community sample (N = 746). Childhood betrayal trauma was associated with psychopathy and callous affect traits, and mediated by dissociative experiences. These results are consistent with theory and prior empirical findings associating childhood betrayal trauma with dissociation, psychopathy, and callous affect traits. The results will help influence the design of future studies that can further inform the developmental course of psychopathy.

**Keywords:** Betrayal trauma; callous affect; childhood trauma; community sample; dissociation; psychopathy.

93. [\*\*Adding EMDR for PTSD at the onset of treatment of borderline personality disorder: A pilot study\*\*](#)

J Behav Ther Exp Psychiatry. 2023 Jun;79:101834. doi: 10.1016/j.jbtep.2023.101834. Epub 2023 Jan 11.

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- PMID: [36645926](#)
- DOI: [10.1016/j.jbtep.2023.101834](#)

## Abstract

**Background and objectives:** Eye movement desensitization and reprocessing (EMDR) is an effective treatment for individuals suffering from posttraumatic stress disorder (PTSD). However, EMDR is not typically offered to people with PTSD who also meet the criteria for borderline personality disorder (BPD). This study examines the feasibility and clinical benefits of EMDR for PTSD delivered in addition to the onset of treatment as usual (TAU) for BPD.

**Methods:** In a non-concurrent, multiple baseline design, 12 patients with BPD and PTSD received fifteen weekly 45-min sessions of TAU. During this period, eight weekly 90-min EMDR sessions were added. Outcome measures were obtained weekly for self-reported PTSD symptoms (PTSD checklist for DSM-5), levels of psychopathology (Brief Symptom Checklist), and the effect of psychopathology on different areas of life (Sheehan Disability Scale).

**Results:** 9 participants completed the treatment protocol. In the EMDR phase, PTSD severity scores decreased significantly between sessions, while no between-session drop in scores occurred during the TAU only phase. Similar results were obtained for general symptoms and disability. No adverse events were reported.

**Limitations:** Results on the efficacy and safety of EMDR in patients with BPD and PTSD need to be replicated in larger samples and in RCTs before they can be generalized to the entire population.

**Conclusions:** The results of our study suggest that EMDR may be feasible and effective in reducing PTSD symptoms in patients concurrently receiving BPD treatment. EMDR appears to be a promising intervention for patients with BPD and comorbid PTSD.



**Keywords:** Borderline personality disorder; Comorbidity; EMDR; Multiple baseline design; Posttraumatic stress disorder.

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### **Conflict of interest statement**

Declaration of competing interest There were no commercial or financial relationships that could be interpreted as a conflict of interest.

### **Full text links**



94. [\*\*Autonomy-Supportive Teaching Enhances Prosocial and Reduces Antisocial Behavior via Classroom Climate and Psychological Needs: A Multilevel Randomized Control Intervention\*\*](#)

J Sport Exerc Psychol. 2023 Jan 12;45(1):26-40. doi: 10.1123/jsep.2021-0337.  
Print 2023 Feb 1.

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- DOI: [10.1123/jsep.2021-0337](#)

### **Abstract**

Autonomy-supportive teaching increases prosocial and decreases antisocial behavior. Previous research showed that these effects occur because autonomy-supportive teaching improves students' need states (a student-level process). However, the present study investigated whether these effects also occur because autonomy-supportive teaching improves the classroom climate (a classroom-level process). Teachers from 80 physical education classrooms were randomly assigned to participate (or not) in an autonomy-supportive teaching intervention, while their 2,227 secondary-grade students reported their need satisfaction and frustration, supportive and hierarchical classroom climates, and prosocial and antisocial behaviors at the beginning, middle, and end of an academic year. A doubly latent, multilevel structural equation model showed that teacher participation in the intervention (experimental condition) increased class-wide need satisfaction, a supportive climate, and prosocial behavior and decreased class-wide need frustration, a hierarchical climate, and antisocial behavior. Together, greater collective need satisfaction and a more supportive climate combined to explain increased prosocial behavior, while lesser need frustration and a less hierarchical climate combined to explain decreased antisocial behavior. These classroom climate effects have been overlooked, yet they are essential to explain why autonomy-supportive teaching improves students' social functioning.

**Keywords:** autonomy support; prosocial behavior; self-determination theory.

#### Full text links



95. [Antidepressant and anti-suicidal effects of ketamine in treatment-resistant depression associated with psychiatric and personality comorbidities: A double-blind randomized trial](#)

J Affect Disord. 2023 Mar 15;325:127-134. doi: 10.1016/j.jad.2023.01.005.  
Epub 2023 Jan 7.

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- DOI: [10.1016/j.jad.2023.01.005](https://doi.org/10.1016/j.jad.2023.01.005)

## Abstract

**Objective:** To evaluate the effects of ketamine treatment on depression and suicidal ideation in treatment resistant depression (TRD) and to determine whether they are influenced by other psychiatric and personality comorbidities.

**Methods:** A randomized double-blind parallel-arm controlled study on 36 patients with TRD. Patients were divided into two treatment groups: ketamine (K group) and placebo (P group). Patients in the K and P groups received one infusion of medicine per week for two weeks. All participants were assessed using the Structured Interview for the Five-Factor Personality Model (SIFFM), Hamilton Depression Rating Scale (HDRS), Suicide Probability Scale (SPS), and Symptom Checklist 90 (SCL 90).

**Results:** After treatment, there was a significant decrease in the total HDRS and SPS scores in the K group compared to the P group, but the magnitude of response was not influenced by the presence of other psychiatric symptoms. Regression model, only receive ketamine treatment was significant factor for improve suicide and depression scores.

**Limitations:** lack of data on other outcomes that are important to patients (e.g., quality of life, cognition) and need for a larger sample size.

**Conclusions:** Ketamine infusions in TRD reduce suicidal ideation and depression despite the presence other psychiatric and personality disorders.

**Keywords:** Comorbidity; Ketamine; Personality; Psychiatric; Treatment resistant depression.

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### **Conflict of interest statement**

Conflict of interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

### **Full text links**



## 96. [The body keeps the score: The neurobiological profile of traumatized adolescents](#)

Neurosci Biobehav Rev. 2023 Feb;145:105033. doi: 10.1016/j.neubiorev.2023.105033. Epub 2023 Jan 4.

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## Abstract

Trauma-related disorders are debilitating psychiatric conditions that affect people who have directly or indirectly witnessed adversities. Experiencing multiple types of traumas appears to be common during childhood, and even more so during adolescence. Dramatic brain/body transformations occurring during adolescence may provide a highly responsive substrate to external stimuli and lead to trauma-related vulnerability conditions, such as internalizing (anxiety, depression, anhedonia, withdrawal) and externalizing (aggression, delinquency, conduct disorders) problems. Analyzing relations among neuronal, endocrine, immune, and biochemical signatures of trauma and internalizing and externalizing behaviors, including the role of personality traits in shaping these conducts, this review highlights that the marked effects of traumatic experience on the brain/body involve changes at nearly every level of analysis, from brain structure, function and connectivity to endocrine and immune systems, from gene expression (including in the gut) to the development of personality.

**Keywords:** Amygdala; Endocrine and immune systems; Genetic and epigenetic factors; Gut-brain axis; Hippocampus; Internalizing and externalizing behaviors; Medial prefrontal cortex; Personality traits; Trauma.

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### Conflict of interest statement

Declaration of Competing Interest The authors report no declarations of interest.

### Full text links



97. [Psychopathy and dangerousness: An umbrella review and meta-analysis](#)

Clin Psychol Rev. 2023 Mar;100:102240. doi: 10.1016/j.cpr.2022.102240. Epub 2022 Dec 13.

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- PMID: [36608488](#)
- DOI: [10.1016/j.cpr.2022.102240](#)

**Abstract**

Psychopathy has traditionally been linked with heightened criminality, but the relationship of psychopathy with increased risk for dangerousness is contested. To address this debated issue, we conducted an umbrella review (PROSPERO CRD42020214761) of all available meta-analyses of psychopathy and indices of 'dangerousness' (e.g., violent or sexual recidivism, self-reported aggression). We searched PsycINFO, Web of Science, PubMed, and Scopus from inception to August 19, 2022, to identify systematic reviews and meta-analyses on psychopathy and dangerousness. Our review included 33 studies, with the quantitative synthesis including 17 effect sizes extracted from 10 studies (N = ~77,000 participants). Overall, we observed a pooled correlation coefficient  $r = 0.284$  [95% CI = 0.233, 0.336] for the association of psychopathy with dangerousness (equivalent to Cohen's  $d = 0.592$ ). Despite considerable heterogeneity ( $I^2 = 89.9\%$ ), leave-one-out analyses had minimal impact. The effect was robust to examination of potential moderators such as study quality

and sample ages. However, the relationship was stronger when psychopathy was assessed using self-report compared to clinical rating scales. The association should be interpreted as meaningful in both the short-term and the long-term and suggests that psychopathy is one of the strongest predictors of dangerousness in the realm of psychopathology.

**Keywords:** Aggression; Crime; Psychopathic personality; Recidivism; Sexual offending; Violence.

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### **Conflict of interest statement**

Declaration of Competing Interest The authors have no known conflicts of interest to disclose.

### **Full text links**



98. [\*\*Schema therapy with cognitive behaviour day-treatment in patients with treatment-resistant anxiety disorders and obsessive-compulsive disorder: an uncontrolled pilot study\*\*](#)

Behav Cogn Psychother. 2023 Mar;51(2):174-179. doi: 10.1017/S1352465822000625. Epub 2023 Jan 6.

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- DOI: [10.1017/S1352465822000625](#)

## Abstract

**Background:** Treatment resistance in patients with anxiety disorders and obsessive-compulsive disorder (OCD) might be caused by dysfunctional personality traits or, more specifically, early maladaptive schemas (EMSs) and schema modes, that can be treated with schema therapy (ST).

**Aim:** To explore possible effectiveness of ST-CBT day-treatment in patients with treatment-resistant anxiety disorders and OCD in an uncontrolled pilot study.

**Method:** Treatment-resistant patients with anxiety disorders or OCD ( $n = 27$ ) were treated with ST-CBT day-treatment for 37 weeks on average including 11.5 therapy hours per week. The Symptom Questionnaire-48, Young Schema Questionnaire-2 and Schema Mode Inventory were completed before and after treatment.

**Results:** General psychopathology, EMSs and schema modes significantly improved after treatment. Spearman's correlations between pre- to post-treatment difference scores of general psychopathology, EMSs and schema modes were significant and high. The level of pre-treatment EMSs and schema modes did not predict post-treatment general psychopathology.

**Conclusions:** Symptom reduction was strongly correlated with improvement of EMSs and schema modes. Stronger pre-treatment EMSs and schema modes did not hinder improvement of symptoms. ST-CBT day-treatment is promising for patients with treatment-resistant anxiety disorders and OCD. Further controlled research is needed to substantiate evidence for schema therapy in patients with treatment-resistant anxiety disorders and OCD.

**Keywords:** anxiety disorders; day-treatment; obsessive-compulsive disorder; schema therapy; schema-focused therapy; treatment-resistant.

### Full text links





99. [Psychotherapy readiness domains as predictors of psychotherapy outcome in trauma-affected refugees](#)

J Affect Disord. 2023 Mar 15;325:248-255. doi: 10.1016/j.jad.2022.12.130.  
Epub 2022 Dec 29.

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**Abstract**

**Introduction:** Little is known about predictors of psychotherapy outcome in trauma-affected refugees. Knowledge on outcome predictors can help clinicians identify patients prior to treatment who are not likely to benefit from standardized psychotherapy and take additional measures to adjust treatment to the individual patient. Given the dynamic nature of psychotherapy readiness

domains, they represent potential targets to be worked with in therapy in order to improve outcomes.

**Methods:** Psychotherapy readiness domains (locus of control, cognitive functioning, motivation for therapy, and personality functioning) were examined as potential predictors of psychotherapy outcome in trauma-affected refugees. Secondary analyses were conducted on data from a pragmatic randomized controlled trial. Study participants (N = 190) were refugees with PTSD who received flexible manual-based Cognitive Behavioral Therapy (CBT) at a psychiatric outpatient clinic in Denmark. Psychotherapy readiness domains were assessed via semi-structured interviews at the beginning of psychotherapy. Outcome variables were pre-post change in PTSD symptomology and global level of functioning.

**Results:** Multiple regression analyses revealed that higher motivation for psychotherapy predicted improvement in PTSD symptomology and global level of functioning. Moreover, higher cognitive functioning predicted improvement in global level of functioning.

**Limitations:** The predictor rating scales need further psychometric evaluations in cross-cultural contexts.

**Conclusions:** These findings highlight the importance of considering motivation in psychotherapy offered to trauma-affected refugees. Further research is needed to identify potential barriers to motivation in this diverse patient population and to determine whether motivational interventions can lead to improved treatment outcomes.

**Keywords:** Motivation; PTSD; Psychotherapy readiness; Refugees.

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#### **Conflict of interest statement**

Conflict of interest The authors have no conflicts of interest to declare.

#### **Full text links**



100. [Acute suicidal affective disturbance and borderline personality disorder symptoms: Distinct yet correlated constructs](#)

J Affect Disord. 2023 Mar 15;325:62-72. doi: 10.1016/j.jad.2022.12.131. Epub 2022 Dec 28.

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**Abstract**

**Objective:** Acute Suicidal Affective Disturbance (ASAD) has been proposed to address the need for a suicide-specific diagnostic entity that better accounts for the psychological symptoms that may emerge during an acute suicidal crisis and that may precede imminent suicidal behaviors. However, additional research is needed to establish ASAD's delimitation from preexisting psychological disorders, especially disorders that include suicidal thoughts and behaviors in their diagnostic criteria such as borderline personality disorder (BPD).

**Methods:** We estimated two Gaussian graphical models (GGMs), exploratory factor analysis (EFA) models, and confirmatory factor analysis models in a sample of psychiatric outpatients (N = 460) to examine the structure of ASAD and BPD symptoms.

**Results:** Our estimated models showed while most ASAD and BPD symptoms largely shared associations with other symptoms belonging to their respective

disorder construct, strong associations connected some ASAD symptoms with BPD symptoms, which, in a network model, emerged in the form of nonzero edges among those symptoms, and in EFA models, as factors that featured both ASAD and BPD symptoms as indicators.

**Conclusions:** Our findings suggest the network structure of the proposed criteria of ASAD features symptoms that are largely distinct to ASAD but do include symptoms that share meaningful correlations with BPD symptoms that suggest ASAD and BPD are correlated constructs.

**Keywords:** Acute suicidal affective disturbance; Borderline personality disorder; Factor analysis; Network analysis; Suicidal crisis; Suicide.

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### **Conflict of interest statement**

Conflict of interest This work was supported in part by the Military Suicide Research Consortium (MSRC), an effort supported by the Office of the Assistant Secretary of Defense for Health Affairs under Award Nos. (W81XWH-10-2-0181 and W81XWH-10-2-0178). Authors supported by the MSRC are Min Eun Jeon, Marielle A. Gomez, and Thomas E. Joiner. Opinions, interpretations, conclusions and recommendations are those of the authors and are not necessarily endorsed by the MSRC or the Department of Defense. Authors have no conflicts of interests to disclose.

### **Full text links**



1. [\*\*Family connections in the treatment of relatives of people with eating disorders and personality disorders: study protocol of a randomized control trial\*\*](#)

BMC Psychol. 2023 Mar 30;11(1):88. doi: 10.1186/s40359-023-01138-x.

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- PMID: [36998024](#)
- DOI: [10.1186/s40359-023-01138-x](#)

## Abstract

**Background:** Eating disorders (EDs) are serious disorders that significantly affect not only the lives of patients, but also those of their family members who often experience high levels of burden, suffering and helplessness. If, in addition to ED, the patient has a personality disorder (PD), the psychological distress experienced by family members can be devastating. However, few treatments have been developed for family members of people with ED and PD. Family Connections (FC) is a programme that has been shown to be effective for family members of people with borderline personality disorder. The overall aims of this work are: (a) to adapt FC for application to family members of patients with BPD-PD (FC: ED-PD); (b) to analyse, in a randomised controlled clinical trial, the efficacy of this programme in a Spanish

population, compared to a control condition consisting of treatment as usual optimised treatment (TAU-O); (c) to analyse the feasibility of the intervention protocol; (d) to analyse whether the changes that may occur in relatives are related to improvements in the family climate and/or improvements observed in patients; and (e) to analyse the perceptions and opinions of relatives and patients about the two intervention protocols.

**Methods:** The study uses a two-arm randomised controlled clinical trial with two experimental conditions: adaptation of FC programme (FC: ED-PD) or Treatment as usual optimised (TAU-O). Participants will be family members of patients who meet DSM-5 criteria for ED and PD or dysfunctional personality traits. Participants will be assessed before and after treatment and at one-year follow-up. The intention-to-treat principle will be used when analysing the data.

**Discussion:** The results obtained are expected to confirm the effectiveness of the programme and its good acceptance by family members. Trial registration ClinicalTrials.gov Identifier: [NCT05404035](https://clinicaltrials.gov/ct2/show/study/NCT05404035). Accepted: May 2022.

**Keywords:** Caregivers; Dialectical behavior therapy; Eating disorders; Family connections; Personality disorders.

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- [81 references](#)

2. [Association between baseline dissociation levels and stress-induced state dissociation in patients with posttraumatic-stress disorder, borderline personality disorder, and major depressive disorder](#)

Borderline Personal Disord Emot Dysregul. 2023 Mar 30;10(1):11. doi: 10.1186/s40479-023-00215-2.

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- PMID: [36997956](#)
- DOI: [10.1186/s40479-023-00215-2](#)

## Abstract

**Introduction:** Dissociative symptoms are highly prevalent in patients with trauma-related disorders such as borderline personality disorder (BPD) and posttraumatic-stress disorder (PTSD), and also occur in patients with depressive disorders. Acute dissociative states are theorized to be stress-related, and some individuals experience recurring patterns of dissociation. The relationship between the intensity of dissociative episodes (trait-like dissociation) and acute dissociative states, however, is incompletely understood. In the present study, we investigated how levels of baseline (trait-like) dissociation relate to changes in dissociative states during a laboratory stress induction.

**Methods:** Our female sample comprised 65 patients with BPD and/or PTSD, 84 patients with major depressive disorder (MDD) and 44 non-clinical controls (NCC). Baseline dissociation was assessed at the start of the study using the Dissociation Tension Scale past week version (DSS-7). All participants underwent the Trier Social Stress Test (TSST) and a placebo version (P-TSST). Before and after the TSST or P-TSST, state dissociation was assessed using the Dissociation Tension Scale acute (DSS-4). We used structural equation models to estimate changes in state dissociation items (somatoform dissociation, derealization, depersonalization, analgesia), and to test whether these changes relate to levels of baseline dissociation.

**Results:** We found significant increases in all state dissociation items in response to the TSST in patients with BPD and/or PTSD and patients with MDD, but not in NCCs. Increases in somatoform dissociation and derealization during the TSST were significantly related to higher levels of baseline dissociation in patients with BPD and/or PTSD, but not in patients with MDD or NCCs. Results indicate no significant changes in state dissociation during the P-TSST.

**Conclusion:** Our results replicate earlier findings that patients with BPD and/or PTSD report higher levels of stress-related state dissociation than NCC and extend them to patients with MDD. In addition, our findings indicate that baseline levels of dissociation relate to stress-induced changes in state dissociation among patients with BPD and PTSD, but not patients with MDD. In clinical applications, measures of baseline dissociation could be used to facilitate the prediction and treatment of stress-related dissociative states in patients with BPD and/or PTSD.

**Keywords:** Borderline personality disorder; Dissociation; Major depressive disorder; Posttraumatic-stress disorder; Psychosocial stress; Structural equation modeling; Trier Social Stress Test.

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- [78 references](#)

3. [Preventive interventions for children and adolescents of parents with mental illness: A systematic review](#)



Clin Psychol Psychother. 2023 Mar 30. doi: 10.1002/cpp.2850. Online ahead of print.

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- PMID: [36997159](#)
- DOI: [10.1002/cpp.2850](#)

## Abstract

**Background:** Children of parents with mental disorders have a relatively high risk of developing a mental illness or behavioural disorder.

**Objective:** The aim of this systematic review was to evaluate the efficacy of preventive psychotherapeutic interventions in children of parents with mental illness. In particular, the development of mental illness and/or psychological symptomatology in this population was assessed.

**Method:** This qualitative systematic review looked at interventions targeting children aged 4-18 years without a diagnosed mental disorder, alone or with their families, with a parent with a diagnosed mental disorder. The protocol was pre-registered in Open Science Framework. A total of 1255 references were retrieved from MEDLINE, PsychArticles, PsycINFO, Springer Link, Science Direct, Scopus and WOS databases, and 12 references from grey literature. This search was replicated by an external reviewer.

**Results:** Fifteen studies involving 1941 children and 1328 parents were included. Interventions were based on cognitive-behavioural and/or psychoeducational components, including six randomized controlled trials.

Internalizing symptomatology was assessed in 80% of the studies, externalizing and prosocial behaviour in 47%, and coping style in 33%. Only two studies measured the future risk of developing a mental disorder (ORs of 2.37 and 6.6). There was variability in the format of the intervention (group; family) as well as in the type of intervention and its duration (from one session to 12 sessions).

**Conclusions:** Interventions for children of parents with mental disorder were clinically and statistically significant, especially in preventing internalizing symptomatology at one-year follow-up, with effect sizes ranging from  $d = -0.28$  to  $0.57$  (95% CI).

**Keywords:** children; intervention; parental mental illness; prevention; transmission.

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- [95 references](#)

#### 4. [\*\*A Psychodynamic Approach to Co-occurring Borderline Personality and Substance Use Disorders in the Emergency Department\*\*](#)

Am J Psychother. 2023 Mar 30;appipsychotherapy20220041. doi: 10.1176/appi.psychotherapy.20220041. Online ahead of print.

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- PMID: [36994593](#)
- DOI: [10.1176/appi.psychotherapy.20220041](#)

## Abstract

Patients with co-occurring substance use disorders and borderline personality disorder have high rates of morbidity, mortality, and utilization of medical services. Their acute symptoms present complex challenges to clinical staff in the medical emergency department related to both logistics and management of countertransference. This article examines patterns in countertransference and proposes application of psychodynamically informed principles and strategies to facilitate safety and enhance communication during fraught clinical encounters.

**Keywords:** Countertransference; Personality disorders; Psychodynamic; Psychotherapy; Substance use disorders.

5. [Corrigendum: Cognitive behavioral therapy improves physical function and fatigue in mild and moderate chronic fatigue syndrome: A consecutive randomized controlled trial of standard and short interventions](#)

Front Psychiatry. 2023 Mar 13;13:1122220. doi: 10.3389/fpsy.2022.1122220. eCollection 2022.

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- PMID: [36994226](#)
- PMCID: [PMC10041654](#)
- DOI: [10.3389/fpsy.2022.1122220](#)

**Free PMC article**

## **Abstract**

[This corrects the article DOI: 10.3389/fpsy.2021.580924.].

**Keywords:** CBT; CFS; chronic fatigue syndrome; fatigue; myalgic encephalitis; physical function.

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### **Conflict of interest statement**

TS was the owner of Coperio, a commercial company, from 2005 to May 2022. The study took place at the Pain Clinic, St Olav's University Hospital, Trondheim, Norway. A number of patients received and diagnosed at St Olav's University Hospital had treatment in offices at Coperio, these patients remained patients of St Olav's University Hospital and no patients admitted primarily to Coperio participated in the study. The Coperio Centre has not delivered individual interpersonal and personality-oriented CBT to patients with CFS/ME or other disorders or syndromes either prior to the study or after the study. The remaining authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest. After investigation, the journal has no reason to believe that the scientific conclusions of the article are affected in any way. The original article has been updated.

### **Erratum for**

- [Cognitive Behavioral Therapy Improves Physical Function and Fatigue in Mild and Moderate Chronic Fatigue Syndrome: A Consecutive Randomized Controlled Trial of Standard and Short Interventions.](#)

Gotaas ME, Stiles TC, Bjørngaard JH, Borchgrevink PC, Fors EA.

Front Psychiatry. 2021 Apr 12;12:580924. doi: 10.3389/fpsyt.2021.580924. eCollection 2021.

PMID: 33912079 **Free PMC article.**

### Full text links



6. [COVID-19 Vaccination for the Prevention and Treatment of Long COVID: A Systematic Review and Meta-analysis](#)

Brain Behav Immun. 2023 Mar 27;S0889-1591(23)00079-X. doi: 10.1016/j.bbi.2023.03.022. Online ahead of print.

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- PMID: [36990297](https://pubmed.ncbi.nlm.nih.gov/36990297/)
- DOI: [10.1016/j.bbi.2023.03.022](https://doi.org/10.1016/j.bbi.2023.03.022)

## Abstract

Empirical evidence addressing the association between SARS-CoV-2 vaccination and long COVID would guide public health priorities and inform personal health decisions. Herein, the co-primary objectives are to determine the differential risk of long COVID in vaccinated versus unvaccinated patients, and the trajectory of long COVID following vaccination. Of 2775 articles identified via systematic search, 17 were included, and 6 were meta-analyzed. Meta-analytic results determined that at least one vaccine dose was associated with a protective effect against long COVID (OR 0.539, 95% CI 0.295-0.987,  $p = 0.045$ ,  $N = 257\ 817$ ). Qualitative analysis revealed that trajectories of pre-existing long COVID following vaccination were mixed, with most patients reporting no changes. The evidence herein supports SARS-CoV-2 vaccination for the prevention of long COVID, and recommends long COVID patients adhere to standard SARS-CoV-2 vaccination schedules.

**Keywords:** Bipolar disorder; COVID-19; Cognition; Depression; Inflammation; Long COVID; Mood disorders; Population health; Post-COVID-19 condition; Post-COVID-19 syndrome; Post-acute sequelae of COVID-19 PASC; Prevention; SARS-CoV-2; Treatment; Vaccination.

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#### **Conflict of interest statement**

Declaration of Competing Interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

#### **Full text links**



7. [\*\*The Neuropsychological Mechanisms of Treatment of Bipolar Disorder and Borderline Personality Disorder: Activation Likelihood Estimation Meta-Analysis of Brain Imaging Research\*\*](#)

J Clin Psychiatry. 2023 Mar 27;84(3):22r14463. doi: 10.4088/JCP.22r14463.

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- PMID: [36988478](#)
- DOI: [10.4088/JCP.22r14463](#)

## Abstract

**Objective:** To explore the alteration of brain regions after treatments for bipolar disorder (BD) and borderline personality disorder (BPD) in order to discover the underlying neural mechanisms of therapies.

**Data Sources:** An electronic search of the PubMed, Embase, Cochrane Library, and Web of Science databases from inception until June 2021 was conducted.

**Study Selection:** Articles reporting the results of changes in brain activation after treatment, to assess the effects of therapy relative to a before-treatment condition, were included. A total of 1,592 records were retrieved, with 34 studies ultimately included.

**Data Extraction:** Activation coordinates were extracted from each study. We used activation likelihood estimation meta-analysis to evaluate the similarities and differences in the activation of different brain regions in patients with BD and BPD after treatment with psychotherapy and drug therapy.

**Results:** Most brain regions with abnormal activation were improved after treatments for BD and BPD. The brain activity changes produced by psychotherapy were mostly in the frontal areas, while drug therapy primarily



impacted the limbic areas. In BD, treatments were associated with activation alterations in the inferior frontal gyrus, superior temporal gyrus, and cingulate gyrus, while in BPD, treatments were associated with activation alterations in the supramarginal gyrus, middle frontal gyrus, and parahippocampal gyrus.

**Conclusions:** These results suggest that drug therapy might have a bottom-up effect, while psychotherapy might have a top-down effect. This study may contribute to the clinical prediction of treatment efficacy in BD and BPD and to the identification of more accurate neuroimaging biomarkers for treatment of the two disorders.

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8. [\*\*Integrin  \$\beta\$ 3-Mediated Cell Senescence Associates with Gut Inflammation and Intestinal Degeneration in Models of Alzheimer's Disease\*\*](#)

Int J Mol Sci. 2023 Mar 16;24(6):5697. doi: 10.3390/ijms24065697.

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- PMCID: [PMC10052535](#)
- DOI: [10.3390/ijms24065697](#)

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## Abstract

Alzheimer's disease (AD) is a neurodegenerative disorder characterized by memory loss and personality changes that ultimately lead to dementia. Currently, 50 million people worldwide suffer from dementia related to AD, and the pathogenesis underlying AD pathology and cognitive decline is unknown. While AD is primarily a neurological disease of the brain, individuals with AD often experience intestinal disorders, and gut abnormalities have been implicated as a major risk factor in the development of AD and relevant dementia. However, the mechanisms that mediate gut injury and contribute to the vicious cycle between gut abnormalities and brain injury in AD remain unknown. In the present study, a bioinformatics analysis was performed on the proteomics data of variously aged AD mouse colon tissues. We found that levels of integrin  $\beta 3$  and  $\beta$ -galactosidase ( $\beta$ -gal), two markers of cellular senescence, increased with age in the colonic tissue of mice with AD. The advanced artificial intelligence (AI)-based prediction of AD risk also demonstrated the association between integrin  $\beta 3$  and  $\beta$ -gal and AD phenotypes. Moreover, we showed that elevated integrin  $\beta 3$  levels were accompanied by senescence phenotypes and immune cell accumulation in AD mouse colonic tissue. Further, integrin  $\beta 3$  genetic downregulation abolished upregulated senescence markers and inflammatory responses in colonic epithelial cells in conditions associated with AD. We provide a new understanding of the molecular actions underpinning inflammatory responses during AD and suggest integrin  $\beta 3$  may function as novel target mediating gut abnormalities in this disease.

**Keywords:** Alzheimer's disease; colon; epithelial senescence; inflammation; integrin  $\beta 3$ .

- [74 references](#)

### Full text links



9. [\*\*The maladaptive domains according to the alternative model of personality disorders \(AMPD\) criterion B in patients with affective disorders and\*\*](#)

## temperamental triads related to these domains: two unique profiles

BMC Psychol. 2023 Mar 28;11(1):83. doi: 10.1186/s40359-023-01122-5.

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- PMCID: [PMC10053052](#)
- DOI: [10.1186/s40359-023-01122-5](https://doi.org/10.1186/s40359-023-01122-5)

### Free PMC article

## Abstract

**Objectives:** The study aimed to (i) compare the maladaptive domains and facets according to the Alternative Model of Personality Disorders (AMPD) Criterion B in patients with a type II bipolar disorder (BD-II) or major depressive disorder (MDD) with healthy controls (HCs), and (ii) investigating the relationship between affective temperaments and these domains and facets in the total sample.

**Methods:** Outpatients diagnosed with current BD-II (n = 37; female 62.2%) or MDD (n = 17; female 82.4%) based on the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria and community HCs

(n = 177; female 62.1%) in Kermanshah from July to October 2020 included this case-control study. All participants completed the Personality Inventory for DSM-5 (PID-5), the Temperament Evaluation of Memphis, Pisa, Paris, and San Diego Autoquestionnaire (TEMPS-A), and the second version of the Beck Depression Inventory (BDI-II). Data were analyzed using analysis of variance (ANOVA), Pearson correlation, and multiple regression.

**Results:** The score of patients with BD-II in all five domains and those with MDD in three domains including negative affectivity, detachment, and disinhibition are significantly higher than the HCs ( $p < 0.05$ ). Depressive temperament (related to negative affectivity, detachment, and disinhibition) and cyclothymic temperament (related to antagonism and psychoticism) were the most important correlates of the maladaptive domains.

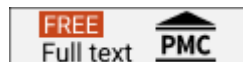
**Conclusions:** Two unique profiles are proposed, including three domains of negative affectivity, detachment, and disinhibition associated with the depressive temperament for MDD, and two domains of antagonism and psychoticism related to cyclothymic temperament for BD-II.

**Keywords:** Affective disorder; Bipolar mood; Major depression; Personality pathology; Temperament.

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- [56 references](#)

#### Full text links



10. [Protocol for the development and testing of the schiZotypy Autism Questionnaire \(ZAQ\) in adults: a new screening tool to discriminate autism spectrum disorder from schizotypal disorder](#)

BMC Psychiatry. 2023 Mar 28;23(1):200. doi: 10.1186/s12888-023-04690-3.

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- PMCID: [PMC10044373](#)
- DOI: [10.1186/s12888-023-04690-3](#)

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## Abstract

**Background:** Autism spectrum disorder (ASD) and schizotypal disorder (SD) both have a heterogenous presentation, with significant overlaps in symptoms and behaviour. Due to elevated recognition and knowledge of ASD worldwide, there is a growing rate of referrals from primary health professionals to specialised units. At all levels of assessment, the differential diagnostic

considerations between ASD and SD exert major challenges for clinicians. Although several validated screening questionnaires exist for ASD and SD, none have differential diagnostic properties. Accordingly, in this study, we aim to develop a new screening questionnaire, the schiZotypy Autism Questionnaire (ZAQ), which provides a combined screening for both conditions, while also indicating the relative likelihood of each.

**Methods:** We aim to test 200 autistic patients and 100 schizotypy patients recruited from specialised psychiatric clinics and 200 controls from the general population (Phase 1). The results from ZAQ will be compared to the clinical diagnoses from interdisciplinary teams at specialised psychiatric clinics. After this initial testing phase, the ZAQ will be validated in an independent sample (Phase 2).

**Conclusions:** The aim of the study is to investigate the discriminative properties (ASD vs. SD), diagnostic accuracy, and validity of the schiZotypy Autism Questionnaire (ZAQ).

**Funding:** Funding was provided by Psychiatric Centre Glostrup, Copenhagen Denmark, Sofiefonden (Grant number: FID4107425), Trygfonden (Grant number:153588), Takeda Pharma.

**Trial registration:** Clinical Trials, [NCT05213286](https://clinicaltrials.gov/ct2/show/NCT05213286), Registered 28 January 2022, [clinicaltrials.gov/ct2/show/NCT05213286?cond=RAADS&draw=2&rank=1](https://clinicaltrials.gov/ct2/show/NCT05213286?cond=RAADS&draw=2&rank=1).

**Keywords:** Autism Spectrum Disorder (we prefer Autism Spectrum Condition); Diagnostics; Questionnaire; Schizotypal Disorder.

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### **Conflict of interest statement**

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper. Signed ICMJE forms have been obtained and can be provided upon request.

- [52 references](#)
- [3 figures](#)

## Full text links



# 11. [Potential Prion Involvement in Long COVID-19 Neuropathology, Including Behavior](#)

Cell Mol Neurobiol. 2023 Mar 28. doi: 10.1007/s10571-023-01342-8. Online ahead of print.

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- PMID: [36977809](#)
- PMCID: [PMC10047479](#)
- DOI: [10.1007/s10571-023-01342-8](#)

## Free PMC article

## Abstract

Prion' is a term used to describe a protein infectious particle responsible for several neurodegenerative diseases in mammals, e.g., Creutzfeldt-Jakob disease. The novelty is that it is protein based infectious agent not involving a nucleic acid genome as found in viruses and bacteria. Prion disorders exhibit, in part, incubation periods, neuronal loss, and induce abnormal folding of specific

normal cellular proteins due to enhancing reactive oxygen species associated with mitochondria energy metabolism. These agents may also induce memory, personality and movement abnormalities as well as depression, confusion and disorientation. Interestingly, some of these behavioral changes also occur in COVID-19 and mechanistically include mitochondrial damage caused by SARS-CoV-2 and subsequent production of reactive oxygen species. Taken together, we surmise, in part, long COVID may involve the induction of spontaneous prion emergence, especially in individuals susceptible to its origin may thus explain some of its manifestations post-acute viral infection.

**Keywords:** COVID-19; Confusion; Depression; Long COVID; Mitochondria; Prion; Prion disorders; SARS-CoV-2.

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- [33 references](#)

#### Full text links



12. [Emotion dysregulation and neuroticism as moderators of group Unified Protocol effectiveness outcomes for treating emotional disorders](#)

J Affect Disord. 2023 Mar 26;331:313-321. doi: 10.1016/j.jad.2023.03.079.  
Online ahead of print.

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- DOI: [10.1016/j.jad.2023.03.079](#)

## Abstract

**Background:** The personality dimension neuroticism and difficulties in emotional regulation (ER) are two variables closely related to the onset, course, and maintenance of emotional disorders (EDs). The Unified Protocol for the Transdiagnostic Treatment of Emotional Disorders (UP) is a treatment specifically designed to address neuroticism by training in adaptive ER skills and has been shown to be effective in reducing difficulties in ER. However, the specific impact of these variables on treatment outcomes is not entirely clear. The aim of the present study was to explore the moderating role of neuroticism and difficulties in ER regarding the evolution of depressive and anxiety symptoms and quality of life.

**Methods:** This secondary study included 140 participants diagnosed with EDs, who received the UP in group format as part of an RCT being conducted in different Spanish Public Mental Health Units.

**Results:** The results of this study found that high scores in neuroticism and difficulties in ER were associated with greater severity of depression and anxiety symptomatology, and with poorer quality of life. In addition, difficulties in ER moderated the efficacy of UP regarding anxiety symptoms, and quality of life. No moderating effects were found for depression ( $p > 0.5$ ).

**Limitations:** We only evaluated two moderators that may influence UP effectiveness; other key moderators should be analyzed in future.

**Conclusions:** The identification of specific moderators affecting transdiagnostic interventions outcomes will allow the development of personalized interventions and provide useful information to improve the psychopathology and well-being of people with EDs.

**Keywords:** Emotion regulation; Emotional disorders; Moderators; Neuroticism; Quality of life; Unified protocol.

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### Conflict of interest statement

Conflict of interest The authors declare no conflict of interest.

### Full text links



## 13. [Personality and psychological profile for patients with and without halitosis: a case-control study](#)

Oral Dis. 2023 Mar 28. doi: 10.1111/odi.14577. Online ahead of print.

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- PMID: [36975762](#)
- DOI: [10.1111/odi.14577](#)

### Abstract

**Objective:** To compare the personalities, social avoidance and distress, and anxiety status of Chinese patients with and without objective halitosis, and investigate the association among these psychological disorders.

**Methods:** Patients who complained of bad breath and diagnosed with objective halitosis were enrolled into the halitosis group, while patients without objective halitosis were enrolled into the control group. The questionnaires included the socio-demographic profile of the participants, Eysenck Personality Questionnaire (EPQ), Social Avoidance and Distress Scale (SAD), and Beck Anxiety Inventory (BAI).

**Results:** A total of 280 patients were assigned into objective halitosis group (n=146) and control group (n=134). The extraversion subscales (E) score of the EPQ in the halitosis group were significantly lower than that in the control group (P=0.001). The total SAD score and proportion of patients with anxiety symptoms in the BAI scale in the objective halitosis was significantly higher than that in the control group (P < 0.05). There was a negative correlation between the Extraversion subscale and the total SAD score, Social Avoidance and Social Distress subscales (P<0.001).

**Conclusion:** Patients with objective halitosis have more introverted personality traits and are more likely to have social avoidance and distress than the non-halitosis population.

**Keywords:** BAI; EPQ; Objective halitosis; Personality; Psychological profile; SAD.

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#### Full text links



### 14. [Ambition and Its Psychopathologies](#)

J Nerv Ment Dis. 2023 Apr 1;211(4):257-265. doi:  
10.1097/NMD.0000000000001644.

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- DOI: [10.1097/NMD.0000000000001644](#)

## Abstract

Ambition is a uniquely human, complex personality trait. Although the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition mentions ambition only once, in a peripheral comment concerning narcissistic personality disorder, psychopathological states associated with ambition are commonly encountered in everyday life. Ambition has been linked to narcissism, power, and dominance, but it is distinct from each of these concepts. Although the development of ambition is most strongly influenced by social, cultural, and demographic factors, evidence suggests that genetic and biological factors also contribute. This article describes how ambition-related psychopathologies can manifest as 1) misalignment of ambitions and capabilities; 2) "blind ambition"; 3) distortions associated with bipolar and other mood disorders; 4) amalgams of ambition with Machiavellian traits, psychopathy, narcissism, and sadism (i.e., dark triad/tetrad traits); and 5) amotivation/apathy syndrome deficits associated with general medical and psychiatric conditions. The field requires more robust measures for assessing ambition, further delineation of ambition-related psychopathologies, and effective treatments for these conditions.

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- [84 references](#)

### Full text links



15. [Differences between substance-induced psychotic disorders and non-substance-induced psychotic disorders and diagnostic stability](#)

Adicciones. 2023 Mar 15;0(0):1291. doi: 10.20882/adicciones.1291. Online ahead of print.

[Article in English, Spanish]

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- DOI: [10.20882/adicciones.1291](#)

## Abstract

### in [English](#), [Spanish](#)

Several hypotheses have been proposed to explain the comorbidity between psychotic disorders and substance use, one of them being the capacity of some to induce psychotic symptoms, although the transition from psychotic episodes induced by substances to schizophrenia has been less studied. In this study, differential variables between patients with induced and non-induced psychosis are determined, and the evolution and change of diagnosis of those induced to schizophrenia in the follow-up is analyzed. This is an observational case-control study with 238 patients admitted to the acute care unit for psychotic episodes between December 2003 and September 2011. The group of non-substance-induced psychotic disorders (NSIPD) included 127 patients, with 111 in the substance-induced (SIPD) group, according to the International Classification of Diseases. Sociodemographic and clinical characteristics, personal and family history, substance use, diagnostic stability and progression were compared. The NSIPD group showed higher scores in severity and in negative symptoms and more family history of psychosis. The SIPD group presented more personal history of personality disorder and family history of addictions and more positive symptoms. At 6 years of follow-up, 40.9% of ISDP changed to a diagnosis of schizophrenia, presenting more family history of psychotic disorders and worse progression with more visits to the emergency department and readmissions, than subjects who maintained diagnostic stability. Therefore, special attention should be paid to this group of patients

because of the potential severity and the increased risk of developing a chronic psychotic disorder.

Se han propuesto distintas hipótesis para explicar la comorbilidad entre trastornos psicóticos y por consumo de sustancias, siendo una de ellas la capacidad de algunas de inducir cuadros psicóticos, aunque la transición de episodios psicóticos inducidos por sustancias a esquizofrenia ha sido menos estudiada. En este trabajo se determinan variables diferenciales entre individuos con psicosis inducidas y no inducidas, y se analiza la evolución y el cambio de diagnóstico de las inducidas a esquizofrenia en el seguimiento. Es un estudio observacional de casos y controles con 238 pacientes ingresados en la unidad de agudos de un Hospital General de Madrid (España) por episodios psicóticos entre diciembre de 2003 y septiembre de 2011. Se incluyeron 127 en el grupo de trastornos psicóticos no inducidos por sustancias (TPNIS) y 111 en el de inducidos por sustancias (TPIS), según la Clasificación Internacional de Enfermedades. Se compararon características sociodemográficas, clínicas, antecedentes personales y familiares, de consumo de sustancias, estabilidad diagnóstica y evolución. El grupo de TPNIS presentó mayores puntuaciones en gravedad y sintomatología negativa mientras que el de TPIS tuvo más antecedentes personales de trastorno de personalidad y familiares de adicciones, y más sintomatología positiva. A los seis años un 40,9% de TPIS cambió a diagnóstico de esquizofrenia, presentando más antecedentes familiares de trastornos psicóticos y de adicciones, y una peor evolución con más visitas a urgencias y reingresos que los sujetos con estabilidad diagnóstica. Por tanto, habrá que prestar especial atención a este grupo de sujetos por su potencial gravedad y por el mayor riesgo de desarrollar un trastorno psicótico crónico.

16. [The association between eating disorders and mental health: an umbrella review](#)

J Eat Disord. 2023 Mar 27;11(1):51. doi: 10.1186/s40337-022-00725-4.

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- DOI: [10.1186/s40337-022-00725-4](#)

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## Abstract

**Objective:** There have been an increasing number of systematic reviews indicating the association between eating disorders (ED), including its risk factors, with mental health problems such as depression, suicide and anxiety. The objective of this study was to conduct an umbrella review of these reviews and provide a top-level synthesis of the current evidence in this area.

**Method:** A systematic search was performed using four databases (MEDLINE Complete, APA PyscInfo, CINAHL Complete and EMBASE). The inclusion criteria were systematic reviews (with or without meta-analysis), published in the English language between January 2015 and November 2022. The quality

of the studies was assessed using the Joanna Briggs Institute Critical Appraisal tools for use of JBI Systematic reviews.

**Results:** A total of 6,537 reviews were identified, of which 18 reviews met the inclusion criteria, including 10 reviews with meta-analysis. The average quality assessment score for the included reviews was moderate. Six reviews investigated the association between ED and three specific mental health problems: (a) depression and anxiety, (b) obsessive-compulsive symptoms and (c) social anxiety. A further 3 reviews focused on the relationship between ED and attention deficit hyperactivity disorder (ADHD) while 2 reviews focused on ED and suicidal-related outcomes. The remaining 7 reviews explored the association between ED and bipolar disorders, personality disorders, and non-suicidal self-injury. Depression, social anxiety and ADHD are likely to have a stronger strength of association with ED relative to other mental health problems.

**Discussion:** Mental health problems such as depression, social anxiety and ADHD were found to be more prevalent among people suffering from eating disorders. Further research is necessary to understand the mechanism and health impacts of potential comorbidities of ED.

**Keywords:** Anxiety; Depression; Eating disorders; Mental health; Risk factors; Suicide; Systematic review; Umbrella review.

### **Plain language summary**

This review aimed to investigate the association between eating disorders (ED) and mental health problems. A review of existing systematic reviews was conducted to provide a top-level synthesis of the current evidence in this area. Our review found a total of 18 systematic reviews, which investigated the association between ED and a wide range of mental health problems. These conditions include depression and anxiety, obsessive-compulsive symptoms, attention deficit hyperactivity disorder (ADHD), social anxiety, personality disorders, suicidal-related outcomes, bipolar disorders and non-suicidal self-injury. Depression, social anxiety and ADHD are likely to have a stronger strength of association with ED relative to other mental health problems.

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### **Conflict of interest statement**



Dr Long Le is a Guest Editor for the collection of “Environmental Influences on Eating disorders, Disordered eating and Body Image” in Journal of Eating Disorders. All other authors do have any competing interest to declare.

- [41 references](#)
- [1 figure](#)

#### Full text links



### 17. [Update on the pediatric adverse vocal behavior voice disorders: a clinical practice review](#)

Eur J Pediatr. 2023 Mar 28. doi: 10.1007/s00431-023-04879-4. Online ahead of print.

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- DOI: [10.1007/s00431-023-04879-4](https://doi.org/10.1007/s00431-023-04879-4)

#### Abstract

The main causes of voice disorders in children with adverse vocal behavior include benign lesions of the vocal folds caused by voice abuse or misuses, such as vocal fold nodules, vocal fold polyps, and laryngitis. Long-term voice disorders can affect the physical and mental health of children. Reviewing the literature of the last two decades on "Vocal Fold Nodules," "Vocal Fold Polyp," "Voice disorder," "Voice Abuse," "Voice Misuse," "Pediatrics," and "Children"

with the appropriate Boolean operators. Conclusion: A total of 315 results were returned on an initial PubMed search. All articles from 2000 to 2022 written in English or Chinese were screened. Duplicate articles, those relating to adults only or concerned with the malignant lesion of the vocal cord, were excluded, resulting in 196 articles of interest. Relevant references and books have also been consulted, and we provide a review of the pathogenesis, diagnosis, and treatment of these maladaptive vocal behavioral voice disorders. What is Known: • Hoarseness is the most common voice symptom in children, and there are various causes of hoarseness in children. However, there is a lack of reviews on voice disorders caused by adverse vocal habits in children. • Voice training is a conservative treatment method for children with voice disorders, and it is important to clarify the factors that influence the effectiveness of voice training for children. What is New: • This review of the personality and family characteristics of children with adverse vocal behavioural voice disorders provides a valuable guide to the clinical planning of subsequent treatment. • This article discusses and summarises some of the factors that may influence the effectiveness of voice training in children and collates some of the scales and questionnaires currently used in children that are important in predicting the effectiveness of voice training.

**Keywords:** Benign lesion of vocal cord; Pediatric voice disorders; Voice therapy.

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- [104 references](#)

#### Full text links



18. [Vulnerability to anxiety differently predicts cortisol reactivity and state anxiety during a laboratory stressor in healthy girls and boys](#)

J Affect Disord. 2023 Mar 25;S0165-0327(23)00414-7. doi: 10.1016/j.jad.2023.02.154. Online ahead of print.

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- PMID: [36972852](#)
- DOI: [10.1016/j.jad.2023.02.154](#)

## Abstract

**Background:** Children diagnosed with anxiety disorders show altered cortisol and state anxiety reactivity to stressful situations. To date, it remains unclear whether these dysregulations emerge after the pathology or whether they are also detectable in healthy children. If the latter is true, this may provide insight into children's vulnerability to develop clinical anxiety. Various personality factors (anxiety sensitivity, intolerance of uncertainty, perseverative cognitions) increase youth's vulnerability to develop anxiety disorders. This study aimed to

examine whether vulnerability to anxiety was associated with cortisol reactivity and state anxiety in healthy youth.

**Methods:** 114 children (8-12 y/o) were exposed to the Trier Social Stress Test for Children (TSST-C), where saliva samples were collected for cortisol quantification. State anxiety was assessed 20 min before and 10 min after the TSST-C using the state form of the State-Trait Anxiety Inventory for Children. Vulnerability to anxiety was assessed using a composite score of the Childhood Anxiety Sensitivity Index, Intolerance of Uncertainty Scale for Children, and Perseverative Thinking Questionnaire.

**Results:** Higher vulnerability to anxiety was associated with enhanced cortisol reactivity in boys. Irrespective of vulnerability level, girls reported greater changes in state anxiety in response to the TSST.

**Limitations:** Given the correlational nature of this study, the directionality of the results remains to be elucidated.

**Conclusions:** These results indicate that endocrine patterns characterizing anxiety disorders are detectable in healthy boys who exhibit a high level of self-reported vulnerability to anxiety. These results could aid in the early identification of children at risk of developing anxiety disorders.

**Keywords:** Cortisol reactivity; Sex differences; State anxiety; Trier Social Stress Test for Children; Vulnerability to anxiety; Youth.

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#### **Conflict of interest statement**

Conflict of interest The authors declare no competing interests.

#### **Full text links**



19. [Experiential techniques and therapeutic relationship in the treatment of narcissistic personality disorder: The case of Laura](#)

J Clin Psychol. 2023 Mar 27. doi: 10.1002/jclp.23514. Online ahead of print.

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- PMID: [36970988](#)
- DOI: [10.1002/jclp.23514](#)

## Abstract

Experiential techniques can be used to address maladaptive interpersonal patterns in patients with personality disorders (PDs) as long as they are delivered minding about the therapeutic relationship. We present the case study of Laura, a 38-year-old woman presenting with covert narcissism, generalized anxiety disorder, depression, and complicated grief treated with metacognitive interpersonal therapy. Laura initially refused to engage in any experiential work out of fear of being judged and abandoned by her therapist. To navigate this therapeutic obstacle, the therapist focused on exploring and eventually repairing early alliance ruptures. Thereafter, Laura engaged in experiential work, which helped her address her narcissistic interpersonal patterns. After 2 years, Laura's symptoms and narcissistic problematic behaviors decreased. This case study can help us understand how experiential techniques can be successfully used in PD psychotherapy as long as attention to the therapy relationship is paid.

**Keywords:** alliance/therapeutic alliance; grief; mental imagery; narcissistic personality disorder; personality disorders.

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- [25 references](#)

## Full text links



## 20. [Characteristics and associated factors of violence in male patients with schizophrenia in China](#)

Front Psychiatry. 2023 Mar 10;14:1106950. doi: 10.3389/fpsy.2023.1106950. eCollection 2023.

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- PMID: [36970285](#)
- PMCID: [PMC10036402](#)
- DOI: [10.3389/fpsy.2023.1106950](#)

### Free PMC article

## Abstract

**Objective:** To investigate the characteristics and associated factors of violence in male patients with schizophrenia in China.

**Methods:** A total of 507 male patients with schizophrenia were recruited, including 386 non-violent and 121 violent patients. The socio-demographic information and medical history of the patients were collected. Psychopathological characteristics, personality traits psychopathology, and

factors related to risk management were assessed using the Brief Psychiatric Rating Scale (BPRS), the History of Violence, Clinical, Risk Assessment Scale (HCR-20), and the Psychopathy Checklist-Revised (PCL-R), as appropriate. Differences in these factors were compared between the violent and non-violent patients, and logistic regression analysis was performed to explore the risk factors for violence in male patients with schizophrenia.

**Results:** The results showed that the violent group had a lower level of education, longer duration of illness, as well as a higher rate of hospitalization, history of suicidal attempts, and history of alcohol compared with the non-violent group. The violent group scored higher in items of symptoms in BPRS, personality traits and psychopathy in PCL-R, and risk management in HCR-20. The regression analysis showed that previous suicidal behavior (OR = 2.07, 95% CI [1.06-4.05],  $P = 0.033$ ), antisocial tendency in PCL-R (OR = 1.21, 95% CI [1.01-1.45],  $P = 0.038$ ), H2: young age at violent incident (OR = 6.39, 95% CI [4.16-9.84],  $P < 0.001$ ), C4: impulsivity (OR = 1.76, 95% CI [1.20-2.59],  $P = 0.004$ ), and H3: relationship instability (OR = 1.60, 95% CI [1.08-2.37],  $P = 0.019$ ) in HCR-20 were risk factors of violence among male patients with schizophrenia.

**Conclusion:** The present study found significant differences in socio-demographic information, history of treatment, and psychopathy characteristics between male patients with schizophrenia who had engaged in violent behaviors and their non-violent counterparts in China. Our findings suggested the necessity of individualized treatment for male patients with schizophrenia who had engaged in violent behaviors as well as the use of both HCR-20 and PCL-R for their assessment.

**Keywords:** China; associated factor; male; schizophrenia; violence.

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#### **Conflict of interest statement**

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

- [45 references](#)

#### **Full text links**



## 21. [The alliance-outcome association in borderline and obsessive-compulsive personality disorder](#)

Front Psychiatry. 2023 Mar 8;14:1094936. doi: 10.3389/fpsy.2023.1094936. eCollection 2023.

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- PMCID: [PMC10030874](#)
- DOI: [10.3389/fpsy.2023.1094936](#)

### Free PMC article

### Abstract

Personality disorders are considered a possible factor affecting the relationship between therapeutic alliance and therapy outcome. The present study investigated the alliance-outcome effect in patient groups with borderline personality disorder (BPD) and obsessive-compulsive personality disorder (OCPD). Data derived from a sample of  $n = 66$  patients, treated in a day care hospital setting with a dialectical-behavioral and schema therapeutic treatment concept. Patients rated their symptom severity at admission, early alliance after 4-6 therapy sessions and symptom severity as well as alliance at discharge. Results showed no significant differences between BPD and OCPD patients regarding symptom severity and alliance. Multiple regression analyses indicated that the alliance was a significant predictor of symptom reduction, however only in the OCPD group. Our results showed an exceptionally strong alliance-outcome relationship in OCPD patients, suggesting that focusing on building a strong alliance and measuring it early in therapy may be especially



beneficial for this patient group. For patients with BPD, a more regular screening of the therapeutic alliance might be helpful.

**Keywords:** borderline personality disorder; obsessive-compulsive personality disorder; prediction; psychotherapy outcome; therapeutic alliance.

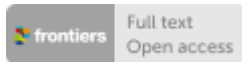
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### Conflict of interest statement

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

- [45 references](#)

### Full text links



## 22. [Physical and mental illness comorbidity among individuals with frequent self-harm episodes: A mixed-methods study](#)

Front Psychiatry. 2023 Mar 9;14:1121313. doi: 10.3389/fpsy.2023.1121313. eCollection 2023.

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- PMID: [36970268](#)
- PMCID: [PMC10033892](#)
- DOI: [10.3389/fpsy.2023.1121313](#)

**Free PMC article**

## Abstract

**Background:** Research has indicated an increased risk of self-harm repetition and suicide among individuals with frequent self-harm episodes. Co-occurring physical and mental illness further increases the risk of self-harm and suicide. However, the association between this co-occurrence and frequent self-harm episodes is not well understood. The objectives of the study were (a) to examine the sociodemographic and clinical profile of individuals with frequent self-harm (regardless of suicidal intent) episodes and, (b) the association between physical and mental illness comorbidity, self-harm repetition, highly lethal self-harm methods, and suicide intent.

**Methods:** The study included consecutive patients with five or more self-harm presentations to Emergency Departments across three general hospitals in the Republic of Ireland. The study included file reviews ( $n = 183$ ) and semi-structured interviews ( $n = 36$ ). Multivariate logistic regression models and independent samples  $t$ -tests were used to test the association between the sociodemographic and physical and mental disorders comorbidity on highly lethal self-harm methods and suicidal intent, respectively. Thematic analysis

was applied to identify themes related to physical and mental illness comorbidity and frequent self-harm repetition.

**Findings:** The majority of individuals with frequent self-harm episodes were female (59.6%), single (56.1%), and unemployed (57.4%). The predominant current self-harm method was drug overdose (60%). Almost 90% of the participants had history of a mental or behavioral disorder, and 56.8% had recent physical illness. The most common psychiatric diagnoses were alcohol use disorders (51.1%), borderline personality disorder (44.0%), and major depressive disorder (37.8%). Male gender ( $OR = 2.89$ ) and alcohol abuse ( $OR = 2.64$ ) predicted the risk of a highly lethal self-harm method. Suicide intent was significantly higher among those with a diagnosis of major depressive disorder ( $t = 2.43$ ;  $p = 0.020$ ). Major qualitative themes were (a) the functional meaning of self-harm (b) self-harm comorbidity (c) family psychiatric history and (d) contacts with mental health services. Participants described experiencing an uncontrollable self-harm urge, and self-harm was referred to as a way to get relief from emotional pain or self-punishment to cope with anger and stressors.

**Conclusion:** Physical and mental illness comorbidity was high among individuals with frequent self-harm episodes. Male gender and alcohol abuse were associated with highly lethal self-harm methods. The mental and physical illness comorbidity of individuals with frequent self-harm episodes should be addressed *via* a biopsychosocial assessment and subsequent indicated treatment interventions.

**Keywords:** comorbidity; frequent self-harm; highly lethal self-harm; mental illness; physical illness; self-harm repetition; suicide intent.

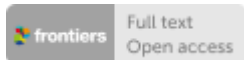
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### **Conflict of interest statement**

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

- [74 references](#)
- [3 figures](#)

## Full text links



23. [Mediating role of personality traits in the association between multi-dimensional adverse childhood experiences and depressive symptoms among older adults: A 9-year prospective cohort study](#)

J Affect Disord. 2023 Mar 22;331:167-174. doi: 10.1016/j.jad.2023.03.067.  
Online ahead of print.

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- PMID: [36963513](#)
- DOI: [10.1016/j.jad.2023.03.067](#)

## Abstract

**Background:** To explore the mediating role of personality traits in the correlation between multi-dimensional adverse childhood experiences (ACEs) and depressive symptoms in older adults.

**Methods:** This cohort study used data from the English Longitudinal Study of Ageing, and included 4050 older adults without depressive symptoms in 2010-2011. Multi-dimensional ACEs were evaluated in 2006-2007. Personality traits were assessed using the Midlife Development Inventory in 2010-2011. Depressive symptoms were measured using the 8-item version of the Center for Epidemiologic Studies Depression Scale during 2012-2019. Cox proportional hazard model was used to explore the associations between ACEs and depressive symptoms. The package named "mediation" in R was used to test mediating role of personality traits.

**Results:** ACEs in each dimension significantly increased the risk of depressive symptoms (all P-values < 0.05). The association of maltreatment (18.18 %) and household dysfunction (19.69 %) with depressive symptoms was significantly mediated by neuroticism. The correlation between poor parent-child bonding and depressive symptoms was significantly mediated by neuroticism (19.43 %), conscientiousness (4.84 %), and extroversion (8.02 %).

**Limitations:** ACEs were retrospectively assessed based on participants' memories, which may induce recall bias.

**Conclusions:** Maltreatment and household dysfunction may induce depressive symptoms by increasing neuroticism. Poor parent-child bonding may induce depressive symptoms by increasing neuroticism and reducing conscientiousness and extraversion. In addition to reducing the occurrence of ACEs, reducing neuroticism of individuals with maltreatment and household dysfunction in childhood, and reducing neuroticism, and increasing

conscientiousness and extraversion of individuals with poor parent-child bonding in childhood might help to decrease their risk of depressive symptoms.

**Keywords:** Adverse childhood experiences; Depressive symptoms; Mediation; Older adults; Personality traits.

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### **Conflict of interest statement**

Conflict of interest None.

### **Full text links**



24. [\*\*The influence of childhood maltreatment on trait depression in patients with major depressive disorder: A moderated mediation model of rumination and mindful attention awareness\*\*](#)

J Affect Disord. 2023 Mar 22;331:130-138. doi: 10.1016/j.jad.2023.03.052. Online ahead of print.

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- DOI: [10.1016/j.jad.2023.03.052](#)

## Abstract

Major depressive disorder (MDD) is one of the most prevalent psychiatric disorders. Individuals who were exposed to childhood maltreatment might be an especially vulnerable group and were more likely to meet the diagnostic criteria for depression than those who were not. Trait depression refers to a personality trait predisposition to depression, expressed as the frequency of symptoms rather than a transient depressive mood state. Clarifying the relationship between childhood maltreatment and trait depression in patients with MDD has therefore become an important field of research. Childhood Trauma Questionnaire-Short Form (CTQ-SF), Ruminative Responses Scale (RRS), State-Trait Depression Scale (ST-DEP), and Mindful Attention Awareness Scale (MAAS) were used as research instruments. SPSS 23.0 statistical software was used for statistical analysis and examined the moderated mediation models. A total of 288 patients with MDD were included in this study. After standardization of the variables, the model revealed childhood maltreatment was positively associated with trait depression ( $\beta = 0.215$ ,  $p < 0.001$ ) and that rumination partially mediated the effect between childhood trauma and trait depression. Mindfulness moderated the association between rumination and trait depression in depressed patients ( $\beta = 0.171$ ,  $p < 0.001$ ). Simple slope tests showed that rumination significantly predicted trait depression in patients with high levels of mindfulness ( $b_{\text{simple}} = 0.460$ ,  $p < 0.001$ , 95%CI = [0.339, 0.581]), while this predictive effect was not significant in patients with low levels ( $b_{\text{simple}} = 0.119$ ,  $p = 0.097$ , 95%CI = [-0.022, 0.261]). After adding mediating variables, we found that the negative impact of childhood maltreatment on trait depression was both directly and indirectly through the patients' own ruminative levels. However, mindfulness performed a critical moderating role in the overall mediating model, aggravating the negative impact of childhood maltreatment on trait depression. There are several limitations in this study: the history of childhood maltreatment was reviewed and reported; the MAAS was a single-dimensional questionnaire that fails to measure the content of other mindfulness factors; cross-sectional data could not be used to infer the causal relationship between variables.

**Keywords:** Childhood trauma; MDD; Mindfulness; Moderated mediation model; Ruminative thinking; Trait depression.

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**Conflict of interest statement**

Conflict of interest The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

### Full text links



## 25. [Dimensional models of personality disorders: Challenges and opportunities](#)

Front Psychiatry. 2023 Mar 7;14:1098452. doi: 10.3389/fpsy.2023.1098452. eCollection 2023.

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- DOI: [10.3389/fpsy.2023.1098452](#)

### Free PMC article

## Abstract

Categorical models of personality disorders have been beneficial throughout psychiatric history, providing a mechanism for organizing and communicating research and treatment. However, the view that individuals with personality disorders are qualitatively distinct from the general population is no longer tenable. This perspective has amassed steady criticism, ranging from inconsequential to irreconcilable. In response, stronger evidence has been accumulated in support of a dimensional perspective that unifies normal and pathological personality on underlying trait continua. Contemporary nosology has largely shifted toward this dimensional perspective, yet broader adoption



within public lexicon and routine clinical practice appears slow. This review focuses on challenges and the related opportunities of moving toward dimensional models in personality disorder research and practice. First, we highlight the need for ongoing development of a broader array of measurement methods, ideally facilitating multimethod assessments that reduce biases associated with any single methodology. These efforts should also include measurement across both poles of each trait, intensive longitudinal studies, and more deeply considering social desirability. Second, wider communication and training in dimensional approaches is needed for individuals working in mental health. This will require clear demonstrations of incremental treatment efficacy and structured public health rebates. Third, we should embrace cultural and geographic diversity, and investigate how unifying humanity may reduce the stigma and shame currently generated by arbitrarily labeling an individual's personality as normal or abnormal. This review aims to organize ongoing research efforts toward broader and routine usage of dimensional perspectives within research and clinical spaces.

**Keywords:** clinical utility; cross-cultural; dimensional; personality disorder; psychometrics; severity; stigma; traits.

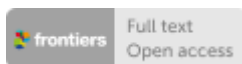
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#### **Conflict of interest statement**

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- [204 references](#)

#### **Full text links**



26. [\*\*Case report: Cerebrotendinous xanthomatosis with a novel mutation in the CYP27A1 gene mimicking behavioral variant frontotemporal dementia\*\*](#)

Front Neurol. 2023 Mar 7;14:1131888. doi: 10.3389/fneur.2023.1131888.  
eCollection 2023.

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- PMID: [36959818](#)
- PMCID: [PMC10029355](#)
- DOI: [10.3389/fneur.2023.1131888](#)

**Free PMC article**

## Abstract

**Background:** Cerebrotendinous xanthomatosis (CTX) is a rare autosomal recessive lipid storage disease caused by a mutation in the *CYP27A1* gene. Due to the disruption of bile acid synthesis leading to cholesterol and cholestanol accumulation, CTX manifests as premature cataracts, chronic diarrhea, and intellectual disability in childhood and adolescence. This report presents a case of CTX with an unusual phenotype of behavioral variant frontotemporal dementia (bvFTD) in middle age.

**Case presentation:** A 60-year-old woman presented with behavioral and personality changes. She showed disinhibition, such as hoarding and becoming aggressive over trifles; compulsive behavior, such as closing doors; apathy; and dietary change. The patient showed a progressive cognitive decline and relatively sparing memory and visuospatial function. She had hyperlipidemia but no family history of neurodegenerative disorders. Initial fluid-attenuated inversion recovery (FLAIR) images showed a high signal in the periventricular area, and brain spectroscopy showed hypoperfusion in the frontal and temporal lobes, mimicking bvFTD. However, on physical examination, xanthomas were found on both the dorsum of the hands and the Achilles tendons. Hyperactive deep tendon reflexes in the bilateral biceps, brachioradialis, and knee and positive Chaddock signs on both sides were observed. Four years later, FLAIR images showed symmetrical high signals in the bilateral dentate nuclei of the cerebellum. Her serum cholestanol (12.4 mg/L; normal value  $\leq 6.0$ ) and  $7\alpha,12\alpha$ -dihydroxycholest-4-en-3-one (0.485 nmol/mL; normal value  $\leq 0.100$ ) levels were elevated. A novel likely pathogenic variant (c.1001T>A, p.Met334Lys) and a known pathogenic variant (c.1420C>T, p.Arg474Trp) of the *CYP27A1* gene were found in trans-location. The patient was diagnosed with CTX and prescribed chenodeoxycholic acid (750 mg/day).

**Conclusions:** This report discusses the case of a middle-aged CTX patient with an unusual phenotype of bvFTD. A novel likely pathogenic variant (c.1001T>A, p.Met334Lys) was identified in the *CYP27A1* gene. Early

diagnosis is important because supplying chenodeoxycholic acid can prevent CTX progression.

**Keywords:** CYP27A1 gene mutation; behavioral variant frontotemporal dementia; case report; cerebrotendinous xanthomatosis; novel likely pathogenic variant.

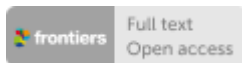
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### Conflict of interest statement

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

- [34 references](#)
- [2 figures](#)

### Full text links



27. [\*\*The novel narrative technique uncovers emotional scripts in individuals with psychopathy and high trait anxiety\*\*](#)

PLoS One. 2023 Mar 23;18(3):e0283391. doi: 10.1371/journal.pone.0283391. eCollection 2023.

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- PMID: [PMC10045615](#)
- DOI: [10.1371/journal.pone.0283391](#)

### Free PMC article

## Abstract

Mental representations are of great importance for understanding human behaviour. The aim of this article is to present an innovative way to assess emotional scripts, which are a form of mental representations of emotional events, based on an analysis of narratives and their contents. Theoretical background on emotional schemas and scripts is provided along with information about types of related measures. Then, a rationale is presented for introducing an assessment of scripts related to specific emotions such as love, hate, and anxiety in a psychopathological context. This is followed by a perspective explaining the procedure of the relevant technique based on narrative data analysis. The technique has been successfully applied in two studies [I study (n- 200), II study (n- 280)]. A total of 1440 narratives about specific emotions have been analyzed to identify the indicators of scripts. The psychometric properties of the proposed technique have been established such as reliability, inter-rater agreement, and accuracy. The results show the value of the assessment of emotional script in individuals, particularly with high psychopathy and high trait anxiety. The contents of love and hate scripts are an illustration of cognitive distortions and deficits in the emotional information processing in individuals with psychopathy. The method enables the collection of informative data on romantic love, hate, and anxiety scripts which provides insight into how people may perceive and experience emotions and how they behave emotionally. Future research should focus on verification of the technique in other types of psychopathology and on the improvement of computer software dedicated to the narrative technique described in this paper.

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### Conflict of interest statement

The author has declared that no competing interests exist.

- [57 references](#)

- [4 figures](#)

### Full text links



## 28. [Examining the role of moral, emotional, behavioural, and personality factors in predicting online shaming](#)

PLoS One. 2023 Mar 23;18(3):e0279750. doi: 10.1371/journal.pone.0279750. eCollection 2023.

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- DOI: [10.1371/journal.pone.0279750](#)

### Free PMC article

## Abstract

Online shaming, where people engage in social policing by shaming perceived transgressions via the internet, is a widespread global phenomenon. Despite its negative consequences, scarce research has been conducted and existing knowledge is largely anecdotal. Using a correlational online survey, this mixed-method study firstly assessed whether moral grandstanding, moral disengagement, emotional reactivity, empathy, social vigilantism, online disinhibition, machiavellianism, narcissism, and psychopathy predict participants' (N = 411; aged 15-78) likelihood to engage in online shaming. Two hierarchical multiple regression analyses revealed these predictors

significantly accounted for 39% of variance in online shaming intentions, and 20% of variance in perceived deservedness of online shaming ( $f^2 = .25$  and  $.64$  respectively,  $p < .001$ ). A content analysis of an open-ended question offered further insights into public opinions about online shaming. These qualitative findings included the perception of online shaming as a form of accountability, the perceived destructive effects of online shaming, the perceived role of anonymity in online shaming, online shaming as a form of entertainment, online shaming involving 'two sides to every story', the notion that 'hurt people hurt people', online shaming as now a social norm, and the distinction between the online shaming of public and private figures. These findings can be used to inform the general public and advise appropriate responses from service providers and policy makers to mitigate damaging impacts of this phenomenon.

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#### Conflict of interest statement

The authors have declared that no competing interests exist.

- [48 references](#)

#### Full text links



29. [Psychiatric Admission Among Migrants Before and During Pandemic: a Retrospective Study in Acute Psychiatric Ward in Bologna, Italy](#)

J Immigr Minor Health. 2023 Mar 23;1-15. doi: 10.1007/s10903-023-01464-7. Online ahead of print.

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- PMCID: [PMC10034892](#)
- DOI: [10.1007/s10903-023-01464-7](#)

## Free PMC article

## Abstract

Previous evidence showed significant discrepancies in psychiatric services utilization between migrants and reference populations. Our study aims were to evaluate incidence and characteristics of psychiatric hospitalizations of migrant patients compared with reference populations and to assess how the COVID-19 pandemic affected admissions. All patients admitted to the psychiatric ward "SPDC-Malpighi" of the Bologna Mental Health Department from 01/01/2018 to 31/12/2020 were included. Differences in sociodemographic and clinical characteristics were tested by migrant status. Incidence rate ratios of hospital



admissions by migrant status were estimated via Poisson regression considering population-at-risk, gender, and age-group. Migrants had higher hospitalization rates due to any psychiatric disorder (IRR = 1.16). The risk was especially pronounced among women (IRR = 1.25) and within the youngest age-group (IRR = 3.24). Young migrants had also a greater risk of compulsory admission (IRR = 3.77). Regarding admissions due to a specific diagnosis, we found relevant differences in hospitalization rates for psychosis, mood disorders, and personality disorders. Finally, migrants were more likely to be admitted via Emergency Department and less likely to be referred from a specialist. During the year of pandemic (2020) we observed an increase in the proportion of migrants admitted voluntarily or compulsorily. Migrants, especially those from the youngest age-group, had higher hospitalization rates for any disorder. Younger migrants were also at higher risk of compulsory treatment. The distribution of psychiatric admissions during the pandemic period seemed to have further increased discrepancies in mental healthcare needs and provision between migrants and the reference population. Tailored interventions and policies are urgently needed to address this issue.

**Keywords:** Compulsory treatments; Migrants; Pandemic; Psychiatric admissions.

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- [40 references](#)

#### Full text links



30. [Personality and attachment in the homeless: A systematic review](#)

Int J Soc Psychiatry. 2023 Mar 23;207640231161201. doi: 10.1177/00207640231161201. Online ahead of print.

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- PMID: [36951386](#)
- DOI: [10.1177/00207640231161201](#)

## Free article

## Abstract

**Background:** Homeless people present high rates of psychopathology, including personality disorders. Given the link between personality disorders and attachment, and the potential importance of these two traits for understanding homeless populations.

**Aims:** Our aim was to review all studies focusing on attachment and on the full assessment of personality disorders in the homeless.

**Method:** Overall, 213 studies were screened through title and abstract. Of these, 63 articles were chosen for full-text assessment.

**Results:** A total of 14 articles met eligibility criteria and were included in the present review. Six studies evaluated personality disorders and eight studies assessed attachment in the homeless. In general, reports suggested that personality disorders are highly common in the homeless, with frequencies ranging between 64% and 79% for any personality disorder. The most common personality diagnoses were paranoid (14%-74%), borderline (6%-62%), avoidant (14%-63%), and antisocial (4%-57%) personality disorders. Attachment reports differed in the methods used and presented diverse results and correlates. Even so, insecure types of attachment dominated in the homeless, accounting for 62% to 100% of the samples.

**Conclusions:** The high prevalence of personality disorders and insecure types of attachment in the homeless may impact intervention strategies for these people. The available literature evaluating attachment and the full assessment

of personality disorders in the homeless is scarce, which supports the need for more research on these two topics.

**Keywords:** Personality; attachment; homeless.

### Full text links



31. [Effect of modifying negative interpretation bias toward ambiguous social stimuli across eating and personality disorders](#)

Int J Eat Disord. 2023 Mar 23. doi: 10.1002/eat.23936. Online ahead of print.

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- PMID: [36951187](#)
- DOI: [10.1002/eat.23936](#)

### Abstract

**Objective:** Heightened sensitivity toward social rejection has been implicated in eating disorders (ED) and personality disorder (PD). This study examined the effect of a cognitive bias modification training (CBM-I) targeting the interpretation of ambiguous social situations in individuals with comorbid ED and PD.

**Method:** A total of 128 participants [33 with ED and PD, 22 with ED-only, 22 with PD-only, and 51 healthy controls (HC)] were recruited from a hospital and university settings, and included in the final analyses. The participants were randomly assigned to a CBM-I task with benign resolutions or a control task with neutral resolutions in a counterbalanced order in two sessions using a within-subject design. Interpretation bias toward social stimuli was measured using the ambiguous sentence completion task before and after completing the assigned task.

**Results:** The CBM-I task increased benign and decreased negative interpretations with large effect sizes in the diagnostic groups, and with a moderate effect size in the HC group. Participants' anxiety levels were also reduced after the task. The size of the change in negative interpretation was positively associated with baseline negative affect, and negatively associated with baseline positive affect.

**Discussion:** The results suggest that modifying interpretation bias has the potential as a transdiagnostic target of treatment for ED and PD, and a fully powered clinical trial with consecutive sessions would be warranted.

**Public significance:** Participants with eating disorders and/or personality disorder, and healthy controls completed a single session of a cognitive training intervention targeting rejection sensitivity. The training produced a large decrease in negative interpretation in the diagnostic groups, and a moderate effect in healthy controls. The findings indicate that training for positive processing of social information may be of value to augment treatment in conditions such as eating disorders and personality disorder, in which there are high levels of rejection sensitivity.

**Keywords:** anorexia nervosa; bulimia nervosa; cognitive bias modification for interpretation (CBM-I); comorbidity; eating disorder; emotion regulation; personality disorder; rejection sensitivity; transdiagnostic approach.

- [40 references](#)

### Full text links



## 32. [Correlates of chronic depression in the general population: results from the CoLaus | PsyCoLaus study](#)

Soc Psychiatry Psychiatr Epidemiol. 2023 Mar 23. doi: 10.1007/s00127-023-02462-8. Online ahead of print.

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- DOI: [10.1007/s00127-023-02462-8](#)

### Abstract

**Purpose:** Previous population-based studies have partially provided inconsistent results regarding the co-variates of chronic depression, which were likely to be attributable to methodological limitations. The present paper that compared people with chronic major depressive disorder (MDD), non-chronic MDD and no mood disorder in the community focused on specific atypical and melancholic depression symptoms and subtypes of MDD, family history (FH)

of mood disorders, measured physical cardio-vascular risk factors (CVRF), personality traits, coping style and adverse life-events.

**Methods:** Data stemmed from a population-based cohort including 3618 participants (female 53%, n=1918; mean age 50.9 years, s.d. 8.8 years). Among them 563 had a lifetime history of chronic MDD, 1060 of non-chronic MDD and 1995 of no mood disorder. Diagnostic and FH information were elicited through semi-structured interviews, CVRF were assessed through physical investigations.

**Results:** The major findings were that chronic MDD was associated with increase in appetite/weight and suicidal ideation/attempts during the most severe episode, higher exposure to life-events in adulthood, higher levels of neuroticism, lower levels of extraversion and lower levels of informal help-seeking behavior but less frequent FH of MDD compared to non-chronic MDD.

**Conclusion:** Chronic MDD is associated with a series of potential modifiable risk factors which are accessible via psychotherapeutic approaches that may improve the course of chronic MDD.

**Keywords:** Adverse life-events; Cardiovascular risk factors; Chronic depression; Community study; Coping styles; Depression subtypes; Personality traits.

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- [31 references](#)

#### Full text links



33. [Mental health care before and during the COVID-19 pandemic in public healthcare centers of a Chilean municipality](#)

Medwave. 2023 Mar 22;23(2). doi: 10.5867/medwave.2023.02.2675.  
[Article in English, Spanish]

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- PMID: [36947748](#)
- DOI: [10.5867/medwave.2023.02.2675](#)

## Abstract

### in [English](#), [Spanish](#)

**Introduction:** Globally, the COVID-19 pandemic has affected people's mental health care. This study aims to describe mental health care in the first semester of the COVID-19 pandemic of the year 2020 compared to the first semester of the year 2019 in the public health establishments of the commune of Chillán, Chile.

**Methods:** A descriptive ecological study. The treated cases were analyzed in aggregate, considering the pandemic, amount of admissions, the reason for consultation, sex, and age for the years 2019 and 2020. Prevalence, percentages, and statistical analysis were evaluated using non-parametric tests.

**Results:** The prevalence of cases due to admissions to the mental health program in primary health care remained similar between the first semester of 2019 and the first semester of 2020. Most mental health cases concentrate on mood (affective) and anxiety disorders. Statistically significant differences were observed between 2019 and 2020 in the number of mental health admissions for mental and behavioral disorders due to psychotropic substances, harmful use disorders, drug dependence, and personality disorders.

**Conclusions:** It is a priority for Chile to increase coverage in primary mental health care. The data provided in this study show at an exploratory level that the initial situation of the pandemic could have affected access to timely care for the most vulnerable people with mental disorders.

**Introducción:** A nivel mundial, la pandemia por COVID-19 ha afectado la atención en salud mental de las personas. El presente estudio tiene como propósito describir la atención de salud mental en el primer semestre de la pandemia COVID-19 del año 2020, comparado con el primer semestre del año 2019 en los establecimientos de salud pública de la comuna de Chillán, Chile.

**Métodos:** Estudio ecológico descriptivo. Se analizaron de manera agregada los casos atendidos considerando la pandemia, cantidad de ingresos, motivo de consulta, sexo y edad para los años 2019 y 2020, observando prevalencias, porcentajes y comparación estadística con pruebas no paramétricas.

**Resultados:** La prevalencia de casos por ingresos al programa de salud mental de atención primaria en salud/especialidad se mantuvo similar entre el primer semestre del año 2019 y el primer semestre del año 2020. La mayor proporción de casos de salud mental se concentran en los trastornos de humor (afectivos) y trastornos de ansiedad. Se observaron diferencias estadísticamente significativas entre el año 2019 y 2020 en el número de atenciones por ingresos en salud mental para los trastornos mentales y del comportamiento debido a consumo sustancias psicotrópicas, trastornos por consumo perjudicial o dependencia a drogas y trastornos de personalidad.

**Conclusión:** Es prioritario que en Chile se aumente la cobertura en la atención primaria de salud mental, los datos entregados en este estudio muestran a nivel exploratorio que la situación inicial de la pandemia pudo haber afectado el acceso a la atención oportuna de las personas más vulnerables con trastornos de salud mental.

**Keywords:** COVID-19; mental disorders; mental health; pandemic; public health.

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#### **Conflict of interest statement**

The authors declare that they have no conflicts of interest with the subject matter of this work.



34. [The frequency of psychiatric disorder co-morbidities in patients with fibromyalgia: A cross-sectional study in Iran](#)

Nurs Open. 2023 Mar 22. doi: 10.1002/nop2.1731. Online ahead of print.

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- PMID: [36947671](#)
- DOI: [10.1002/nop2.1731](#)

### Free article

### Abstract

**Aim:** This study aimed to investigate psychiatric disorders in Iranian female patients with fibromyalgia (FM).

**Design:** Female patients, newly diagnosed with FM, were interviewed by a psychiatrist for psychiatric assessments during a 2-year period.

**Methods:** The diagnosis of the psychiatric disorders was based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), and sleep quality was evaluated using the Pittsburgh Sleep Quality Index (PSQI).

**Results:** In total, 159 patients with the mean age of  $42.15 \pm 9.89$  were recruited in this study. Over 92% of the cases were also diagnosed with at least one type of psychiatric disorder. Sleep disorders (SDs, 90.57%), mood disorders (MDs, 52.83%), personality disorders (PDs, 40.25%) and anxiety disorders (ADs, 16.98%) were the most prevalent diagnoses among these patients. The logistic regression results correspondingly showed that suffering from Cluster-B PDs was associated with a higher prevalence rate of somatic symptom disorders (SSDs), with a p-value of 0.019 and an odds ratio (OR) of 2.7.

**Keywords:** depression; fibromyalgia; pain disorder; psychiatric co-morbidities; somatic symptom.

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- [56 references](#)

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35. [Factors regarding the dog owner's household situation, antisocial behaviours, animal views and animal treatment in a population of dogs confiscated after biting humans and/ or other animals](#)

PLoS One. 2023 Mar 22;18(3):e0282574. doi: 10.1371/journal.pone.0282574. eCollection 2023.

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- PMID: [36947497](#)
- PMCID: [PMC10032511](#)
- DOI: [10.1371/journal.pone.0282574](#)

## Free PMC article

## Abstract

To examine the dog ownership factors characteristic to a population of dogs confiscated after a human and/ or animal-directed biting incident, we compared bite risk assessment reports of 159 confiscated dogs in the time frame 2008, 2009, 2010 (tf1) and of 215 confiscated dogs in the time frame 2020, 2021, 2022 (until mid-May; tf2). The reports were compiled by the same institute in a standardized format. We studied frequencies and chi-square pairwise comparisons ( $P < 0.05$ ) for 30 identified ownership factors. Overall (tf1 and tf2), 1,308 ownership factors were mentioned in the reports and reports mentioning  $\geq 5$  factors were twice as frequent in tf2 (38%) than tf1 (16%). Our data suggest that nine factors may in particular serve as a warning signal for biting incidents, as these factors were most frequently ( $\geq 15\%$ ) prevalent in the total of reported cases: having a multiple dog household, a dog reportedly roaming a neighbourhood without an owner, a dog's care tasks being transferred, a short leash and muzzle obligation served to the owner for a dog, an isolated and/ or confined keeping of a dog, a dog owner's (suspected) substance abuse, a dog owner's (suspected) animal abuse, a dog owner aggressing at confiscation of the dog and a dog owner being reported on for antisocial behaviours such as intimidation. Particularly, a dog owner's aggressive or antisocial behaviours and previous obligations to muzzle and short leash a dog (in our dataset often inappropriately adhered to by owners), may indicate that a proportion of owners of confiscated dogs, may not always be willing and/ or capable to guarantee societal safety. The results show that identification of dog ownership

factors, might be useful for establishing biting incident policies and further studies should be done on preventive measures and controls.

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### Conflict of interest statement

The authors have declared that no competing interests exist.

- [64 references](#)
- [1 figure](#)

### Full text links



## 36. [Oxidative stress and inflammatory process in borderline personality disorder \(BPD\): a narrative review](#)

Braz J Med Biol Res. 2023 Mar 17;56:e12484. doi: 10.1590/1414-431X2023e12484. eCollection 2023.

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- PMID: [36946840](#)
- PMCID: [PMC10021502](#)
- DOI: [10.1590/1414-431X2023e12484](#)

**Free PMC article**

## Abstract

Borderline personality disorder (BPD) is a severe psychiatric condition that affects up to 2.7% of the population and is highly linked to functional impairment and suicide. Despite its severity, there is a lack of knowledge about its pathophysiology. Studies show genetic influence and childhood violence as factors that may contribute to the development of BPD; however, the involvement of neuroinflammation in BPD remains poorly investigated. This article aimed to explore the pathophysiology of BPD according to the levels of brain-derived neurotrophic factor (BDNF), inflammatory cytokines, and oxidative stress substances that exacerbate neuronal damage. Few articles have been published on this theme. They show that patients with BPD have a lower level of BDNF and a higher level of tumor necrosis factor (TNF)- $\alpha$  and interleukin (IL)-6 in peripheral blood, associated with increased plasma levels of oxidative stress markers, such as malondialdehyde and 8-hydroxy-2-deoxyguanosine. Therefore, more research on the topic is needed, mainly with a pre-clinical and clinical focus.

- [71 references](#)

## Full text links

free full text  
available at [SciELO.org](#)



37. [Recall bias of students' affective experiences in adolescence: The role of personality and internalizing behavior](#)

J Adolesc. 2023 Mar 21. doi: 10.1002/jad.12162. Online ahead of print.

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- PMID: [36945192](#)
- DOI: [10.1002/jad.12162](#)

## Abstract

**Introduction:** Adolescence is characterized by multiple biopsychosocial changes, associated with a high intraindividual variability of emotional experiences. Previous findings suggest that this intraindividual variability is reflected in a recall bias of adolescents' emotion reports. However, corresponding findings are scarce and inconclusive. Studies on predictors of recall bias in adulthood indicate that personality traits, especially neuroticism and extraversion, as well as specific internalizing disorders might affect recall bias of emotion reports.

**Methods:** The sample consists of 118 Swiss adolescent students in grade 8 and 9 ( $M_{\text{age}} = 15.15$ ,  $SD_{\text{age}} = 0.89$ ). The students' momentary affective experience was recorded using smartphones over seven consecutive days in situ at 42 randomly generated occasions (six per day), with a total of 1059 protocols on current events. At the end of the experience-sampling phase, students filled out an online questionnaire, providing information about their personality and typical behavior as well as their retrospective affective experience. In addition, the students' behavior was evaluated by their teachers. We applied two-level structural equation modeling with latent difference variables.

**Results:** Adolescents high in extraversion showed retrospective overestimation of positive affective experiences and underestimation of negative affective

experiences. Adolescents with high neuroticism tended to overestimate negative affect retrospectively, showing no significant effects for positive affect. However, internalizing behavior did not predict a negative recall bias in adolescents' affective experience.

**Conclusions:** Retrospective self-reports about adolescents' affective experience are biased by relatively stable individual factors, whereas less stable individual factors did not seem to have any influence.

**Keywords:** adolescence; affect; emotion; individual beliefs; latent difference model; recall bias.

© 2023 The Authors. Journal of Adolescence published by Wiley Periodicals LLC on behalf of Foundation for Professionals in Services to Adolescents.

- [78 references](#)

38. [\*\*Chronic prostatitis and related psychological problems. Which came first: The chicken or the egg? A systematic review\*\*](#)

Arch Ital Urol Androl. 2023 Mar 20;95(1). doi: 10.4081/aiua.2023.11300.

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- DOI: [10.4081/aiua.2023.11300](#)

## Free article

## Abstract

**Introduction/aim:** A spectrum of psychological problems is commonly found in CP/CPPS patients, though it is not yet clear whether, a priori, psychological dysfunctions are the cause of these pain syndromes, or whether these pain conditions are themselves causing psychological disturbances. In this article we present the current perspective on the impact of psychological problems in chronic prostatitis syndromes and we discuss the implications thereof from a clinical perspective.

**Materials and methods:** A database and a manual search were conducted in the MEDLINE database of the National Library of Medicine, EMBASE, and other libraries using the key words "prostatitis syndromes", "chronic bacterial prostatitis", "chronic pelvic pain", in various combinations with the terms "psychological issues", "depression", "anxiety", "stress", "unhappiness", "cognitive status" and "personality". Two independent reviewers performed data extraction. We included clinical studies with available information on chronic prostatitis and related psychological conditions. We considered full-text written papers. We excluded reviews and case reports. In order to reduce the risk of bias we analyzed only studies including patients with confirmed CBP or CP/CPPS. Bibliographic information in the selected publications was checked for relevant records not included in the initial search.

**Results:** Database search allowed us to retrieve 638 studies to which we added to 16 additional studies retrieved by hand-searching. After screening, 34 relevant papers were identified for thorough review. Most studies included patients with chronic pelvic pain and prostatitis-like symptoms, whereas a smaller number of studies included patients with methodologically confirmed CP/CPPS including studies with a microbiologically confirmed diagnosis of CBP. The psychosocial factors examined in the selected studies include pain, catastrophizing, stress, personality factors and social aspects. Comorbid psychiatric disorders evidenced in the studies included depression, anxiety and trauma-related disorders, somatization disorders, and substance abuse. Some



studies investigated the association of pain with each individual psychological disturbance, while others examined the impact of pain in association with the overall quality of life. Sample size, study design and diagnostic measures varied among studies.

**Conclusions:** Despite limitations and variations in sample size, study design and diagnostic measures in all included studies, a relation between chronic prostatitis and psychological problems is a consistent finding. The existing evidence does not permit to definitely conclude whether psychological problems are a risk factor for CP/CPSP or whether they represent an array of symptoms that are associated with the exacerbation of this disease.

#### Full text links



### 39. [Different personality profiles in patients with cluster headache: a data-driven approach](#)

Neurol Sci. 2023 Mar 21. doi: 10.1007/s10072-023-06713-z. Online ahead of print.

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- PMID: [36941517](#)
- DOI: [10.1007/s10072-023-06713-z](#)

## Abstract

**Introduction:** Cluster headache (CH) is usually comorbid to mood spectrum disorders, but the psychopathological aspects are poorly explored. We aimed at identifying discrete profiles of personality traits and their association with clinical features.

**Methods:** Based on the personality scales of the Millon Clinical Multiaxial Inventory-III, principal component analysis (PCA) identified psychological patterns of functioning of 56 CH patients. PCA outcomes were used for hierarchical cluster analysis (HCA) for sub-groups classification.

**Results:** Eighty-seven percent of patients had personality dysfunctions. PCA found two bipolar patterns: (i) negativistic, sadic-aggressive, borderline, and compulsive traits were distinctive of the psychological dysregulation (PD) dimension, and (ii) narcissistic, histrionic, avoidant, and schizoid traits loaded under the social engagement (SE) component. PD was associated with disease duration and psychopathology. SE was related to educational level and young age. HCA found three groups of patients, and the one with high PD and low SE had the worst psychological profile.

**Conclusions:** Personality disorders are common in CH. Our data-driven approach revealed distinct personality patterns which can appear differently among patients. The worst combination arguing against mental health is low SE and high PD. Linking this information with medical history may help clinicians to identify tailored-based therapeutic interventions for CH patients.

**Keywords:** Cluster headache; Pain; Personality; Psychological functioning; Psychopathology.

© 2023. Fondazione Società Italiana di Neurologia.

- [31 references](#)

### Full text links



40. [Oxytocin effects on amygdala reactivity to angry faces in males and females with antisocial personality disorder](#)

Neuropsychopharmacology. 2023 Mar 20. doi: 10.1038/s41386-023-01549-9. Online ahead of print.

**Authors**

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- PMID: [36941365](#)
- DOI: [10.1038/s41386-023-01549-9](#)

**Abstract**

The amygdala is a key region in current neurocircuitry models of reactive aggression as it is crucially involved in detecting social threat and provocation. An increased amygdala reactivity to angry faces has been reported in aggression-prone individuals and the neuropeptide oxytocin (OT) could dampen anger-related amygdala reactivity in a number of mental disorders. One example is the antisocial personality disorder (ASPD) which has so far only been studied in limited numbers. To address the question whether OT can normalize amygdala hyperreactivity to emotional faces, we conducted a functional magnetic resonance imaging experiment with 20 men and 18 women with ASPD and 20 male and 20 female healthy control (HC) participants in a

double-blind, randomized, placebo (PLC)-controlled within-subject design. Participants were exposed to an emotion classification task (fearful, angry, and happy faces) after receiving an intranasal dose (24 IU) of synthetic OT or PLC. We found OT to attenuate right amygdala hyperactivity to angry faces in participants with ASPD to such an extent that the intensity of amygdala activity in the ASPD group in the OT condition decreased to the level of amygdala activity in the PLC condition in the HC group. There was also a trend that OT effects were generally larger in women than in men. These findings suggest that OT differentially modulates the amygdala following social threatening or provoking cues in dependence of psychopathology (ASPD vs. HC) and sex (male vs. female). Particularly female ASPD patients could benefit from OT in the treatment of reactive aggression.

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- [79 references](#)

#### Full text links



41. [\*\*Predictors of persistent postural-perceptual dizziness \(PPPD\) and similar forms of chronic dizziness precipitated by peripheral vestibular disorders: a systematic review\*\*](#)

J Neurol Neurosurg Psychiatry. 2023 Mar 20;jnnp-2022-330196. doi: 10.1136/jnnp-2022-330196. Online ahead of print.

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- PMID: [36941047](#)
- DOI: [10.1136/jnnp-2022-330196](#)

## Abstract

**Background:** The literature on predictors of persistent postural-perceptual dizziness (PPPD) following peripheral vestibular insults has not been systematically reviewed.

**Methods:** We systematically reviewed studies on predictors of PPPD and its four predecessors (phobic postural vertigo, space-motion discomfort, chronic subjective dizziness and visual vertigo). Investigations focused on new onset chronic dizziness following peripheral vestibular insults, with a minimum follow-up of 3 months. Precipitating events, promoting factors, initial symptoms, physical and psychological comorbidities and results of vestibular testing and neuroimaging were extracted following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines.

**Results:** We identified 13 studies examining predictors of PPPD or PPPD-like chronic dizziness. Anxiety following vestibular injury, dependent personality traits, autonomic arousal and increased body vigilance following precipitating events and visual dependence, but not the severity of initial or subsequent structural vestibular deficits or compensation status, were the most important predictors of chronic dizziness. Disease-related abnormalities of the otolithic organs and semi-circular canals and age-related brain changes seem to be important only in a minority of patients. Data on pre-existing anxiety were mixed.

**Conclusions:** After acute vestibular events, psychological and behavioural responses and brain maladaptation are the most likely predictors of PPPD, rather than the severity of changes on vestibular testing. Age-related brain changes appear to have a smaller role and require further study. Premorbid psychiatric comorbidities, other than dependent personality traits, are not relevant for the development of PPPD.

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### Conflict of interest statement

Competing interests: None declared.

### Full text links



## 42. [Neural responses to emotional stimuli across the dissociative spectrum: common and specific mechanisms](#)

Psychiatry Clin Neurosci. 2023 Mar 20. doi: 10.1111/pcn.13547. Online ahead of print.

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- PMID: [36938718](#)
- DOI: [10.1111/pcn.13547](#)

## Abstract

**Aim:** Departing from existing neurobiological models of dissociation, the current study aims at conducting a quantitative meta-analytic review of neural responses to emotional stimuli among individuals ascribed to the dissociative spectrum (DS). Accordingly, the study explored common and specific brain mechanisms across borderline personality disorder, conversion/somatoform disorders, post-traumatic stress disorder [PTSD], PTSD related to repeated interpersonal traumatic experiences, dissociative disorders.

**Methods:** The meta-analysis included studies that administered emotional stimuli during fMRI acquisition among individuals included in the DS. There were conducted 2 meta-analytic procedures: i) a Bayesian network meta-analysis for a region-of-interest (ROI)-based approach; ii) robust voxel-based approach.

**Results:** Forty-four independent studies were included for a total of 1384 individuals (DS = 741 subjects). The network meta-analysis showed specific patterns of neural activity considering an extended brain network involved in emotion regulation for each condition ascribed to the DS. The voxel-based meta-analysis highlighted an increased activity of dorsal anterior cingulate cortex as a common neurological signature of the DS.

**Conclusion:** The common neural feature of the DS captures an implicit appraisals of emotion-eliciting stimuli as threatening and/or noxious for mental and physical integrity of the individual together with painful subjective experiences associated to physiological emotional reactions. Specific brain responses across the DS suggested that the engagement in different mechanisms to address emotional stimuli - implicit avoidance reactions and attempts to over-control of affective states together with a disruption of

integrative processes of emotional mind-body features. This article is protected by copyright. All rights reserved.

**Keywords:** Dissociation; dissociative spectrum; emotion regulation; meta-analysis; neural responses.

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### Full text links



43. [Bridging the ICD11 and the DSM-5 personality disorders classification systems: The role of the PID5BF + M](#)

Front Psychiatry. 2023 Mar 2;14:1004895. doi: 10.3389/fpsy.2023.1004895. eCollection 2023.

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- PMID: [36937719](#)
- PMCID: [PMC10017429](#)
- DOI: [10.3389/fpsy.2023.1004895](#)

**Free PMC article**

## Abstract

**Introduction:** In both the ICD-11 Classification of Personality Disorders and the DSM-5 Alternative Model of Personality Disorders (AMPD) personality disorders (PD) are characterized by impairments in self- and interpersonal functioning which distinguish the various levels of dysfunction. Moreover, pathological traits are used by these classification systems to define the stylistic expression of personality dysfunction. Negative affectivity, detachment, antagonism/dissociality, and disinhibition feature as trait domains in each of these models. However, there are also differences between the two models, namely, in the psychoticism domain, which does not feature as a personality trait domain in the ICD-11, and in the anankastia domain, corresponding to compulsivity in the DSM-5, which was removed from the final AMPD model. Furthermore, facets are acknowledged by the DSM-5 within each trait domain, while this does not occur in the ICD-11. In view of the similarity between these classification systems, their harmonization would be beneficial for the clinical profession. With this goal in mind, the PID5BF + M, an algorithm that assesses the DSM-5 and ICD-11 six trait domains and 18 facets, was developed and has proven to adequately characterize the ICD-11 trait domains by means of DSM-5 trait facets.

**Methods:** The current study compares a community sample ( $N = 280$ ,  $M_{age} = 48.01$ , 53.2% females) with a PD sample ( $N = 131$ ,  $M_{age} = 42.66$ , 45.0% females) along with the PID5BF + M, the LPFS-SR and the PID-5. Given that the PID5BF + M total can be seen as a measure of the level of personality dysfunction, strong relations between the PID5BF + M total and the LPFS-SR total are expected. Strong relations between the trait specifiers measured by the PID5BF + M and the PID-5 are also expected. Finally, the community and clinical samples are expected to differentiate by means of the dimensions

assessed through the three afore-mentioned measures. The Spearman rank-order correlation coefficient was used to measure the strength and direction of associations between the PID5BF + M total and the LPFS-SR total and between the PID5BF + M and the PID-5 traits. Group differences were explored using the Mann-Whitney *U* test for independent samples.

**Results:** As expected, there were strong, significant, and positive relations between the measures. Furthermore, higher scores were observed in all the variables for the PD group against the community group.

**Discussion:** Although this study has limitations, its findings sustain that the PID5BF + M has potential to assess the severity of personality dysfunction and to characterize the stylistic features of PD as they are conceived by both the ICD-11 and the DSM-5. Although more research is needed regarding the convergent validity of the PID5BF + M, this new test contributes to the harmonization of both systems and to parsimony in the assessment of PD, which is the main objective of clinical practice.

**Keywords:** DSM-5 Alternative Model of Personality Disorders; ICD-11 Classification of Personality Disorders; LPFS-SR; PID-5; PID5BF + M; personality disorders; personality traits; severity.

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#### **Conflict of interest statement**

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

- [52 references](#)

#### **Full text links**



44.

[\*\*Effect and mechanism of acupuncture on Alzheimer's disease: A review\*\*](#)

Front Aging Neurosci. 2023 Mar 3;15:1035376. doi:  
10.3389/fnagi.2023.1035376. eCollection 2023.

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- PMID: [36936498](#)
- PMCID: [PMC10020224](#)
- DOI: [10.3389/fnagi.2023.1035376](#)

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## Abstract

With the development trend of an aging society, Alzheimer's disease (AD) has become an urgent problem in the field of medicine worldwide. Cognitive impairment in AD patients leads to a decline in the ability to perform daily living and abnormalities in behavior and personality, causing abnormal psychiatric symptoms, which seriously affect the daily life of patients. Currently, mainly drug therapy is used for AD patients in the clinic, but a large proportion of patients will experience drug efficacy not working, and even some drugs bring severe sleep disorders. Acupuncture, with its unique concept and treatment method, has been validated through a large number of experiments and proved its reliability of acupuncture in the treatment of AD. Many advances have been made in the study of the neurobiological mechanisms of acupuncture in the treatment of AD, further demonstrating the good efficacy and unique advantages of acupuncture in the treatment of AD. This review first summarizes the pathogenesis of AD and then illustrates the

research progress of acupuncture in the treatment of AD, which includes the effect of acupuncture on the changes of biochemical indicators in AD *in vivo* and the specific mechanism of action to exert the therapeutic effect. Changes in relevant indicators of AD similarly further validate the effectiveness of acupuncture treatment. The clinical and mechanistic studies of acupuncture in the treatment of AD are intensified to fit the need for social development. It is believed that acupuncture will achieve new achievements in the treatment of AD as research progresses.

**Keywords:** Alzheimer's disease; acupuncture therapy; curative effect; mechanism of action; senile dementia.

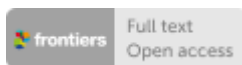
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- [118 references](#)
- [8 figures](#)

### Full text links



45. [\*\*Siblings, shopping, and sustainability: Birth-order differences in green consumption\*\*](#)

Front Psychol. 2023 Mar 3;14:1105072. doi: 10.3389/fpsyg.2023.1105072. eCollection 2023.

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- PMID: [36935953](#)
- PMCID: [PMC10020628](#)
- DOI: [10.3389/fpsyg.2023.1105072](#)

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## **Abstract**

Several studies have examined the role of birth order in shaping human personality, but fewer have tested this variable in relation to other pressing issues. We conducted a birth-order study on green consumption, which enabled us to detect a small-to-moderate effect size equivalent to  $r = 0.15$  or  $d = 0.30$  with sufficient statistical power ( $N = 335$ ). To capture green consumption, participants indicated their tendency to express the value of environmental protection through purchases and consumption behaviors. Firstborns (vs. laterborns) consistently expressed lower concerns linked to environmental protection in their purchase patterns. While the effect size of this finding was small-to-moderate by conventional standards and in direct contrast to the findings from a recent article on the same topic, these results could still be informative to address challenges associated with climate change considering the number of individuals with siblings in the world and the ease with which birth-order data can be collected.

**Keywords:** environmental protection; firstborns; green consumption; laterborns; pro-environmental consumption; prosocial behavior; siblings; sustainability.

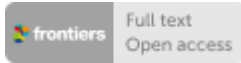
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- [77 references](#)

#### Full text links



46. [Trait schizotypy and the psychosis prodrome: Current standard assessment of extended psychosis spectrum phenotypes](#)

Schizophr Res. 2023 Mar 16;254:208-217. doi: 10.1016/j.schres.2023.03.004. Online ahead of print.

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- PMID: [36933416](#)

- DOI: [10.1016/j.schres.2023.03.004](https://doi.org/10.1016/j.schres.2023.03.004)

## Abstract

Schizotypy has become an increasingly important construct for elaborating psychotic disorders that vary along the schizophrenic spectrum. However, different schizotypy inventories vary in conceptual approach and measurement. In addition, commonly used schizotypy scales have been seen as qualitatively different from screening instruments for prodromal schizophrenia like the Prodromal Questionnaire-16 (PQ-16). Our study investigated the psychometric properties of three schizotypy questionnaires (the Schizotypal Personality Questionnaire-Brief, Oxford-Liverpool Inventory of Feelings and Experiences, and the Multidimensional Schizotypy Scale) as well as the PQ-16 in a cohort of 383 non-clinical subjects. We initially evaluated their factor structure using Principal Component Analysis (PCA) and used Confirmatory Factor Analysis (CFA) to test a newly proposed composition of factors. PCA results support a three-factor structure of schizotypy that accounts for 71 % of the total variance, but also shows cross-loadings of some schizotypy subscales. CFA of the newly composed schizotypy factors (together with an added neuroticism factor) shows good fit. Analyses including the PQ-16 indicate considerable overlap with measures of trait schizotypy, suggesting that the PQ-16 might not be quantitatively or qualitatively different from schizotypy measurements. Taken together, results indicate that there is good support for a three-factor structure of schizotypy but also that different schizotypy measurements grasp facets of schizotypy differently. This points towards the need for an integrative approach for assessing the construct of schizotypy.

**Keywords:** Factor analysis; Prodrome; Psychosis; Schizophrenia; Schizotypy.

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### Conflict of interest statement

Declaration of competing interest All authors declare no conflict of interests.

### Full text links



47. [Prediction of individuals with any psychiatric disorders and first- or second-degree relatives of](#)

# [individuals with psychiatric disorders among university students using schizotypal personality traits, autism-spectrum traits and emotional intelligence](#)

Asian J Psychiatr. 2023 Mar 15;83:103549. doi: 10.1016/j.ajp.2023.103549.  
Online ahead of print.

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- PMID: [36933301](#)
- DOI: [10.1016/j.ajp.2023.103549](#)

*No abstract available*

**Keywords:** Autism-spectrum traits; Emotional intelligence; Psychiatric disorders; Relative; Schizotypal personality traits; University student.

## Conflict of interest statement

Declarations of interest None.

## Full text links



48. [Are mental disorders associated with recidivism in men convicted of sexual offenses?](#)

Acta Psychiatr Scand. 2023 Mar 18. doi: 10.1111/acps.13547. Online ahead of print.

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- PMID: [36932913](#)
- DOI: [10.1111/acps.13547](#)

**Abstract**

**Introduction:** In offending populations, prevalence rates of mental disorders are much higher than in the general population. Nevertheless, it is unclear whether mental disorders can improve the prediction of recidivism beyond actuarial risk assessment tools.

**Methods:** The present prospective-longitudinal study was conducted between 2001 and 2021 and included 1066 men convicted of sexual offenses in Austria. All participants were evaluated with actuarial risk assessment tools for the prediction of sexual and violent recidivism and the Structured Clinical

Interview for Axis I and Axis II disorders. Sexual and violent reconvictions were assessed.

**Results:** Exhibitionism and an exclusive pedophilia showed the strongest correlations with sexual recidivism in the total sample. In the child related offense subsample additionally a narcissistic personality disorder was correlated with sexual recidivism. The strongest correlation with violent recidivism was found for an antisocial and borderline personality disorder. None of the mental disorders could improve the prediction of recidivism beyond actuarial risk assessment tools.

**Conclusion:** Common current actuarial risk assessment tools revealed good predictive accuracy in men convicted of sexual offenses. With few exceptions mental disorders were only weakly associated with recidivism, suggesting that there is no direct link between mental disorders and violent and sexual reoffending. Mental disorders should nevertheless be considered in treatment issues.

**Keywords:** actuarial risk assessment; mental disorders; sexual and violent reconviction; sexual offenses.

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- [73 references](#)

#### Full text links



49. [Evaluation of a 36-item measure of ICD-11 and DSM-5 personality disorder trait domains and facets in Russian inpatients](#)

Psychol Assess. 2023 Mar 16. doi: 10.1037/pas0001223. Online ahead of print.

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- DOI: [10.1037/pas0001223](#)

## Abstract

The *Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5)* and *International Classification of Diseases 11th revision (ICD-11)* have introduced a new dimensional approach to personality disorder (PD) classification that relies on the global level of PD severity and individual expressions of personality dysfunction in terms of specified trait domains (i.e., negative affectivity, detachment, antagonism, disinhibition, anankastia, and psychoticism). This study sought to evaluate the psychometric qualities of the *DSM-5* and *ICD-11* trait domains and facets in 570 Russian psychiatric inpatients using the Modified 36-Item Personality Inventory for *DSM-5* and *ICD-11* Brief Form Plus-Modified (PID5BF + M). The expected six-factor structure of the *DSM-5* and *ICD-11* trait domains was replicated using exploratory factor analysis. The six domain scores showed expected convergence with normal five-factor model scores, and the 18 subfacets showed acceptable scale reliability. Our findings overall support the psychometric properties of the six PID5BF + M domain scores and 18 subfacet scores covering both the *ICD-11* and the *DSM-5* trait models. Consequently, clinicians and researchers in Russian-speaking mental health services are now able to perform a combined and facet-level assessment of the *DSM-5* and *ICD-11* trait models in a feasible and psychometrically sound manner. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

50. [Symptoms of borderline personality and related pathologies behave as temporal and contemporaneous networks](#)

Personal Disord. 2023 Mar 16. doi: 10.1037/per0000618. Online ahead of print.

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- PMID: [36931812](#)
- DOI: [10.1037/per0000618](#)

## Abstract

In contrast to latent variable models suggesting a common etiology, network theory proposes that symptoms of psychopathology co-occur because of direct, dynamic associations among them. We examined how symptoms associated with borderline personality disorder, depression, and anxiety mutually reinforce one another over time, forming a network. We further identified symptoms that drove the network by exerting the most influence on other symptoms. Participants were 37 undergraduate students aged 18 to 26. Following baseline assessment, participants were prompted to answer a Qualtrics-based survey of current symptoms of BPD, depression, and anxiety twice daily for 40 days. Multilevel time-series network analyses were conducted with (a) BPD symptoms alone and (b) BPD, depressive and anxiety symptoms. In the network of BPD symptoms, momentary interpersonal difficulties predicted later dissociation, which predicted later affective fluctuation at the within-person level. Dissociation exerted the strongest influence on the overall symptom network. When depressive and anxiety symptoms were included, the networks identified several cross-disorder connections, such as anhedonia and feeling tense, which highlight potential pathways that describe the comorbidity of BPD with anxiety and depressive syndromes. Overall, cognitive symptoms and dissociation were identified as the most influential symptoms across the networks. This study indicates that BPD, depression, and anxiety symptoms may mutually reinforce one another concurrently and over time. Cognitive symptoms exert the highest influence on the cross-disorder networks, such that they influence BPD, depressive, and anxiety symptoms. Our results support the need of targeting cognitions in the treatment of comorbid BPD. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

51. [Combining cash transfers and cognitive behavioral therapy to reduce antisocial behavior in young men: A mediation analysis of a randomized controlled trial in Liberia](#)

PLoS One. 2023 Mar 17;18(3):e0273891. doi: 10.1371/journal.pone.0273891. eCollection 2023.

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- PMID: [36930663](#)
- PMCID: [PMC10022758](#)
- DOI: [10.1371/journal.pone.0273891](#)

**Free PMC article**

## Abstract

**Background:** Interventions that combine cognitive behavioral therapy (CBT) with unconditional cash transfers (UCT) reduce the risk of antisocial behavior (ASB), but the underlying mechanisms are unclear. In this paper, we test the role of psychological and cognitive mechanisms in explaining this effect. We assessed the mediating role of executive function, self-control, and time preferences.

**Methods:** We used data from the Sustainable Transformation of Youth in Liberia, a community-based randomized controlled trial of criminally engaged men. The men were randomized into: Group-1: control (n = 237); and Group-2: CBT+UCT (n = 207). ASB was measured 12-13 months after the interventions were completed, and the following mediators were assessed 2-5 weeks later: (i) self-control, (ii) time preferences and (iii) executive functions. We estimated the natural direct effect (NDE) and the natural indirect effect (NIE) of the intervention over ASB.

**Results:** Self-control, time preferences and a weighted index of all three mediators were associated with ASB scores, but the intervention influenced time preferences only [B = 0.09 95%CI (0.03; 0.15)]. There was no evidence that the effect of the intervention on ASB was mediated by self-control [BNIE = 0.007 95%CI (-0.01; 0.02)], time preferences [BNIE = -0.02 95%CI (-0.05; 0.01)], executive functions [BNIE = 0.002 95%CI (-0.002; 0.006)] or the weighted index of the mediators [BNIE = -0.0005 95%CI (-0.03; 0.02)].

**Conclusions:** UCT and CBT lead to improvements in ASB, even in the absence of mediation via psychological and cognitive functions. Findings suggest that the causal mechanisms may involve non-psychological pathways.

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### Conflict of interest statement

The authors have declared that no competing interests exist.

- [29 references](#)
- [2 figures](#)

### Full text links



52. [Examination of Web-Based Single-Session Growth Mindset Interventions for Reducing Adolescent Anxiety: Study Protocol of a 3-Arm Cluster Randomized Controlled Trial](#)

JMIR Res Protoc. 2023 Mar 17;12:e41758. doi: 10.2196/41758.

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## Free article

## Abstract

**Background:** Anxiety disorders are the most common mental disorders worldwide. In Hong Kong, 7% of adolescents are diagnosed with anxiety disorders, and 1 in every 4 secondary school students reports clinical-level anxiety symptoms. However, 65% of them do not access services. Long waitlists in public services, the high cost of private services, or the fear of being stigmatized can hinder service access. The high prevalence of anxiety and low intervention uptake indicate a pressing need to develop timely, scalable, and potent interventions suitable for adolescents. Single-session interventions (SSIs) have the potential to be scalable interventions for diagnosable or subclinical psychopathology in adolescents. Providing precise and context-adapted intervention is the key to achieving intervention efficacy.

**Objective:** This study aims to compare the effectiveness of three SSIs: single-session intervention of growth mindset on negative emotions (SIGMA), SSI of growth mindset of personality (SSI-GP), and active control, in reducing adolescent anxiety.

**Methods:** Adolescents (N=549, ages 12-16 years) from secondary schools will be randomized to 1 of 3 intervention conditions: the SIGMA, SSI-GP, or active control. The implementation of each intervention is approximately 45 minutes in length. Adolescent participants will report anxiety symptoms (primary outcome), perceived control, hopelessness, attitude toward help-seeking, and psychological well-being at preintervention, the 2-week follow-up, and the 8-week follow-up. A pilot test has confirmed the feasibility and acceptability of SIGMA among adolescents. We hypothesized that SIGMA and SSI-GP will result in a larger reduction in anxiety symptoms than the control intervention during the posttest and 8-week follow-up period. We also predict that SIGMA will have a more significant effect than SSI-GP. We will use the intention-to-treat principle and linear regression-based maximum likelihood multilevel models for data analysis.

**Results:** This study will be conducted from December 2022 to December 2023, with results expected to be available in January 2024.



**Conclusions:** This protocol introduces the implementation content and strategies of growth mindset SSIs (consists of 2 forms: SIGMA and SSI-GP) among school students. The study will provide evidence on the efficacy of different growth mindset SSIs for adolescent anxiety. It will also establish implementation strategies for self-administrative SSIs among school students, which can serve as a pioneer implementation of a scalable and self-accessible brief intervention to improve the well-being of young people.

**Trial registration:** ClinicalTrials.gov [NCT05027880](https://clinicaltrials.gov/ct2/show/NCT05027880);  
<https://clinicaltrials.gov/ct2/show/NCT05027880>.

**International registered report identifier (irrid):** PRR1-10.2196/41758.

**Keywords:** fixed mindset; growth mindset; mental health; secondary school students, brief intervention, belief-in-change.

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#### Full text links



53. [Cost-effectiveness of transdiagnostic group cognitive behavioural therapy versus group relaxation therapy for emotional disorders in primary care \(PsicAP-Costs2\): Protocol for a multicentre randomised controlled trial](#)

PLoS One. 2023 Mar 16;18(3):e0283104. doi: 10.1371/journal.pone.0283104.  
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- PMCID: [PMC10019745](#)
- DOI: [10.1371/journal.pone.0283104](#)

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## Abstract

Several randomised controlled trials (RCT) have demonstrated the superiority of transdiagnostic group cognitive-behavioural therapy (TD-CBT) to treatment as usual (TAU) for emotional disorders in primary care. To date, however, no RCTs have been conducted to compare TD-CBT to another active intervention

in this setting. Our aim is to conduct a single-blind RCT to compare group TD-CBT plus TAU to progressive muscle relaxation (PMR) plus TAU in adults (age 18 to 65 years) with a suspected emotional disorder. We expect that TD-CBT + TAU will be more cost-effective than TAU + PMR, and that these gains will be maintained at the 12-month follow-up. Seven therapy sessions (1.5 hours each) will be offered over a 24-week period. The study will be carried out at four primary care centres in Cantabria, Spain. The study will take a societal perspective. Psychological assessments will be made at three time points: baseline, post-treatment, and at 12-months. The following variables will be evaluated: clinical symptoms (anxiety, depression, and/or somatic); functioning; quality of life (QoL); cognitive-emotional factors (rumination, worry, attentional and interpretative biases, emotion regulation and meta-cognitive beliefs); and satisfaction with treatment. Data on health service use, medications, and sick days will be obtained from electronic medical records. Primary outcome measures will include: incremental cost-effectiveness ratios (ICER) and incremental cost-utility ratios (ICURs). Secondary outcome measures will include: clinical symptoms, QoL, functioning, and treatment satisfaction. Bootstrap sampling will be used to assess uncertainty of the results. Secondary moderation and mediation analyses will be conducted. Two questionnaires will be administered at sessions 1, 4, and 7 to assess therapeutic alliance and group satisfaction. If this trial is successful, widespread application of this cost-effective treatment could greatly improve access to psychological treatment for emotional disorders in the context of increasing demand for mental healthcare in primary care. Trial registration: ClinicalTrials.gov: Cost-effectiveness of a Transdiagnostic Psychological Treatment for Emotional Disorders in Primary Care (PsicAP). [NCT05314920](https://clinicaltrials.gov/ct2/show/study/NCT05314920).

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### **Conflict of interest statement**

The authors have declared that no competing interests exist.

- [83 references](#)
- [3 figures](#)

### **Full text links**



54. [Contribution of coping style to the association between illness uncertainty and demoralisation in patients with breast cancer: a cross-sectional mediation analysis](#)

BMJ Open. 2023 Mar 16;13(3):e065796. doi: 10.1136/bmjopen-2022-065796.

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- DOI: [10.1136/bmjopen-2022-065796](#)

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### Abstract

**Objective:** Demoralisation is a common psychological issue in patients with cancer and aggravates depression, reduces the quality of life and even causes suicidal ideation. There is a lack of knowledge about illness uncertainty, coping style and demoralisation in patients with breast cancer. The current study

explored the relationship between illness uncertainty and demoralisation among those patients, as well as the potential mediating role of coping style.

**Design:** A cross-sectional study.

**Setting:** Participants were recruited from the Breast Tumor Center in a tertiary hospital in Shijiazhuang, Hebei province.

**Participants:** A total of 211 patients with breast cancer completed the survey.

**Outcome measures:** A total of 211 patients with breast cancer completed the Mishel's Uncertainty in Illness Scale, Trait Coping Style Questionnaire and the Mandarin version of Demoralization Scale (DS-MV).

**Results:** Of the patients, 47.40% exhibited symptoms of demoralisation (DS-MV>30), and the mean of demoralisation score was (29.55±13.21). The results demonstrated that illness uncertainty and negative coping styles were positively related to demoralisation ( $p<0.001$ ), while active coping styles were negatively related to demoralisation ( $p<0.001$ ). Importantly, coping styles could partially mediate the relationship between illness uncertainty and demoralisation ( $p<0.01$ ).

**Conclusion:** Our study illustrated that illness uncertainty was associated with demoralisation in patients with breast cancer, and coping style acted as a mediator in this relationship. The findings highlighted the critical role of reducing negative coping styles to the early prevention and efficient treatment of demoralisation among those patients.

**Keywords:** Breast tumours; Depression & mood disorders; MENTAL HEALTH; Personality disorders.

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### **Conflict of interest statement**

Competing interests: None declared.

- [53 references](#)
- [4 figures](#)

## Full text links



# 55. [Prevalence of Personality Disorders in Adults With Attention Deficit Hyperactivity Disorder \(ADHD\)](#)

J Atten Disord. 2023 Mar 16;10870547231161531. doi: 10.1177/10870547231161531. Online ahead of print.

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- PMID: [36927130](#)
- DOI: [10.1177/10870547231161531](#)

## Abstract

**Objective:** To estimate the prevalence of PDs according to Millon's evolution-based model among adult ADHD outpatients.

**Method:** Cross-sectional study of consecutive patients referred to an adult ADHD clinic. PDs were evaluated with Millon Clinical Multiaxial Inventory-III (MCMI-III).

**Results:** One-hundred-eighty-one participants had valid MCMI-III, of whom 147 were diagnosed with ADHD. Mean age: 32.97, SD:11.56, females: 74 (50.3%). Among the 147 participants with ADHD, 29 (19.7%) did not meet criteria for any PD, 43 (29.3%) met the criteria for one PD, 34 (23.1%) for two PDs and the rest three or more. Most common PD was Dependent ( $n = 58$ ) followed by Depressive ( $n = 45$ ). Inattentive sub-type was associated with

dependent PD, while combined type with antisocial, negativistic (passive/aggressive) and sadistic PD.

**Conclusion:** Particular personality profiles were more common with different ADHD subtypes. Given the developmental origins of PD, further research may help identify possible links with childhood difficulties.

**Keywords:** ADHD; MCMI-III; adult; attention deficit hyperactivity disorder; epidemiology; personality disorders.

### Full text links

Sage Journals

56. [Risk factors and digital interventions for anxiety disorders in college students: Stakeholder perspectives](#)

World J Clin Cases. 2023 Mar 6;11(7):1442-1457. doi: 10.12998/wjcc.v11.i7.1442.

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- PMID: [36926387](#)
- PMCID: [PMC10011984](#)
- DOI: [10.12998/wjcc.v11.i7.1442](#)

**Free PMC article**

### Abstract

The worldwide prevalence of anxiety disorders among college students is high, which negatively affects countries, schools, families, and individual students to varying degrees. This paper reviews the relevant literature regarding risk factors and digital interventions for anxiety disorders among college students from the perspectives of different stakeholders. Risk factors at the national and societal levels include class differences and the coronavirus disease 2019 pandemic. College-level risk factors include the indoor environment design of the college environment, peer relationships, student satisfaction with college culture, and school functional levels. Family-level risk factors include parenting style, family relationship, and parental level of education. Individual-level risk factors include biological factors, lifestyle, and personality. Among the intervention options for college students' anxiety disorders, in addition to traditional cognitive behavioral therapy, mindfulness-based interventions, psychological counseling, and group counseling, digital mental health interventions are increasingly popular due to their low cost, positive effect, and convenient diagnostics and treatment. To better apply digital intervention to the prevention and treatment of college students' anxiety, this paper suggests that the different stakeholders form a synergy among themselves. The nation and society should provide necessary policy guarantees, financial support, and moral and ethical supervision for the prevention and treatment of college students' anxiety disorders. Colleges should actively participate in the screening and intervention of college students' anxiety disorders. Families should increase their awareness of college students' anxiety disorders and take the initiative to study and understand various digital intervention methods. College students with anxiety disorders should actively seek psychological assistance and actively accept and participate in digital intervention projects and services. We believe that in the future, the application of methods such as big data and artificial intelligence to improve digital interventions and provide individualized treatment plans will become the primary means of preventing and treating anxiety disorders among college students.

**Keywords:** Anxiety disorders; Artificial intelligence; Big data; College students; Digital intervention; Stakeholders.

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**Conflict of interest statement**



Conflict-of-interest statement: All the authors report no relevant conflicts of interest for this article.

- [118 references](#)
- [1 figure](#)

#### Full text links



57. [Frontotemporal dementia: Addressing the scattered harbingers of genetics and its relationship with glucose metabolism, bipolar disorder, and amyotrophic lateral sclerosis](#)

Dis Mon. 2023 Mar 14;101545. doi: 10.1016/j.disamonth.2023.101545. Online ahead of print.

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- PMID: [36925418](#)
- DOI: [10.1016/j.disamonth.2023.101545](#)

## Abstract

Frontotemporal Dementia, also known by the name Pick's disease, is a rare form of dementia that can run for several generations. The two key characteristics are argyrophilic, spherical intraneuronal inclusions, which most frequently impact the frontal and temporal poles, and localized cortical atrophy (Pick bodies). Although personality decline and memory loss are frequently more severe than the visuospatial and apraxia disorders that are common in Alzheimer's disease, clinical overlap with other non-Alzheimer degenerative disorders is being increasingly recognized. The limbic system, which includes the hippocampus, entorhinal cortex, and amygdala, typically experiences the greatest levels of neuronal loss and degeneration. In the hippocampus's dentate fascia, several Pick bodies are frequently seen. Leukoencephalopathy and inflated cortical neurons are less specific symptoms (Pick cells). In this paper, we review the factors leading to Pick's disease along with its pathophysiology, clinical manifestations, diagnosis, imaging, treatment, prognosis, and a comprehensive discussion on the same. We have also discussed the relationship of frontotemporal dementia with glucose metabolism, bipolar disorder, and amyotrophic lateral sclerosis, all of which are emerging fields of interest and need more studies.

**Keywords:** Amyotrophic lateral sclerosis; Bipolar disorder; Frontotemporal dementia; Glucose metabolism; Tau.

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**Conflict of interest statement**

Conflict of Interest The authors declare no conflict of interest, financial or otherwise.

### Full text links



58. [Intensive Short-Term Dynamic Psychotherapy \(ISTDP\) associated with healthcare reductions in patients with functional seizures](#)

Epilepsy Behav. 2023 Mar 14;141:109147. doi: 10.1016/j.yebeh.2023.109147. Online ahead of print.

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- PMID: [36924611](#)
- DOI: [10.1016/j.yebeh.2023.109147](#)

## Abstract

Intensive Short-Term Psychodynamic Therapy (ISTDP) has demonstrated promising evidence for the treatment of Functional Neurological Disorders (FND) including functional seizures. This paper aimed to further examine the therapeutic effects of a 3-session course of this treatment focusing on its potential to maintain reduced healthcare utility within a group of patients with complex difficulties, across an extended time period, post-therapy. The original study followed a mixed methods case series design and recruited 18 patients from secondary adult mental health care and specialist neurology services. Seventeen participants completed the intervention and attendance rates were very high (95%). In this follow-up study, which was solely focused on the utilization of healthcare resources, results showed decreases when comparing 12 months prior and 12 months post three sessions of ISTDP. The results provide further support for the use of ISTDP in this group of participants with complex clinical presentations, specifically, its capacity to reduce healthcare usage over 12 months post-therapy. Further evidence from controlled and randomized studies with larger sample sizes is warranted.

**Keywords:** Functional Seizures; Healthcare Utilisation; ISTDP.

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### Conflict of interest statement

Declaration of Competing Interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

### Full text links



59. [Evaluating the genetic interaction effects of gut microbiome and diet on the risk of neuroticism in the UK Biobank cohort](#)

Psychiatr Genet. 2023 Apr 1;33(2):59-68. doi:  
10.1097/YPG.0000000000000334. Epub 2022 Dec 27.

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- PMID: [36924244](#)
- DOI: [10.1097/YPG.0000000000000334](#)

## Abstract

**Objectives:** In this study designed to investigate the effect of diet and gut microbiome on neuropsychiatric disorders, we explored the mechanisms of the interaction between diet and gut microbiome on the risk of neuroticism.

**Methods:** First, using the individual genotype data from the UK Biobank cohort (N = 306 165), we calculated the polygenic risk score (PRS) based on 814 dietary habits single nucleotide polymorphisms (SNPs), 21 diet compositions SNPs and 1001 gut microbiome SNPs, respectively. Gut microbiome and diet-associated SNPs were collected from three genome-wide association studies (GWAS), including the gut microbiome (N = 3890), diet compositions (over 235 000 subjects) and dietary habits (N = 449 210). The neuroticism score was calculated by 12 questions from the Eysenck Personality Inventory Neuroticism scale. Then, regression analysis was performed to evaluate the interaction effects between diet and the gut microbiome on the risk of neuroticism.

**Results:** Our studies demonstrated multiple candidate interactions between diet and gut microbiome, such as protein vs. Bifidobacterium ( $\beta = 4.59 \times 10^{-3}$ ;  $P = 9.45 \times 10^{-3}$ ) and fat vs. Clostridia ( $\beta = 3.67 \times 10^{-3}$ ;  $P = 3.90 \times 10^{-2}$ ). In addition, pieces of fresh fruit per day vs. Ruminococcus ( $\beta = -5.79 \times 10^{-3}$ ,  $P = 1.10 \times 10^{-3}$ ) and pieces of dried fruit per day vs. Clostridiales ( $\beta = -5.63 \times 10^{-3}$ ,  $P = 1.49 \times 10^{-3}$ ) were found to be negatively associated with neuroticism in

fruit types. We also identified several positive interactions, such as tablespoons of raw vegetables per day vs. Veillonella ( $\beta = 5.92 \times 10^{-3}$ ,  $P = 9.21 \times 10^{-4}$ ) and cooked vegetables per day vs. Acidaminococcaceae ( $\beta = 5.69 \times 10^{-3}$ ,  $P = 1.24 \times 10^{-3}$ ).

**Conclusions:** Our results provide novel clues for understanding the roles of diet and gut microbiome in the development of neuroticism.

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- [71 references](#)

#### Full text links



60. [Validation of the pathological narcissistic inventory \(PNI\) and its brief form \(B-PNI\) in the Arabic language](#)

BMC Psychiatry. 2023 Mar 15;23(1):168. doi: 10.1186/s12888-023-04644-9.

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- DOI: [10.1186/s12888-023-04644-9](#)

**Free PMC article**

## Abstract

**Background:** The Pathological Narcissism Inventory (PNI) is a multidimensional measure developed to assess narcissistic grandiosity and narcissistic vulnerability. We aimed to validate the Arabic version of the original Pathological Narcissistic Inventory (PNI) and its brief form (B-PNI) in a community sample of Lebanese adults.

**Methods:** The English language PNI items were translated into Arabic following a rigorous translation, back-translation, and linguistic evaluation. A total of 401 participants were administered the translated PNI, as well as previously validated Arabic versions of the Big Five Inventory-2, the Rosenberg Self-esteem Scale, the Patient Health Questionnaire (PHQ-9), and the Impulsivity-8 Scale.

**Results:** Exploratory and confirmatory analyses supported the existence of seven first-order and two second-order factors of the PNI and B-PNI. Except for exploitativeness where females scored lower than males, no other significant differences by gender were observed for the remaining PNI subscale scores. Additionally, scores on all the subscales exhibited good reliability, while the associations with external measures supported the concurrent validity of the translated instrument.

**Conclusion:** The results of this study suggest that scores on the PNI and B-PNI are highly reliable with satisfactory concurrent and factorial validity, providing an assessment of broadly defined pathological narcissism among the Lebanese young adult population. The availability of the Arabic PNI and its brief form should facilitate improved understanding of pathological narcissism in Arabic cultures and the different factors that govern narcissistic personality pathology.

**Keywords:** Arabic language; B-PNI; PNI; Pathological narcissistic inventory; Psychometric properties.

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### Conflict of interest statement

The authors have nothing to disclose.

- [57 references](#)
- [1 figure](#)

### Full text links



61. [\*\*The mediating effects of personality traits on the relationship of youth conduct problems and mood disorders with adulthood suicidality\*\*](#)

Sci Rep. 2023 Mar 15;13(1):4292. doi: 10.1038/s41598-023-31338-9.

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- PMID: [36922624](https://pubmed.ncbi.nlm.nih.gov/36922624/)
- PMCID: [PMC10017672](https://pubmed.ncbi.nlm.nih.gov/PMC10017672/)
- DOI: [10.1038/s41598-023-31338-9](https://doi.org/10.1038/s41598-023-31338-9)

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## Abstract

Identifying the relevant factors for suicidality in individuals with conduct problems is a public health concern, especially if they were under the influence of mood disorders later in life. This study investigates the relationship between youth conduct problems and mood disorders and adulthood suicidality, and to further explore the mediating effects of personality on this relationship. A retrospective cohort study was administered to 308 individuals aged 20-65 years, with or without mood disorders diagnosed by psychiatrists. The Composite International Diagnosis Interview was used to evaluate conduct problems in youth and suicidality (i.e., suicide plan and suicide attempt) in the past year. Personality traits were assessed using Eysenck Personality Questionnaire-Revised for extraversion and neuroticism. Multiple-mediator analysis was used to investigate the mediation effects of personality traits on the relationship between conduct problems and suicidality. The average age of enrolled participants was 31.6 years, and 42.5% of them were female. 39.2% reported suicidality and 43.2% reported conduct problems in youth.

Participants who were diagnosed with mood disorders ( $p < 0.001$ ) and reported having conduct problems ( $p = 0.004$ ) were associated with high suicidality. Multiple-mediator analysis showed that conduct problems in youth increased the risk of adulthood suicidality through the indirect effects of higher neuroticism (suicide plan: OR = 1.30, BCA 95% CI = 1.04-1.83; suicide attempt: OR = 1.27, BCA 95% CI = 1.05-1.66). Neuroticism mediates the association between youth conduct problems and adulthood suicidality. This finding raises our attention to assess personality traits in individuals with youth conduct problems for designing proper intervention strategies to reduce the risk of suicide.

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### Conflict of interest statement

The authors declare no competing interests.

- [55 references](#)
- [1 figure](#)

### Full text links



## 62. [The role of personality in neighborhood satisfaction](#)

PLoS One. 2023 Mar 15;18(3):e0282437. doi: 10.1371/journal.pone.0282437. eCollection 2023.

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## Abstract

Urbanists have long been interested in understanding what makes people satisfied with their neighborhoods. However, relatively little is known about how residents' personality traits may affect their neighborhood satisfaction. In this paper, we explore the direct and indirect associations of personality traits with neighborhood satisfaction in a representative sample of adults in Michigan (USA). We find that each of the personality traits in the five factor model are associated with neighborhood satisfaction in the same way that they are known to be associated with subjective well-being. However, we fail to observe evidence that personality traits moderate the association between perceptions of neighborhoods and neighborhood satisfaction, or that personality's association with neighborhood satisfaction is mediated by neighborhood perceptions. We conclude that there is potential for drawing on theoretical and empirical developments in positive psychology for understanding neighborhood satisfaction, but observe that the underlying mechanisms for the association between personality and neighborhood satisfaction remain unknown.

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### Conflict of interest statement

The authors have declared that no competing interests exist.

- [82 references](#)
- [1 figure](#)

### Full text links



63. [Study Features and Response Compliance in Ecological Momentary Assessment Research in](#)

# [Borderline Personality Disorder: Systematic Review and Meta-analysis](#)

J Med Internet Res. 2023 Mar 15;25:e44853. doi: 10.2196/44853.

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- PMID: [36920466](#)
- DOI: [10.2196/44853](#)

## Free article

## Abstract

**Background:** Borderline personality disorder (BPD) is characterized by frequent and intense moment-to-moment changes in affect, behavior, identity, and interpersonal relationships, which typically result in significant and negative deterioration of the person's overall functioning and well-being. Measuring and characterizing the rapidly changing patterns of instability in BPD dysfunction as they occur in a person's daily life can be challenging. Ecological momentary assessment (EMA) is a method that can capture highly dynamic processes in psychopathology research and, thus, is well suited to study intense variability patterns across areas of dysfunction in BPD. EMA studies are characterized by frequent repeated assessments that are delivered to participants in real-life, real-time settings using handheld devices capable of

registering responses to short self-report questions in daily life. Compliance in EMA research is defined as the proportion of prompts answered by the participant, considering all planned prompts sent. Low compliance with prompt schedules can compromise the relative advantages of using this method. Despite the growing EMA literature on BPD in recent years, findings regarding study design features that affect compliance with EMA protocols have not been compiled, aggregated, and estimated.

**Objective:** This systematic meta-analytic review aimed to investigate the relationship between study design features and participant compliance in EMA research of BPD.

**Methods:** A systematic review was conducted on November 12, 2021, following the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) and MOOSE (Meta-analyses of Observational Studies in Epidemiology) guidelines to search for articles featuring EMA studies of BPD that reported compliance rates and included sufficient data to extract relevant design features. For studies with complete data, random-effect models were used to estimate the overall compliance rate and explore its association with design features.

**Results:** In total, 28 peer-reviewed EMA studies comprising 2052 participants were included in the study. Design features (sampling strategy, average prompting frequency, number of items, response window, sampling device, financial incentive, and dropout rate) showed a large variability across studies, and many studies did not report design features. The meta-analytic synthesis was restricted to 64% (18/28) of articles and revealed a pooled compliance rate of 79% across studies. We did not find any significant relationship between design features and compliance rates.

**Conclusions:** Our results show wide variability in the design and reporting of EMA studies assessing BPD. Compliance rates appear to be stable across varying setups, and it is likely that standard design features are not directly responsible for improving or diminishing compliance. We discuss possible nonspecific factors of study design that may have an impact on compliance. Given the promise of EMA research in BPD, we also discuss the importance of unifying standards for EMA reporting so that data stemming from this rich literature can be aggregated and interpreted jointly.

**Keywords:** borderline personality disorder; compliance; ecological momentary assessment; e-mental health; mobile phone; study design features.

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### Full text links



64. [Eating disorder risk during behavioral weight management in adults with overweight or obesity: A systematic review with meta-analysis](#)

Obes Rev. 2023 Mar 15;e13561. doi: 10.1111/obr.13561. Online ahead of print.

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- PMID: [36919475](#)
- DOI: [10.1111/obr.13561](#)

## Abstract

This systematic review examined change in eating disorder risk during weight management interventions. Four databases and clinical trials registries were searched in March and May 2022, respectively, to identify behavioral weight management intervention trials in adults with overweight/obesity measuring eating disorder symptoms at pre- and post-intervention or follow-up. Random effects meta-analyses were conducted examining within group change in risk. Of 12,023 screened, 49 were eligible (n = 6337, mean age range 22.1 to 59.9 years, mean (SD) 81(20.4)% female). Interventions ranged from 4 weeks to 18 months, with follow-up of 10 weeks to 36 months post-intervention. There was a within group reduction in global eating disorder scores (20 intervention arms; Hedges' g = -0.27; 95% CI -0.36, -0.17; I<sup>2</sup> 67.1%) and binge eating (49 intervention arms; -0.66; 95% CI -0.76, -0.56; I<sup>2</sup> 82.7%) post-intervention, both maintained at follow-up. Of 14 studies reporting prevalence or episodes of binge eating, all reported a reduction. Four studies reported eating disorder symptoms, not present at baseline, in a subset of participants (0%-6.5%). Overall, behavioral weight management interventions do not increase eating disorder symptoms for most adults; indeed, a modest reduction is seen post-intervention and follow-up. A small subset of participants may experience disordered eating; therefore, monitoring for the emergence of symptoms is important.

**Keywords:** diet intervention; disordered eating; treatment.

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- [78 references](#)

**Full text links**

65. [The predictive validity of the DSM-5 alternative model for borderline personality disorder: Associations with coping strategies, general distress, rumination, and suicidal ideation across one year](#)

Personal Ment Health. 2023 Mar 15. doi: 10.1002/pmh.1580. Online ahead of print.

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- DOI: [10.1002/pmh.1580](#)

### Abstract

The DSM-5 Alternative Model for Personality Disorders (AMPD) characterizes borderline personality disorder (BPD) in part as a constellation of maladaptive personality trait facets including emotional lability, anxiousness, separation insecurity, depressivity, impulsivity, risk-taking, and hostility. Previous studies have supported the construct validity of AMPD-BPD; however, research examining its predictive validity in relation to theoretically and clinically relevant constructs remains needed. The present study investigates the longitudinal relationships between AMPD-BPD and general distress, rumination, and suicidal ideation, as well as adaptive and maladaptive coping targeted in Dialectical Behavior Therapy (DBT) in a sample of participants with elevated BPD symptomology. We also examined if dysfunctional coping skill use at 9-month follow-up explained the relationship between baseline BPD



traits and outcomes at 1-year. There were significant correlations between baseline trait BPD with dysfunctional coping skill use at 9-month follow-up and psychological distress and rumination at 1-year follow-up. Dysfunctional skill use exhibited a significant indirect effect in the association between trait BPD and rumination after 1 year. The findings of this study support the construct validity of AMPD-BPD that can inform treatment and research.

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- [46 references](#)

### Full text links



66. [Personality traits and disorders in Alzheimer's disease](#)

Brain Behav. 2023 Mar 14;e2938. doi: 10.1002/brb3.2938. Online ahead of print.

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- PMID: [36919197](#)
- DOI: [10.1002/brb3.2938](#)

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### Abstract

**Background:** The relationships between axis II personality disorders and the normative personality traits were explored in the context of current and pre-morbid personality assessment in Alzheimer's disease (AD).

**Methods:** The study was conducted with four groups who were administered the NEO-FFI and the PDQ-4+, in the form of individual interview sessions. Current personality measure: consisting of 44 female participants (AD group) and, the control group, consisting of 80 female participants from the population at large. Pre-morbid personality measure: AD group informants (n = 40); control group informants (n = 42).

**Results:** The results are in line with the literature review and provide new research data. By factorial discriminant analysis, the current and pre-morbid personality variables that differentiate AD from control groups are identified. The personality traits variables are the best discriminators such as low agreeableness, low openness to experience, and high neuroticism, suggesting that the maladaptive personality functioning can be described extending the range of psychopathology to a dimensional approach.

**Conclusions:** The study of personality variables seems to suggest, in their inclusion, the possibility to increase sensitivity toward an assessment in AD.

**Keywords:** Alzheimer's disease; aging; personality; psychopathology; traits.

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- [61 references](#)

#### Full text links



67. [Post-truth epistemic beliefs rooted in the Dark Factor of Personality are associated with higher COVID-19 vaccination refusal](#)

Sci Rep. 2023 Mar 14;13(1):4254. doi: 10.1038/s41598-023-31079-9.

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- PMID: [36918522](#)
- PMCID: [PMC10013296](#)
- DOI: [10.1038/s41598-023-31079-9](#)

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## Abstract

A substantial number of people refused to get vaccinated against COVID-19, which prompts the question as to why. We focus on the role of individual worldviews about the nature and generation of knowledge (epistemic beliefs). We propose a model that includes epistemic beliefs, their relationship to the Dark Factor of Personality (D), and their mutual effect on the probability of having been vaccinated against COVID-19. Based on a US nationally representative sample (N = 1268), we show that stronger endorsement of post-truth epistemic beliefs was associated with a lower probability of having been vaccinated against COVID-19. D was also linked to a lower probability of having been vaccinated against COVID-19, which can be explained by post-truth epistemic beliefs. Our results indicate that the more individuals deliberately refrain from adhering to the better argument, the less likely they are vaccinated. More generally, post-truth epistemic beliefs pose a challenge for rational communication.

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## Conflict of interest statement

The authors declare no competing interests.

- [66 references](#)

- [3 figures](#)

### Full text links



## 68. [Evaluating a Comprehensive Model of Euthymia](#)

Psychother Psychosom. 2023 Mar 14;1-6. doi: 10.1159/000529784. Online ahead of print.

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- DOI: [10.1159/000529784](#)

### Abstract

**Introduction:** In research and treatment of mood disorders, "euthymia" traditionally denotes the absence of clinically significant mood disturbance. A newer, expanded definition of euthymia also includes positive affect and psychological well-being.

**Objective:** We aimed to test this comprehensive model of euthymia and estimate the coherence and predictive power of each factor in the model.

**Methods:** Community-dwelling adults (N = 601), including both mental health outpatients and non-patients at high risk for personality pathology, completed a

battery of interviews and questionnaires at time 1. Most (n = 497) were reassessed on average 8 months later (time 2). We modeled euthymia using standard mood, personality, and psychosocial functioning assessments rather than measures designed specifically for euthymia.

**Results:** The hypothesized model of euthymia was supported by confirmatory factor analysis: specific measures loaded on three lower order factors (mood disturbance, positive affect, and psychological well-being) that reflected general euthymia at time 1. Each factor (general euthymia plus lower order factors) demonstrated moderately strong concurrent (time 1) and predictive (time 1-2) correlations with outcomes, including employment status, income, mental health treatment consumption, and disability. Compared to positive affect and psychological well-being, mood disturbance had stronger incremental (i.e., nonoverlapping) relations with these outcomes.

**Conclusions:** Support for a comprehensive model of euthymia reinforces efforts to improve assessment and treatment of mood and other disorders. Beyond dampening of psychological distress, euthymia-informed treatment goals encompass full recovery, including enjoyment and meaning in life.

**Keywords:** Depression; Euthymia; Positive affect; Quality of life; Well-being.

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#### Full text links



69. [Societal costs of personality disorders: A cross-sectional multicenter study of treatment-seeking patients in mental health services in Norway](#)

J Clin Psychol. 2023 Mar 14. doi: 10.1002/jclp.23504. Online ahead of print.

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- PMID: [36916214](https://pubmed.ncbi.nlm.nih.gov/36916214/)
- DOI: [10.1002/jclp.23504](https://doi.org/10.1002/jclp.23504)

## Abstract

**Objective:** There is a relatively small body of research on the cost-of-illness of personality disorders (PDs). Most studies only include borderline PD. The aim of this study was to investigate mean societal costs, including its components, (direct) health service costs and (indirect) productivity loss, among treatment-seeking patients with the broad range of all PDs according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).

**Methods:** Cross-sectional data from 911 patients diagnosed with at least 1 PD were retrieved from the quality register of the Norwegian Network for Personality Disorders—a collaboration of PD treatment units within specialist mental health services. The patients were referred in the time period 2017–2020. Estimation of costs was based on a bottom-up approach, using information from a structured interview covering the 6-month period before assessment, whereas unit costs were retrieved from public reports, public records, or public agencies. The human capital approach was used to calculate productivity loss. Diagnoses were determined by semi-structured diagnostic interviews (Structured Clinical Interview for DSM-5-PD [SCID-5-PD]).

**Results:** The mean societal costs were €20.260 during the 6-month period before specialized treatment. The largest cost component was productivity loss (65%), whereas health service costs constituted 35%. The main contributors to societal costs from the underlying health service cost components were inpatient treatment (20.5%) and individual outpatient treatment (10.5%).

**Conclusion:** Societal costs were substantial among treatment-seeking patients with the broad range of DSM-5 PDs, comparable to the societal costs of schizophrenia, and significantly higher than the societal costs of both depression and anxiety disorders. The cost estimates converged with recent, register-based cost-of-illness studies of different PDs but exceeded previous findings from other bottom-up studies. Furthermore, the results underscore the importance of implementing effective and specialized treatment for patients with a broad range of PDs, not only to alleviate individual suffering but also to reduce the level of societal costs. The emphasis on productivity loss as a main contributor to the overall societal costs is substantiated, hence underlining the relevance of interventions focusing on improving occupational functioning.

**Keywords:** personality disorders; societal costs.

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- [58 references](#)

**Full text links**



70. [Clinical features and factors related to lifetime suicidal ideation and suicide attempts in patients who have had substance-induced psychosis across their lifetime](#)

Psychiatry Res. 2023 Mar 6;323:115147. doi: 10.1016/j.psychres.2023.115147. Online ahead of print.

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- PMID: [36913874](#)
- DOI: [10.1016/j.psychres.2023.115147](#)

## Abstract

Suicidal behaviors are common among patients with substance use disorders (SUD). However, the prevalence and clinical factors related to suicide behaviors among patients who have had substance-induced psychosis (SIP) is unknown. This study aims to explore the prevalence, clinical features, and factors related to lifetime suicidal ideation (SI) and suicide attempts (SA) in patients who have had SIP across their lifetime. A cross-sectional study was conducted in an outpatient center for addiction treatment between 01/01/2010 and 12/31/2021. 601 patients were evaluated with validated scales and questionnaires (79.03% males; M age 38.11±10.11 years). The prevalence of SI and SA was 55.4% and 33.6%, respectively. SI was independently related to any type of lifetime abuse, depressive spectrum disorders, benzodiazepine use disorder, borderline personality disorder, and the level of depressive symptoms. SA was independently associated with lifetime physical abuse, benzodiazepine use disorder, the number of psychotic symptoms, borderline personality disorder, and the level of depressive symptoms. The main factors related to SI and SA in those patients should be evaluated in daily clinical practice and considered in any approach to clinical practice as well as in health policies targeting suicide prevention.

**Keywords:** Psychosis; Substance use disorder; Substance-induced psychosis; Suicidal ideation; Suicide; Suicide attempts.

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### Conflict of interest statement

Declaration of Competing Interest RFP has received speaker honorariums from Angelini, Exeltis, Lundbeck, MSD, Mundipharma, Rubió, Servier, and Takeda. ERC has received speaker honorariums from Janssen-Cilag, Lundbeck, Otsuka, Pfizer, Lilly, Servier, Rovi, Juste. She has received financial compensation for projects with Lundbeck, Esteve, Pfizer, Rovi, Exeltis, Servier, and Eisai. She has received financial compensation for her

participation as a board member of Janssen-Cilag. GOH has received speaker honorariums from Rubió. CR has received fees to give lectures for Janssen-Cilag, Ferrer-Brainfarma, Pfizer, Indivior, Lundbeck, Otsuka, Servier, GSK, Rovi, Astra, Gilead, MSD, Sanofi and Exeltis. He has received financial compensation for his participation as a board member of JanssenCilag, Lundbeck, Gilead, MSD, Indivior and Mundipharma. He has carried out the PROTEUS project, which was funded by a grant from Reckitt-Benckiser/Indivior. He received a medical education grant for Gilead. JARQ has been on the speakers' bureau and/or acted as consultant for Janssen-Cilag, Novartis, Shire, Takeda, Bial, Shionogi, Sincrolab, Novartis, BMS, Medice, Rubió, Uriach and Raffo. He also received travel awards (air tickets + hotel) for taking part in psychiatric meetings from Janssen-Cilag, Rubió, Shire, Takeda, Shionogi, Bial, and Medice. The Department of Psychiatry chaired by him received unrestricted educational and research support from the following companies in the last 3 years: Janssen- Cilag, Shire, Oryzon, Roche, Psious, and Rubió. LGL has received fees to give talks for Janssen-Cilag, Lundbeck, Servier, Otsuka, and Pfizer. The remaining authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

#### Full text links



71. [Evaluation of international guidance for the community treatment of 'personality disorders': A systematic review](#)

PLoS One. 2023 Mar 13;18(3):e0264239. doi: 10.1371/journal.pone.0264239. eCollection 2023.

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- PMID: [36913403](#)
- PMCID: [PMC10010515](#)
- DOI: [10.1371/journal.pone.0264239](#)

**Free PMC article**

## Abstract

**Background:** Guidelines for the treatment and management of 'personality disorders' have been introduced to provide guidance on best practice based on evidence and views of key stakeholders. However, guidance varies and there is yet to be an overall, internationally recognised consensus on the best mental health care for people with 'personality disorders'.

**Aims:** We aimed to identify and synthesise recommendations made by different mental health organisations from across the world on community treatment for people with 'personality disorders'.

**Methods:** This systematic review consisted of three stages: 1. systematic literature and guideline search, 2. quality appraisal, and 3. data synthesis. We combined a search strategy involving both systematic searching of bibliographic databases and supplementary search methods of grey literature. Key informants were also contacted to further identify relevant guidelines. Codebook thematic analysis was then conducted. The quality of all included guidelines was assessed and considered alongside results.

**Results:** After synthesising 29 guidelines from 11 countries and 1 international organisation, we identified four main domains, with a total of 27 themes. Important key principles on which there was consensus included continuity of care, equity of access, accessibility of services, availability of specialist care, taking a whole systems approach, trauma informed approaches, and collaborative care planning and decision making.

**Conclusions:** Existing international guidelines shared consensus on a set of principles for the community treatment of 'personality disorders'. However, half of the guidelines were of lower methodological quality, with many recommendations not backed by evidence.

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### Conflict of interest statement

The authors have declared that no competing interests exist.

- [65 references](#)
- [1 figure](#)

### Full text links



72.

## [Abnormal Brain Circuits Characterize Borderline Personality and Mediate the Relationship between Childhood Traumas and Symptoms: A mCCA+jICA and Random Forest Approach](#)

Sensors (Basel). 2023 Mar 6;23(5):2862. doi: 10.3390/s23052862.

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- PMID: [36905064](#)
- PMCID: [PMC10006907](#)
- DOI: [10.3390/s23052862](#)

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## **Abstract**

Borderline personality disorder (BPD) is a severe personality disorder whose neural bases are still unclear. Indeed, previous studies reported inconsistent findings concerning alterations in cortical and subcortical areas. In the present study, we applied for the first time a combination of an unsupervised machine learning approach known as multimodal canonical correlation analysis plus joint independent component analysis (mCCA+jICA), in combination with a supervised machine learning approach known as random forest, to possibly find covarying gray matter and white matter (GM-WM) circuits that separate BPD from controls and that are also predictive of this diagnosis. The first analysis was used to decompose the brain into independent circuits of covarying grey and white matter concentrations. The second method was used to develop a predictive model able to correctly classify new unobserved BPD cases based on one or more circuits derived from the first analysis. To this aim, we analyzed the structural images of patients with BPD and matched healthy controls (HCs). The results showed that two GM-WM covarying circuits, including basal ganglia, amygdala, and portions of the temporal lobes and of the orbitofrontal cortex, correctly classified BPD against HC. Notably, these circuits are affected by specific child traumatic experiences (emotional and physical neglect, and physical abuse) and predict symptoms severity in the interpersonal and

impulsivity domains. These results support that BPD is characterized by anomalies in both GM and WM circuits related to early traumatic experiences and specific symptoms.

**Keywords:** borderline personality disorder; child trauma; data fusion; impulsivity; machine learning; symptoms severity.

### Conflict of interest statement

The authors declare no conflict of interest.

- [73 references](#)
- [6 figures](#)

### Full text links



73. [Shared genetic liability for alcohol consumption, alcohol problems, and suicide attempt: Evaluating the role of impulsivity](#)

Transl Psychiatry. 2023 Mar 10;13(1):87. doi: 10.1038/s41398-023-02389-3.

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- PMCID: [PMC10006209](#)

- DOI: [10.1038/s41398-023-02389-3](https://doi.org/10.1038/s41398-023-02389-3)

## Free PMC article

## Abstract

Heavy drinking and diagnosis with alcohol use disorder (AUD) are consistently associated with risk for suicide attempt (SA). Though the shared genetic architecture among alcohol consumption and problems (ACP) and SA remains largely uncharacterized, impulsivity has been proposed as a heritable, intermediate phenotype for both alcohol problems and suicidal behavior. The present study investigated the extent to which shared liability for ACP and SA is genetically related to five dimensions of impulsivity. Analyses incorporated summary statistics from genome-wide association studies of alcohol consumption (N = 160,824), problems (N = 160,824), and dependence (N = 46,568), alcoholic drinks per week (N = 537,349), suicide attempt (N = 513,497), impulsivity (N = 22,861), and extraversion (N = 63,030). We used genomic structural equation modeling (Genomic SEM) to, first, estimate a common factor model with alcohol consumption, problems, and dependence, drinks per week, and SA included as indicators. Next, we evaluated the correlations between this common genetic factor and five factors representing genetic liability to negative urgency, positive urgency, lack of premeditation, sensation-seeking, and lack of perseverance. Common genetic liability to ACP and SA was significantly correlated with all five impulsive personality traits examined ( $r_s = 0.24-0.53$ ,  $p_s < 0.002$ ), and the largest correlation was with lack of premeditation, though supplementary analyses suggested that these findings were potentially more strongly influenced by ACP than SA. These analyses have potential implications for screening and prevention: Impulsivity can be comprehensively assessed in childhood, whereas heavy drinking and suicide attempt are quite rare prior to adolescence. Our findings provide preliminary evidence that features of impulsivity may serve as early indicators of genetic risk for alcohol problems and suicidality.

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## Conflict of interest statement

The authors declare no competing interests.

- [73 references](#)

- [3 figures](#)

### Full text links



## 74. [Troll story: The dark tetrad and online trolling revisited with a glance at humor](#)

PLoS One. 2023 Mar 10;18(3):e0280271. doi: 10.1371/journal.pone.0280271. eCollection 2023.

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- PMID: [36897846](#)
- PMCID: [PMC10004561](#)
- DOI: [10.1371/journal.pone.0280271](#)

**Free PMC article**

### Abstract

Internet trolling is considered a negative form of online interaction that can have detrimental effects on people's well-being. This pre-registered, experimental study had three aims: first, to replicate the association between



internet users' online trolling behavior and the Dark Tetrad of personality (Machiavellianism, narcissism, psychopathy, and sadism) established in prior research; second, to investigate the effect of experiencing social exclusion on people's motivation to engage in trolling behavior; and third, to explore the link between humor styles and trolling behavior. In this online study, participants were initially assessed on their personality, humor styles, and global trolling behavior. Next, respondents were randomly assigned to a social inclusion or exclusion condition. Thereafter, we measured participants' immediate trolling motivation. Results drawn from 1,026 German-speaking participants indicate a clear correlation between global trolling and all facets of the Dark Tetrad as well as with aggressive and self-defeating humor styles. However, no significant relationship between experiencing exclusion/inclusion and trolling motivation emerged. Our quantile regression findings suggest that psychopathy and sadism scores have a significant positive effect on immediate trolling motivation after the experimental manipulation, whereas Machiavellianism and narcissism did not explain variation in trolling motivation. Moreover, being socially excluded had generally no effect on immediate trolling motivation, apart from participants with higher immediate trolling motivation, for whom the experience of social exclusion actually reduced trolling motivation. We show that not all facets of the Dark Tetrad are of equal importance for predicting immediate trolling motivation and that research should perhaps focus more on psychopathy and sadism. Moreover, our results emphasize the relevance of quantile regression in personality research and suggest that even psychopathy and sadism may not be suitable predictors for low levels of trolling behavior.

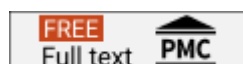
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### **Conflict of interest statement**

The authors have declared that no competing interests exist.

- [91 references](#)
- [1 figure](#)

### **Full text links**



75. [Evaluating the Construct Validity of the Norwegian Version of the Level of Personality Functioning Scale - Brief Form 2.0 in a Large Clinical Sample](#)

J Pers Assess. 2023 Mar 10;1-11. doi: 10.1080/00223891.2023.2182694.  
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- PMID: [36897004](#)
- DOI: [10.1080/00223891.2023.2182694](#)

**Abstract**

The Level of Personality Functioning - Brief Form 2.0 (LPFS-BF 2.0) is a 12-item self-report questionnaire developed to gain a quick impression of the severity of personality pathology according to the DSM-5 Alternative Model for Personality Disorders (AMPD). The current study evaluated the construct validity and reliability of the Norwegian version of the LPFS-BF 2.0 in a large clinical sample (N = 1673). Dimensionality was examined using confirmatory factor analysis and bifactor analysis followed by an analysis of distinctiveness of the subscales using the proportional reduction in mean squared error (PRMSE), and the concurrent validity was examined using correlations with self-report questionnaires and clinical interviews assessing PDs according to

section II of the DSM-5. Taking the findings of the dimensionality and concurrent validity results together, we found moderate to good support for the use of total scores for the Norwegian version of the LPFS-BF 2.0. We would advise against the use of subscale scores, since the subscales provided only a small amount of reliable unique variance.

76. [\*\*Dissociative experiences of adolescents with borderline personality disorder: description and prediction\*\*](#)

Borderline Personal Disord Emot Dysregul. 2023 Mar 9;10(1):9. doi: 10.1186/s40479-023-00217-0.

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- PMID: [36895048](#)
- PMCID: [PMC9999594](#)
- DOI: [10.1186/s40479-023-00217-0](#)

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## Abstract

**Aims:** The first purpose of this study was to assess the severity of dissociative experiences reported by adolescent inpatients with borderline personality disorder (BPD). The second purpose was to compare the severity of their dissociative symptoms to those reported by a sample of adult inpatients with BPD. The third purpose of this study was to assess a range of clinically meaningful predictors of the severity of dissociation in adolescents and adults with BPD.

**Methods:** The Dissociative Experiences Scale (DES) was administered to a total of 89 hospitalized girls and boys aged 13-17 with BPD and 290 adult inpatients with BPD. Predictors of the severity of dissociation in adolescents and adults with BPD were assessed using the Revised Childhood Experiences Questionnaire (a semi-structured interview), the NEO, and the SCID I.

**Results:** Borderline adolescents and adults had non-significant differences on their overall DES scores and subscale scores. They also had a non-significant distribution of low, moderate, and high scores. In terms of multivariate predictors, neither temperament nor childhood adversity was a significant predictor of the severity of dissociative symptoms in adolescents. However, co-occurring eating disorders were found in multivariate analyses to be the only bivariate predictor to significantly predict this outcome. In adults with BPD, however, both the severity of childhood sexual abuse and co-occurring PTSD were significantly related to the severity of dissociative symptoms in multivariate analyses.

**Conclusions:** Taken together, the results of this study suggest that the severity of dissociation is not significantly different in adolescents and adults with BPD. However, the etiological factors differ substantially.

**Keywords:** Adolescence; Borderline personality disorder; Dissociation.

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### Conflict of interest statement

The authors declare that they have no competing interests.

- [37 references](#)

## Full text links



# 77. [Less is more: Decreasing the frequency of maladaptive coping predicts improvements in DBT more consistently than increasing the frequency of adaptive coping](#)

Behav Res Ther. 2023 Apr;163:104288. doi: 10.1016/j.brat.2023.104288. Epub 2023 Mar 2.

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- DOI: [10.1016/j.brat.2023.104288](#)

## Abstract

It is well-established that participation in dialectical behavior therapy (DBT) results in patients using adaptive coping strategies more frequently. Although coping skill instruction may be necessary to promote decreases in symptoms and behavioral targets in DBT, it is unclear if the frequency with which patients use adaptive coping skills leads to these outcomes. Alternatively, it is possible that DBT also leads patients to use maladaptive strategies less frequently and that these reductions more consistently predict improvements in treatment. We recruited 87 participants with elevated emotion dysregulation ( $M_{age} = 30.56$ ; 83.9% female; 75.9% White) to participate in a 6-month course of full-model DBT delivered by advanced graduate students. Participants completed measures of adaptive and maladaptive strategy use, emotion dysregulation, interpersonal problems, distress tolerance, and mindfulness at baseline and after

three DBT skills training modules. Both within- and between-person maladaptive strategy use significantly predicted module-to-module changes in all outcomes whereas adaptive strategy use significantly predicted changes in emotion dysregulation and distress tolerance, although the size of these effects did not significantly differ between adaptive and maladaptive strategy use. We discuss the limitations and implications of these results for optimizing DBT.

**Keywords:** Borderline personality disorder; DBT skills; Dialectical behavior therapy; Dysfunctional coping; Emotion dysregulation.

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### **Conflict of interest statement**

Declaration of competing interest The authors declare no conflicts of interest.

### **Full text links**



78. [\*\*Predictors of an Active Lifestyle in Middle-Aged and Older Adults with HIV in the United States Deep South\*\*](#)

HIV AIDS (Auckl). 2023 Mar 2;15:63-70. doi: 10.2147/HIV.S399842. eCollection 2023.

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- PMID: [36891235](#)
- PMCID: [PMC9987220](#)
- DOI: [10.2147/HIV.S399842](#)

**Free PMC article**

## Abstract

**Background and purpose:** An active lifestyle is important for health maintenance and disease prevention. This study was to examine what factors predict an active lifestyle in HIV+ and HIV- adults from the United States Deep South.

**Methods:** The sample included 279 participants (174 HIV+ and 105 HIV-) who completed a comprehensive assessment. An active lifestyle composite was created using variables of employment status, level of social support, level of physical activity, and diet. Correlations and regression analyses were conducted between the active lifestyle composite and possible predictors for all (HIV+ and HIV-), HIV+, and HIV- participants, respectively.

**Results:** Lower levels of depression, higher socioeconomic status (SES), and younger age were significant predictors of a more active lifestyle for the full sample, HIV+, and HIV- participants, respectively.

**Conclusion:** SES and depression represent important factors influencing engagement in an active lifestyle in PLWH. Such factors should be considered when developing and implementing lifestyle interventions.

**Keywords:** AIDS; HAND mental health; HIV-associated neurocognitive disorders; health behaviors; personality.

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### Conflict of interest statement

The authors have no conflicts of interest to disclose in this work.

- [46 references](#)

### Full text links



79. [Real world effectiveness of repeated ketamine infusions for treatment-resistant depression with comorbid borderline personality disorder](#)

Psychiatry Res. 2023 Mar 5;323:115133. doi: 10.1016/j.psychres.2023.115133. Online ahead of print.

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- PMID: [36889160](#)
- DOI: [10.1016/j.psychres.2023.115133](https://doi.org/10.1016/j.psychres.2023.115133)

## Abstract

Borderline personality disorder (BPD) has high rates of comorbidity with mood disorders, including treatment-resistant depression (TRD). Comorbidity of BPD with depression is associated with poorer response to antidepressants. Intravenous ketamine is a novel treatment for TRD that has not been specifically evaluated in patients with comorbid BPD. In this retrospective analysis of data collected from participants who received care at the Canadian Rapid Treatment Centre of Excellence (CRTCE; Braxia Health; ClinicalTrials.gov: [NCT04209296](#)), we evaluated the effectiveness of intravenous ketamine in a TRD population with comorbid BPD (N=100; n=50 BPD-positive compared with n=50 BPD-negative). Participants were administered four doses of intravenous ketamine (0.5-0.75mg/kg over 40 minutes) over two weeks. The primary outcome measures were changes in depressive symptom severity (as measured by Quick Inventory of Depressive Symptomatology-Self Report 16-item (QIDS-SR<sub>16</sub>)) and borderline symptom severity (as measured by Borderline Symptom List 23-item (BSL-23)). Both BPD-positive and BPD-negative groups improved significantly on the QIDS-SR<sub>16</sub>, QIDS-SR<sub>16</sub> suicide ideation item, anxiety, and functionality scales with large effect sizes. There was no significant difference between groups. The BPD-positive group exhibited significant reduction of 0.64 on BSL-23 scores and a significant reduction of 5.95 on QIDS-SR<sub>16</sub> scores. Patients with TRD and comorbid BPD receiving ketamine exhibited a significant reduction in symptoms of depression, borderline personality, suicidality, and anxiety.

**Keywords:** Bipolar disorder; Borderline personality disorder; Cluster B Traits; Comorbidity; Emotionally unstable personality disorder; Esketamine; Ketamine; Major depressive disorder; Treatment resistant depression.

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**Conflict of interest statement**

Declaration of Competing Interest Dr. Joshua D Rosenblat has received research grant support from the Canadian Institute of Health Research (CIHR), Physician Services Inc (PSI) Foundation, Labatt Brain Health Network, Brain and Cognition Discovery Foundation (BCDF), Canadian Cancer Society, Canadian Psychiatric Association, Academic Scholars Award, American Psychiatric Association, American Society of Psychopharmacology, University of Toronto, University Health Network Centre for Mental Health, Joseph M. West Family Memorial Fund and Timeposters Fellowship and industry funding for speaker/consultation/research fees from iGan, Boehringer Ingelheim, Janssen, Allergan, Lundbeck, Sunovion and COMPASS. He is the Chief Medical and Scientific Officer of Braxia Scientific and the medical director of the Canadian Rapid Treatment Centre of Excellence (Braxia Health). Kevin Kratiuk is the Vice President of Operations at Braxia Health and is a shareholder of Braxia Scientific Corp. Dr. Roger McIntyre has received research grant support from Global Alliance for Chronic Diseases/Canadian Institutes of Health Research (CIHR)/National Natural Science Foundation of China's Mental Health Team Grant; speaker/consultation fees from Lundbeck, Janssen, Purdue, Pfizer, Otsuka, Takeda, Neurocrine, Sunovion, Bausch Health, Novo Nordisk, Kris, Sanofi, Eisai, Intra-Cellular, NewBridge Pharmaceuticals, Abbvie. Dr. Roger McIntyre is a CEO of Braxia Scientific Corp. Kayla M. Teopiz has received personal fees from Braxia Scientific Corp. All other authors have no conflicts of interest to disclose.

#### Full text links



80. [Self-selection biases in psychological studies: Personality and affective disorders are prevalent among participants](#)

PLoS One. 2023 Mar 8;18(3):e0281046. doi: 10.1371/journal.pone.0281046. eCollection 2023.

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- PMID: [36888578](#)
- PMCID: [PMC9994707](#)
- DOI: [10.1371/journal.pone.0281046](#)

## Free PMC article

## Abstract

Respondents select the type of psychological studies that they want to participate in consistence with their needs and individual characteristics, which creates an unintentional self-selection bias. The question remains whether participants attracted by psychological studies may have more psychological dysfunctions related to personality and affective disorders compared to the general population. We investigated (N = 947; 62% women) whether the type of the invitation (to talk about recent critical or regular life events) or the source of the data (either face-to-face or online) attracts people with different psychopathology. Most importantly, participants who alone applied to take part in paid psychological studies had more symptoms of personality disorders than those who had never before applied to take part in psychological studies. The current results strongly translate into a recommendation for either the modification of recruitment strategies or much greater caution when generalizing results for this methodological reason.

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## Conflict of interest statement

The authors have declared that no competing interests exist.

- [42 references](#)

#### Full text links



81.

## [Partners in crime: A 21-year cohort comparison of people who commit serious crimes together with those who act alone](#)

Crim Behav Ment Health. 2023 Mar 8. doi: 10.1002/cbm.2281. Online ahead of print.

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- PMID: [36884357](#)
- DOI: [10.1002/cbm.2281](#)

#### Abstract

**Background:** Perpetrators who act together violently occur frequently in police and media discussions, but are rarely the focus of forensic psychiatric research.

**Aims:** We aimed to characterise people who act together when committing a serious crime and to map the frequency of such crimes over 21 years in Finland.

**Methods:** Data for the study were retrieved from the national database of forensic psychiatric examinations for the period 2000-2020, with reports on file for nearly all people charged with serious criminal offences in the country. Index cases were defined as those with two or more perpetrators attacking a

single victim; people who acted alone were comparison cases. Sex and age at the time of the crime were extracted together with all diagnoses listed in the reports.

**Results:** Seventy-five multiple perpetrator groups (MPG) were identified, accounting for 165 individuals whose reports were compared with 2494 single-perpetrator (SPR) reports. Most group and solitary offenders were male (87%: 86%, respectively). The index offence was more likely to be homicide among the group perpetrators (mean 1.12) than the solitary offenders (mean 0.83). Proportionately more of the group offenders had personality disorder or substance use disorders (antisocial personality disorder MPG 49%: SPR 32%; any personality disorder MPG 89%: SPR 76%); alcohol (MPG 79%: SPR 69%); cannabis MPG 15%: SPR 9%). By contrast, psychosis was about twice as common among the solitary offenders (MPG 12%: SPR 26%).

**Conclusions:** The number of group-perpetrated crimes has not increased, according to these Finnish forensic psychiatric report data of 2000-2020, but the relatively high prevalence among them of personality and substance use disorders is a constant. Understanding psychiatric disorders as factors in both leading to and avoiding violent conflicts may help plan new approaches to further diminish group violence.

**Keywords:** multiple perpetrators; psychiatric disorders; violent offending.

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- [20 references](#)

**Full text links**



82. [Filicide by mentally ill maternal perpetrators: a longitudinal, retrospective study over 30 years in a single Northern Italy psychiatric-forensic facility](#)

Arch Womens Ment Health. 2023 Apr;26(2):153-165. doi: 10.1007/s00737-023-01303-6. Epub 2023 Mar 8.

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- PMID: [36882553](#)
- DOI: [10.1007/s00737-023-01303-6](#)

## Abstract

Characterization of mentally ill maternal perpetrators of filicide assigned to a single psychiatric-forensic facility, including previous access to mental health services. A cross-sectional, retrospective analysis of medical records and legal documentation of maternal filicide patients at a single psychiatric-forensic facility (1990-2021) was performed. Socio-demographic, relationship, psychopathological, and criminological characteristics were collected. Data were compared according to previous perpetrators' access to mental health services or not and access within 1 year prior to filicide or not. All 55 detainees (mean age  $34.8 \pm 6.2$  years) were included. There were 64 victims; 15 (23%) were  $\leq 1$  year old and most (77%) were single victims. Some mothers had history of violence/abuse (29%), an aggressive parent (45%), and violent relationships with their intimate partner (46%) and were socially isolated (49%). Most crimes were motivated by altruism (53%). Women had attempted suicide in 39% of filicide cases. Previous psychiatric diagnoses were available for 56%; 71% had accessed services for  $\leq 1$  year. Patients unknown to mental health services were less likely Italian, with children below preschool age and with no history of physical abuse/violence, aggressive parent, or suicide attempts. Patients lost to mental health services ( $> 1$  year) were less likely Italian or assuming psychopharmacological therapy, were in shorter relationships, and were mostly diagnosed with personality disorders. Female perpetrators of filicide are often unknown/lost to mental health services prior to the crime. Multifactorial historical and current characteristics aid in identifying

mothers at risk. Communication of the availability of mental health services must be multi-lingual.

**Keywords:** Filicide; Infanticide; Intra-familial violence; Italian forensic facilities; Motherhood psychopathology.

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- [64 references](#)

### Full text links



83. [Rescue doses of antenatal corticosteroids, children's neurodevelopment, and salivary cortisol after a threatened preterm labor: A 30-month follow-up study](#)

Am J Obstet Gynecol MFM. 2023 Mar 5;100918. doi: 10.1016/j.ajogmf.2023.100918. Online ahead of print.

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- PMID: [36882125](https://pubmed.ncbi.nlm.nih.gov/36882125/)
- DOI: [10.1016/j.ajogmf.2023.100918](https://doi.org/10.1016/j.ajogmf.2023.100918)

## Abstract

**Background:** Antenatal corticosteroids (ACS) reduce neonatal complications when are administered to women at risk of preterm birth. Moreover, ACS rescue doses are recommended in women who remain at risk after the initial course. However, there is controversy about the most appropriate frequency and exact timing for administering additional ACS doses since there are potential long-term negative effects on infants' neurodevelopment and physiological stress functioning.

**Objective:** The aims of this study were: i) to assess the long-term neurodevelopmental effects of receiving ACS rescue doses vs. receiving only the initial course; ii) to measure cortisol levels of infants that received ACS rescue doses; iii) to examine a potential dose-response effect of the number of ACS rescue doses on children's neurodevelopment and salivary cortisol.

**Study design:** The study followed 110 mother-infant pairs who underwent a spontaneous episode of threatened preterm labor (TPL) until the children were 30 months old, regardless of their gestational age at birth. Among the participants, 61 received only the initial course of corticosteroids (no rescue dose [NRD] group), and 49 participants required at least one rescue dose of corticosteroids (rescue doses [RD] group). The follow-up was carried out at three different times: [T1] at TPL diagnosis, [T2] at the children's age of 6 months, and [T3] at the children's age of 30 months, corrected age for prematurity. Neurodevelopment was assessed using the Ages & Stages



Questionnaires-Third Edition. Saliva samples were collected for cortisol level determination.

**Results:** First, the RD group showed lower problem-solving skills at age 30-months compared to the NRD group. Second, the RD group demonstrated higher salivary cortisol levels at 30-months. Third, a dose-response effect was found, indicating that the higher number of rescue doses the RD group received, the lower the problem-solving skills and the higher the salivary cortisol levels they showed at 30 months of age.

**Conclusions:** Our findings reinforce the hypothesis that additional doses provided after the initial course of ACS may have long-term effects on offspring's neurodevelopment and glucocorticoid metabolism. In this regard, the results raise concerns about the negative effects of repeated doses in addition to a full course of ACS. Further studies are necessary to confirm this hypothesis and help physicians to reassess the standard ACS treatment regimens.

**Keywords:** antenatal corticosteroids; cortisol; neurodevelopmental disorders; pregnancy; preterm birth; preterm labor.

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#### **Conflict of interest statement**

Declaration of Competing Interest The authors report no conflict of interest.

#### **Full text links**



84. [Exploring effectiveness of CBT in obese patients with binge eating disorder: personality functioning is associated with clinically significant change](#)

BMC Psychiatry. 2023 Mar 6;23(1):136. doi: 10.1186/s12888-023-04626-x.

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- PMID: [36879204](https://pubmed.ncbi.nlm.nih.gov/36879204/)
- PMCID: [PMC9990274](https://pubmed.ncbi.nlm.nih.gov/PMC9990274/)
- DOI: [10.1186/s12888-023-04626-x](https://doi.org/10.1186/s12888-023-04626-x)

## Free PMC article

## Abstract

**Background:** Binge eating disorder (BED), as the most prevalent eating disorder, is strongly related to obesity and other somatic and psychiatric morbidity. Despite evidence-based treatments a considerable number of BED patients fail to recover. There is preliminary evidence for the association between psychodynamic personality functioning and personality traits on treatment outcome. However, research is limited and results are still contradictory. Identifying variables associated with treatment outcome could improve treatment programs. The aim of the study was to explore whether personality functioning or personality traits are associated with Cognitive Behavioral Therapy (CBT) outcome in obese female patients with BED or subthreshold BED.

**Methods:** Eating disorder symptoms and clinical variables were assessed in 168 obese female patients with DSM-5 BED or subthreshold BED, referred to a 6-month outpatient CBT program in a pre-post measurement design. Personality functioning was assessed by the Developmental Profile Inventory

(DPI), personality traits by the Temperament and Character Inventory (TCI). Treatment outcome was assessed by the Eating Disorder Examination-Questionnaire (EDE-Q) global score and self-reported binge eating frequency. According to the criteria of clinical significance, 140 treatment completers were categorized in four outcome groups (recovered, improved, unchanged, deteriorated).

**Results:** EDE-Q global scores, self-reported binge eating frequency and BMI significantly decreased during CBT, where 44.3% of patients showed clinically significant change in EDE-Q global score. Treatment outcome groups showed significant overall differences on the DPI Resistance and Dependence scales and the aggregated 'neurotic' scale. Significant overall differences were found between groups on TCI Harm avoidance, although post hoc t-tests were non-significant. Furthermore, multiple logistic regression analysis, controlling for mild to moderate depressive disorder and TCI harm avoidance showed that 'neurotic' personality functioning was a significant negative predictor of clinically significant change.

**Conclusion:** Maladaptive ('neurotic') personality functioning is significantly associated with a less favorable outcome after CBT in patients with binge eating. Moreover, 'neurotic' personality functioning is a predictor of clinically significant change. Assessment of personality functioning and personality traits could support indication for more specified or augmented care, tailored towards the patients' individual strengths and vulnerabilities.

**Trial registration:** This study protocol was retrospectively evaluated and approved on 16-06-2022 by the Medical Ethical Review Committee (METC) of the Amsterdam Medical Centre (AMC). Reference number W22\_219#22.271.

**Keywords:** Binge eating disorder; Clinical significant change; Cognitive behavioral treatment; Developmental Profile Inventory; Obesity; Personality functioning; Personality traits; Psychological assessment; Temperament and character inventory.

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#### **Conflict of interest statement**

The authors have no financial competing interest to disclosure.

- [78 references](#)

## Full text links



# 85. ["Pick" Wisely: An Approach to Diagnosis and Management of Pathologic Skin Picking](#)

Clin Dermatol. 2023 Mar 4;S0738-081X(23)00030-5. doi: 10.1016/j.clindermatol.2023.03.003. Online ahead of print.

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- PMID: [36878452](#)
- DOI: [10.1016/j.clindermatol.2023.03.003](#)

## Abstract

Manipulation of the skin is ubiquitous in most individuals along a spectrum of extent and severity. Skin picking that results in clinically evident changes or scarring to the skin, hair, and nails or significantly impairs intrapsychic, psychosocial, or occupational function is considered pathological picking. Several psychiatric conditions are associated with skin picking, including obsessive-compulsive disorder, body-focused repetitive behaviors, borderline personality disorder, and depressive disorder. It is also associated with pruritus and other dysesthetic disorders. Although pathologic skin picking, also known as excoriation disorder, is a distinct diagnosis in the Diagnostic and Statistical Manual of Mental Disorders (DSM5), this review attempts to further classify the diagnosis into the following eleven picker categories: organic/dysesthetic,

obsessive-compulsive, functionally autonomous/habit, anxious/depressed, attention deficit hyperactivity disorder, borderline, narcissistic, body dysmorphic, delusional, guilty, and angry picker. An organized conceptualization of skin picking can guide providers towards a constructive management approach, ultimately increasing the likelihood of successful therapeutic outcomes.

**Keywords:** attention deficit hyperactivity disorder; body dysmorphic disorder; borderline personality disorder; delusions of infestation; narcissistic personality disorder; neurotic disorder; obsessive-compulsive disorder; skin disease.

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### Full text links



86. [Personality Disorders in Dermatology: a Review of Patient Characteristics, Associated Dermatologic Conditions, and Pearls for Management](#)

Clin Dermatol. 2023 Mar 4;S0738-081X(23)00036-6. doi: 10.1016/j.clindermatol.2023.03.009. Online ahead of print.

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- DOI: [10.1016/j.clindermatol.2023.03.009](#)

## Abstract

Personality disorders are characterized by 'ego-syntonic' maladaptive behaviors that impair functioning. This contribution outlines the relevant characteristics and approach to patients with personality disorders pertaining to the dermatology setting. For patients with Cluster A personality disorders (paranoid, schizoid, and schizotypal), it is crucial to avoid being overly contradictory of eccentric beliefs and to take a straightforward, unemotional approach. Cluster B includes antisocial, borderline, histrionic, and narcissistic personality disorders. Promoting safety and boundaries is paramount when interacting with patients with an antisocial personality disorder. Patients with borderline personality disorder have higher rates of various psychodermatologic conditions and benefit from an empathetic approach and frequent follow-up. Patients with borderline, histrionic, and narcissistic personality disorders all have higher rates of body dysmorphia, and the cosmetic dermatologist needs to avoid unnecessary cosmetic procedures. Patients with Cluster C personality disorders (avoidant, dependent, and obsessive-compulsive) often have significant anxiety associated with their illness and may benefit from extensive and clear explanations of their condition and management plan. Due to the challenges posed by these patients' personality disorders, they are often undertreated or receive poorer quality care. While it is essential to acknowledge and address challenging behaviors, their dermatologic concerns should not be dismissed.

**Keywords:** cosmetic; dysmorphic; factitious; personality; personality disorder; psychodermatology; self-mutilation.

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### Conflict of interest statement

Declaration of Competing Interests None declared.

### Full text links



87. [Sex in the dark: Sex differences on three measures of dark side personality](#)

Acta Psychol (Amst). 2023 Apr;234:103876. doi:  
10.1016/j.actpsy.2023.103876. Epub 2023 Mar 4.

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## Free article

## Abstract

This study examined sex differences in the scores on three different measures of the personality disorders (PDs) all derived from on-line surveys. Two groups (total N = 871) completed the Coolidge Axis-II Inventory which assessed 14 PDs; two groups (total N = 732) completed the Short Dark Tetrad which assessed 4 PDs; four groups (total N = 1558) completed the Personality Inventory for DSM-5-Brief Form which assessed 5 PD dimensions. Cohen's d after ANOVAs, and binary regression analysis revealed consistent findings. In this study we calculated 63 d statistics of which 5 were  $d > 0.50$  and 28 were  $d > 0.20$ . In two samples, each using two different instruments, men scored higher than women on Anti-Social, Narcissistic and Sadistic PD which is a consistent finding in the literature. Speculations are made about the origin of these differences. Limitations are acknowledged.

**Keywords:** Bright/dark side; Disorders; Effect size; Personality; Sex; Traits.

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## Conflict of interest statement

Declaration of competing interest There is no conflict of interest in this research or paper.

### Full text links



## 88. [A cross-sectional study on the personality traits of episodic and chronic migraine patients](#)

Clin Neurol Neurosurg. 2023 Apr;227:107641. doi: 10.1016/j.clineuro.2023.107641. Epub 2023 Mar 1.

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- PMID: [36871391](#)
- DOI: [10.1016/j.clineuro.2023.107641](#)

### Abstract

**Background:** Migraine, is a common neurological disorder that may be associated with certain personality traits. This study aims to identify and



compare the personality traits accompanying the clinical and sociodemographic profiles in migraine groups.

**Methods:** The study included a cohort of chronic, episodic migraine (CM - EM) and healthy controls (HC). Migraine was diagnosed according to the International Classification of Headache Disorders-3 $\beta$  criteria. Age, gender, migraine-related disease duration, number of days with a headache each month, and headache intensity of the patients were recorded. The Minnesota Multiphasic Personality Inventory-2 (MMPI-2) was used to determine personality traits.

**Results:** The study groups were similar in terms of sociodemographic characteristics (70 CM, 70 EM, and 70 HC). The visual analog scale (VAS) score was significantly higher in CM ( $p < 0.05$ ). No statistically significant difference was found between the groups concerning symptoms of migraine such as osmophobia, photophobia, phonophobia, and nausea ( $p > 0.05$ ). When the personality traits were examined, the mean scores of the MMPI test results of migraine patients were found to be higher than healthy controls in line personality disorders ( $p < 0.05$  for all personality traits). In CM patients, the 'hysteria' score was found to be higher in subgroup evaluation ( $p < 0.05$ ).

**Conclusion:** EM and CM patients had more evidence of personality disorders than healthy controls. CM patients had higher hysteria scores than EM patients. In addition to pain treatment, determining personality traits and providing appropriate management with a multidisciplinary approach can benefit both in terms of treatment, cost, and time.

**Keywords:** Hysteria; Migraine; Minnesota multiphasic personality inventory; Personality traits.

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### **Conflict of interest statement**

Conflict of interest The author(s) declared no potential conflicts of interest concerning the research, authorship, and/or publication of this article.

### **Full text links**



89. [Results of the COVID-19 mental health international for the health professionals \(COMET-HP\) study: depression, suicidal tendencies and conspiracism](#)

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## Abstract

**Introduction:** The current study aimed to investigate the rates of anxiety, clinical depression, and suicidality and their changes in health professionals during the COVID-19 outbreak.

**Materials and methods:** The data came from the larger COMET-G study. The study sample includes 12,792 health professionals from 40 countries (62.40% women aged  $39.76 \pm 11.70$ ; 36.81% men aged  $35.91 \pm 11.00$  and 0.78% non-binary gender aged  $35.15 \pm 13.03$ ). Distress and clinical depression were identified with the use of a previously developed cut-off and algorithm, respectively.

**Statistical analysis:** Descriptive statistics were calculated. Chi-square tests, multiple forward stepwise linear regression analyses, and Factorial Analysis of Variance (ANOVA) tested relations among variables.

**Results:** Clinical depression was detected in 13.16% with male doctors and 'non-binary genders' having the lowest rates (7.89 and 5.88% respectively) and 'non-binary gender' nurses and administrative staff had the highest (37.50%); distress was present in 15.19%. A significant percentage reported a deterioration in mental state, family dynamics, and everyday lifestyle. Persons with a history of mental disorders had higher rates of current depression (24.64% vs. 9.62%;  $p < 0.0001$ ). Suicidal tendencies were at least doubled in terms of RASS scores. Approximately one-third of participants were accepting (at least to a moderate degree) a non-bizarre conspiracy. The highest Relative Risk (RR) to develop clinical depression was associated with a history of Bipolar disorder (RR = 4.23).

**Conclusions:** The current study reported findings in health care professionals similar in magnitude and quality to those reported earlier in the general population although rates of clinical depression, suicidal tendencies, and adherence to conspiracy theories were much lower. However, the general model of factors interplay seems to be the same and this could be of practical utility since many of these factors are modifiable.

**Keywords:** Anxiety; COVID-19; Conspiracy theories; Depression; Health professionals; Mental disorders; Mental health; Psychiatry; Suicidality.

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#### **Conflict of interest statement**

None pertaining to the current paper.

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- PMID: [36864694](#)
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## Free article

## Abstract

**Objective:** The impact of the wider social environment, such as neighbourhood characteristics, has not been examined in the development of borderline personality disorder. This study aimed to determine whether the treated incidence rate of full-threshold borderline personality disorder and sub-threshold borderline personality disorder, collectively termed borderline personality pathology, was associated with the specific neighbourhood characteristics of social deprivation and social fragmentation.

**Method:** This study included young people, aged 15-24 years, who attended Orygen's Helping Young People Early programme, a specialist early intervention service for young people with borderline personality pathology, from 1 August 2000-1 February 2008. Diagnoses were confirmed using the Structured Clinical Interview for *DSM-IV* Personality Disorders, and census data from 2006 were used to determine the at-risk population and to obtain measures of social deprivation and fragmentation.

**Results:** The study included 282 young people, of these 78.0% ( $n = 220$ ) were female and the mean age was 18.3 years ( $SD = \pm 2.7$ ). A total of 42.9% ( $n = 121$ ) met criteria for full-threshold borderline personality disorder, and 57.1% ( $n = 161$ ) had sub-threshold borderline personality disorder, defined as having three or four of the nine *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.; *DSM-IV*) borderline personality disorder criteria. There was more than a sixfold increase in the treated incidence rate of borderline personality pathology in the neighbourhoods of above average deprivation (Quartile 3) (incidence rate ratio = 6.45, 95% confidence interval: [4.62, 8.98],  $p < 0.001$ ), and this was consistent in the borderline personality disorder sub-groups. This association was also present in the most socially deprived neighbourhood (Quartile 4) (incidence rate ratio = 1.63, 95% confidence interval: [1.10, 2.44]), however, only for those with sub-threshold borderline personality disorder. The treated incidence of borderline personality pathology increased incrementally with the level of social fragmentation (Quartile 3: incidence rate ratio = 1.93, 95% confidence interval: [1.37, 2.72], Quartile 4: incidence rate ratio = 2.38, 95% confidence interval: [1.77, 3.21]).

**Conclusion:** Borderline personality pathology has a higher treated incidence in the more socially deprived and fragmented neighbourhoods. These findings have implications for funding and location of clinical services for young people with borderline personality pathology. Prospective, longitudinal studies should examine neighbourhood characteristics as potential aetiological factors for borderline personality pathology.

**Keywords:** Borderline personality disorder; deprivation; social fragmentation; socioeconomic status.

**Full text links**

  
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91. [Examining the clinical correlates of conduct disorder in youth with bipolar disorder](#)

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Epub 2023 Mar 1.

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- DOI: [10.1016/j.jad.2023.02.119](#)

**Abstract**

**Background:** Conduct Disorder (CD) is highly comorbid with Bipolar Disorder (BP) and this comorbidity is associated with high morbidity and dysfunction. We sought to better understand the clinical characteristics and familiarity of comorbid BP + CD by examining children with BP with and without co-morbid CD.

**Methods:** 357 subjects with BP were derived from two independent datasets of youth with and without BP. All subjects were evaluated with structured

diagnostic interviews, the Child Behavior Checklist (CBCL), and neuropsychological testing. We stratified the sample of subjects with BP by the presence or absence of CD and compared the two groups on measures of psychopathology, school functioning, and neurocognitive functioning. First-degree relatives of subjects with BP +/- CD were compared on rates of psychopathology in relatives.

**Results:** Subjects with BP + CD compared to BP without CD had significantly more impaired scores on the CBCL Aggressive Behavior ( $p < 0.001$ ), Attention Problems ( $p = 0.002$ ), Rule-Breaking Behavior ( $p < 0.001$ ), Social Problems ( $p < 0.001$ ), Withdrawn/Depressed clinical scales ( $p = 0.005$ ), the Externalizing Problems ( $p < 0.001$ ), and Total Problems composite scales ( $p < 0.001$ ). Subjects with BP + CD had significantly higher rates of oppositional defiant disorder (ODD) ( $p = 0.002$ ), any SUD ( $p < 0.001$ ), and cigarette smoking ( $p = 0.001$ ). First-degree relatives of subjects with BP + CD had significantly higher rates of CD/ODD/ASPD and cigarette smoking compared to first-degree relatives of subjects without CD.

**Limitations:** The generalization of our findings was limited due to a largely homogeneous sample and no CD only comparison group.

**Conclusions:** Given the deleterious outcomes associated with comorbid BP + CD, further efforts in identification and treatment are necessary.

**Keywords:** Bipolar disorder; Child behavior checklist; Conduct disorder.

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### **Conflict of interest statement**

Conflict of interest Dr. Timothy Wilens has received research funding from the National Institutes of Health through the HEAL Initiative under award number 1UG3DA050252-01 and 4UH3DA050252-02. Dr. Wilens works as a consultant for Ironshore, the Gavin Foundation, Bay Cove Human Services, the US National Football League, the US Minor and Major League for Baseball, and White Rhino/3D Therapy LLC. Dr. Wilens also serves as a co-editor for the journal Elsevier Psychiatric Clinics of North America (ADHD). In addition, he has published the book Straight Talk About Psychiatric Medications for Kids with the Guilford Press and co-edited the textbook ADHD in Adults and Children with the Cambridge University Press. Dr. Amy Yule currently has research funding from the National Institutes of Health (4UH3DA050252-02), the Doris Duke Charitable Foundation's COVID-19 Fund to Retain Clinical

Scientists collaborative grant program (2021261) through support from the John Templeton Foundation (62288), and the National Center for Advancing Translational Sciences, National Institute of Health, through the Boston University Clinical and Translational Science Institute (1UL1TR001430). She also has funding for clinical program development from the Jack Satter Foundation. She is a consultant to the Gavin House and BayCove Human Services (clinical services), as well as the American Psychiatric Association's Providers Clinical Support System Sub-Award. Dr. Joseph Biederman is currently receiving research support from the following sources: AACAP, Feinstein Institute for Medical Research, Genentech, Headspace Inc., NIDA, Pfizer Pharmaceuticals, Roche TCRC Inc., Sunovion Pharmaceuticals Inc., Takeda/Shire Pharmaceuticals Inc., Tris, and NIH. Dr. Biederman and his program have received royalties from a copyrighted rating scale used for ADHD diagnoses, paid by Biomarin, Bracket Global, Cogstate, Ingenix, Medavent Prophase, Shire/Takeda, Sunovion, and Theravance; these royalties were paid to the Department of Psychiatry at MGH. Through Partners Healthcare Innovation, Dr. Biederman has a partnership with MEMOTEXT to commercialize a digital health intervention to improve adherence in ADHD. Through MGH corporate licensing, Dr. Biederman has a US Patent (#14/027,676) for a non-stimulant treatment for ADHD, a US Patent (#10,245,271 B2) on a treatment of impaired cognitive flexibility, and a patent pending (#61/233,686) on a method to prevent stimulant abuse. In 2022: Dr. Biederman received honoraria from the MGH Psychiatry Academy for tuition-funded CME courses. In 2021: Dr. Biederman received an honorarium for a scientific presentation from Multi-Health Systems, and a one-time consultation for Cowen Healthcare Investments. He received honoraria from AACAP, the American Psychiatric Nurses Association, BIAL - Portela & C<sup>a</sup>. S.A. (Portugal), Medscape Education, and MGH Psychiatry Academy for tuition-funded CME courses. In 2020: Dr. Biederman received an honorarium for a scientific presentation from Tris and from the Institute of Integrated Sciences – INI (Brazil), and research support from the Food & Drug Administration. He received honoraria from Medlearning Inc, NYU, and MGH Psychiatry Academy for tuition-funded CME courses. Dr. Janet Wozniak receives research support from PCORI, Demarest Lloyd, Jr. Foundation, and the Baszucki Brain Research Fund. In the past, Dr. Wozniak has received research support, consultation fees or speaker's fees from Eli Lilly, Janssen, Johnson and Johnson, McNeil, Merck/Schering-Plough, the National Institute of Mental Health (NIMH) of the National Institutes of Health (NIH), Pfizer, and Shire. She is the author of the book, "Is Your Child Bipolar" published May 2008, Bantam Books. Her spouse receives royalties from UpToDate; consultation fees from Emalex, Noctrix, Disc Medicine, Avadel, HALEO, OrbiMed, and



CVS; and research support from Merck, NeuroMetrix, American Regent, NIH, NIMH, the RLS Foundation, and the Baszucki Brain Research Fund. In the past, he has received honoraria, royalties, research support, consultation fees or speaker's fees from: Otsuka, Cambridge University Press, Advance Medical, Arbor Pharmaceuticals, Axon Labs, Boehringer-Ingelheim, Cantor Colburn, Covance, Cephalon, Eli Lilly, FlexPharma, GlaxoSmithKline, Impax, Jazz Pharmaceuticals, King, Luitpold, Novartis, Neurogen, Novadel Pharma, Pfizer, Sanofi- Aventis, Sepracor, Sunovion, Takeda, UCB (Schwarz) Pharma, Wyeth, Xenoport, Zeo. Dr. Colin Burke is currently receiving funding through the American Academy of Child and Adolescent Psychiatry Physician Scientist Program in Substance Abuse Award Number 3K12DA000357-22S1 and the Louis V Gerstner Research Scholar Award. Ms. Diana Woodward, Ms. Daria Taubin, Ms. Berger, Ms. Stone, and Ms. Maura DiSalvo do not have any financial relationships to disclose.

#### Full text links



92. [Metacognition and insight dynamics exploration in borderline personality disorder: Exploring the underlying dynamics](#)

J Psychiatr Res. 2023 Apr;160:225-231. doi: 10.1016/j.jpsychires.2023.02.023. Epub 2023 Feb 23.

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Free article

## Abstract

Metacognition and Insight are related to hard-to-treat disorders and among them is Borderline Personality Disorder (BPD). We recruited 190 BPD patients and measured Insight, Metacognition, Impulsivity, and BPD traits. Results showed BPD's significant links with Insight and Metacognition. Metacognition significantly correlated with two Impulsivity dimensions, whereas Insight significantly correlated with most of them. Regressions analysis revealed a significant relationship between Insight and Metacognition on Impulsivity and Borderline traits. Mediation analysis proved the indirect effect of Metacognition/Insight on Borderline traits through Impulsivity at a significant level. Both seem relevant for research and therapeutic application in BPD following different dynamics even if the limitation of our study stands in its gender ratio and possible comorbidity issues. Urgency appears as a critical factor to assess, notably with Positive emotion-based impulsivity.

**Keywords:** Beck cognitive insight scale; Borderline personality disorder; Impulsivity; Metacognition.

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### Conflict of interest statement

Conflicts of interest The Authors declare having no conflict of interest.

### Full text links

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93. [Criterion a of the alternative model of personality disorders: Structure and validity in a community sample](#)

Psychol Assess. 2023 Mar 2. doi: 10.1037/pas0001225. Online ahead of print.

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## Abstract

The alternative model of personality disorders were designed to represent the presence of personality dysfunction (Criterion A) and pathological personality traits (Criterion B). Much of the empirical attention toward this model has been directed toward testing the performance of Criterion B. However, the development of the Levels of Personality Functioning Scale-Self-Report (LPFS-SR) has sparked a growing amount of interest and debate around Criterion A. Specifically, there is significant disagreement in the research examining the validity of the LPFS-SR, with ongoing discrepancies regarding the measure's underlying structure and measurement of Criterion A. The present study aimed to compare four models (one-factor, four-factor, higher order, and bifactor models) in a sample of 416 adults (49.5% women, 63.5% White) to better understand the structure of the LPFS-SR. This study also built on existing efforts to establish convergent and divergent validity of the LPFS-SR by examining how criteria are related to independent measures of both self and interpersonal pathology. The results from the present study supported a bifactor model. Additionally, the four subscales of the LPFS-SR each captured unique variance above and beyond the general factor. Structural equation models predicting identity disturbance and interpersonal traits demonstrated that while the strongest relationships were found between the general factor and the scales, some support was found for the convergent and discriminant validity of the four factors. This work advances our understanding of the LPFS-SR and provides support for the LPFS-SR as a valid marker of personality pathology in clinical and research settings. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

94. [Clinical features of individuals with schizotypal personality disorder with and without suicidal ideation](#)

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## Abstract

This study compared demographic and clinical features in a sample of 384 participants: healthy controls (HC; n = 166) and individuals with schizotypal personality disorder (SPD) with (n = 50) and without (n = 168) suicidal ideation (SI) to examine specific risk factors for suicidality in SPD. Compared to the non-SI group, the SI group showed significantly greater severity of depression, aggression, impulsivity, affective lability, schizotypal features, poorer social adjustment, and had fewer social contacts. Individuals in the SI group were also more likely to have a history of a suicide attempt and comorbid borderline personality disorder in comparison to the non-SI group. Logistic regression analysis indicated that severity of depression and the number of social contacts drove the difference between the SI and non-SI groups. Compared with both SPD subgroups, the HC group was significantly less depressed, aggressive, impulsive, affectively labile, had fewer schizotypal features, was better socially adjusted, and had more social contacts. This study indicates that overall, the SI group is a more severely impaired group of individuals with SPD compared to the non-SI group. Better educating medical

professionals about the diagnosis and management of SPD and its associations with suicidality is warranted.

**Keywords:** Depression; Schizotypal personality disorder; Social adjustment; Suicidal ideation.

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### **Conflict of interest statement**

Declaration of Competing Interest None

### **Full text links**



95. [\*\*The association between stressful experiences and OCD symptoms in young adults at transdiagnostic risk\*\*](#)

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Epub 2023 Feb 20.

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- PMID: [36812805](#)
- DOI: [10.1016/j.jad.2023.02.059](#)

## Abstract

**Background:** It is unclear whether there is a specific association between stressful experiences and obsessive-compulsive symptoms or whether this relationship is due to stressful experiences increasing risk for psychopathology generally.

**Aims:** The current study examined the association between stressful experiences and obsessive-compulsive symptom dimensions, while adjusting for coexisting psychiatric symptoms and psychological distress in a young adult transdiagnostic at-risk sample.

**Methods:** Forty-three participants completed self-report measures assessing obsessive-compulsive symptoms, stressful experiences, and a range of other psychiatric symptoms. Regression models examined the relationship between stressful experiences and different obsessive-compulsive symptoms dimensions (i.e., symmetry, fear of harm, contamination, and unacceptable thoughts), adjusting for the influence of coexisting psychiatric symptoms and psychological distress.

**Results:** The results showed that there was an association between stressful experiences and obsessive-compulsive symptoms dimension of symmetry. Symptoms of borderline personality disorder were positively associated with the obsessive-compulsive symptom dimensions of symmetry and fear of harm symptoms. Symptoms of psychosis were found to be negatively associated with the obsessive-compulsive symptoms dimension of fear of harm.

**Conclusions:** These findings have implications for understanding the psychological mechanisms that underlie symmetry symptoms and highlight the

need to study OCS dimensions separately to inform more precise, mechanism-targeted interventions.

**Keywords:** Early mental health; OCD dimensions; Stressful experiences.

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### **Conflict of interest statement**

Conflict of interest To the best of our knowledge, there are no conflict of interests.

### **Full text links**



96. [Ability to assess the severity of personality psychopathology based on the Structured Interview of Personality Organization \(STIPO\) in master's students of "Addictology"](#)

Acta Psychol (Amst). 2023 Apr;234:103867. doi: 10.1016/j.actpsy.2023.103867. Epub 2023 Feb 19.

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- DOI: [10.1016/j.actpsy.2023.103867](#)

**Free article**

## **Abstract**

**Background:** With the development of multidisciplinary addictology teams, the ability of an addictologist to reliably assess personality psychopathology can be considered an important prerequisite that significantly enters the process of treatment planning.

**Aims:** Verification of the reliability and validity of the assessment of personality psychopathology in master's students of Addictology (addiction science) based on the Structured Interview of Personality Organization (STIPO) scoring course.

**Methods:** 31 Master's students of Addictology independently evaluated 7 STIPO protocols based on recordings. The presented patients were unknown to the students. The resulting scores of students were compared with 1. expert scores of a clinical psychologist with extensive experience with the STIPO; 2. scores of 4 psychologists without previous experience with the STIPO who have attended the course; 3. information on previous clinical experience and education of the students. The comparison of scores was performed using a coefficient of intraclass correlation, a social relation model analysis and linear mixed-effect models.

**Results:** Students demonstrated a high degree of inter-rater reliability with a significant degree of agreement in patient assessments, as well as a high to satisfactory degree of validity in the STIPO assessments. An increase in validity after the individual phases of the course was not proven. Their



evaluations were generally independent of previous education, as well as diagnostic and therapeutic experience.

**Conclusions:** The STIPO seems to be a useful tool to facilitate the communication of personality psychopathology between independent experts within multidisciplinary addictology teams. Training in the STIPO can be a useful addition to the study curriculum.

**Keywords:** Addictology students; Clinical judgment; Dual diagnoses; Personality organization; Personality psychopathology; STIPO.

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### Conflict of interest statement

Declaration of competing interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

### Full text links



## 97. [Neural correlates of mental time travel in individuals with high level of schizotypy](#)

Prog Neuropsychopharmacol Biol Psychiatry. 2023 Jun 8;124:110734. doi: 10.1016/j.pnpbp.2023.110734. Epub 2023 Feb 14.

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## Abstract

**Background:** Mental time travel (MTT) is the ability to re-experience past events (autobiographic memory, AM) and pre-experience possible future events (episodic future thinking, EFT) through mental simulation. Empirical findings suggest that individuals with high level of schizotypy exhibit MTT impairment. However, the neural correlates of this impairment remain unclear.

**Method:** Thirty-eight individuals with high level of schizotypy and 35 low level of schizotypy were recruited to complete an MTT imaging paradigm. Participants were required to recall past events (AM condition), imagine possible future events (EFT condition) related to cue words, or generate exemplars related to category words (control condition) while undergoing functional Magnetic Resonance Imaging (fMRI).

**Results:** AM showed greater activation in precuneus, bilateral posterior cingulate cortex, thalamus, and middle frontal gyrus than EFT. Individuals with high level of schizotypy exhibited reduced activation in the left anterior cingulate cortex during AM (vs. Control) and in the medial frontal gyrus during EFT (vs. Control) compared to individuals with low level of schizotypy. Although psychophysiological interaction analyses did not show any significant group difference, individuals with high level of schizotypy exhibited functional

connectivity between left anterior cingulate cortex (seed) and right thalamus, between medial frontal gyrus (seed) and left cerebellum during MTT, whereas individuals with low level of schizotypy did not exhibit these functional connectivities.

**Conclusion:** These findings suggest that decreased brain activations may underlie MTT deficits in individuals with high level of schizotypy.

**Keywords:** Autobiographical memory; Episodic future thinking; Mental time travel; Neural correlates; Schizotypy.

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### Conflict of interest statement

Declaration of Competing Interest None.

### Full text links



98. [Frequency-resolved connectome alterations in major depressive disorder: A multisite resting fMRI study](#)

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- PMID: [36781144](#)
- DOI: [10.1016/j.jad.2023.01.104](#)

## Abstract

**Background:** Functional connectome studies have revealed widespread connectivity alterations in major depressive disorder (MDD). However, the low

frequency bandpass filtering (0.01-0.08 Hz or 0.01-0.1 Hz) in most studies have impeded our understanding on whether and how these alterations are affected by frequency of interest.

**Methods:** Here, we performed frequency-resolved (0.01-0.06 Hz, 0.06-0.16 Hz and 0.16-0.24 Hz) connectome analyses using a large-sample resting-state functional MRI dataset of 1002 MDD patients and 924 healthy controls from seven independent centers.

**Results:** We reported significant frequency-dependent connectome alterations in MDD in left inferior parietal, inferior temporal, precentral, and fusiform cortices and bilateral precuneus. These frequency-dependent connectome alterations are mainly derived by abnormalities of medium- and long-distance connections and are brain network-dependent. Moreover, the connectome alteration of left precuneus in high frequency band (0.16-0.24 Hz) is significantly associated with illness duration.

**Limitations:** Multisite harmonization model only removed linear site effects. Neurobiological underpinning of alterations in higher frequency (0.16-0.24 Hz) should be further examined by combining fMRI data with respiration, heartbeat and blood flow recordings in future studies.

**Conclusions:** These results highlight the frequency-dependency of connectome alterations in MDD and the benefit of examining connectome alteration in MDD under a wider frequency band.

**Keywords:** Frequency; Functional connectivity strength; Major depressive disorder; Resting-state functional magnetic resonance imaging.

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### **Conflict of interest statement**

Conflict of interest The authors and all members of DIDA-MDD Working Group report no biomedical financial interests or potential conflicts of interest.

### **Full text links**



99. [\*\*Suicidal urges and attempted suicide at multiple time scales in borderline personality disorder\*\*](#)

J Affect Disord. 2023 May 15;329:581-588. doi: 10.1016/j.jad.2023.02.034.  
Epub 2023 Feb 11.

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- DOI: [10.1016/j.jad.2023.02.034](#)

### Abstract

**Background:** There is strong evidence for an enduring suicidal diathesis among individuals with a history of suicide attempts, particularly among people diagnosed with borderline personality disorder (BPD). However, the progression of suicidal crises among people predisposed to suicidal behavior remains poorly understood.

**Methods:** Via multilevel structural equation modeling we tested the hypothesis that a history of attempted suicide predicts a stronger dynamic link between affect and impulsivity with suicidal ideation (i.e., suicidal urges) - both moment-to-moment and day-to-day. 153 patients diagnosed with BPD, 105 of whom had a history of medically serious suicide attempts completed a 21-day ecological momentary assessment protocol (17,926 total assessments).



**Results:** Individuals with higher average levels of negative affect reported more suicidal thoughts. Moments characterized by more negative affect, hostility, impulsivity, and less positive affect were also characterized by elevated suicidal ideation. For hostility and positive affect, these significant links generalized to the daily level. At the same time, for negative affect and hostility the within-person coupling was stronger among attempters in comparison to non-attempters, and these effects did not significantly differ across timescales.

**Limitations:** Follow-up studies replicating our findings of the dysregulation-suicidality nexus in clinically more diverse samples are needed.

**Conclusions:** The diathesis for suicidal behavior manifests in tighter dynamic links between negative affect or hostility and suicidal ideation. Because these within-person links were amplified in attempters compared to non-attempters, differential coupling patterns may index potentially lethal processes that generalize beyond BPD reflecting distinct diathesis components.

**Keywords:** Borderline personality disorder; Ecological momentary assessment; Multilevel structural equation modeling; Suicidal ideation.

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#### **Conflict of interest statement**

Conflict of interest None.

#### **Full text links**



100. [\*\*Childhood and parental characteristics of adults with DSM-5 intermittent explosive disorder compared with healthy and psychiatric controls\*\*](#)

Compr Psychiatry. 2023 Apr;122:152367. doi:  
10.1016/j.comppsy.2023.152367. Epub 2023 Jan 20.

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## Free article

## Abstract

**Background:** Intermittent Explosive Disorder (IED) is a disorder primarily of aggression, defined by recurrent behavioral outbursts out of proportion to provocations or stressors. IED first appears in childhood and adolescence. This study examines the underlying childhood environment of those with IED, particularly familial and school-related factors.

**Methods:** Adult participants from a larger study completed diagnostic assessments and a battery of self-report measures. Group assignment was based on the assessment: 1) IED diagnosis; 2) non-IED psychiatric diagnosis; and 3) no significant psychiatric history. Groups were compared on factors of parental demographics, intrafamilial aggression, lifetime syndromal and personality diagnoses, neurodevelopmental and learning difficulties, childhood peer relationships, and juvenile legal issues.

**Results:** Significant patterns emerged specific to IED for not being raised by both parents, greater physical aggression to participant, and greater degree of fighting with peers by age ten.

**Limitations:** The retrospective, and cross-sectional, nature of the study, which prevent the making of causal inferences, and the basic nature of the questions asked of participants which limit a more nuanced interpretation of the data. A further limitation is bias associated with self-reported responses.

**Conclusions:** Results suggest the prevalence childhood adversaries may be linked with IED; the childhood environment of those with IED likely is substantially more tumultuous than individuals with or without other psychiatric disorders.

**Keywords:** Aggression; Behavioral issues; IED; Parental characteristics.

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### **Conflict of interest statement**

Declaration of Competing Interest Dr. Coccaro reports being a member and consultant to the Scientific Advisory Boards of Azevan Pharmaceuticals, Inc., Avanir Pharmaceuticals, Inc., and Boehringer Ingelheim Pharmaceuticals, Inc. Drs. Shevidi and Timmins have no conflicts of interest to declare.

### **Full text links**



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1. **[Matricide and psychiatric evaluation: An update](#)**

Leg Med (Tokyo). 2023 Apr 26;63:102258. doi:  
10.1016/j.legalmed.2023.102258. Online ahead of print.

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- PMID: [37121195](#)
- DOI: [10.1016/j.legalmed.2023.102258](https://doi.org/10.1016/j.legalmed.2023.102258)

**Abstract**

Matricide is an infrequent crime that has often raised to the suspicion that the offender could suffer from a pathological mental status. Although it is hard to establish a relationship between mental disorders and specific forms of homicide, several studies suggest that matricide offender frequently suffers from schizophrenia or other psychotic disorders. Aim of the study was to review the literature in order to explore epidemiologic and psychiatric characteristics of matricide offenders with a focus on the cause of death and crime circumstances. According to the PRISMA statement, 16 out of 225 studies were included. Main findings were the following: 80 victims were reported in total, killed by 81 offenders. In one case two brothers were responsible for the matricide. 81.5% of the offenders were young males. The most represented psychiatric pattern of the offenders was schizophrenia and

psychotic disorders (43.2%). 6.2% of victims had also psychiatric disorders. Sharp force injuries were the first cause of death (55%), followed by blunt trauma (15%) and asphyxia (15%). In 12% of cases overkilling was also reported. 13.6% of offenders were considered not guilty for reason of insanity while 25.9% of the offenders had diminished criminal responsibility. A case study of a young homicide offender suffering from personality disorder is reported. In this case the victim also suffered from psychiatric disorders and an overkilling occurred as she was stabbed multiple times post-mortem. In a second case of matricide, the victim was dismembered and the human remains were concealed in several plastic bags.

**Keywords:** Matricide; Psychiatric evaluation; Schizophrenia.

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### **Conflict of interest statement**

Declaration of Competing Interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

## 2. [Long-term benzodiazepine prescription in treatment-resistant depression: A national FACE-TRD prospective study](#)

Prog Neuropsychopharmacol Biol Psychiatry. 2023 Apr 27;110779. doi: 10.1016/j.pnpbp.2023.110779. Online ahead of print.

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- PMID: [37120004](#)
- DOI: [10.1016/j.pnpbp.2023.110779](#)

## Abstract

**Background:** Benzodiazepine long-term use (BLTU) is a public health challenge. We lack data on the consequences of LBTU on the trajectory of treatment-resistant depression (TRD).

**Objective:** To determine the prevalence of BLTU in a nationwide non-selected population of patients with TRD, to determine the rate of patients succeeding at withdrawing benzodiazepines at one year and to determine if persistent BLTU is associated with poorer mental health outcomes.

**Method:** The FACE-TRD cohort is a national cohort of TRD patients recruited in 13 resistant depression expert centers between 2014 and 2021 and followed-up at one year. A standardized one-day long comprehensive battery was carried out, including trained-clinician and patient-reported outcomes, and patients were reevaluated at one year.

**Results:** At baseline, 45.2% of the patients were classified in the BLTU group. In multivariate analysis, compared to patients without BLTU, patients with BLTU were more frequently classified in the "low physical activity" group (adjusted odds ratio (aOR) = 1.885,  $p = 0.036$ ), and had higher primary healthcare consumption ( $B = 0.158$ ,  $p = 0.031$ ) independently of age, sex and antipsychotic consumption. We found no significant difference for personality traits, suicidal ideation, impulsivity, childhood trauma exposure, earlier age at first major depressive episode, anxiety and sleep disorders (all  $p > 0.05$ ). Despite recommendations for withdrawal, <5% of BLTU patients withdraw benzodiazepines during the one-year follow-up. Persistent BLTU at one-year was associated with higher depression severity ( $B = 0.189$ ,  $p = 0.029$ ), higher clinical global severity ( $B = 0.210$ ,  $p = 0.016$ ), higher state-anxiety ( $B = 0.266$ ,  $p = 0.003$ ), impaired sleep quality ( $B = 0.249$ ,  $p = 0.008$ ), increased peripheral inflammation ( $B = 0.241$ ,  $p = 0.027$ ), lower functioning level ( $B = -0.240$ ,  $p = 0.006$ ), decreased processing speed ( $B = -0.195$ ,  $p = 0.020$ ) and verbal episodic memory ( $B = -0.178$ ,  $p = 0.048$ ), higher absenteeism and productivity loss ( $B =$



0.595,  $p = 0.016$ ) and lower subjective global health status ( $B = -0.198$ ,  $p = 0.028$ ).

**Conclusion:** Benzodiazepines are over-prescribed in TRD (in almost a half of the patients). Despite recommendations for withdrawal and psychiatric follow-up, <5% of patients successfully stopped taking benzodiazepines at one-year. Maintaining BLTU may contribute to the worsening of clinical and cognitive symptoms and of daily functioning in TRD patients. Progressive and planned withdrawal of benzodiazepines seems therefore strongly recommended in TRD patients with BLTU. Pharmacological and non-pharmacological alternatives should be promoted when possible.

**Keywords:** Addiction; Benzodiazepine; Depression; Depressive disorders, treatment-resistant; Mental health; Psychiatry; Public health.

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#### **Conflict of interest statement**

Declaration of Competing Interest the authors report no conflicts of interest with the present article.

### 3. [\*\*A Primer on Interoception and its Importance in Psychiatry\*\*](#)

Clin Psychopharmacol Neurosci. 2023 May 30;21(2):252-261. doi: 10.9758/cpn.2023.21.2.252.

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- PMID: [37119217](#)
- DOI: [10.9758/cpn.2023.21.2.252](#)

## Free article

## Abstract

Interoception is the perception of signals from inside the body. It plays a significant role in the nervous, cardiovascular, respiratory, gastrointestinal, genitourinary, and endocrine systems. It is also closely related to the autonomic nervous system and inflammatory pathways and plays a significant role in our optimal functioning. Recently, interoception has gained more attention in neuropsychiatric research. Anatomical and physiological aspects of interoception like relevant brain areas, the role of the vagus nerve, and the autonomic nervous system are gradually being understood. Different facets of interoception like interoceptive attention, detection, magnitude, discrimination, accuracy, awareness, and appraisal have been proposed and their assessments and importance are being evaluated. Further, interoception is often dysregulated or abnormal in psychiatric disorders. It has been implicated in the psychopathology, etiopathogenesis, clinical features and treatment of mood, anxiety, psychotic, personality and addiction-related disorders. This narrative review attempts to provide a nuanced understanding of the pathway(s), components, functions, assessments, and problems of interoception and will help us to detect its disturbances and evaluate its impact on psychiatric disorders, leading to a better perspective and management. This will also advance interoception-related research.

**Keywords:** Interoception; Perception; Transcutaneous electric nerve stimulation; Vagus nerve; Vagus nerve stimulation.

## Full text links



4. **Self-management with alcohol over lifespan: psychological mechanisms, neurobiological underpinnings, and risk assessment**

Mol Psychiatry. 2023 Apr 28. doi: 10.1038/s41380-023-02074-3. Online ahead of print.

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- PMID: [37117460](#)
- DOI: [10.1038/s41380-023-02074-3](#)

## Abstract

Self-management includes all behavioural measures and cognitive activities aimed at coping with challenges arising throughout the lifespan. While virtually all of these challenges can be met without pharmacological means, alcohol consumption has long been instrumentalized as a supporting tool to help coping with problems arising selectively at adolescence, adulthood, and ageing. Here, we present, to our knowledge, the first systematic review of alcohol instrumentalization throughout lifespan. We searched MEDLINE, Google Scholar, PsycINFO and CINAHL (from Jan, 1990, to Dec, 2022) and analysed consumption patterns, goals and potential neurobiological mechanisms. Evidence shows a regular non-addictive use of alcohol to self-manage developmental issues during adolescence, adulthood, and ageing. Alcohol is selectively used to overcome problems arising from dysfunctional personality traits, which manifest in adolescence. A large range of psychiatric disorders gives rise to alcohol use for the self-management of distinct symptoms starting mainly in adulthood. We identify those neuropharmacological effects of alcohol that selectively serve self-management under specific conditions. Finally, we discuss the adverse effects and associated risks that arise from the use of alcohol for self-management. Even well-controlled alcohol use adversely impacts health. Based on these findings, we suggest the implementation of an entirely new view. Health policy action may actively embrace both sides of the phenomenon through a personalized informed use that allows for harm-controlled self-management with alcohol.

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- [219 references](#)

**Full text links**

5. [The stability of personality disorders and personality disorder criteria: A systematic review and meta-analysis](#)

Clin Psychol Rev. 2023 Apr 23;102:102284. doi: 10.1016/j.cpr.2023.102284.  
Online ahead of print.

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- PMID: [37116251](#)
  - DOI: [10.1016/j.cpr.2023.102284](#)

## Abstract

The aim of this systematic review and meta-analysis was to investigate the diagnostic, the dimensional mean-level, and rank-order stability of personality disorders (PDs) and PD criteria over time. EMBASE, PsycInfo, PubMed, and Web of Science were searched for peer-reviewed studies published in either English, German, or French between the first publication of the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) in 1980 and December 20, 2022. Inclusion criteria were a prospective longitudinal study design, assessing the stability of PDs or PD criteria over at least two measurement occasions at least one month apart, and using the same assessment at baseline and follow-up. Effect sizes included proportion of enduring cases (i.e., diagnostic stability), test-retest correlations (i.e., dimensional rank-order stability), and within-group standardized mean differences (i.e., dimensional mean-level stability), based on the first and last available measurement occasion. From an initial pool of 1473 studies, 40 were included in our analyses, covering 38,432 participants. 56.7% maintained the diagnosis of any PD, and 45.2% maintained the diagnosis of borderline PD over time. Findings on the dimensional mean-level stability indicate that most PD criteria significantly decreased from baseline to follow-up, except for antisocial, obsessive-compulsive, and schizoid PD criteria. Findings on the dimensional rank-order stability suggested moderate estimates, except for antisocial PD criteria, which were found to be high. Findings indicated that both PDs and PD criteria were only moderately stable, although between study heterogeneity was high, and stability itself depended on several methodological factors.

**Keywords:** Mean-level stability; Meta-analysis; Personality disorders; Personality disorders criteria; Rank-order stability; Systematic review.

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### Conflict of interest statement

Declaration of Competing Interest The authors declare no conflict of interest.

### Full text links



6. [Type D personality to insomnia: Sleep reactivity, sleep effort, and sleep hygiene as mediators](#)

Front Psychiatry. 2023 Apr 11;14:1160772. doi: 10.3389/fpsy.2023.1160772. eCollection 2023.

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- PMID: [37113537](#)
  - PMCID: [PMC10128995](#)
  - DOI: [10.3389/fpsy.2023.1160772](#)

**Free PMC article**

### Abstract

**Background:** Insomniacs are heterogenous group with very diverse personalities. We aimed to investigate the mediating role of sleep reactivity (SR), sleep hygiene (SH), and sleep effort (SE) in the relationship between Type D personality and insomnia.

**Materials and methods:** We conducted a cross-sectional survey among 474 participants. The survey comprised the sociodemographic data form, Insomnia Severity Index (ISI), D Type Personality Scale (DS-14), Ford Insomnia Response to Stress Test (FIRST), Glasgow Sleep Effort Scale (GSES), and Sleep Hygiene Index (SHI). We conducted hierarchical multiple regression analysis to identify the associations between age, sex, SR, Type D personality traits, SE, SH, and insomnia severity. We subsequently conducted mediation analyses to examine whether SR, SH, and SE mediated the relationship between Type D personality and insomnia.

**Results:** ISI, DS-14, FIRST, SHI, and GSES scores were significantly higher in individuals with Type D personality. Female sex, SR, Type D personality traits, SE, and SH explained 45% of the variance in insomnia severity. When age, sex, insomnia response to stress, and Type D personality traits were controlled, SE and SH significantly explained 25% of the variance in insomnia severity ( $R^2 = 0.45$ ,  $R^2$  change = 0.25,  $F(6.474) = 65.58$ ,  $p < 0.001$ ). SR, SE, and SH each played a partial mediating role between Type D personality and insomnia.

**Conclusion:** The findings showed that individuals with Type D personality had high SR and that individuals with a higher number of these personality traits exhibited more severe insomnia symptoms through high SR, greater SE, and worse SH.

**Keywords:** Type D personality; insomnia; sleep effort; sleep hygiene; sleep reactivity.

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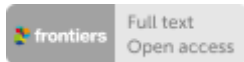
### **Conflict of interest statement**

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

- [49 references](#)



## Full text links



# 7. [Operationalizing intimacy and identity aspects of personality functioning in relation to personality disorder in adolescents](#)

Front Psychiatry. 2023 Apr 11;14:1153274. doi: 10.3389/fpsy.2023.1153274. eCollection 2023.

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- DOI: [10.3389/fpsy.2023.1153274](#)

## Free PMC article

## Abstract

According to dimensional models of personality pathology, deficits in interpersonal (intimacy and empathy) and self (identity and self-direction) function (Criterion A) are core to all personality disorders. These aspects of personality functioning (Criterion A) have seldom been evaluated for how they might relate to one another in the context of personality pathology in adolescents. Moreover, the use of performance-based measures to evaluate aspects of Criterion A function remains an untapped resource. Therefore, the present study aimed to evaluate relations between two features of Criterion A, maladaptive intimacy and maladaptive (or diffused) identity, in adolescence.

For intimacy, we leverage a performance-based approach to studying intimacy, operationalized in a developmentally relevant way (perceived parental closeness). For identity, we rely on a validated self-report measure of identity diffusion. We examined the relationship between these features with each other and their relations with borderline features. Additionally, we explored whether identity diffusion mediated the expected relationship between perceived parental closeness and borderline features. We hypothesized that greater distance in perceived parental closeness would be associated with higher levels of borderline features, as well as higher levels of identity diffusion, and that identity diffusion would account for the relationship between intimacy and personality pathology. The sample included 131 inpatient adolescents ( $M_{\text{age}} = 15.35$ , 70.2% female). Results indicated that intimacy, operationalized as perceived parental closeness, with both mothers and fathers was significantly associated with levels of identity diffusion and borderline features. In addition, greater feelings of closeness with parents were associated with lower severity of borderline features *via* healthier identity function. Implications of the results, limitations, and future directions are discussed.

**Keywords:** AMPD criterion A; ICD-11; adolescents; borderline personality disorder; identity diffusion; intimacy; parental closeness; self-other understanding.

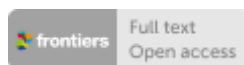
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### **Conflict of interest statement**

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

- [81 references](#)

### **Full text links**



## 8. [Trait and symptom change in group cognitive behaviour therapy for anxiety and depression](#)

Clin Psychol Psychother. 2023 Apr 27. doi: 10.1002/cpp.2857. Online ahead of print.

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- PMID: [37106559](#)
- DOI: [10.1002/cpp.2857](#)

## Abstract

Personality traits underlying both anxiety disorders and depression are more malleable than previously presumed. This study examined associations between changes in personality traits (i.e. negative affectivity and detachment) and alleviation of anxiety and depression symptoms following cognitive behaviour therapy (CBT). We hypothesized that decreases in negative affectivity would predict alleviation of depression and anxiety symptoms and decreases in detachment would predict decreases in depression and, to a lesser degree, anxiety symptoms. Data (N = 156) were collected in a randomized controlled trial comparing transdiagnostic and diagnosis-specific group CBT for patients with major depressive disorder, social anxiety disorder, panic disorder or agoraphobia. We assessed personality traits using the Personality Inventory for DSM-5 (PID-5) and symptoms with the Hopkins Symptom Checklist 25-item

scale (SCL). Prediction was based on regression analyses. We found that decreases in negative affectivity predicted lower levels of depression and anxiety symptoms while decreases in detachment only predicted lower levels of depression symptoms. The findings substantiate current efforts to explicate the dynamic interplay between personality traits and symptoms and support the existing focus on targeting negative affectivity and detachment in therapy for anxiety disorders and depression. The trial is registered at [clinicaltrials.gov](https://clinicaltrials.gov/ct2/show/study/NCT02954731) (ID [NCT02954731](https://clinicaltrials.gov/ct2/show/study/NCT02954731)).

**Keywords:** anxiety disorders; cognitive behaviour therapy; major depression; personality traits; psychopathology.

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- [71 references](#)

#### Full text links



9. [Emotion dysregulation in young people with borderline personality disorder: One pattern or distinct subgroups?](#)

Personal Disord. 2023 Apr 27. doi: 10.1037/per0000617. Online ahead of print.

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- DOI: [10.1037/per0000617](#)

## Abstract

Emotion dysregulation is a key feature of borderline personality disorder (BPD). Given the heterogeneity of BPD and emotion regulation, this study sought to define subgroups among a sample of young people with BPD based on their pattern of emotion regulation abilities. Baseline data from the Monitoring Outcomes of BPD in Youth (MOBY) clinical trial were used, in which 137 young people ( $M_{\text{age}} = 19.1$ ,  $SD_{\text{age}} = 2.8$ ; 81% female) completed the self-report Difficulties in Emotion Regulation Scale (DERS), as a measure of emotion regulation abilities. Latent profile analysis (LPA) was conducted to identify subgroups, based upon response patterns on the six DERS subscales. Subsequent analysis of variance and logistic regression models were used to characterize the identified subgroups. LPA revealed three subgroups. A "low and unaware" ( $n = 22$ ) subgroup, reporting the least emotion dysregulation, apart from high emotional unawareness. A "moderate and accepting" subgroup ( $n = 59$ ), reporting high emotional acceptance within its own pattern, and moderate emotion dysregulation compared with the other subgroups. A "high and aware" subgroup ( $n = 56$ ), reporting the highest level of emotion dysregulation, but with high emotional awareness. Some demographic, psychopathology, and functioning characteristics were associated with subgroup membership. The identification of distinct subgroups highlights the importance of considering the level of emotional awareness in the context of other regulatory abilities and suggests that therapies should not take a "one-size-fits-all" approach to emotion dysregulation. Future research should seek to replicate the identified subgroups given the relatively small sample size in the current study. In addition, examining the stability of subgroup membership and the influence upon treatment outcome will be interesting avenues for further exploration. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

10. [Psychiatric disorders, personality traits, and childhood traumatic events predicting incidence and persistence of chronic pain: results from the CoLaus | PsyCoLaus study](#)

Pain. 2023 Apr 27. doi: 10.1097/j.pain.0000000000002912. Online ahead of print.

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- PMID: [37104705](#)
- DOI: [10.1097/j.pain.0000000000002912](#)

## Abstract

Chronic pain (CP) is often accompanied by mental disorders (MDs). However, little is known concerning the long-term effect of MDs, personality traits, and early-life traumatic events (ETEs) on CP course. Accordingly, we aimed to prospectively assess the associations of major depressive disorders (MDDs), anxiety disorders, personality traits, and ETEs with the incidence and the persistence of CP in middle-aged and older community dwellers. Data stemmed from the 3 first follow-up evaluations of CoLaus|PsyCoLaus, a prospective cohort conducted in the general population of Lausanne (Switzerland). Diagnostic criteria for MDs and ETEs were elicited using semistructured interviews. CP and personality traits were assessed by self-rating

questionnaires. Follow-up intervals were subdivided into 2 groups: those without (n = 2280) and those with (n = 1841) CP initially. The associations between the psychological variables and the occurrence or persistence of CP 5 years later were assessed using serially adjusted logistic regression models. Higher neuroticism (odds ratio [95% confidence interval] 1.21 [1.08; 1.36]) and extraversion (1.18 [1.06; 1.32]) were associated with higher 5-year CP incidence, whereas current (2.14 [1.34; 3.44]) and remitted MDD (1.29 [1.00; 1.66]) as well as lower extraversion (0.83 [0.74; 0.94]) were associated with persistence of CP. By contrast, ETEs and anxiety disorders were not associated with the incidence or persistence of CP. Our results suggest that personality traits are associated with both CP occurrence and persistence, whereas the MDDs may be more associated with CP persistence. Both personality and MDD are accessible to psychotherapy, and MDD is also accessible to pharmacotherapy. Hence, these therapeutic measures might decrease the risk of CP and its persistence.

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- [44 references](#)

#### Full text links



### 11. [Testing domain knowledge and risk of bias of a large-scale general artificial intelligence model in mental health](#)

Digit Health. 2023 Apr 17;9:20552076231170499. doi: 10.1177/20552076231170499. eCollection 2023 Jan-Dec.

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- PMID: [37101589](#)
- PMCID: [PMC10123874](#)
- DOI: [10.1177/20552076231170499](#)

**Free PMC article**

## Abstract

**Background:** With a rapidly expanding gap between the need for and availability of mental health care, artificial intelligence (AI) presents a promising, scalable solution to mental health assessment and treatment. Given the novelty and inscrutable nature of such systems, exploratory measures aimed at understanding domain knowledge and potential biases of such systems are necessary for ongoing translational development and future deployment in high-stakes healthcare settings.

**Methods:** We investigated the domain knowledge and demographic bias of a generative, AI model using contrived clinical vignettes with systematically varied demographic features. We used balanced accuracy (BAC) to quantify the model's performance. We used generalized linear mixed-effects models to quantify the relationship between demographic factors and model interpretation.

**Findings:** We found variable model performance across diagnoses; attention deficit hyperactivity disorder, posttraumatic stress disorder, alcohol use disorder, narcissistic personality disorder, binge eating disorder, and generalized anxiety disorder showed high BAC ( $0.70 \leq \text{BAC} \leq 0.82$ ); bipolar disorder, bulimia nervosa, barbiturate use disorder, conduct disorder, somatic symptom disorder, benzodiazepine use disorder, LSD use disorder, histrionic personality disorder, and functional neurological symptom disorder showed low BAC ( $\text{BAC} \leq 0.59$ ).

**Interpretation:** Our findings demonstrate initial promise in the domain knowledge of a large AI model, with performance variability perhaps due to the



more salient hallmark symptoms, narrower differential diagnosis, and higher prevalence of some disorders. We found limited evidence of model demographic bias, although we do observe some gender and racial differences in model outcomes mirroring real-world differential prevalence estimates.

**Keywords:** Digital health; artificial intelligence; bias in mental health; digital mental health; digital mental health assessment.

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### **Conflict of interest statement**

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

- [28 references](#)
- [1 figure](#)

### **Full text links**



## 12. [Embedded Morality and Psychopath Machines](#)

AJOB Neurosci. 2023 Apr-Jun;14(2):165-168. doi:  
10.1080/21507740.2023.2188290.

### **Author**

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- PMID: [37097854](#)
- DOI: [10.1080/21507740.2023.2188290](#)

*No abstract available*

### **Comment on**

- [Non-Human Moral Status: Problems with Phenomenal Consciousness.](#)

Shepherd J.

AJOB Neurosci. 2023 Apr-Jun;14(2):148-157. doi:  
10.1080/21507740.2022.2148770. Epub 2022 Dec 7.

PMID: 36476099

13. [\*\*Efficacy, safety, and tolerability of ulotaront \(SEP-363856, a trace amine-associated receptor 1 agonist\) for the treatment of schizophrenia and other mental disorders with similar pathophysiology: a systematic review of preclinical and clinical trials\*\*](#)

Expert Opin Investig Drugs. 2023 Apr 25. doi:  
10.1080/13543784.2023.2206559. Online ahead of print.

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- PMID: [37096491](#)
- DOI: [10.1080/13543784.2023.2206559](#)

## Abstract

**Introduction:** Schizophrenia is a mental illness that can disrupt emotions, perceptions, cognition, and reduce quality of life. The classical approach to treat schizophrenia uses typical and atypical antipsychotics; however, limitations include low efficacy in mitigating negative symptoms and cognitive dysfunctions, and a range of adverse effects. Evidence has accumulated on trace amine-associated receptor 1 (TAAR1) as a novel therapeutic target for treating schizophrenia. This systematic review investigates the available evidence on a TAAR1 agonist, ulotaront, as a treatment for schizophrenia.

**Methods:** A systematic search was conducted on PubMed/MEDLINE, and Ovid databases for English-published articles from inception to December 18, 2022. Literature focusing on the association between ulotaront and schizophrenia were evaluated based on an inclusion/exclusion criterion. Selected studies were assessed for risk of bias, using Cochrane Collaboration tool, and summarized in a table to generate discussion topics.

**Results:** Three clinical, two comparative, and five preclinical studies examining ulotaront's pharmacology, tolerability and safety, and/or efficacy were identified. Results indicate that ulotaront has a differing adverse effects profile from other antipsychotics, may mitigate metabolic-related adverse effects commonly associated with antipsychotics, and may be effective for treating positive and negative symptoms.

**Conclusions:** Findings from available literature present ulotaront as a potential and promising alternative treatment method for schizophrenia. Despite this, our results were limited due to lack of clinical trials on ulotaront's long-term efficacy and mechanisms of action. Future research should focus on these

limitations to elucidate ulotaront's efficacy and safety for the treatment of schizophrenia and other mental disorders with similar pathophysiology.

**Keywords:** SEP-363856; TAAR1; Ulotaront; anhedonia; antipsychotics; cognition; depression; major depressive disorder; psychosis; schizophrenia; trace amine-associated receptors.

#### Full text links



### 14. [Compliance with COVID-19 Preventive Measures: The Role of Intelligence, the Dark Triad and Dysfunctional Impulsivity](#)

Psicothema. 2023 May;35(2):149-158. doi: 10.7334/psicothema2022.264.

#### Authors

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- DOI: [10.7334/psicothema2022.264](#)

#### Abstract

**Background:** Although measures to prevent COVID-19 infection have been greatly relaxed in many countries, they are still quite stringent in others. However, not all citizens comply with them to the same extent. Many studies show the importance of personality traits in predicting compliance with these measures, but it is not so clear what the role of intelligence is. Therefore, we aimed to assess whether intelligence is related to compliance with these measures, and what its predictive role is when considered together with the dark triad and dysfunctional impulsivity.

**Method:** A total of 786 participants answered four questionnaires. We performed correlations, multiple regression analysis, and structural equation analysis.

**Results:** Multiple regression analysis showed that psychopathy and dysfunctional impulsivity were the variables that contributed most to compliance, while intelligence contributed very little. The results of the structural equation modelling suggested that intelligence had only an indirect relationship with compliance, through its relationship with the negative personality traits dysfunctional impulsivity and the dark triad.

**Conclusions:** Intelligence seems to modulate the relationship between negative personality traits and compliance. Therefore, more intelligent people with negative personality traits would not tend to have such low levels of compliance.

#### Full text links



15. [Medical use and combination drug therapy among US adult users of central nervous system stimulants: a cross-sectional analysis](#)

BMJ Open. 2023 Apr 24;13(4):e069668. doi: 10.1136/bmjopen-2022-069668.

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- PMID: [37094897](#)
- DOI: [10.1136/bmjopen-2022-069668](#)

## Free article

## Abstract

**Objective:** Examine patterns of adult medical use of amphetamine and methylphenidate stimulant drugs, classified in the USA as Schedule II controlled substances with a high potential for psychological or physical dependence.

**Design:** Cross-sectional study.

**Setting and participants:** Prescription drug claims for US adults, age 19-64 years, included in a commercial insurance claims database with 9.1 million continuously enrolled adults from 1 October 2019, through 31 December 2020. Stimulant use was defined as adults filling one or more stimulant prescriptions during calendar 2020.

**Outcome measures:** The primary outcome was an outpatient prescription claim, service date and days' supply for central nervous system (CNS)-active drugs. Combination-2 was defined as 60 days or more of combination treatment with a Schedule II stimulant and one or more additional CNS-active drugs. Combination-3 therapy was defined as the addition of 2 or more additional CNS-active drugs. Using service date and days' supply, we examined the number of stimulant and other CNS-active drugs for each of the 366 days of 2020.

**Results:** Among 9 141 877 continuously enrolled adults, the study identified 276 223 individuals (3.0%) using Schedule II stimulants during 2020. They filled a median of 8 (IQR, 4-11) prescriptions for these stimulant drugs that provided 227 (IQR, 110-322) treatment days of exposure. Among this group, 125 781 (45.5%) combined use of one or more additional CNS active drugs for a median of 213 (IQR, 126-301) treatment days. Also, 66 996 (24.3%) stimulant users used two or more additional CNS-active drugs for a median of 182 (IQR, 108-276) days. Among stimulants users, 131 485 (47.6%) were exposed to an antidepressant, 85 166 (30.8%) filled prescriptions for

anxiety/sedative/hypnotic medications and 54 035 (19.6%) received opioid prescriptions.

**Conclusion:** A large proportion of adults using Schedule II stimulants are simultaneously exposed to one or more other CNS-active drugs, many with tolerance, withdrawal effects or potential for non-medical use. There are no approved indications and limited clinical trial testing of these multi-drug combinations, and discontinuation may be challenging.

**Keywords:** Depression & mood disorders; EPIDEMIOLOGY; MENTAL HEALTH; Personality disorders; Substance misuse.

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#### **Conflict of interest statement**

Competing interests: GCA is past chair and a current member of FDA's Peripheral and Central Nervous System Advisory Committee; is a co-founding principal and equity holder in Monument Analytics, a healthcare consultancy whose clients include the life sciences industry as well as plaintiffs in opioid litigation, for whom he has served as a paid expert witness; and is a past member of OptumRx's National P&T Committee. These arrangements have been reviewed and approved by Johns Hopkins University in accordance with its conflict of interest policies. The other authors declare no completing interests.

#### **Full text links**



16. [\*\*Personality Traits Interact With Sleep and Biological Rhythm in Patients With Bipolar Disorder\*\*](#)

J Nerv Ment Dis. 2023 Apr 24. doi: 10.1097/NMD.0000000000001658. Online ahead of print.

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- PMID: [37094578](#)
- DOI: [10.1097/NMD.0000000000001658](#)

## Abstract

Sleep disturbances and circadian rhythm changes in bipolar disorder (BD) may have behavioral components as well as biological components. This study aimed to examine the relationship between personality traits, sleep and circadian rhythm in BD. A total of 150 participants with BD, and 150 healthy controls completed the Big Five Personality Test-50 (B5PT-50-TR), Biological Rhythm Interview of Assessment in Neuropsychiatry (BRIAN), Functioning Assessment Short Test (FAST), Pittsburgh Sleep Quality Index (PSQI), Young Mania Rating Scale and Beck Depression Inventory. In the BD group, B5PT-50-TR emotional stability and openness subscale scores were significantly lower in comparison with the healthy control group. Agreeableness and emotional stability subscales were covariates for the BRIAN sleep subscale and emotional stability was a covariate for PSQI total score. Emotional instability might be a vulnerability factor for sleep disorders and biological rhythm abnormalities in BD. Improvement in emotional instability may relieve sleep disorders and biological rhythm, thereby leading to better treatment outcomes in BD.

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- [60 references](#)



## Full text links



# 17. [Examining Cognitive Biases Uniquely Associated with Schizotypy](#)

Psychopathology. 2023 Apr 24;1-11. doi: 10.1159/000529742. Online ahead of print.

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- PMID: [37094551](#)
- DOI: [10.1159/000529742](#)

## Free article

## Abstract

**Introduction:** Individuals with schizotypy can experience a number of cognitive biases that may increase their risk in developing schizophrenia-spectrum psychopathology. However, cognitive biases are also present in mood and anxiety disorders, and it is currently unclear which biases are specific to schizotypy and which may be a result of comorbid depression and/or anxiety.

**Methods:** 462 participants completed measures of depression, anxiety, cognitive biases, cognitive schemas, and schizotypy. Correlation analyses were conducted to examine the relationship between these constructs. Three hierarchical regression analyses were conducted to examine if schizotypy, depression, and anxiety explained a statistically significant amount of variance in cognitive biases after controlling for depression and anxiety, schizotypy and anxiety, and schizotypy and depression, respectively. Moderated regression analyses were also conducted to investigate the moderating role of biological sex and ethnicity in the association between cognitive biases and schizotypy.

**Results:** Self-referential processing, belief inflexibility, and attention for threat were associated with schizotypy. The belief inflexibility bias and social cognition problems were specifically associated with schizotypy after controlling for depression and anxiety and were not directly associated with either depression or anxiety. These associations were not moderated by biological sex or ethnicity.

**Conclusion:** The belief inflexibility bias may be an important cognitive bias underlying schizotypal personality, and further research will be important to determine whether this bias is also associated with an increased likelihood of transitioning to psychosis.

**Keywords:** Anxiety; Cognitive biases; Cognitive schemas; Depression; Schizotypy.

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#### Full text links



18. [Grooved Pegboard adds incremental value over memory-apparent performance validity tests in predicting psychiatric symptom report](#)

Appl Neuropsychol Adult. 2023 Apr 24;1-9. doi:  
10.1080/23279095.2023.2192409. Online ahead of print.

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- PMID: [37094095](#)
- DOI: [10.1080/23279095.2023.2192409](#)

## Abstract

The present study evaluated whether Grooved Pegboard (GPB), when used as a performance validity test (PVT), can incrementally predict psychiatric symptom report elevations beyond memory-apparent PVTs. Participants ( $N = 111$ ) were military personnel and were predominantly White (84%), male (76%), with a mean age of 43 ( $SD = 12$ ) and having on average 16 years of education ( $SD = 2$ ). Individuals with disorders potentially compromising motor dexterity were excluded. Participants were administered GPB, three memory-apparent PVTs (Medical Symptom Validity Test, Non-Verbal Medical Symptom Validity Test, Reliable Digit Span), and a symptom validity test (Personality Assessment Inventory Negative Impression Management [NIM]). Results from the three memory-apparent PVTs were entered into a model for predicting NIM, where failure of two or more PVTs was categorized as evidence of non-credible responding. Hierarchical regression revealed that non-dominant hand GPB T-score incrementally predicted NIM beyond memory-apparent PVTs ( $F(2,108) = 16.30, p < .001; R^2$  change = .05,  $\beta = -0.24, p < .01$ ). In a second hierarchical regression, GPB performance was dichotomized into pass or fail, using  $T$ -score cutoffs ( $\leq 29$  for either hand,  $\leq 31$  for both). Non-dominant hand GPB again predicted NIM beyond memory-apparent PVTs ( $F(2,108) = 18.75, p < .001; R^2$  change = .08,  $\beta = -0.28, p < .001$ ). Results indicated that noncredible/failing GPB performance adds incremental value over memory-apparent PVTs in predicting psychiatric symptom report.

**Keywords:** Grooved Pegboard; effort; engagement; performance validity test; symptom validity test.

### Full text links



19. [Exploring the association between precipitation and hospital admission for mental disorders in Switzerland between 2009 and 2019](#)

PLoS One. 2023 Apr 24;18(4):e0283200. doi: 10.1371/journal.pone.0283200. eCollection 2023.

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- PMID: [37093854](#)
- PMCID: [PMC10124868](#)
- DOI: [10.1371/journal.pone.0283200](#)

### Free PMC article

## Abstract

While several studies proved the relationship between increasing temperatures and poor mental health, limited evidence exists on the effect of other weather

factors, such as precipitation. This study assessed the impact of precipitation on hospital admissions for mental disorders in Switzerland between 2009-2019. We defined different precipitation events based on the duration (daily precipitation  $\geq 1$ mm for 2, 3, or 4 days; PP.2/PP.3/PP.4) and intensity ( $\geq 90$ th percentile for 2 consecutive days; PEP90.2). First, we conducted aggregated time-stratified case-crossover analysis in eight main Swiss cities with distributed lag models to assess the association up to 3 days after the exposure. Then, we pooled the estimates in each city using a multivariate random effects meta-analysis for all hospital admissions and by subgroups (sex, age, diagnosis). Evidence of an association between precipitation and hospital admission for mental disorders was not found in Switzerland (PP.2: 1.003[0.978-1.029]; PP.3: 1.005[0.985-1.026]; PP.4: 0.994[0.960-1.030]; PEP90.2: 1.000[0.953-1.050]). Although the results were highly uncertain, we found an indication of increasing risks of hospital admission with increasing intensity of precipitation in warmer seasons (PP.2: 1.001[0.971-1.032] vs PEP90.2: 1.014[0.955-1.078]), while the risks of hospital admission slightly increased by the duration in colder season (PP.2: 1.009[0.981-1.039]; PP.3: 1.008[0.980-1.036]; PP.4: 1.017[0.956-1.081]). Overall, risks tend to be higher in people aged  $< 65$  years. Duration of the events may influence more than intensity in females, while opposite patterns were observed in males. Risks tended to be larger but still uncertain for schizophrenia, mood disorders, and adult personality disorders. An indication of a negative association was found in neurotic disorders and null risks in the remaining groups. Although our findings did not show a clear association between precipitation and mental disorders, further research is required to clarify the role of precipitation and the potential implications of climate change and extreme precipitation events on mental health.

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### **Conflict of interest statement**

The authors have declared that no competing interests exist.

- [54 references](#)
- [3 figures](#)

## Full text links



# 20. [Age and sex differences of the PID-5-100 maladaptive personality traits throughout adulthood](#)

Personal Disord. 2023 Apr 24. doi: 10.1037/per0000622. Online ahead of print.

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- PMID: [37093668](#)
- DOI: [10.1037/per0000622](#)

## Abstract

In this cross-sectional study including a heterogeneous Belgian community sample of adults ( $N = 1,930$ ), two central questions were addressed pertaining to age differences of self-reported Personality Inventory for DSM-5 (PID-5) maladaptive personality traits: (a) What kind of *mean-level* changes occur in the PID-5 traits from age 21 to 65? and (b) What kind of *variance-level* changes occur in the PID-5 traits from age 21 to 65? In exploring these research questions, we also aimed to examine potential sex differences. With regard to latent mean-level age differences of the PID-5 traits, changes across adulthood were overall small to moderate and included a mix of decreasing, flat, and increasing age trends. Regarding the decreasing trends, quadratic regressions

showed that the initial downward trend often either stagnated at a certain age, or subtly started increasing again from a certain age onwards. In more than half of the PID-5 traits (15/25), small but significant sex differences were found in the latent mean-level changes across adulthood. In these cases, men tended to score overall higher, except for the negative affectivity facets, on which women tended to score higher. Furthermore, variance stability was found for the majority of the PID-5 personality traits (17/25), indicating that the magnitude of individual differences in PID-5 traits is relatively stable across adulthood. Implications for individual assessment and evaluation of PID-5 scores are discussed. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

21. [Lethal and severe violence: Characterizing Swedish female offenders with and without a severe mental disorder](#)

Front Psychiatry. 2023 Apr 6;14:1143936. doi: 10.3389/fpsy.2023.1143936. eCollection 2023.

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- PMID: [37091705](#)
- PMCID: [PMC10117968](#)
- DOI: [10.3389/fpsy.2023.1143936](#)

**Free PMC article**

## Abstract

**Aim:** In studies on lethal and severe violence, male offenders have historically been in focus while female offenders, in comparison, have often been excluded. In this study, we aimed to characterize female violent offenders and compared those with and without a severe mental disorder (SMD).

**Method:** All females charged with lethal or attempted lethal violence, who had undergone forensic psychiatric investigations (FPI) in Sweden between 2000 and 2014, constituting the two groups SMD ( $n = 84$ ) and no SMD ( $n = 91$ ), were included. Information from their FPI reports and court verdicts was collected regarding background and demographics, mental health, substance use, and crime characteristics.

**Results:** Overall, both groups were often unemployed, previously victimized within close relations, had psychiatric health issues, and more than half of them had previously attempted suicide. Specifically, the SMD group more often had psychotic disorders, had attempted homicide-suicide (at the time of the crime), and had children or friends/acquaintances as victims. The no-SMD group more often manifested patterns of anxiety, personality disorders, and substance use disorders compared to the SMD group. The no-SMD group also differed from the SMD group by more often having a previous criminal record, being charged with lethal index violence, having male adult intimate partners/ex-intimate partners as victims who had abused the offender, and both offender and victim had more often been under the influence of a substance.

**Conclusion:** Female offenders of lethal and severe violence had a high prevalence of previous violent victimization which should be considered in forensic assessment and treatment regardless of the offender's SMD status. However, more focus on substance use disorders and intimate partner relations appears relevant for females without an SMD. Contrary to that, early interventions regarding psychotic processes are probably a helpful preventive measure for females with an SMD. In sum, the heterogeneity of female offenders of lethal and severe violence emphasizes the necessity of developing nuanced interventions to meet their rehabilitative needs as well as the requirements of community protection.

**Keywords:** female offender; homicide; lethal violence; mentally disordered violent offender; severe violence.



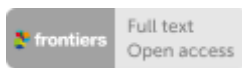
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### Conflict of interest statement

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

- [52 references](#)

### Full text links



## 22. [Cross-walking personality disorder types to ICD-11 trait domains: An overview of current findings](#)

Front Psychiatry. 2023 Apr 6;14:1175425. doi: 10.3389/fpsy.2023.1175425. eCollection 2023.

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- PMCID: [PMC10116048](#)
- DOI: [10.3389/fpsy.2023.1175425](#)

**Free PMC article**

### Abstract

The ICD-11 has adopted a classification of Personality Disorders (PD) that abolishes the established categorical PD types in favor of global severity classification with specification of individual trait domains. To facilitate and guide this profound transition, an overview of current research on empirical associations between established PD types and ICD-11 trait domains seems warranted. We identified a total of 9 relevant studies from 2018 to 2022, which were based on both clinical and community samples from U.S., China, Brazil, Denmark, Spain, Korea, and Canada. The patterns of associations with ICD-11 trait domains were systematically synthesized and portrayed for each PD type. Findings overall showed expected and conceptually meaningful associations between categorical PD types and ICD-11 trait domains, with only few deviations. Based on these findings, we propose a cross-walk for translating categorical PD types into ICD-11 trait domains. More research is needed in order to further guide continuity and translation between ICD-10 and ICD-11 PD classification in mental healthcare, including facet-level ICD-11 trait information. Moreover, the nine reviewed studies only relied on self-reported ICD-11 trait domains, which should be expanded with clinician-rated trait domains in future research. Finally, future research should also take ICD-11's essential PD severity classification into account.

**Keywords:** DSM-5 (the diagnostic and statistical manual of mental disorders); ICD-10; ICD-11 (International Classification of Diseases); SCID-5-PD; dimensional; domain specifier; personality disorder (PD); personality trait.

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### **Conflict of interest statement**

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

- [78 references](#)

### **Full text links**



23. [Prevalence, nature, and severity of the psychiatric comorbidities and their impact on quality of life in adolescents with Juvenile myoclonic epilepsy](#)

Epilepsy Behav. 2023 Apr 21;142:109216. doi: 10.1016/j.yebeh.2023.109216.  
Online ahead of print.

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- DOI: [10.1016/j.yebeh.2023.109216](#)

### Abstract

**Introduction:** Adults with Juvenile myoclonic epilepsy (JME) are at increased risk for psychiatric comorbidities, personality traits, and abnormality in executive function. But studies on adolescents and their impact on quality of life are scarce in the literature.

**Materials and methods:** This cross-sectional study was performed between August 2019 and October 2022 to compare the prevalence of psychiatric comorbidities in adolescents with JME and age and gender-matched healthy controls. After completing DSM-5 Structured Clinical Interview (SCID-5) initially in all patients, we measured the severity of individual psychiatric

problems like anxiety, depression, and somatic symptoms by using an appropriate psychometric scale. We also measured both groups' intelligence quotient (IQ), executive function, and quality of life.

**Results:** One hundred patients with JME ( $14.3 \pm 2.5$  years, 48 boys) and 100 controls were enrolled. Psychiatric disorders were observed in 46% of JME and 6% of controls ( $p < 0.01$ ). Psychiatric comorbidities noted in the patients with JME were: somatic symptom and related disorders ( $n = 14$ ), anxiety ( $n = 13$ ), adjustment disorders ( $n = 12$ ), depression ( $n = 11$ ), oppositional defiant disorder ( $n = 6$ ), conduct disorder ( $n = 5$ ), anorexia nervosa ( $n = 3$ ), narcissistic ( $n = 3$ ), histrionic ( $n = 1$ ), substance-related disorder ( $n = 1$ ), borderline ( $n = 2$ ) and antisocial personality disorder ( $n = 2$ ). The prevalence of depressive disorders, anxiety disorders, adjustment disorders, somatic symptoms, related disorders, and any personality disorder was significantly more in the JME group ( $p < 0.01$  for all). Female gender, higher Epilepsy Stigma Scale score, and lower Epilepsy Outcome Expectancy Scale were significantly associated with depressive disorders ( $p = 0.04, 0.03, 0.03$  respectively). Similarly, for anxiety, only female gender and lower Epilepsy Outcome Expectancy Scale were significant associated factors ( $p = 0.03, 0.02$  respectively).

**Conclusions:** Psychiatric disorders like anxiety, depression, and personality disorders are more frequent in adolescents with JME than in controls.

**Keywords:** Behavioral disorders; Depression; Epilepsy; Idiopathic epilepsy; Juvenile; Psychiatric disorders.

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### **Conflict of interest statement**

Declaration of Competing Interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

### **Full text links**



24. [\*\*A novel visual illusion paradigm provides evidence for a general factor of illusion sensitivity and personality correlates\*\*](#)

Sci Rep. 2023 Apr 22;13(1):6594. doi: 10.1038/s41598-023-33148-5.

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- PMCID: [PMC10122668](https://pubmed.ncbi.nlm.nih.gov/PMC10122668/)
- DOI: [10.1038/s41598-023-33148-5](https://doi.org/10.1038/s41598-023-33148-5)

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**Abstract**

Visual illusions are a gateway to understand how we construct our experience of reality. Unfortunately, important questions remain open, such as the hypothesis of a common factor underlying the sensitivity to different types of illusions, as well as of personality correlates of illusion sensitivity. In this study, we used a novel parametric framework for visual illusions to generate 10 different classic illusions (Delboeuf, Ebbinghaus, Rod and Frame, Vertical-

Horizontal, Zöllner, White, Müller-Lyer, Ponzo, Poggendorff, Contrast) varying in strength, embedded in a perceptual discrimination task. We tested the objective effect of the illusions on errors and response times, and extracted participant-level performance scores (n=250) for each illusion. Our results provide evidence in favour of a general factor underlying the sensitivity to different illusions (labelled Factor i). Moreover, we report a positive link between illusion sensitivity and personality traits such as Agreeableness, Honesty-Humility, and negative relationships with Psychoticism, Antagonism, Disinhibition, and Negative Affect.

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### Conflict of interest statement

The authors declare no competing interests.

- [53 references](#)
- [4 figures](#)

### Full text links



25. [Seeing the forest or the tree depends on personality: Evidence from process communication model during global/local visual search task](#)

PLoS One. 2023 Apr 21;18(4):e0284596. doi: 10.1371/journal.pone.0284596. eCollection 2023.

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- PMID: [37083695](#)
- PMCID: [PMC10121018](#)
- DOI: [10.1371/journal.pone.0284596](#)

**Free PMC article**

## **Abstract**

In everyday life, we are continuously confronted with multiple levels of visual information processes (e.g., global information, the forest, and local information, the tree) and we must select information that has to be processed. In the present study, we investigated the relation between personality and the ability to process global and local visual information. Global precedence phenomenon was assessed by a standard global/local visual search task used in many visuo-spatial precedent studies, and the 77 participants were also presented with the standard Process Communication Model (PCM) questionnaire. Results suggest that the ability to process global and local properties of visual stimuli varied according to the Base type of participants. Even if four among six Base types (Thinker, Persister, Harmonizer and Promoter) presented a classical global visual precedence, the two other Base types (Rebel and Imaginer) presented only an effect of distractors and an effect of global advantage, respectively. Taken together, these results evidenced that each human being does not equally perceive the "forest" (global information) and the "tree" (local information). Even if objectively presented with similar visual stimuli, individual responses differ according to the Base, an inter-individual variability that could be taken into account during daily life situations.

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### **Conflict of interest statement**

Virginie Beaucousin has declared that no competing interests exist. Sixtine Lefebvre is employee by Kahler Communication France (KCF) which has the right for the exploitation of the PCM questionnaire. KCF had no role in the study design, data collection, decision to publish. KCF only check for the exact

description of the PCM. This does not alter our adherence to PLOS ONE policies on sharing data and materials.

- [48 references](#)
- [4 figures](#)

#### Full text links



## 26. [Alteration of surface morphology and core features in adolescents with borderline personality disorder](#)

J Affect Disord. 2023 Apr 18;333:86-93. doi: 10.1016/j.jad.2023.04.055. Online ahead of print.

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## Abstract

**Background:** Accurate early diagnosis of adolescent borderline personality disorder (BPD) is critical for prompt treatment. The aim of this study was to assess the alteration of brain surface morphology and to evaluate its relationship with core features in adolescent BPD.

**Methods:** A total of 52 adolescents with BPD aged 12-17 years and 39 age- and sex-matched healthy controls (HCs) were prospectively enrolled into the study. Brain magnetic resonance imaging (MRI) was obtained with both 3D-T1 weighted structural sequence and resting-state functional data. The structural data was analyzed for surface morphology parameters including the local gyrification index (LGI), mean curvature and surface area. The functional MRI data was analyzed for seed-based functional connectivity (FC). Correlative analysis of surface morphology and core features of adolescent BPD was performed.

**Results:** Adolescents with BPD showed the following altered surface morphology in the limbic-cortical circuit when compared to the HCs: (1) reduced LGI in the left fusiform and right superior temporal gyrus; (2) reduced mean curvature in the left precentral gyrus and right rostral anterior cingulate cortex, and increased mean curvature in the bilateral pericalcarine; and (3) reduced surface area in the left paracentral gyrus, left pars triangularis, right

insula and right lateral orbitofrontal gyrus ( $P < 0.05$ , FWE correction). In addition, these brain regions with altered surface morphology were significantly correlated with several core features including the mood instability, self-identity problems, and non-suicidal self-injury behavior in adolescents with BPD ( $P < 0.05$ ). Furthermore, there was enhanced functional connectivity among these altered brain regions within the limbic-cortical circuit (voxel  $P < 0.001$ , cluster  $P < 0.05$ , FWE corrected).

**Conclusions:** Adolescents with BPD had significant alterations of brain surface morphology in the limbic-cortical circuit, which was correlated with core BPD features. These results implicated the surface morphology parameters and FC alterations may potentially serve as neuroimaging biomarkers for adolescents with BPD.

**Keywords:** Adolescent borderline personality disorder; Core features; Functional connectivity; Limbic-cortical circuit; MRI; Surface morphology.

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#### **Conflict of interest statement**

Conflict of interest No conflict exists. All the co-authors listed have approved the manuscript and declared that no conflict of interest is available for them. The authors Qian Xiao, Xueying Wang, Xiaoping Yi, Yan Fu, Ding Jun, Furong Jiang, Jing Wang, Zaide Han, Bihong T. Chen have also declared that no conflict of interest is available for them.

#### **Full text links**



### 27. [Temperament in trichotillomania and skin picking disorder](#)

Ann Clin Psychiatry. 2023 May;35(2):87-92. doi: 10.12788/acp.0096.

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- DOI: [10.12788/acp.0096](#)

## Abstract

**Background:** Trichotillomania (TTM) and skin picking disorder (SPD) result in significant psychosocial burden. Despite this burden, however, risk factors related to the development of these disorders remain unclear. The present study assessed temperament in a well-characterized sample of adults with TTM or SPD.

**Methods:** A total of 202 adults age 18 to 65 were enrolled; 44 had TTM, 30 had SPD, and 128 served as controls. Participants completed the self-report Tridimensional Personality Questionnaire (TPQ) to examine the severity of TTM and SPD symptoms, quality of life, and temperament. Group differences were characterized and correlations with other measures were examined.

**Results:** Compared to controls, those with TTM or SPD scored significantly higher on harm avoidance and its subscales, with TTM associated with higher scores than SPD. Those with TTM or SPD scored significantly higher on only 1 measure of novelty seeking (extravagance). Higher TPQ harm avoidance correlated with worse hair pulling severity and worse quality of life.

**Conclusions:** The temperament traits of participants with TTM or SPD differed in significant ways from controls; those with TTM or SPD generally demonstrated similar trait profiles. A dimensional approach to the personalities of those with TTM or SPD may offer insight and provide clues to treatment strategies.

## Conflict of interest statement

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Springer Publishing for acting as Editor-in-Chief of the Journal of Gambling Studies and has received royalties from Oxford University Press, American Psychiatric Publishing, Inc., Norton Press, and McGraw Hill.

- [7 references](#)

28. [\*\*Do personality characteristics predict future alcohol problems after considering current demography, substance use and alcohol response?\*\*](#)

Alcohol Clin Exp Res. 2023 Apr 18. doi: 10.1111/acer.15085. Online ahead of print.

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## Abstract

**Background:** Several personality traits predict future alcohol problems but also relate to demographic and substance-related variables that themselves correlate with later adverse alcohol outcomes. Few prospective studies have evaluated whether the personality measures predict alcohol problems after considering current demography and substance related variables.

**Methods:** Data from 414 drinkers without alcohol use disorder (AUD) from the Collaborative Study on the Genetics of Alcoholism (average age 20, 44% male) were followed over an average of nine years. Time 1 (baseline) demography, AUD family history (FH), substance use and problems, and psychiatric histories were gathered using a standardized interview, the Level of Response (LR) to alcohol was measured by the Self-Report of the Effects of alcohol (SRE) questionnaire, and seven personality dimensions were extracted from the NEO Five-Factor Personality, Barratt and Zuckerman scales. Analyses

involved product-moment correlations of each baseline measure with the highest number of DSM-IV AUD criteria endorsed in any follow-up period, and hierarchical regression analyses evaluated if the personality domains added significantly to the prediction of the outcome after adjusting for other baseline variables.

**Results:** Significant correlations to the outcome were observed for baseline age, sex, length of follow-up, AUD family history, past cannabis use, and all alcohol-related baseline variables, including SRE-based Level of Response, but not prior mood or anxiety disorders. All personality characteristics except extraversion also correlated with outcomes. A hierarchical regression analysis that included all relevant personality scores together demonstrated significant contributions to the prediction of future alcohol problems for demography in Step 1, demography and most baseline alcohol items, including response level, in Step 2, and cannabis use in Step 3, after which demography, Level of Response, baseline alcohol problems, cannabis use, and higher sensation seeking added significantly in Step 4. Regression for each personality domain separately revealed significant contributions to Step 4 for all personality domains except openness.

**Conclusions:** Most tested personality scores contributed to predictions of later alcohol problems even after considering baseline demography and substance use. Lower Levels of Response to alcohol added significantly to all regression analyses.

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### Full text links



29. [Determinants of clinical outcome and length of stay in acute care forensic psychiatry units](#)

BMC Psychiatry. 2023 Apr 18;23(1):264. doi: 10.1186/s12888-023-04748-2.

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- PMCID: [PMC10111658](https://pubmed.ncbi.nlm.nih.gov/PMC10111658/)
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## Abstract

Criminological and sociodemographic variables, such as previous criminal convictions, increased risk of violence, early onset of mental disorder, antisocial personality, psychosis and low social support, have all been related to longer length of stay (LoS) and poorer outcome in long stay forensic services. The factors impacting on LoS and clinical response in acute care specialized units are poorly documented. To address this issue, we examined the psychiatric records of all cases admitted between January 1st and December 31st 2020 in the sole acute ward for detained persons located in the central prison of the Geneva County, Switzerland. Information on judicial status included pre-trial versus sentence execution, previous incarcerations, and age of the first incarceration. Sociodemographic data included age, gender, marital status, and education attainment. Previous inpatient stays prior to incarceration were recorded. All of the ICD-10 clinical diagnoses were made by two independent, board-certified psychiatrists blind to the scope of the study. The standardized assessment was based on the HoNOS (Health of Nation Outcome Scales) at admission and discharge, HONOS-secure at admission, HCR-20 (Historical Clinical Risk 20) version 2, PCL-R (Psychopathy Checklist Revised), and SAPROF (Structured Assessment of Protective Factors). Stepwise forward multiple linear regression models predicting the LoS and

delta HONOS respectively were built with the above mentioned parameters. The selected variables were then used in univariate and multivariable regression models. Higher HCR-scores (mainly on clinical items), and longer LoS were related to higher delta HONOS scores. In contrast, cases in pre-trial detention showed a worst clinical outcome. In multivariable models, all three variables remained independent predictors of the clinical outcome and explained 30.7% of its variance. Only education and diagnosis of borderline personality were related to the LoS and explained 12.6% of its variance in multivariable models. Our results suggest that the use of acute wards specialized in forensic psychiatry are mainly useful for patients with prior inpatient care experience, and higher violence risk during sentence execution. In contrast, they seem to be less performant for persons in pre-trial detention that could benefit from less restrictive clinical settings.

**Keywords:** Acute psychiatric care; Clinical evolution; Detained persons; Prison; Psychiatry.

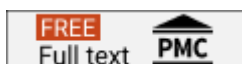
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#### **Conflict of interest statement**

The authors have no competing interest to declare.

- [51 references](#)

#### **Full text links**



### 30. [Gradients of striatal function in antipsychotic-free first-episode psychosis and schizotypy](#)

Transl Psychiatry. 2023 Apr 18;13(1):128. doi: 10.1038/s41398-023-02417-2.

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- DOI: [10.1038/s41398-023-02417-2](#)

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## Abstract

Both psychotic illness and subclinical psychosis-like experiences (PLEs) have been associated with cortico-striatal dysfunction. This work has largely relied on a discrete parcellation of the striatum into distinct functional areas, but recent evidence suggests that the striatum comprises multiple overlapping and smoothly varying gradients (i.e., modes) of functional organization. Here, we investigated two of these functional connectivity modes, previously associated with variations in the topographic patterning of cortico-striatal connectivity (first-order gradient), and dopaminergic innervation of the striatum (second-

order gradient), and assessed continuities in striatal function from subclinical to clinical domains. We applied connectopic mapping to resting-state fMRI data to obtain the first-order and second-order striatal connectivity modes in two distinct samples: (1) 56 antipsychotic-free patients (26 females) with first-episode psychosis (FEP) and 27 healthy controls (17 females); and (2) a community-based cohort of 377 healthy individuals (213 females) comprehensively assessed for subclinical PLEs and schizotypy. The first-order "cortico-striatal" and second-order "dopaminergic" connectivity gradients were significantly different in FEP patients compared to controls bilaterally. In the independent sample of healthy individuals, variations in the left first-order "cortico-striatal" connectivity gradient were associated with inter-individual differences in a factor capturing general schizotypy and PLE severity. The presumed cortico-striatal connectivity gradient was implicated in both subclinical and clinical cohorts, suggesting that variations in its organization may represent a neurobiological trait marker across the psychosis continuum. Disruption of the presumed dopaminergic gradient was only noticeable in patients, suggesting that neurotransmitter dysfunction may be more apparent to clinical illness.

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### **Conflict of interest statement**

The authors declare no competing interests.

- [58 references](#)
- [4 figures](#)

### **Full text links**



## 31. [\*\*Influence of cannabis use on incidence of psychosis in people at clinical high risk\*\*](#)

Psychiatry Clin Neurosci. 2023 Apr 18. doi: 10.1111/pcn.13555. Online ahead of print.

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- PMID: [37070555](#)
- DOI: [10.1111/pcn.13555](#)

## Abstract

**Aims:** Evidence for case-control studies suggests that cannabis use is a risk factor for the development of psychosis. However, there have been limited prospective studies and the direction of this association remains controversial. The primary aim of the present study was to examine the association between cannabis use and the incidence of psychotic disorders in people at clinical high risk of psychosis. Secondary aims were to assess associations between cannabis use and the persistence of psychotic symptoms, and with functional outcome.

**Methods:** Current and previous cannabis use were assessed in individuals at clinical high risk of psychosis (n=334) and healthy controls (n=67), using a modified version of the Cannabis Experience Questionnaire. Participants were assessed at baseline and followed up for 2 years. Transition to psychosis and persistence of psychotic symptoms were assessed using the Comprehensive Assessment of At-Risk Mental States criteria. Level of functioning at follow up was assessed using the Global Assessment of Functioning disability scale.

**Results:** During follow up, 16.2% of the clinical high-risk sample developed psychosis. Of those who did not become psychotic, 51.4% had persistent symptoms and 48.6% were in remission. There was no significant association between any measure of cannabis use at baseline and either transition to psychosis, the persistence of symptoms, or functional outcome.

**Conclusions:** These findings contrast with epidemiological data that suggest that cannabis use increases the risk of psychotic disorder. This article is protected by copyright. All rights reserved.

**Keywords:** THC; clinical high-risk; longitudinal; psychotic disorders; substance use.

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## Full text links



### 32. [Relationship between psychodynamic functioning, defensive mechanisms and trauma in patients with PTSD?](#)

Trends Psychiatry Psychother. 2023 Apr 17. doi: 10.47626/2237-6089-2022-0546. Online ahead of print.

#### Authors

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- PMID: [37068302](#)
- DOI: [10.47626/2237-6089-2022-0546](#)

#### Free article

#### Abstract

**Objective:** Patients with Post-Traumatic Stress Disorder (PTSD) present a variety of symptoms, with different intensities, causing impairments in the individual, social and occupational functioning areas. The aim of this study was

to understand the psychodynamic functioning of patients with PTSD, exploring the relationship between symptom severity, quality of life, subjective suffering, conflicts and psychic structure regarding sociodemographic characteristics, styles and defensive mechanisms.

**Methods:** This is a cross-sectional quantitative study with 60 participants. The following were used: sociodemographic questionnaire, the Operationalized Psychodynamic Diagnosis-2 (OPD-2) and the Defensive Style Questionnaire (DSQ-40).

**Results:** Participants had moderate to high symptom severity, with significant subjective suffering and isolation. The main conflict was Need for care x Self-sufficiency and the level of Total Structure was moderate/low. The use of immature, neurotic, and mature defensive styles was observed. More primitive personality structures, more rigid defenses and greater dependence were found in patients with history of past trauma. Other mental disorders were also associated.

**Conclusion:** OPD-2 was effective to assess the psychodynamic functioning characteristics of patients with PTSD. Therapeutic treatment should focus on the psychic structure and not only on symptom control. Prevention strategies should target vulnerability factors and strengthening of protective factors.

**Keywords:** Violence; defensive mechanisms; posttraumatic stress disorder; psychoanalytic theory; psychological trauma.

#### **Conflict of interest statement**

No conflicts of interest declared concerning the publication of this article.

#### **Full text links**



33. [\*\*Prevalence and prognosis of anxiety, insomnia, and type D personality in patients with myocardial infarction: A Spanish cohort\*\*](#)

Cardiol J. 2023 Apr 17. doi: 10.5603/CJ.a2023.0025. Online ahead of print.

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- PMID: [37067334](#)
- DOI: [10.5603/CJ.a2023.0025](#)

## Free article

## Abstract

**Background:** It has been suggested that patients with myocardial infarction and non-obstructive coronary arteries (MINOCA) have more psycho-emotional disorders than patients with obstructive coronary artery disease (MICAD). The aim of this study is to compare the prevalence of anxiety, insomnia, and type D personality between MINOCA and MICAD and their impact on prognosis.

**Methods:** Patients with myocardial infarction undergoing coronary angiography were prospectively enrolled. Psychological questionnaires were completed by each patient during admission.



**Results:** Among a total of 533 patients, 56 had MINOCA and 477 had MICAD. There were no differences in the prevalence of anxiety and insomnia between both groups: trait anxiety median value (M) MINOCA = 18 (11-34) vs. MICAD M = 19 (12-27),  $p = 0.8$ ; state anxiety MINOCA M = 19 (11-29) vs. MICAD M = 19 (12.2-26),  $p = 0.6$ ; and insomnia MINOCA M = 7 (3-11) vs. MICAD M = 7 (3-12),  $p = 0.95$ . More MINOCA patients had type D personality (45.0% vs. 28.5%,  $p = 0.03$ ). At 3-year follow-up, there were no differences in mortality between MINOCA and MICAD (hazard ratio [HR] 0.78, 95% confidence interval [CI] 0.28-2.17) in major adverse cerebral or cardiovascular events (MACCE) (HR 0.71, 95% CI 0.38-1.31). Scores of trait anxiety and negative affectivity were significantly associated with MACCE (HR 1.65, 95% CI [1.05-2.57]; HR 1.75, 95% CI [1.11-2.77], respectively). High insomnia levels were associated with greater mortality (HR 2.72, 95% CI [1.12-6.61]).

**Conclusions:** Anxiety and insomnia levels were similar between patients with MINOCA and those with MICAD, whilst the prevalence of type D personality was higher in the MINOCA than in the MICAD group. Higher scores in trait anxiety, insomnia, and negative affectivity were related to a worse prognosis at 3-year follow-up.

**Keywords:** anxiety; infarction; insomnia; myocardial infarction and non-obstructive coronary arteries (MINOCA); type D personality.

#### Full text links



34. [\*\*A neuro-computational social learning framework to facilitate transdiagnostic classification and treatment across psychiatric disorders\*\*](#)

Neurosci Biobehav Rev. 2023 Apr 14;149:105181. doi: 10.1016/j.neubiorev.2023.105181. Online ahead of print.

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- PMID: [37062494](https://pubmed.ncbi.nlm.nih.gov/37062494/)
- DOI: [10.1016/j.neubiorev.2023.105181](https://doi.org/10.1016/j.neubiorev.2023.105181)

## Abstract

Social deficits are among the core and most striking psychiatric symptoms, present in most psychiatric disorders. Here, we introduce a novel social learning framework, which consists of neuro-computational models that combine reinforcement learning with various types of social knowledge structures. We outline how this social learning framework can help specify and quantify social psychopathology across disorders and provide an overview of the brain regions that may be involved in this type of social learning. We highlight how this framework can specify commonalities and differences in the social psychopathology of individuals with autism spectrum disorder (ASD), personality disorders (PD), and major depressive disorder (MDD) and improve treatments on an individual basis. We conjecture that individuals with psychiatric disorders rely on rigid social knowledge representations when learning about others, albeit the nature of their rigidity and the behavioral consequences can greatly differ. While non-clinical cohorts tend to efficiently adapt social knowledge representations to relevant environmental constraints, psychiatric cohorts may rigidly stick to their preconceived notions or overly coarse knowledge representations during learning.

**Keywords:** Autism spectrum disorder; Major depressive disorder; Mental health; Neuro-computational modelling; Personality disorders; Reinforcement learning; Social learning; Transdiagnostic.

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### Full text links



35. [Larger left hippocampal presubiculum is associated with lower risk of antisocial behavior in healthy adults with childhood conduct history](#)

Sci Rep. 2023 Apr 15;13(1):6148. doi: 10.1038/s41598-023-33198-9.

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  - PMCID: [PMC10105780](#)
  - DOI: [10.1038/s41598-023-33198-9](#)

Free PMC article

## Abstract

Conduct Disorder (CD) is defined as aggressive, antisocial, and rule-breaking behavior during childhood. It is a major risk factor for developing antisocial personality disorder (ASPD) in adulthood. However, nearly half the CDs do not develop ASPD. Identification of reversion factors seems crucial for proper interventions. We identified 40 subjects with childhood history of CD (CC) and 1166 control subjects (HC) from Human Connectome Project. Their psychiatric, emotional, impulsivity, and personality traits were extracted. An emotion recognition task-fMRI analysis was done. We also did subregion analysis of hippocampus and amygdala in 35 CC and 69 demographically matched HCs. CC subjects scored significantly higher in antisocial-related evaluations. No differences in task-fMRI activation of amygdala and hippocampus were observed. CCs had larger subfields of the left hippocampus: presubiculum, CA3, CA4, and dentate gyrus. Further, an interaction model revealed a significant presubiculum volume  $\times$  group association with antisocial, aggression, and agreeableness scores. Our study shows that healthy young adults with a prior history of CD still exhibit some forms of antisocial-like behavior with larger left hippocampal subfields, including presubiculum that also explains the variability in antisocial behavior. These larger left hippocampal subfield volumes may play a protective role against CD to ASPD conversion.

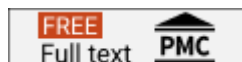
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### Conflict of interest statement

The authors declare no competing interests.

- [77 references](#)
- [3 figures](#)

### Full text links



36. [Parental personality disorder and child maltreatment: A systematic review and meta-analysis](#)

Child Abuse Negl. 2023 Apr 13;140:106148. doi: 10.1016/j.chiabu.2023.106148. Online ahead of print.

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- DOI: [10.1016/j.chiabu.2023.106148](#)

**Abstract**

**Background:** Parental pathology may affect parenting capacity and is deemed a risk factor for child maltreatment. Especially parental personality disorder (PD) can significantly burden the relationship and interaction between parents and their children.

**Objective:** This meta-analytic review aims to summarize and quantify the influence of parental PD on the occurrence / the risk of child maltreatment.

**Participants and setting:** Studies had to meet the following inclusion criteria: They had to analyze a sample of parents with a diagnosed PD and the occurrence / risk of maltreating their children. To be included in the narrative synthesis and/or meta-analysis, they had to be case-control, cross-sectional, or longitudinal studies. Literature research was conducted in the databases Web of Science, Psycinfo, and Google Scholar up to January 2023.

**Methods:** First, studies were analyzed on a narrative level, and eligible studies for the meta-analysis were identified. Studies were grouped according to the diagnosed PDs. Five different groups were included: borderline PD, antisocial PD, narcissistic PD, nondifferentiated PDs, and Cluster B PDs. Three different random-effects meta-analyses were computed (borderline PD, antisocial PD, Cluster B PDs). Meta-analyses were controlled for publication bias and different covariates (e.g., study quality, sample size).

**Results:** After screening 41 full texts, 17 studies were included in the narrative synthesis, out of which 14 samples from 11 studies were included in the meta-analysis. Analysis of borderline PD showed an association with the occurrence / risk of child maltreatment (OR = 8.08; 95 % CI [2.51, 25.93]). However, after taking into account possible publication bias, this association was no longer significant. We found a significant and stable association between antisocial PD and the occurrence of / risk of child maltreatment (OR = 4.92; 95 % CI [3.26, 7.43]). Analysis of Cluster B PDs (antisocial, borderline, histrionic, narcissistic) revealed a significant overall association (OR = 4.23; 95 % CI [2.75, 6.5]), indicating that the presence of Cluster B PDs in parents significantly increases the occurrence of / the risk of child maltreatment.

**Conclusions:** Analyses indicated a significant association between of Cluster B PDs, and specifically between antisocial and borderline PD, with the occurrence of / the risk of child maltreatment. However, methodological limitations have to be taken into account, because results for borderline PD were no longer significant after controlling for possible publication bias. Moreover, the number of studies included was rather small, and results showed a substantial amount of heterogeneity.

**Other:** This work was not supported by any funding.

**Keywords:** Abuse; Child maltreatment; Neglect; Personality disorders; Psychological assessment; Risk.

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## Conflict of interest statement

Declaration of competing interest None. No funding was obtained.

## Full text links



## 37. [Comorbidity Between Factitious and Borderline Personality Disorder: A Narrative Analysis](#)

Psychiatr Danub. 2023 Spring;35(1):16-26. doi: 10.24869/psyd.2023.16.

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- PMID: [37060588](#)
- DOI: [10.24869/psyd.2023.16](#)

## Free article

## Abstract

**Background:** Factitious disorder (FD) illnesses have increased recently, primarily due to comorbidity with borderline personality disorder (BPD). Psychiatrists, hospital doctors, and general practitioners are interested in and concerned about patients with comorbid FD-BPD.

**Subjects and methods:** We used a qualitative analysis of prototypical narratives collected as vignettes by merging individual contributions, case histories, naturalistic observations, and data from mental health practitioners

into specific descriptions. Our study used a phenomenological and narrative method to illustrate the contents and behaviours in FD-BPD comorbidity.

**Results:** Fourteen case vignettes were created from our case studies. These categories included knowledge of symptoms and medical terms, dramatisation, symptoms ambiguity, unexplainable deterioration of symptoms, symptom inventiveness, craving for painkillers, conflicts with health carers, hospital migration, piling of medication and search for invasive diagnostic procedures.

**Conclusions:** The combined use of narrative analysis and naturalistic observation has helped identify a unique comorbid condition of FD-BPD, which is not yet clearly described in its behavioural components by the international literature. The current study presents novel findings into a condition becoming progressively popular in psychiatric and medical settings.

#### Full text links



38. [Anti-metabotropic glutamate receptor 5 encephalitis: Five case reports and literature review](#)

Brain Behav. 2023 Apr 14;e3003. doi: 10.1002/brb3.3003. Online ahead of print.

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- DOI: [10.1002/brb3.3003](https://doi.org/10.1002/brb3.3003)

## Free article

## Abstract

**Objective:** To describe the clinical and radiological characteristics of anti-metabotropic glutamate receptor 5 (mGluR5) encephalitis.

**Methods:** We reviewed the clinical data of five patients with anti-mGluR5 encephalitis, and performed a literature review.

**Results:** The five cases included a 52-year-old man who developed a biphasic course of anti-mGluR5 encephalitis after herpes simplex encephalitis, a 22-year-old woman who showed bilateral basal ganglia lesions on brain magnetic resonance imaging (MRI), and a 36-year-old man with mixed aphasia and generalized tonic-clonic seizures, a 51-year-old man presented with personality changes, hallucinations, delusions, sleeping disorders and a 58-year-old man with short-term memory deficits and absence seizures.. There are 16 reported cases of anti-mGluR5 encephalitis worldwide. Of all 21 patients, with a median onset age of 35 years old, the main neurological symptoms were cognitive impairment (85.7%, 18/21), psychiatric or behavior problems (76.2%, 16/21), seizures (57.1%, 12/21), sleeping disorders (52.4%, 11/21), different degrees of decreased consciousness (42.9%, 9/21), and movement disorders (23.8%, 5/21). Brain MRI was normal in 11 of 21 patients. Lesions of the limbic lobes were presented in 5 patients, while involvement of other extralimbic regions was also reported. Seven of 21 (33.3%) cases were combined with tumors. Elevated white blood cell counts or specific oligoclonal IgG bands in the cerebrospinal fluid were found in 18 of 21 patients, with marked improvements observed after immunotherapy.

**Discussion:** Patients with anti-mGluR5 encephalitis typically present with diffuse, rather than purely limbic, encephalitis. Anti-mGluR5 encephalitis can be triggered by herpes simplex encephalitis. The risk of a combined tumor may be reduced in anti-mGluR5 encephalitis patients.

**Keywords:** autoimmune encephalitis; herpes simplex virus; metabotropic glutamate receptor 5.

- [18 references](#)

### Full text links



## 39. [Identifying distinct profiles of impulsivity for the four facets of psychopathy](#)

PLoS One. 2023 Apr 14;18(4):e0283866. doi: 10.1371/journal.pone.0283866. eCollection 2023.

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- PMID: [37058489](#)
  - PMCID: [PMC10104332](#)
  - DOI: [10.1371/journal.pone.0283866](#)

### Free PMC article

## Abstract

Psychopathy comprises antagonistic personality traits and antisocial behaviors that are associated with critical outcomes for the individual and society (e.g.,

violent behavior). Since its inception, impulsivity has been theorized as a core feature of psychopathy. Research supports this assertion, yet psychopathy and impulsivity are both multifaceted constructs. As such, the associations commonly observed between psychopathy and impulsivity may obscure more nuanced profiles of impulsivity that are only observable at the facet-level. To address this gap in the literature, we collected data from a community sample using a clinical psychopathy interview along with dispositional and neurobehavioral measures of impulsivity. We regressed each of the four facets of psychopathy onto eight impulsivity variables. We followed these analyses with bootstrapped dominance analyses in order to determine which of the impulsivity variables shared the most variance with each psychopathy facet. Our analyses revealed that positive urgency was the most important aspect of impulsivity to all four facets of psychopathy. We further identified distinct profiles of impulsivity linked to each psychopathy facet—the interpersonal facet was typified by sensation seeking and temporal impulsivity. The affective and lifestyle facets were both typified by general trait impulsivity and affective impulsivity. The antisocial facet was typified by affective impulsivity and sensation seeking. Such distinct profiles of impulsivity suggest that specific behaviors linked with each facet (e.g., manipulateness and the interpersonal facet) may be explained in part by the distinct forms of impulsivity aligned with them.

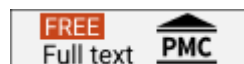
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### **Conflict of interest statement**

I have read the journal’s policy and the authors of this manuscript have the following competing interests: Georgi Vasilev has ownership interests in the Bulgarian Addictions Institute, where data collection took place. This does not alter our adherence to PLOS ONE policies on sharing data and materials.”

- [90 references](#)
- [2 figures](#)

### **Full text links**



40. [Changes in Revolving-Door Mental Health Hospitalizations during the COVID-19 Pandemic: A 5-Year Chart Review Study](#)

J Clin Med. 2023 Apr 4;12(7):2681. doi: 10.3390/jcm12072681.

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- PMCID: [PMC10095521](#)
- DOI: [10.3390/jcm12072681](#)

**Free PMC article**

### Abstract

This study assessed changes in revolving-door (RD) mental health hospitalizations during the COVID-19 pandemic. A 5-year retrospective hospital chart review was performed, collecting revolving-door hospitalization, sociodemographic, and clinical data. Out of 1036 patients, 5.69% had RD hospitalizations, which accounted for 10.38% of all recorded hospitalizations. Further, a higher number of RD hospitalizations occurred following the pandemic outbreak, which is unlikely to have been a result of the confounding effect of trimester and month of hospitalization. Finally, several sociodemographic and clinical characteristics recurred more frequently in the context of RD hospitalizations, such as being younger, being compulsorily admitted, being an absconding patient, and being referred by a public service.

Certain diagnostic categories occurred more frequently among RD hospitalizations, including psychotic, personality, and substance use disorders, as well as intellectual disability. Patients with specific characteristics are more likely to incur in RD hospitalizations, requiring the implementation of supportive treatment plans, especially following the pandemic outbreak.

**Keywords:** care settings; mental health care; treatment.

### **Conflict of interest statement**

M.C. has been a consultant/advisor to GW Pharma Limited, GW Pharma Italy SRL, and F. Hoffmann-La Roche Limited outside of this work. The other authors declare no conflicts of interest.

- [18 references](#)
- [1 figure](#)

### **Full text links**



## 41. [\*\*An exploration of trolling behaviours in Australian adolescents: An online survey\*\*](#)

PLoS One. 2023 Apr 12;18(4):e0284378. doi: 10.1371/journal.pone.0284378. eCollection 2023.

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- PMID: [PMC10096273](https://pubmed.ncbi.nlm.nih.gov/36811111/)
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## **Abstract**

To understand why people "troll" (i.e., engage in disruptive online behaviour intended to provoke and distress for one's own amusement), researchers have explored a range of individual differences. These studies have primarily been conducted in adult samples, despite adolescents being a particularly vulnerable group with regards to both being trolled and trolling others. In this study we aimed to (1) explore Australian adolescents' experiences of trolling, and (2) replicate adult research that has constructed a psychological profile of the Internet troll by examining the utility of personality traits (psychopathy and sadism), self-esteem, empathy (cognitive and affective), and social rewards (negative social potency) to predict adolescents' trolling behaviours. A sample of 157 Australian adolescents (40.8% male, 58% female, 0.6% non-binary) aged 13-18 years ( $M = 15.58$ ,  $SD = 1.71$ ) completed the Global Assessment of Internet Trolling-Revised, Adolescent Measure of Empathy and Sympathy, Rosenberg Self-Esteem Scale, Youth Psychopathy Traits Inventory-Short Version, Social Rewards Questionnaire, Short Sadistic Impulse Scale, and a series of questions related to the experience of trolling. Results showed in the past year, 24.2% of Australian adolescents reported being trolled and 13.4% reported having trolled others. Gender, psychopathy, sadism, self-esteem, cognitive empathy, affective empathy, and "negative social potency" (i.e., enjoyment of antisocial rewards) combined, explained 30.7% of variance in adolescents' trolling behaviours ( $p < .001$ ). When accounting for shared variance, gender (male), high psychopathy, and high negative social potency were significant predictors of trolling, aligning with findings of adult samples. Contrary to adult samples, sadism was not a unique predictor of adolescents' trolling. For adolescents, the variance in trolling explained by sadism was nonsignificant when controlling for negative social potency. These similarities, and differences, in predictors of trolling across adult and adolescent samples may play a critical role in the development of targeted interventions to prevent or manage trolling.

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## Conflict of interest statement

The authors have declared that no competing interests exist.

- [80 references](#)

## Full text links



## 42. [Mental health symptoms among homeless shelter residents during COVID-19 lockdown in Tshwane, South Africa](#)

Afr J Prim Health Care Fam Med. 2023 Apr 3;15(1):e1-e8. doi: 10.4102/phcfm.v15i1.3730.

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- PMID: [37042538](#)
- DOI: [10.4102/phcfm.v15i1.3730](#)

## Abstract

**Background:** In order to contain the spread of COVID-19 in South Africa during the national state of emergency, the Gauteng Department of Social Development established temporary shelters and activated existing facilities to provide basic needs to street-homeless people in Tshwane, which facilitated primary health care service-delivery to this community.

**Aim:** This study aimed to determine and analyse the prevalence of mental health symptoms and demographic characteristics among street-homeless people living in Tshwane's shelters during lockdown.

**Setting:** Homeless shelters set up in Tshwane during level 5 of the COVID-19 lockdown in South Africa.

**Methods:** A cross-sectional, analytical study was conducted using a Diagnostic and Statistical Manual of Mental Disorders (DSM-5)-based questionnaire that looked at 13 mental health symptom domains.

**Results:** Presence of moderate-to-severe symptoms were reported among the 295 participants as follows: substance use 202 (68%), anxiety 156 (53%), personality functioning 132 (44%), depression 85 (29%), sleep problems 77 (26%), somatic symptoms 69 (23%), anger 62 (21%), repetitive thoughts and behaviours 60 (20%), dissociation 55 (19%), mania 54 (18%), suicidal ideation 36 (12%), memory 33 (11%) and psychosis 23 (8%).

**Conclusion:** A high burden of mental health symptoms was identified. Community-oriented and person-centred health services with clear care-coordination pathways are required to understand and overcome the barriers street-homeless people face in accessing health and social services. Contribution: This study determined the prevalence of mental health symptoms within the street-based population in Tshwane, which has not previously been studied.

**Keywords:** COVID-19 lockdown; homelessness; mental health; opioid withdrawal.; substance use; temporary shelters.

43. [Psychiatric Comorbidities and Risk of Somatic Symptom Disorders in Posttraumatic Stress Disorder: A Cross-Sectional Inpatient Study](#)

J Nerv Ment Dis. 2023 Apr 11. doi: 10.1097/NMD.0000000000001639. Online ahead of print.

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- PMID: [37040547](#)
- DOI: [10.1097/NMD.0000000000001639](#)

## Abstract

Nearly 90% of Americans are exposed to a traumatic event at some point in their lives, and over 8% of those individuals will develop posttraumatic stress disorder (PTSD). Our study examined the demographic differences and psychiatric comorbidities in inpatients with PTSD with and without somatic symptom disorders (SSDs), using data from the Nationwide Inpatient Sample for 2018 and 2019. Our sample included 12,760 adult patients with a primary diagnosis of PTSD, which was further subdivided based on a codiagnosis of SSD. We used a logistic regression model to determine the odds ratio (OR) of association for SSD and identify demographic predictors and comorbid risk factors in inpatients with PTSD. The prevalence of SSD in inpatients with PTSD was 0.43%, and it was more commonly seen in women and Caucasians. Personality disorders (OR, 5.55;  $p < 0.001$ ) and anxiety disorders (OR, 1.93;  $p = 0.018$ ) were found to increase the likelihood of codiagnoses of SSD in inpatients with PTSD. These findings support the need for a systematic, modular approach that includes evidence-based interventions to treat at-risk populations.

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- [30 references](#)

## Full text links



44. [Personality Disorder Diagnosis Among Justice-Involved Veterans: An Investigation of VA Using Veterans](#)

J Nerv Ment Dis. 2023 May 1;211(5):402-406. doi: 10.1097/NMD.0000000000001627.

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- PMID: [37040142](#)
- DOI: [10.1097/NMD.0000000000001627](#)

**Abstract**

Justice-involved veterans are more likely to experience myriad mental health sequelae. Nonetheless, examination of personality psychopathology among justice-involved veterans remains limited, with studies focused on males within correctional settings. We examined Department of Veterans Affairs (VA) electronic medical records for 1,534,108 (12.28% justice-involved) male and 127,230 (8.79% justice-involved) female veterans. Male and female veterans accessing VA justice-related services were both approximately three times more likely to have a personality disorder diagnosis relative to those with no history of using justice-related services. This effect persisted after accounting for VA use (both overall and mental health), age, race, and ethnicity. Augmenting and tailoring VA justice-related services to facilitate access to evidence-based psychotherapy for personality psychopathology may promote optimal recovery and rehabilitation among these veterans.

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- [34 references](#)

### Full text links



45. [The co-morbidity of DSM-V Gambling with DSM-V mental disorders and substance abuse in a Kenyan context of high risk schizophrenia](#)

BMC Psychiatry. 2023 Apr 10;23(1):239. doi: 10.1186/s12888-023-04738-4.

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- PMCID: [PMC10084586](#)
- DOI: [10.1186/s12888-023-04738-4](https://doi.org/10.1186/s12888-023-04738-4)

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## Abstract

**Introduction:** There is evidence that gambling disorder shares similarities with other types of addictive behavior, such as occurs in substance abuse. In addition, co-morbidity of gambling with mental disorders has been established in school-going students.

**Aim:** This study aimed at determining the comorbidity of DSM-V gambling disorder with DSM-V mental disorders and substance abuse in high school, college and university students in Kenya.

**Methods:** This was a cross-sectional study among 536 high school, college and university students. We collected data on socio-demographic characteristics, economic indicators, DSM-V diagnosis including DSM-V gambling disorder and substance use disorders using the WHO ASSIST tool. Descriptive and inferential analyses were done.

**Results:** A total of 536 students participated in the study, of which 11.4% (61 out of 536) had DSM-V gambling disorder. Male gender (AOR = 12.0, 95% CI: 4.99-34.3), antisocial personality disorder (AOR = 3.42, 95% CI: 1.34-8.54), tobacco use (AOR = 4.42, 95% CI: 1.15-18.3) and conduct disorder (AOR = 7.56, 95% CI: 2.34-25.1) were predictors of gambling disorder.

**Conclusion:** Gambling is highly prevalent in Kenya learning institutions at 11.4% and is associated with mental disorders and substance use. There is a need for public awareness of gambling among Kenyan youths.

**Keywords:** Co-morbidity; Gambling; Kenyan context; Mental disorders; Substance use; Youth.

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### Conflict of interest statement

The authors declare no competing interests.

- [18 references](#)
- [2 figures](#)

### Full text links



## 46. [Emotion Dysregulation in Personality Disorders](#)

Curr Psychiatry Rep. 2023 Apr 10. doi: 10.1007/s11920-023-01418-8. Online ahead of print.

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- DOI: [10.1007/s11920-023-01418-8](#)

### Abstract

**Purpose of review:** This manuscript aims to take stock of emotion dysregulation and personality disorder (PD) research, review key findings, and highlight future directions.

**Recent findings:** Most emotion dysregulation research in PDs has focused on borderline personality disorder (BPD). BPD is characterized by high baseline negative emotion and the use of maladaptive emotion regulation strategies, but several other emotion dysregulation components may not be pervasively evident in the disorder. Trends in the BPD field that add nuance to the study of emotion dysregulation suggest that BPD may involve problems in the flexible, contextually based selection/implementation of emotion regulation strategies, as well as the development of appropriate emotion regulatory goals. Furthermore, relational stressors may elicit and maintain emotion dysregulation in BPD. Less research has examined emotion dysregulation in other PDs, but several PDs may involve deficits in emotional processes (e.g., lower behavioral

inhibition and resistance of emotion-related impulses), particularly in interpersonal contexts. Emotion dysregulation is a nuanced and contextual problem which, for some PDs, may be particularly nested within interpersonal contexts. The BPD field and the increasing nuance of the study of emotion dysregulation within it points to key future research directions for the broader PD field.

**Keywords:** Behavioral inhibition; Borderline personality disorder; Emotion dysregulation; Emotion regulation; Personality; Personality disorders.

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- [84 references](#)

#### Full text links



### 47. [Encephalitis: diagnosis, management and recent advances in the field of encephalitides](#)

Postgrad Med J. 2023 Apr 10;postgradmedj-2022-141812. doi: 10.1136/postmj/postgradmedj-2022-141812. Online ahead of print.

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- PMID: [37036001](https://pubmed.ncbi.nlm.nih.gov/37036001/)
- DOI: [10.1136/postmj/postgradmedj-2022-141812](https://doi.org/10.1136/postmj/postgradmedj-2022-141812)

## Abstract

Encephalitis describes inflammation of the brain parenchyma, typically caused by either an infectious agent or through an autoimmune process which may be postinfectious, paraneoplastic or idiopathic. Patients can present with a combination of fever, alterations in behaviour, personality, cognition and consciousness. They may also exhibit focal neurological deficits, seizures, movement disorders and/or autonomic instability. However, it can sometimes present non-specifically, and this combined with its many causes make it a difficult to manage neurological syndrome. Despite improved treatments in some forms of encephalitides, encephalitis remains a global concern due to its high mortality and morbidity. Prompt diagnosis and administration of specific and supportive management options can lead to better outcomes. Over the last decade, research in encephalitis has led to marked developments in the understanding, diagnosis and management of encephalitis. In parallel, the number of autoimmune encephalitis syndromes has rapidly expanded and clinically characteristic syndromes in association with pathogenic autoantibodies have been defined. By focusing on findings presented at the Encephalitis Society's conference in December 2021, this article reviews the causes, clinical manifestations and management of encephalitis and integrate recent advances and challenges of research into encephalitis.

**Keywords:** adult neurology; infectious disease/HIV; neuropathology.

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48. [Mediating role of coping styles on the relationship between personality types and mental disorders in](#)

# [cardiovascular patients: a cross-sectional study in Iran](#)

BMC Psychiatry. 2023 Apr 7;23(1):236. doi: 10.1186/s12888-023-04742-8.

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- PMID: [37029344](#)
- PMCID: [PMC10080519](#)
- DOI: [10.1186/s12888-023-04742-8](#)

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## Abstract

**Background:** Many mental problems lead to the occurrence of physical diseases, causing worse consequences of diseases. Despite many studies in the field of personality types and types of mental disorders, this relationship and



the mediating role of coping styles in cardiovascular patients are still not well known. Therefore, the present study was conducted to investigate the mediating role of coping styles in the relationship between personality types and mental disorders in cardiovascular patients.

**Method:** The present study is a cross-sectional study that was conducted on 114 cardiovascular patients at the heart center in Bushehr, Iran. The sampling method is simple random sampling. Demographic information form, MCMI-III questionnaire, NEO-FFI questionnaire, and Lazarus and Folkman coping styles questionnaire were used to collect data. Data were analyzed using SPSS 22 and Amos 24 software. Descriptive statistics methods (mean, variance and percentage), Pearson correlation, and structural equation model (SEM) were applied to analyze the data.

**Results:** The findings showed that the two variables of personality types and problem-oriented explain 15.2% of the variable of mental disorders, of which 10.7% is related to the variable of personality types and 4.5% is related to the intermediate variable of problem-oriented. Among the personality types, the neurotic personality type has the biggest role (0.632) and has a direct and significant effect on mental disorders. Also, the personality types of extroversion (-0.460), agreeableness (-0.312), and responsibility (-0.986) exert inverse and significant effects on mental disorders.

**Conclusion:** The results of the present study showed the frequency of personality disorders and other mental disorders among heart patients. Problem-oriented coping style plays a mediating role between personality types and mental disorders.

**Keywords:** Coping styles; Mental disorders; Million; NEO; Personality types.

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#### **Conflict of interest statement**

The authors declare that they have no competing interests.

- [91 references](#)
- [4 figures](#)

#### **Full text links**



49. [Early Maladaptive Schemas and Schema Modes in clinical disorders: A systematic review](#)

Psychol Psychother. 2023 Apr 7. doi: 10.1111/papt.12465. Online ahead of print.

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### Abstract

**Purpose:** Although schema therapy has been predominantly applied to treat personality disorders, interest into its application in other clinical disorders is growing. Central to schema therapy are Early Maladaptive Schemas (EMS) and Schema Modes. Since existing EMS and Schema Modes were primarily developed in the context of personality disorders, their relevance for clinical disorders is unclear.

**Methods:** We conducted a systematic review of the presence of EMS and Schema Modes in clinical disorders according to DSM criteria. Per disorder, we evaluated which EMS and Schema Modes were more pronounced in comparison with clinical as well as non-clinical control groups and which EMS and Schema Modes were most highly endorsed within the disorder.

**Results:** Although evidence concerning EMS was scarce for several disorders, and only few studies on Schema Modes survived inclusion criteria, we

identified meaningful relationships and patterns for EMS and Schema Modes in various clinical disorders.

**Conclusions:** The present review highlights the relevance of EMS and Schema Modes for clinical disorders beyond personality disorders. Depending on the theme of the representation, EMS act as vulnerabilities both across diagnoses and for specific disorders. Thus, EMS and resulting Schema Modes are potential, valuable targets for the prevention and treatment of clinical disorders.

**Keywords:** Early Maladaptive Schemas; Schema Modes; clinical disorders; psychopathology; schema therapy; systematic review.

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- [111 references](#)

#### Full text links



50. [Maladaptive Food Attitudes and Behaviors in Individuals with Celiac Disease and Their Association with Quality of Life](#)

Dig Dis Sci. 2023 Apr 6;1-9. doi: 10.1007/s10620-023-07912-6. Online ahead of print.

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- PMID: [37024737](#)
- PMCID: [PMC10079145](#)
- DOI: [10.1007/s10620-023-07912-6](#)

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## Abstract

**Background:** The only treatment for celiac disease (CeD) is strict lifelong adherence to a gluten-free diet (GFD). In some individuals the demands of a GFD may contribute to maladaptive eating attitudes and behaviors that impair quality of life (QOL). The Celiac Disease Food Attitudes and Behaviors (CD-FAB) is an easily administered and scored 11-item tool querying potentially maladaptive food attitudes and behaviors resulting from beliefs around gluten exposures and food safety.

**Objectives:** To assess the usefulness of the CD-FAB in establishing the presence of maladaptive food attitudes and behaviors among adults with CeD and to explore the relationship between these attitudes and behaviors and other factors including QOL, anxiety, depression, CeD symptoms and personality traits.

**Methods:** The study is a cross-sectional pilot of 50 adults (mean age 29.6 years) with biopsy-proven CeD who followed a GFD for at least one year and

had no self-reported eating disorder diagnosis. High scores on the CD-FAB tool suggest higher disordered eating attitudes and beliefs.

**Results:** Compared to lower scores (mean 20.2), higher (worse) CD-FAB scores (mean 54.5) were positively associated with recency of diagnosis, number of CeD-related gastrointestinal symptoms, and the personality trait of neuroticism. Higher CD-FAB scores were statistically and clinically significantly associated with diminished QOL ( $p < 0.001$ ). The relationship with anxiety and depression was less clear but trended in the expected direction.

**Conclusion:** The CD-FAB may be a useful tool for dietitians who wish to monitor maladaptive food attitudes and behaviors among their CeD patients, especially in the first-year post-diagnosis.

**Keywords:** Attitudes and behaviors; CD-FAB; Celiac disease; Disordered eating; Eating disorders; Food attitudes; Maladaptive eating; Quality of life.

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#### **Conflict of interest statement**

The authors declare that they have no conflict of interest.

- [31 references](#)

#### **Full text links**



51. [\*\*The Spanish version of the reflective functioning questionnaire: Validity data in the general population and individuals with personality disorders\*\*](#)

PLoS One. 2023 Apr 6;18(4):e0274378. doi: 10.1371/journal.pone.0274378. eCollection 2023.

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- DOI: [10.1371/journal.pone.0274378](#)

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## Abstract

**Introduction:** Mentalization or reflective functioning (RF) is the capacity to interpret oneself or the others in terms of internal mental states. Its failures have been linked to several mental disorders and interventions improving RF have a therapeutic effect. Mentalizing capacity of the parents influences the children's attachment. The Reflective Functioning Questionnaire (RFQ-8) is a widely used tool for the assessment of RF. No instrument is available to assess general RF in Spanish-speaking samples. The aim of this study is to develop a Spanish version of the RFQ-8 and to evaluate its reliability and validity in the general population and in individuals with personality disorders.

**Methods:** 602 non-clinical and 41 personality disordered participants completed a Spanish translation of the RFQ and a battery of self-reported questionnaires assessing several RF related constructs (alexithymia, perspective taking, identity diffusion and mindfulness), psychopathology (general and specific) and interpersonal problems. Temporal stability was tested in a non-clinical sub-sample of 113 participants.

**Results:** Exploratory and confirmatory factor analyses suggested a one-factor structure in the Spanish version of the RFQ-8. RFQ-8 understood as a single scale was tested, with low scorings reflecting genuine mentalizing, and high scorings uncertainty. The questionnaire showed good internal consistence in both samples and moderate temporal stability in non-clinical sample. RFQ correlated significantly with identity diffusion, alexithymia, and general psychopathology in both samples; and with mindfulness, perspective taking, and interpersonal problems in clinical sample. Mean values of the scale were significantly higher in the clinical group.

**Discussion:** This study provides evidence that the Spanish version of the RFQ-8, understood as a single scale, has an adequate reliability and validity

assessing failures in reflective functioning (i.e., hypomentalization) in general population and personality disorders.

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### Conflict of interest statement

The authors have declared that no competing interest exist.

- [122 references](#)
- [3 figures](#)

### Full text links



52. [\*\*How does the public understand the causes of mental disorders? An analysis of Irish news media before and during the COVID-19 pandemic\*\*](#)

PLoS One. 2023 Apr 6;18(4):e0284095. doi: 10.1371/journal.pone.0284095. eCollection 2023.

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- DOI: [10.1371/journal.pone.0284095](#)

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## Abstract

Public perceptions of the determinants of mental illness have important implications for attitudes and stigma, but minimal previous research has explored how causal attributions are spontaneously invoked in everyday public discourse. This study investigated how causal explanations for mental illness are disseminated in popular Irish news media, in the two years before and after the onset of the COVID-19 pandemic. Keyword searches of a news media database identified 1,892 articles published between March 2018 to March 2022 that mentioned one of six categories of mental disorders: anxiety disorders, mood disorders, substance-related disorders, personality disorders, eating disorders, and psychotic disorders. Overall, 25% of the identified articles contained a causal explanation for mental illness. Inductive content analysis revealed the content and prevalence of eight types of causal explanations for mental disorders. Overall, attributions to life events/experiences, the cultural/societal environment, interpersonal relations, and health and lifestyle factors occurred more frequently than attributions to biological or psychological determinants. Life events/experiences were the most common explanation for anxiety and personality disorders, cultural/societal environment for eating disorders, and health/lifestyle factors for mood and psychotic disorders. Interpersonal factors in mental illness aetiology became more salient following the COVID-19 pandemic. The findings emphasise the need for theory and research on lay explanations of mental disorders to account for diversity, both in the range of attributions invoked, and in how attributional patterns shift across time and mental disorders category.

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### Conflict of interest statement

The authors have declared that no competing interests exist.

- [47 references](#)
- [4 figures](#)

### Full text links



53. [Individual psychotherapy for cluster-C personality disorders: protocol of a pragmatic RCT comparing short-term psychodynamic supportive psychotherapy, affect phobia therapy and schema therapy \(I-FORCE\)](#)

Trials. 2023 Apr 5;24(1):260. doi: 10.1186/s13063-023-07136-z.

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- PMCID: [PMC10077625](#)
- DOI: [10.1186/s13063-023-07136-z](#)

**Free PMC article**

### Abstract

**Background:** Cluster-C personality disorders (PDs) are highly prevalent in clinical practice and are associated with unfavourable outcome and chronicity of all common mental health disorders (e.g. depression and anxiety disorders). Although several forms of individual psychotherapy are commonly offered in clinical practice for this population, evidence for differential effectiveness of different forms of psychotherapy is lacking. Also, very little is known about the underlying working mechanisms of these psychotherapies. Finding evidence on the differential (cost)-effectiveness for this group of patients and the working mechanisms of change is important to improve the quality of care for this vulnerable group of patients.

**Objective:** In this study, we will compare the differential (cost)-effectiveness of three individual psychotherapies: short-term psychodynamic supportive psychotherapy (SPSP), affect phobia therapy (APT) and schema therapy (ST). Although these psychotherapies are commonly used in clinical practice, evidence for the Cluster-C PDs is limited. Additionally, we will investigate predictive factors, non-specific and therapy-specific mediators.

**Methods:** This is a mono-centre randomized clinical trial with three parallel groups: (1) SPSP, (2) APT, (3) ST. Randomization on patient level will be pre-stratified according to type of PD. The total study population to be included consists of 264 patients with Cluster-C PDs or other specified PD with mainly Cluster-C traits, aged 18-65 years, seeking treatment at NPI, a Dutch mental health care institute specialized in PDs. SPSP, APT and ST (50 sessions per treatment) are offered twice a week in sessions of 50 min for the first 4 to 5 months. After that, session frequency decreases to once a week. All treatments have a maximum duration of 1 year. Change in the severity of the PD (ADP-IV) will be the primary outcome measure. Secondary outcome measures are personality functioning, psychiatric symptoms and quality of life. Several potential mediators, predictors and moderators of outcome are also assessed. The effectiveness study is complemented with a cost-effectiveness/utility study, using both clinical effects and quality-adjusted life-years, and primarily based on a societal approach. Assessments will take place at baseline, start of treatment and at 1, 3, 6, 9, 12, 18, 24 and 36 months.

**Discussion:** This is the first study comparing psychodynamic treatment to schema therapy for Cluster-C PDs. The naturalistic design enhances the clinical validity of the outcome. A limitation is the lack of a control group for ethical reasons.

**Trial registration:** NL72823.029.20 [Registry ID: CCMO]. Registered on 31 August 2020. First participant included on 23 October 2020.

**Keywords:** Affect phobia therapy; Cluster-C; Effectiveness; Individual psychotherapy; Personality disorders; Pragmatic trial; Psychodynamic psychotherapy; Randomized clinical trial; Schema therapy; Working mechanisms.

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### Conflict of interest statement

The authors declare that they have no competing interests. Allegiances to different therapies are well balanced across the research team.

- [111 references](#)
- [1 figure](#)

### Full text links



54. [Comorbid psychiatric disorders and long-term survival after liver transplantation in transplant facilities with a psychiatric consultation-liaison team: a multicenter retrospective study](#)

BMC Gastroenterol. 2023 Apr 5;23(1):106. doi: 10.1186/s12876-023-02735-1.

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  - DOI: [10.1186/s12876-023-02735-1](#)

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## Abstract

**Objective:** Comorbid psychiatric disorders negatively affect the survival rate of patients with some physical disorders. In liver transplant recipients, various psychiatric disorders have been identified as worsening prognosis. However, little is known about how the presence of any comorbid (overall) disorders affect the survival rate of transplant recipients. In this study, we examined the effect of overall comorbid psychiatric disorders on survival rate in liver transplant recipients.

**Methods:** A total of 1006 recipients who underwent liver transplantation between September 1997 and July 2017 across eight transplant facilities with a psychiatric consultation-liaison team were identified consecutively. Recipients were categorized into those with comorbid psychiatric disorders and those without comorbid psychiatric disorders. In the comorbid psychiatric disorder group, psychiatric disorder diagnosis and time of diagnosis were investigated retrospectively.

**Results:** Of the 1006 recipients, 294 (29.2%) had comorbid psychiatric disorders. Comorbid psychiatric disorders in the 1006 recipients were insomnia (N = 107, 10.6%), delirium (N = 103, 10.2%), major depressive disorder (N = 41, 4.1%), adjustment disorder (N = 19, 1.9%), anxiety disorder (N = 17, 1.7%), intellectual disability (N = 11, 1.1%), autism spectrum disorder (N = 7, 0.7%), somatic symptom disorder (N = 4, 0.4%) schizophrenia (N = 4, 0.4%), substance use disorder (N = 24, 2.4%) and personality disorder (N = 2, 0.2%). The most common time of psychiatric disorder diagnosis was within the first 3 months after liver transplantation (51.6%). The final mortality in patients with comorbid psychiatric disorder diagnosis during the five periods (pretransplant, transplant to 3 months, months to 1 year, 1 to 3 years, and over 3 years posttransplant) was 16.2%, 18.8%, 39.1%, 28.6%, and 16.2% respectively, and there were no significant differences between the five periods ( $\chi^2 = 8.05$ ,  $df = 4$ ,  $p = 0.09$ ). Overall comorbid psychiatric disorders were significantly associated with shorter survival time (log-rank test:  $p = 0.01$ , hazard ratio: 1.59 [95% confidence interval: 1.14-2.21], survival rate at the endpoint [%]: 62.0 vs. 83.3). However, after adjusting for confounding variables using Cox proportional hazards regression, there was no significant effect of overall comorbid psychiatric disorders on prognosis.

**Conclusion:** Comorbid psychiatric disorders did not affect the survival rate of liver transplant recipients in this study.

**Keywords:** Consultation-liaison psychiatry; Liver transplant recipient; Psychiatric disorder; Survival rate.

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### Conflict of interest statement

The authors declare that they have no competing interests.

- [26 references](#)

### Full text links



55. [Keratoconus and Personality Traits: A Case-Control Study](#)

Cornea. 2023 Apr 5. doi: 10.1097/ICO.0000000000003284. Online ahead of print.

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- DOI: [10.1097/ICO.0000000000003284](https://doi.org/10.1097/ICO.0000000000003284)

## Abstract

**Purpose:** The aim of this study was to delineate the personality traits of patients affected by keratoconus (KC) compared with a group of nonkeratoconic controls matched in age and sex.

**Methods:** In this prospective interventional case-control study, 60 consecutive subjects (30 KC cases and 30 healthy controls), aged 18 to 30, were enrolled at the time of their first encounter at the ophthalmology unit of the Fondazione Policlinico "Tor Vergata", Roma. After completing the ophthalmic evaluation, participants were asked to respond to the National Eye Institute Visual Function Questionnaire-25 (NEI VFQ-25). A complete psychiatric assessment was performed, including the Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (SCID-5); the Symptom Check List-90-Revised (SCL-90); the Temperament Evaluation of Memphis, Pisa, Paris, and San Diego-Modified (TEMPS-M); and the NEO Five-Factor Inventory (NEO-FFI).

**Results:** Cases had lower quality of life than controls, as demonstrated by lower scores in all NEI VFQ-25 subdomains. Nine patients with KC (30.0%) were diagnosed by the SCID-5 with at least 1 cluster C personality disorder, resulting in a 9-fold increased risk compared with controls. Moreover, keratoconic patients showed a more pronounced psychosomatic symptomatology (SCL-90) and a characteristic neurotic temperament (TEMPS-M and NEO-FFI).

**Conclusions:** Our results support the hypothesis that subjects with KC feature dysfunctional coping mechanisms and personality traits, which might already be present at the first clinical encounter. Ophthalmologists should question the mental and emotional status of patients with KC and be especially careful in managing these patients.

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### Conflict of interest statement

The authors have no funding or conflicts of interest to disclose.



- [48 references](#)

### Full text links



56. [Measuring the susceptibility to visually induced motion sickness and its relationship with vertigo, dizziness, migraine, syncope and personality traits](#)

Exp Brain Res. 2023 Apr 5;241(5):1381-1391. doi: 10.1007/s00221-023-06603-y. Online ahead of print.

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- PMID: [37017727](#)
- PMCID: [PMC10130109](#)
- DOI: [10.1007/s00221-023-06603-y](#)

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### Abstract

The widespread use of visual technologies such as Virtual Reality increases the risk of visually induced motion sickness (VIMS). Previously, the 6-item short version of the Visually Induced Motion Sickness Susceptibility Questionnaire (VIMSSQ short form) has been validated for predicting individual variation in

VIMS. The aim of the current study was to investigate how the susceptibility to VIMS is correlated with other relevant factors in the general population. A total of 440 participants (201 M, 239F), mean age 33.6 (SD 14.8) years, completed an anonymous online survey of various questionnaires including the VIMSSQ, Motion Sickness Susceptibility Questionnaire (MSSQ), Vertigo in City questionnaire (VIC), Migraine (scale), Social & Work Impact of Dizziness (SWID), Syncope (faintness), and Personality ('Big Five' TIPI). The VIMSSQ correlated positively with the MSSQ ( $r = 0.50$ ), VIC ( $r = 0.45$ ), Migraine ( $r = 0.44$ ), SWID ( $r = 0.28$ ), and Syncope ( $r = 0.15$ ). The most efficient Multiple Linear Regression model for the VIMSSQ included the predictors MSSQ, Migraine, VIC, and Age and explained 40% of the variance. Factor analysis of strongest correlates with VIMSSQ revealed a single factor loading with VIMSSQ, MSSQ, VIC, Migraine, SWID, and Syncope, suggesting a common latent variable of sensitivity. The set of predictors for the VIMSSQ in the general population has similarity with those often observed in patients with vestibular disorders. Based on these correlational results, we suggest the existence of continuum of underlying risk factors for sensitivity, from healthy population to patients with extreme visual vertigo and perhaps Persistent Postural-Perceptual Dizziness.

**Keywords:** Age; MSSQ; Persistent Postural-Perceptual Dizziness; Sex; Survey; VIMSSQ; Vestibular; Virtual Reality.

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### **Conflict of interest statement**

On behalf of all authors, the corresponding author states that there is no conflict of interest. The authors have no relevant financial or non-financial interests to disclose.

- [69 references](#)
- [4 figures](#)

### **Full text links**



57. [Temperament & Character account for brain functional connectivity at rest: A diathesis-stress model of functional dysregulation in psychosis](#)

Mol Psychiatry. 2023 Apr 4. doi: 10.1038/s41380-023-02039-6. Online ahead of print.

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- PMID: [37015979](#)
- DOI: [10.1038/s41380-023-02039-6](#)

**Abstract**

The human brain's resting-state functional connectivity (rsFC) provides stable trait-like measures of differences in the perceptual, cognitive, emotional, and social functioning of individuals. The rsFC of the prefrontal cortex is

hypothesized to mediate a person's rational self-government, as is also measured by personality, so we tested whether its connectivity networks account for vulnerability to psychosis and related personality configurations. Young adults were recruited as outpatients or controls from the same communities around psychiatric clinics. Healthy controls (n = 30) and clinically stable outpatients with bipolar disorder (n = 35) or schizophrenia (n = 27) were diagnosed by structured interviews, and then were assessed with standardized protocols of the Human Connectome Project. Data-driven clustering identified five groups of patients with distinct patterns of rsFC regardless of diagnosis. These groups were distinguished by rsFC networks that regulate specific biopsychosocial aspects of psychosis: sensory hypersensitivity, negative emotional balance, impaired attentional control, avolition, and social mistrust. The rsFC group differences were validated by independent measures of white matter microstructure, personality, and clinical features not used to identify the subjects. We confirmed that each connectivity group was organized by differential collaborative interactions among six prefrontal and eight other automatically-coactivated networks. The temperament and character traits of the members of these groups strongly accounted for the differences in rsFC between groups, indicating that configurations of rsFC are internal representations of personality organization. These representations involve weakly self-regulated emotional drives of fear, irrational desire, and mistrust, which predispose to psychopathology. However, stable outpatients with different diagnoses (bipolar or schizophrenic psychoses) were highly similar in rsFC and personality. This supports a diathesis-stress model in which different complex adaptive systems regulate predisposition (which is similar in stable outpatients despite diagnosis) and stress-induced clinical dysfunction (which differs by diagnosis).

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- [169 references](#)

#### Full text links



58. [Comparison of clinicians' and researchers' ratings of proposed diagnostic criteria for compulsive buying-shopping disorder within a Delphi study](#)

PLoS One. 2023 Apr 4;18(4):e0283978. doi: 10.1371/journal.pone.0283978.  
eCollection 2023.

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- PMID: [37014876](#)
- PMCID: [PMC10072380](#)
- DOI: [10.1371/journal.pone.0283978](#)

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## Abstract

Diagnostic criteria for compulsive buying shopping disorder were recently proposed based on a Delphi consensus study including 138 experts from 35 countries. The present study represents a secondary analysis of those data. To provide further support for the validity of expert responses in the Delphi study, the sample was retrospectively divided into clinician and researcher subgroups. The two groups were compared with respect to demographic variables, their importance ratings of clinical features, possible diagnostic criteria, differential

diagnoses and specifiers of compulsive buying shopping disorder. Researchers reported less years of treating/assessing individuals with compulsive buying shopping disorder and stated that they have treated/assessed individuals with compulsive buying shopping disorder less often in the last 12 months than clinicians. Responses from the two groups concerning the importance ratings of possible diagnostic criteria of compulsive buying shopping disorder converged with only few minor differences with small to moderate group effects. However, even for those criteria, the consensus threshold ( $\geq 75\%$  agreement with the proposed criterion) was reached in both groups. The lack of differences in the responses of the two groups indicates good validity for the proposed diagnostic criteria. Future research should address the clinical applicability and diagnostic validity of the criteria.

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#### **Conflict of interest statement**

The authors have declared that no competing interests exist.

- [38 references](#)

#### **Full text links**



59. [\*\*Competing for perfection: A scoping review evaluating relationships between competitiveness and eating disorders or disordered eating behaviours\*\*](#)

Eur Eat Disord Rev. 2023 Apr 4. doi: 10.1002/erv.2978. Online ahead of print.

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- PMID: [37014206](#)
- DOI: [10.1002/erv.2978](#)

## Abstract

**Objective:** Eating disorders (EDs) impact multiple domains in a person's life including interpersonal interactions. Although a considerable amount of literature has evaluated social comparison and ED pathology, less has focussed on the influence of competitiveness on eating behaviours within ED and community samples. To address this, a systematic scoping review was conducted to evaluate current knowledge on this topic.

**Method:** PRISMA guidelines for scoping reviews were utilised to identify relevant articles in three databases without limits to date or publication type.

**Results:** A total of 2952 articles were identified. After removing duplicates and books, 1782 articles were evaluated against inclusion criteria, and 91 articles were included. Results were synthesised under six differing conceptualisations of competitiveness: competition in pro-eating disorder communities (n = 28), general personality competitiveness (n = 20), sexual competition hypothesis (n = 18), interpersonal competitiveness with peers (n = 17), familial competitiveness (n = 8) and competitiveness to avoid inferiority (n = 5).

**Conclusion:** Varying conceptualisations of competitiveness were identified within the ED literature, and preliminary evidence suggests competitiveness may be associated with ED pathology in ED and community samples, although results were not uniform. Future research is needed to clarify these relationships and to identify possible clinical implications.

**Keywords:** anorexia nervosa; bulimia nervosa; competition; competitiveness; eating disorder; scoping review.

- [130 references](#)

### Full text links



60. [The  \$p\$  factor of psychopathology and personality in middle childhood: Genetic and gestational risk factors - Corrigendum](#)

Psychol Med. 2023 Apr 4;1-2. doi: 10.1017/S0033291723000879. Online ahead of print.

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- DOI: [10.1017/S0033291723000879](https://doi.org/10.1017/S0033291723000879)

*No abstract available*

### Full text links



## 61. [Relative Effects of Sexual Assault and Temperament Traits on Cognitive Characteristics of Histrionic Personality Disorder](#)

Violence Vict. 2023 Apr 1;38(2):203-212. doi: 10.1891/VV-2021-0149. Epub 2023 Apr 3.

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- DOI: [10.1891/VV-2021-0149](https://doi.org/10.1891/VV-2021-0149)

### Abstract

Histrionic personality disorder (HPD) is a common and problematic form of personality pathology involving excessive attention-seeking, often through overly sexualized means. Much of the research on HPD has involved the association between HPD characteristics and basic temperament traits. Given the sometimes hypersexualized presentation of HPD, another potential influence on HPD characteristics may be exposure to sexual assault. However, there is little research on the association between sexual assault and HPD in general or with respect to temperament traits in particular. In this study, we

examine the relative associations of sexual assault and temperament traits with the cognitive characteristics of HPD in a large sample of college students ( $N = 965$ ) using a Bayesian approach to the analysis of covariance. Results suggest that sexual assault is associated with HPD cognitive characteristics over and above the robust influence of temperament traits. The study findings have implications for future research on and clinical intervention with people with HPD.

**Keywords:** cognitive theory; histrionic; personality disorder; sexual assault; temperament.

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### Full text links



62. [Take-Home Naloxone and risk management from the perspective of people who survived an opioid overdose in Stockholm - An analysis informed by drug, set and setting](#)

Int J Drug Policy. 2023 Apr 1;115:104021. doi: 10.1016/j.drugpo.2023.104021. Online ahead of print.

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- PMID: [37011507](#)
- DOI: [10.1016/j.drugpo.2023.104021](#)

## Free article

## Abstract

**Background:** Take-Home Naloxone (THN) programs were introduced in Sweden in 2018 - a country with one of the highest rates of overdose mortality in the EU and a severe stigmatisation of people who inject drugs. This qualitative study builds on the international research that has expanded a previously narrow and medical focus on overdose deaths. It uses Zinberg's framework to look beyond the role of the "drug" to include the attitudes and personality of the person ("set") and contextual factors ("setting"). This study explores the impacts of THN from the perspective of overdose survivors.

**Methods:** Between November 2021 and May 2022 semi-structured interviews were conducted with 22 opioid overdose survivors, recruited among clients of the Stockholm needle and syringe program. All the participants had been treated with naloxone in an overdose situation. The interviews were processed through thematic analysis using deductive and inductive coding in accordance with the theoretical framework.

**Results:** Interviewees included men and women who used different types of drugs. THN has impacted on "drug" in terms of naloxone-induced withdrawal symptoms and peers having to deal with survivors' emotions. Exploring "set" revealed feelings of shame following naloxone revival for the person who overdosed. Despite such reactions, participants retained an overwhelmingly positive attitude towards THN. Participants integrated THN into their risk management practices ("setting") and some acknowledged that THN provided a new way to treat overdoses without necessarily needing to interact with authorities, especially the police.

**Conclusion:** The THN program has influenced "drug, set and setting" for participants, providing increased safety at drug-intake and transferring

overdose management and the burden of care to the community. The lived experience of participants also exposes the limitations of THN indicating that there are additional unmet needs beyond THN programs, particularly in terms of "setting".

**Keywords:** People who inject drugs; Qualitative; Sweden; Take-Home Naloxone.

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### **Conflict of interest statement**

Declarations of Interest The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: Martin Kåberg has received honoraria for lectures/consultancy from Mundipharma, DNE Pharma AS and Nordic Drugs, and has received research grants from Gilead Sciences and Nordic Drugs.

### **Full text links**



## 63. [The forensic assessment of dissociation: Distinguishing real from the unreal](#)

Behav Sci Law. 2023 Apr 3. doi: 10.1002/bsl.2622. Online ahead of print.

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## Abstract

Because a wide range of disorders incorporate dissociative symptoms, evaluators should be familiar with evidence-based approaches to evaluating dissociation claims in the clinical and forensic context. This article provides specific guidelines for practitioners when conducting a forensic assessment of individuals who report dissociative symptoms. We review the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition disorders that include dissociation as a symptom, highlight how to distinguish genuine versus atypical symptoms of dissociative identity disorder, and summarize strengths and weaknesses of structured assessments in the evaluation of dissociative claims.

**Keywords:** DES; M-FAST; MMPI-2; TOMM; amnesia; dissociation; dissociative identity disorder; feigning; multiple personality disorder; testing.

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- [42 references](#)

## 64. [Clinical Correlates of Sports Betting: A Systematic Review](#)

J Gambli Stud. 2023 Apr 1;1-46. doi: 10.1007/s10899-023-10196-0. Online ahead of print.

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**Free PMC article**

## Abstract

Sports betting is becoming increasingly widespread, and a growing number of individuals, both adolescents and adults, participate in this type of gambling. The main aim of this systematic review was to assess correlates of sports betting (sociodemographic features, gambling-related variables, co-occurring psychopathologies, and personality tendencies) through a systematic review conducted following the PRISMA guidelines. Relevant studies were identified via searches of NCBI/PubMed and APA PsycInfo databases. Individuals from the general population and/or with a clinical diagnosis of gambling disorder (GD) were included, irrespective of gender and age. In addition, the studies

needed to have administered at least one clinical interview/psychometric instrument to assess the presence of problematic gambling/GD, contain at least one group of participants with sports betting, and directly analyze the association between sports betting and any of the following features: sociodemographics, gambling-related variables, co-occurring psychopathologies, and/or personality tendencies. Fifty-four articles were included. Multiple sociodemographic variables have been studied in relation to sports betting. In general, males with high impulsivity have greater tendencies for sports betting. The co-occurrence of certain pathologies, especially substance use or other addictive disorders, was also suggested. Most studies were cross-sectional, assessed participants using self-administered instruments, recruited samples using non-probability online panels, included small samples, had unbalanced samples, and included samples from only one country. Impulsive males may be particularly prone to sports gambling and related problems. Future research should examine prevention strategies that may help prevent the development of sport-betting-related GD and other addictive behaviors in vulnerable individuals.

**Keywords:** Addictive behaviors; Compulsive behaviors; Gambling; Impulsive behaviors; Personality; Psychopathology; Sports betting.

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### **Conflict of interest statement**

Dr. Potenza discloses that he has consulted for and advised Game DayData, Addiction Policy Forum, Baria-Tek, AXA, Idorsia, and Opiant Therapeutics; been involved in a patent application with Yale University and Novartis; received research support from the Mohegan Sun Casino and the Connecticut Council on Problem Gambling; consulted for or advised legal and gambling entities on issues related to impulse control and addictive behaviors; provided clinical care related to impulse-control and addictive behaviors; performed grant reviews; edited journals/journal sections; given academic lectures in grand rounds, CME events, and other clinical/scientific venues; and generated books or chapters for publishers of mental health texts. Dr. Derevensky has had a number of consultancy engagements from gambling operators and has provided webinars internationally on gambling and gaming disorders. He has also been the recipient of multiple government research grants. He has also worked as the Director of Research for the Florida Council on Compulsive Gambling and has provided expert testimony to government regulators internationally. Dr. Jimenez-Murcia received consultancy honoraria from Novo

Nordisk. The rest of the authors declare no conflict of interest with the content of this manuscript. The funders had no role in the design of the study; in the collection, analyses, or interpretation of data; in the writing of the manuscript, or in the decision to publish the results.

- [88 references](#)
- [1 figure](#)

### Full text links



## 65. [Traumatic Brain Injury and Psychopathic Traits in Justice-Involved Adult Women](#)

J Pers Disord. 2023 Apr;37(2):195-212. doi: 10.1521/pedi.2023.37.2.195.

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- PMID: [37002938](#)
  - DOI: [10.1521/pedi.2023.37.2.195](#)

### Abstract

Studies have documented associations between traumatic brain injury (TBI) and mental disorders. The relationship between psychopathic personality and TBI remains poorly understood, though both are associated with similar



characteristics (e.g., low empathy, aggression, disturbances in social/moral behavior). Yet, it is not clear whether assessment of psychopathic features is influenced by presence versus absence of TBI, and which aspects of TBI may be associated with psychopathic traits. This study examined the psychopathy-TBI association in justice-involved women ( $N = 341$ ) with structural equation modeling. We tested if measurement invariance of psychopathic traits was evident among those with versus without TBI and which TBI variables (number, severity, age at first TBI) predicted psychopathic features in conjunction with symptoms of psychopathology, IQ, and age. Results provided evidence of measurement invariance, and more women with TBI, compared to those without, met criteria for psychopathy. Younger age of TBI and TBI severity predicted interpersonal-affective psychopathic features.

**Keywords:** PCL-R; females; inmates; measurement invariance; psychopathy; traumatic brain injury (TBI).

#### Full text links



66. ["Feeling Invisible": Individuals With Borderline Personality Disorder Underestimate the Transparency of Their Emotions](#)

J Pers Disord. 2023 Apr;37(2):213-232. doi: 10.1521/pedi.2023.37.2.213.

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- PMID: [37002937](#)
- DOI: [10.1521/pedi.2023.37.2.213](#)

## Abstract

The present study investigated transparency estimation, that is, the ability to estimate how observable one's emotions are, in patients diagnosed with borderline personality disorder (BPD) ( $n = 35$ ) and healthy controls (HCs;  $n = 35$ ). Participants watched emotionally evocative video clips and estimated the transparency of their own emotional experience while watching the clip. Facial expression coding software (FaceReader) quantified their objective transparency. BPD patients felt significantly less transparent than HCs, but there were no differences in objective transparency. BPD patients tended to underestimate the transparency of their emotions compared to HCs, who in turn overestimated their transparency. This suggests that BPD patients expect that others will not know how they feel, irrespective of how observable their emotions actually are. We link these findings to low emotional awareness and a history of emotional invalidation in BPD, and we discuss their impact on BPD patients' social functioning.

**Keywords:** borderline personality disorder; emotional arousal; facial expressions; mentalizing; transparency estimation.

### Full text links



67. [Cognitive Reappraisal Impairs Negative Affect Regulation in the Context of Social Rejection for Youth With Early-Stage Borderline Personality Disorder](#)

J Pers Disord. 2023 Apr;37(2):156-176. doi: 10.1521/pedi.2023.37.2.156.

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- PMID: [37002936](#)
- DOI: [10.1521/pedi.2023.37.2.156](#)

## Abstract

Application of emotion regulation strategies might be susceptible to the context of social rejection for individuals with borderline personality disorder (BPD). This study compared the ability of 27 outpatient youths (15-25 years old) with early-stage BPD and 37 healthy controls (HC) to apply expressive suppression and cognitive reappraisal in standard and socially rejecting laboratory contexts. BPD youths were largely as able as HCs to regulate negative affect across instruction and contexts. However, cognitive reappraisal in the context of social rejection heightened BPD negative facial expression relative to HCs. Thus, while BPD emotion regulation ability was largely normative, cognitive reappraisal might be ineffective in the context of social rejection for this group, with social rejection acting as an accelerant that heightens the expression of negative affect. Given the common experience of perceived and actual social rejection for this group, clinicians should carefully consider treatments that include cognitive reappraisal strategies because they might be contraindicated.

**Keywords:** adolescents; borderline personality disorder; emotion regulation; social rejection; youth.

## Full text links



68. [Experiences of Stigma and Discrimination in Borderline Personality Disorder: A Systematic Review and Qualitative Meta-Synthesis](#)

J Pers Disord. 2023 Apr;37(2):177-194. doi: 10.1521/pedi.2023.37.2.177.

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- PMID: [37002935](#)
- DOI: [10.1521/pedi.2023.37.2.177](#)

**Abstract**

Individuals with a diagnosis of borderline personality disorder (BPD) typically experience discrimination and stigma, resulting in poor identification and delayed care. We conducted a review to examine and synthesize qualitative studies exploring experiences of stigma and discrimination among individuals with BPD. In August 2021, we systematically searched the following databases: Embase, Medline, Cochrane Library, PsycINFO, and Cinhal. We also hand searched reference lists and Google Scholar. We then synthesized studies using meta-ethnography. We included seven articles in the study, all of high or moderate quality. Five themes were identified: (1) resistance from clinicians (withholding information), (2) othering, (3) negative impact on self-image/esteem, (4) hopelessness surrounding the perceived permanency of BPD, and (5) feeling like a burden. This review highlights the need for improved understanding of BPD across health care services. We also discussed the need to introduce a standardized pathway of care across health services following a BPD diagnosis.

**Keywords:** borderline personality disorder; discrimination; mental health care; qualitative systematic review; stigma.

**Full text links**



69. [Examining the Therapeutic Effect of Ceremonial Ayahuasca on Narcissistic Personality and Antagonistic Externalizing in Adults](#)

J Pers Disord. 2023 Apr;37(2):131-155. doi: 10.1521/pedi.2023.37.2.131.

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- PMID: [37002934](#)
- DOI: [10.1521/pedi.2023.37.2.131](#)

**Abstract**

Changes in narcissistic traits (e.g., entitlement) following the ceremonial use of ayahuasca were examined across three timepoints (baseline, postretreat, 3-month follow-up) in a sample of 314 adults using self- and informant-report ( $N = 110$ ) measures. Following ceremonial use of ayahuasca, self-reported changes in narcissism were observed (i.e., decreases in Narcissistic Personality Inventory [NPI] Entitlement-Exploitativeness, increases in NPI Leadership Authority, decreases in a proxy measure of narcissistic personality disorder [NPD]). However, effect size changes were small, results were somewhat mixed across convergent measures, and no significant changes were observed by informants. The present study provides modest and qualified support for adaptive change in narcissistic antagonism up to 3 months following ceremony

experiences, suggesting some potential for treatment efficacy. However, meaningful changes in narcissism were not observed. More research would be needed to adequately evaluate the relevance of psychedelic-assisted therapy for narcissistic traits, particularly studies examining individuals with higher antagonism and involving antagonism-focused therapeutic approaches.

**Keywords:** ayahuasca; narcissism; psychedelics.

### Full text links



## 70. [A Systematic Review of the Heterogeneity of Schema Therapy](#)

J Pers Disord. 2023 Apr;37(2):233-262. doi: 10.1521/pedi.2023.37.2.262.

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- PMID: [37002933](#)
- DOI: [10.1521/pedi.2023.37.2.262](#)

### Abstract

We aimed to explore the heterogeneity of schema therapy regarding (a) patient characteristics, (b) content, and (c) way of delivering schema therapy. A search was conducted of the electronic databases EMBASE, PsycINFO, Web of Science, MEDLINE, and COCHRANE up to June 15, 2022. Treatment studies

were eligible if they (a) used schema therapy as (component of) the intervention examined, and (b) reported an outcome measure quantitatively. A total of 101 studies met the inclusion criteria, including randomized controlled trials ( $n = 30$ ), non-randomized controlled trials ( $n = 8$ ), pre-post designs ( $n = 22$ ), cases series ( $n = 13$ ), and case reports ( $n = 28$ ), including 4006 patients. Good feasibility was consistently reported irrespective of format (group versus individual), setting (outpatient, day-treatment, inpatient), intensity of treatment, and the specific therapeutic components included. Schema therapy was applied to various (psychiatric) disorders. All studies presented promising results. Effectiveness of the different models of schema therapy as well as application beyond personality disorders should be examined more rigorously.

**Keywords:** heterogeneity; personality disorders; psychotherapy; schema therapy; systematic review.

#### Full text links



71. [Emotion dysregulation and neuroticism as moderators of group Unified Protocol effectiveness outcomes for treating emotional disorders](#)

J Affect Disord. 2023 Jun 15;331:313-321. doi: 10.1016/j.jad.2023.03.079. Epub 2023 Mar 26.

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## Free article

## Abstract

**Background:** The personality dimension neuroticism and difficulties in emotional regulation (ER) are two variables closely related to the onset, course, and maintenance of emotional disorders (EDs). The Unified Protocol for the Transdiagnostic Treatment of Emotional Disorders (UP) is a treatment specifically designed to address neuroticism by training in adaptive ER skills and has been shown to be effective in reducing difficulties in ER. However, the specific impact of these variables on treatment outcomes is not entirely clear. The aim of the present study was to explore the moderating role of neuroticism and difficulties in ER regarding the evolution of depressive and anxiety symptoms and quality of life.

**Methods:** This secondary study included 140 participants diagnosed with EDs, who received the UP in group format as part of an RCT being conducted in different Spanish Public Mental Health Units.

**Results:** The results of this study found that high scores in neuroticism and difficulties in ER were associated with greater severity of depression and anxiety symptomatology, and with poorer quality of life. In addition, difficulties in ER moderated the efficacy of UP regarding anxiety symptoms, and quality of life. No moderating effects were found for depression ( $p > 0.5$ ).

**Limitations:** We only evaluated two moderators that may influence UP effectiveness; other key moderators should be analyzed in future.

**Conclusions:** The identification of specific moderators affecting transdiagnostic interventions outcomes will allow the development of personalized interventions and provide useful information to improve the psychopathology and well-being of people with EDs.



**Keywords:** Emotion regulation; Emotional disorders; Moderators; Neuroticism; Quality of life; Unified protocol.

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### **Conflict of interest statement**

Conflict of interest The authors declare no conflict of interest.

### **Full text links**



72. [\*\*Vulnerability to anxiety differently predicts cortisol reactivity and state anxiety during a laboratory stressor in healthy girls and boys\*\*](#)

J Affect Disord. 2023 Jun 15;331:425-433. doi: 10.1016/j.jad.2023.02.154.  
Epub 2023 Mar 26.

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- DOI: [10.1016/j.jad.2023.02.154](#)

## Abstract

**Background:** Children diagnosed with anxiety disorders show altered cortisol and state anxiety reactivity to stressful situations. To date, it remains unclear whether these dysregulations emerge after the pathology or whether they are also detectable in healthy children. If the latter is true, this may provide insight into children's vulnerability to develop clinical anxiety. Various personality factors (anxiety sensitivity, intolerance of uncertainty, perseverative cognitions) increase youth's vulnerability to develop anxiety disorders. This study aimed to examine whether vulnerability to anxiety was associated with cortisol reactivity and state anxiety in healthy youth.

**Methods:** 114 children (8-12 y/o) were exposed to the Trier Social Stress Test for Children (TSST-C), where saliva samples were collected for cortisol quantification. State anxiety was assessed 20 min before and 10 min after the TSST-C using the state form of the State-Trait Anxiety Inventory for Children. Vulnerability to anxiety was assessed using a composite score of the Childhood Anxiety Sensitivity Index, Intolerance of Uncertainty Scale for Children, and Perseverative Thinking Questionnaire.

**Results:** Higher vulnerability to anxiety was associated with enhanced cortisol reactivity in boys. Irrespective of vulnerability level, girls reported greater changes in state anxiety in response to the TSST.

**Limitations:** Given the correlational nature of this study, the directionality of the results remains to be elucidated.

**Conclusions:** These results indicate that endocrine patterns characterizing anxiety disorders are detectable in healthy boys who exhibit a high level of

self-reported vulnerability to anxiety. These results could aid in the early identification of children at risk of developing anxiety disorders.

**Keywords:** Cortisol reactivity; Sex differences; State anxiety; Trier Social Stress Test for Children; Vulnerability to anxiety; Youth.

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### **Conflict of interest statement**

Conflict of interest The authors declare no competing interests.

### **Full text links**



## 73. [Early trajectory of clinical global impression as a transdiagnostic predictor of psychiatric hospitalisation: a retrospective cohort study](#)

Lancet Psychiatry. 2023 May;10(5):334-341. doi: 10.1016/S2215-0366(23)00066-4. Epub 2023 Mar 23.

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- PMID: [36966787](#)
- DOI: [10.1016/S2215-0366\(23\)00066-4](#)

## Free article

## Abstract

**Background:** Identifying patients most at risk of psychiatric hospitalisation is crucial to improving service provision and patient outcomes. Existing predictors focus on specific clinical scenarios and are not validated with real-world data, limiting their translational potential. This study aimed to determine whether early trajectories of Clinical Global Impression Severity are predictors of 6 month risk of hospitalisation.

**Methods:** This retrospective cohort study used data from the NeuroBlu database, an electronic health records network from 25 US mental health-care providers. Patients with an ICD-9 or ICD-10 code of major depressive disorder, bipolar disorder, generalised anxiety disorder, post-traumatic stress disorder, schizophrenia or schizoaffective disorder, ADHD, or personality disorder were included. Using this cohort, we assessed whether clinical severity and instability (operationalised using Clinical Global Impression Severity measurements) during a 2-month period were predictors of psychiatric hospitalisation within the next 6 months.

**Findings:** 36 914 patients were included (mean age 29.7 years [SD 17.5]; 21 156 [57.3%] female, 15 748 [42.7%] male; 20 559 [55.7%] White, 4842 [13.1%] Black or African American, 286 [0.8%] Native Hawaiian or other Pacific Islander, 300 [0.8%] Asian, 139 [0.4%] American Indian or Alaska Native, 524 (1.4%) other or mixed race, and 10 264 [27.8%] of unknown race). Clinical severity and instability were independent predictors of risk of hospitalisation (adjusted hazard ratio [HR] 1.09, 95% CI 1.07-1.10 for every SD increase in instability; 1.11, 1.09-1.12 for every SD increase in severity;  $p < 0.0001$  for both). These associations were consistent across all diagnoses, age groups, and in both males and females, as well as in several robustness analyses, including when clinical severity and clinical instability were based on the Patient Health Questionnaire-9 rather than Clinical Global Impression Severity measurements. Patients in the top half of the cohort for both clinical severity and instability were at an increased risk of hospitalisation compared with those in the bottom half along both dimensions (HR 1.45, 95% CI 1.39-1.52;  $p < 0.0001$ ).

**Interpretation:** Clinical instability and severity are independent predictors of future risk of hospitalisation, across diagnoses, age groups, and in both males and females. These findings could help clinicians make prognoses and screen patients who are most likely to benefit from intensive interventions, as well as help health-care providers plan service provisions by adding additional detail to risk prediction tools that incorporate other risk factors.

**Funding:** National Institute for Health and Care Research, National Institute for Health and Care Research Oxford Health Biomedical Research Centre, Medical Research Council, Academy of Medical Sciences, and Holmusk.

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### **Conflict of interest statement**

Declaration of interests MT has received consultancy fees from Holmusk, which developed NeuroBlu, and is a clinical advisor to Akrivia Health. RP has received personal fees from Holmusk (consulting and employment), grant funding from Janssen, and honoraria from Boehringer Ingelheim. All other authors are current or former employees of Holmusk.

### **Comment in**

- [Instability matters.](#)

Forkmann T, Höller I.

Lancet Psychiatry. 2023 May;10(5):307-308. doi: 10.1016/S2215-0366(23)00101-3. Epub 2023 Mar 23.

PMID: 36966786No abstract available.

### **Full text links**



74. [Mediating role of personality traits in the association between multi-dimensional adverse](#)

# [childhood experiences and depressive symptoms among older adults: A 9-year prospective cohort study](#)

J Affect Disord. 2023 Jun 15;331:167-174. doi: 10.1016/j.jad.2023.03.067.  
Epub 2023 Mar 22.

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- PMID: [36963513](#)

- DOI: [10.1016/j.jad.2023.03.067](https://doi.org/10.1016/j.jad.2023.03.067)

## Abstract

**Background:** To explore the mediating role of personality traits in the correlation between multi-dimensional adverse childhood experiences (ACEs) and depressive symptoms in older adults.

**Methods:** This cohort study used data from the English Longitudinal Study of Ageing, and included 4050 older adults without depressive symptoms in 2010-2011. Multi-dimensional ACEs were evaluated in 2006-2007. Personality traits were assessed using the Midlife Development Inventory in 2010-2011. Depressive symptoms were measured using the 8-item version of the Center for Epidemiologic Studies Depression Scale during 2012-2019. Cox proportional hazard model was used to explore the associations between ACEs and depressive symptoms. The package named "mediation" in R was used to test mediating role of personality traits.

**Results:** ACEs in each dimension significantly increased the risk of depressive symptoms (all P-values < 0.05). The association of maltreatment (18.18 %) and household dysfunction (19.69 %) with depressive symptoms was significantly mediated by neuroticism. The correlation between poor parent-child bonding and depressive symptoms was significantly mediated by neuroticism (19.43 %), conscientiousness (4.84 %), and extroversion (8.02 %).

**Limitations:** ACEs were retrospectively assessed based on participants' memories, which may induce recall bias.

**Conclusions:** Maltreatment and household dysfunction may induce depressive symptoms by increasing neuroticism. Poor parent-child bonding may induce depressive symptoms by increasing neuroticism and reducing conscientiousness and extraversion. In addition to reducing the occurrence of ACEs, reducing neuroticism of individuals with maltreatment and household dysfunction in childhood, and reducing neuroticism, and increasing conscientiousness and extraversion of individuals with poor parent-child bonding in childhood might help to decrease their risk of depressive symptoms.

**Keywords:** Adverse childhood experiences; Depressive symptoms; Mediation; Older adults; Personality traits.

## Conflict of interest statement

Conflict of interest None.

## Full text links



75. [The influence of childhood maltreatment on trait depression in patients with major depressive disorder: A moderated mediation model of rumination and mindful attention awareness](#)

J Affect Disord. 2023 Jun 15;331:130-138. doi: 10.1016/j.jad.2023.03.052.  
Epub 2023 Mar 22.

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## Abstract

Major depressive disorder (MDD) is one of the most prevalent psychiatric disorders. Individuals who were exposed to childhood maltreatment might be an especially vulnerable group and were more likely to meet the diagnostic criteria for depression than those who were not. Trait depression refers to a



personality trait predisposition to depression, expressed as the frequency of symptoms rather than a transient depressive mood state. Clarifying the relationship between childhood maltreatment and trait depression in patients with MDD has therefore become an important field of research. Childhood Trauma Questionnaire-Short Form (CTQ-SF), Ruminative Responses Scale (RRS), State-Trait Depression Scale (ST-DEP), and Mindful Attention Awareness Scale (MAAS) were used as research instruments. SPSS 23.0 statistical software was used for statistical analysis and examined the moderated mediation models. A total of 288 patients with MDD were included in this study. After standardization of the variables, the model revealed childhood maltreatment was positively associated with trait depression ( $\beta = 0.215$ ,  $p < 0.001$ ) and that rumination partially mediated the effect between childhood trauma and trait depression. Mindfulness moderated the association between rumination and trait depression in depressed patients ( $\beta = 0.171$ ,  $p < 0.001$ ). Simple slope tests showed that rumination significantly predicted trait depression in patients with high levels of mindfulness ( $b_{\text{simple}} = 0.460$ ,  $p < 0.001$ , 95% CI = [0.339, 0.581]), while this predictive effect was not significant in patients with low levels ( $b_{\text{simple}} = 0.119$ ,  $p = 0.097$ , 95% CI = [-0.022, 0.261]). After adding mediating variables, we found that the negative impact of childhood maltreatment on trait depression was both directly and indirectly through the patients' own ruminative levels. However, mindfulness performed a critical moderating role in the overall mediating model, aggravating the negative impact of childhood maltreatment on trait depression. There are several limitations in this study: the history of childhood maltreatment was reviewed and reported; the MAAS was a single-dimensional questionnaire that fails to measure the content of other mindfulness factors; cross-sectional data could not be used to infer the causal relationship between variables.

**Keywords:** Childhood trauma; MDD; Mindfulness; Moderated mediation model; Ruminative thinking; Trait depression.

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### **Conflict of interest statement**

Conflict of interest The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

### **Full text links**

76. [Healthy sleep, mental health, genetic susceptibility, and risk of irritable bowel syndrome](#)

J Affect Disord. 2023 Jun 15;331:25-32. doi: 10.1016/j.jad.2023.03.033. Epub 2023 Mar 18.

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- DOI: [10.1016/j.jad.2023.03.033](#)

### Abstract

**Background:** We aimed to investigate the prospective association of individual and combined sleep behaviors and mental health (psychological distress and neuroticism) with incident irritable bowel syndrome (IBS).

**Methods:** A total of 302,839 participants without prior IBS in the UK Biobank were enrolled. A healthy sleep score was created according to five sleep factors and defined the low-risk groups as follows: sleep 7-8 h/day, early chronotype, never/rarely insomnia, no snoring, and no frequent excessive daytime sleepiness. Psychological distress and neuroticism were ascertained using the Patient Health Questionnaire and the Eysenck Personality Questionnaire-Revised Short Form, respectively. The primary outcome was incident IBS, based on self-report or linkage to death register and/or primary care and/or hospital admission data.

**Results:** During a median follow-up of 12.0 years, 5574 participants developed IBS. Overall, low-risk sleep behaviors and a healthy sleep score (per one point increment, HR, 0.81, 95%CI, 0.79-0.83) were associated with a lower risk of incident IBS, 29.4 %-32.4 % of which was mediated by mental health. Psychological distress (per one point increment, HR, 1.16, 95%CI, 1.14-1.17) and neuroticism (HR, 1.11, 95%CI, 1.10-1.12) were positively associated with incident IBS, and healthy sleep scores mediated 8.3 %-9.7 % of the association. Moreover, participants with lowest healthy sleep score/highest mental health score and higher genetic risk of IBS showed the highest risk of incident IBS.

**Limitations:** Sleep behaviors and mental health were assessed by self-reported questionnaires.

**Conclusions:** Healthy sleep scores and low psychological distress/neuroticism were associated with a lower risk of IBS, regardless of genetic predisposition.

**Keywords:** Genetic susceptibility; Irritable bowel syndrome; Mental health; Sleep behaviors.

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#### **Conflict of interest statement**

Conflict of interest No disclosure was reported.

#### **Full text links**



77. [Trait schizotypy and the psychosis prodrome: Current standard assessment of extended psychosis spectrum phenotypes](#)

Schizophr Res. 2023 Apr;254:208-217. doi: 10.1016/j.schres.2023.03.004.  
Epub 2023 Mar 16.

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- PMID: [36933416](#)
- DOI: [10.1016/j.schres.2023.03.004](#)

### Abstract

Schizotypy has become an increasingly important construct for elaborating psychotic disorders that vary along the schizophrenic spectrum. However, different schizotypy inventories vary in conceptual approach and measurement. In addition, commonly used schizotypy scales have been seen as qualitatively different from screening instruments for prodromal schizophrenia like the

Prodromal Questionnaire-16 (PQ-16). Our study investigated the psychometric properties of three schizotypy questionnaires (the Schizotypal Personality Questionnaire-Brief, Oxford-Liverpool Inventory of Feelings and Experiences, and the Multidimensional Schizotypy Scale) as well as the PQ-16 in a cohort of 383 non-clinical subjects. We initially evaluated their factor structure using Principal Component Analysis (PCA) and used Confirmatory Factor Analysis (CFA) to test a newly proposed composition of factors. PCA results support a three-factor structure of schizotypy that accounts for 71 % of the total variance, but also shows cross-loadings of some schizotypy subscales. CFA of the newly composed schizotypy factors (together with an added neuroticism factor) shows good fit. Analyses including the PQ-16 indicate considerable overlap with measures of trait schizotypy, suggesting that the PQ-16 might not be quantitatively or qualitatively different from schizotypy measurements. Taken together, results indicate that there is good support for a three-factor structure of schizotypy but also that different schizotypy measurements grasp facets of schizotypy differently. This points towards the need for an integrative approach for assessing the construct of schizotypy.

**Keywords:** Factor analysis; Prodrome; Psychosis; Schizophrenia; Schizotypy.

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#### **Conflict of interest statement**

Declaration of competing interest All authors declare no conflict of interests.

#### **Full text links**



78. [Evaluation of a 36-item measure of ICD-11 and DSM-5 personality disorder trait domains and facets in Russian inpatients](#)

Psychol Assess. 2023 May;35(5):e22-e30. doi: 10.1037/pas0001223. Epub 2023 Mar 16.

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## Abstract

The *Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5)* and *International Classification of Diseases 11th revision (ICD-11)* have introduced a new dimensional approach to personality disorder (PD) classification that relies on the global level of PD severity and individual expressions of personality dysfunction in terms of specified trait domains (i.e., negative affectivity, detachment, antagonism, disinhibition, anankastia, and psychoticism). This study sought to evaluate the psychometric qualities of the *DSM-5* and *ICD-11* trait domains and facets in 570 Russian psychiatric inpatients using the Modified 36-Item Personality Inventory for *DSM-5* and *ICD-11* Brief Form Plus-Modified (PID5BF + M). The expected six-factor structure of the *DSM-5* and *ICD-11* trait domains was replicated using exploratory factor analysis. The six domain scores showed expected convergence with normal five-factor model scores, and the 18 subfacets showed acceptable scale reliability. Our findings overall support the psychometric properties of the six PID5BF + M domain scores and 18 subfacet scores covering both the *ICD-11* and the *DSM-5* trait models. Consequently, clinicians and researchers in Russian-speaking mental health services are now able to perform a combined and facet-level assessment of the *DSM-5* and *ICD-11* trait models in a feasible and psychometrically sound manner. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

## Full text links



79. [Investigating gender-based differential item functioning on the McLean Screening Instrument for Borderline Personality Disorder \(MSI-BPD\): An item response theory analysis](#)

Psychol Assess. 2023 May;35(5):462-468. doi: 10.1037/pas0001229. Epub 2023 Mar 16.

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- DOI: [10.1037/pas0001229](#)

**Abstract**

The McLean Screening Instrument for Borderline Personality Disorder (MSI-BPD) is a popular screening tool for identifying people who may have borderline personality disorder (BPD). However, because women are more frequently diagnosed with the disorder than men, it is possible that the MSI-BPD differs in its ability to identify BPD as a function of gender identity. Using item response theory (IRT), we sought to determine if components of the MSI-BPD would demonstrate differential item functioning (DIF), such that one gender identity would be more likely to endorse certain items. Twenty-two thousand thirty-five college undergraduates (14,305 women) aged 18-55 years ( $M = 18.77$ ,  $SD = 1.75$ ) were assessed using the MSI-BPD as part of a subject pool screening between 2008 and 2019. The MSI-BPD contains 10 items that are measured dichotomously, and the authors recommend a cut-off of 7 of 10 items endorsed to maximize sensitivity and specificity to BPD. Results suggested that a two-parameter model was the best fit to the data and that unidimensionality and local independence assumptions were met. The following items demonstrated DIF: self-harm/suicidality, affective lability, abandonment, impulsivity, and anger. At equal levels of the latent construct of BPD, women were more likely to endorse self-harm/suicidality, affective

lability, and abandonment. Women were more likely to endorse impulsivity at higher levels of BPD, and men were more likely to endorse anger at lower levels of BPD. Ultimately, the effect sizes of these differences were small, however, and likely do not impact the individual's overall outcome on the measure. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

### Full text links



80. [Frontotemporal dementia: Addressing the scattered harbingers of genetics and its relationship with glucose metabolism, bipolar disorder, and amyotrophic lateral sclerosis](#)

Dis Mon. 2023 May;69(5):101545. doi: 10.1016/j.disamonth.2023.101545.  
Epub 2023 Mar 14.

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## Abstract

Frontotemporal Dementia, also known by the name Pick's disease, is a rare form of dementia that can run for several generations. The two key characteristics are argyrophilic, spherical intraneuronal inclusions, which most frequently impact the frontal and temporal poles, and localized cortical atrophy (Pick bodies). Although personality decline and memory loss are frequently more severe than the visuospatial and apraxia disorders that are common in Alzheimer's disease, clinical overlap with other non-Alzheimer degenerative disorders is being increasingly recognized. The limbic system, which includes the hippocampus, entorhinal cortex, and amygdala, typically experiences the greatest levels of neuronal loss and degeneration. In the hippocampus's dentate fascia, several Pick bodies are frequently seen. Leukoencephalopathy and inflated cortical neurons are less specific symptoms (Pick cells). In this paper, we review the factors leading to Pick's disease along with its pathophysiology, clinical manifestations, diagnosis, imaging, treatment, prognosis, and a comprehensive discussion on the same. We have also discussed the relationship of frontotemporal dementia with glucose metabolism, bipolar disorder, and amyotrophic lateral sclerosis, all of which are emerging fields of interest and need more studies.

**Keywords:** Amyotrophic lateral sclerosis; Bipolar disorder; Frontotemporal dementia; Glucose metabolism; Tau.

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**Conflict of interest statement**

Conflict of Interest The authors declare no conflict of interest, financial or otherwise.

### Full text links



81. [Resting-state connectivity underlying cognitive control's association with perspective taking in callous-unemotional traits](#)

Psychiatry Res Neuroimaging. 2023 Jun;331:111615. doi: 10.1016/j.psychresns.2023.111615. Epub 2023 Mar 3.

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- PMCID: **PMC10133184** (available on 2024-06-01)
- DOI: [10.1016/j.psychresns.2023.111615](#)

## Abstract

Callous-Unemotional (CU) traits are often associated with impairments in perspective taking and cognitive control (regulating goal directed behavior); and adolescents with CU traits demonstrate aberrant brain activation/connectivity in areas underlying these processes. Together cognitive control and perspective taking are thought to link mechanistically to explain CU traits. Because increased cognitive control demands modulate perspective taking ability among both typically developing samples and individuals with elevated CU traits, understanding the neurophysiological substrates of these constructs could inform efforts to alleviate societal costs of antisocial behavior. The present study uses GIMME to examine the heterogenous functional brain properties (i.e., connection density, node centrality) underlying cognitive control's influence on perspective taking among adolescents on a CU trait continuum. Results reveal that cognitive control had a negative indirect association with CU traits via perspective taking; and brain connectivity indirectly associated with lower CU traits - specifically the social network via perspective taking and conflict network via cognitive control. Additionally, less negative connection density between the social and conflict networks was directly associated with higher CU traits. Our results support the growing literature on cognitive control's influence on socio-cognitive functioning in CU traits and extends that work by identifying underlying functional brain properties.

**Keywords:** Callous-unemotional traits; Cognitive control; Functional connectivity; GIMME; Perspective taking.

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### Conflict of interest statement

Conflict of interest statement The authors report no conflict of interests to report.

### Full text links



82. [Intensive Short-Term Dynamic Psychotherapy \(ISTDP\) associated with healthcare reductions in patients with functional seizures](#)

Epilepsy Behav. 2023 Apr;141:109147. doi: 10.1016/j.yebeh.2023.109147.  
Epub 2023 Mar 14.

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- PMID: [36924611](#)
- DOI: [10.1016/j.yebeh.2023.109147](#)

**Abstract**

Intensive Short-Term Psychodynamic Therapy (ISTDP) has demonstrated promising evidence for the treatment of Functional Neurological Disorders (FND) including functional seizures. This paper aimed to further examine the therapeutic effects of a 3-session course of this treatment focusing on its potential to maintain reduced healthcare utility within a group of patients with complex difficulties, across an extended time period, post-therapy. The original study followed a mixed methods case series design and recruited 18 patients from secondary adult mental health care and specialist neurology services. Seventeen participants completed the intervention and attendance rates were very high (95%). In this follow-up study, which was solely focused on the utilization of healthcare resources, results showed decreases when comparing 12 months prior and 12 months post three sessions of ISTDP. The results provide further support for the use of ISTDP in this group of participants with complex clinical presentations, specifically, its capacity to reduce healthcare usage over 12 months post-therapy. Further evidence from controlled and randomized studies with larger sample sizes is warranted.

**Keywords:** Functional Seizures; Healthcare Utilisation; ISTDP.

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#### **Conflict of interest statement**

Declaration of Competing Interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

#### **Full text links**



### 83. [Personality traits and disorders in Alzheimer's disease](#)

Brain Behav. 2023 Apr;13(4):e2938. doi: 10.1002/brb3.2938. Epub 2023 Mar 14.

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- PMID: [36919197](#)
- PMCID: [PMC10097140](#)
- DOI: [10.1002/brb3.2938](#)

## Free PMC article

## Abstract

**Background:** The relationships between axis II personality disorders and the normative personality traits were explored in the context of current and pre-morbid personality assessment in Alzheimer's disease (AD).

**Methods:** The study was conducted with four groups who were administered the NEO-FFI and the PDQ-4+, in the form of individual interview sessions. Current personality measure: consisting of 44 female participants (AD group) and, the control group, consisting of 80 female participants from the population at large. Pre-morbid personality measure: AD group informants (n = 40); control group informants (n = 42).

**Results:** The results are in line with the literature review and provide new research data. By factorial discriminant analysis, the current and pre-morbid personality variables that differentiate AD from control groups are identified. The personality traits variables are the best discriminators such as low agreeableness, low openness to experience, and high neuroticism, suggesting that the maladaptive personality functioning can be described extending the range of psychopathology to a dimensional approach.

**Conclusions:** The study of personality variables seems to suggest, in their inclusion, the possibility to increase sensitivity toward an assessment in AD.

**Keywords:** Alzheimer's disease; aging; personality; psychopathology; traits.

## Conflict of interest statement

The author declares no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

- [61 references](#)

## Full text links



84. [\*\*Clinical features and factors related to lifetime suicidal ideation and suicide attempts in patients who have had substance-induced psychosis across their lifetime\*\*](#)

Psychiatry Res. 2023 May;323:115147. doi: 10.1016/j.psychres.2023.115147.  
Epub 2023 Mar 6.

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- PMID: [36913874](https://pubmed.ncbi.nlm.nih.gov/36913874/)
- DOI: [10.1016/j.psychres.2023.115147](https://doi.org/10.1016/j.psychres.2023.115147)

## Abstract

Suicidal behaviors are common among patients with substance use disorders (SUD). However, the prevalence and clinical factors related to suicide behaviors among patients who have had substance-induced psychosis (SIP) is unknown. This study aims to explore the prevalence, clinical features, and factors related to lifetime suicidal ideation (SI) and suicide attempts (SA) in patients who have had SIP across their lifetime. A cross-sectional study was conducted in an outpatient center for addiction treatment between 01/01/2010 and 12/31/2021. 601 patients were evaluated with validated scales and questionnaires (79.03% males; M age 38.11±10.11 years). The prevalence of SI and SA was 55.4% and 33.6%, respectively. SI was independently related to any type of lifetime abuse, depressive spectrum disorders, benzodiazepine use disorder, borderline personality disorder, and the level of depressive symptoms. SA was independently associated with lifetime physical abuse, benzodiazepine use disorder, the number of psychotic symptoms, borderline personality disorder, and the level of depressive symptoms. The main factors related to SI and SA in those patients should be evaluated in daily clinical practice and considered in any approach to clinical practice as well as in health policies targeting suicide prevention.



**Keywords:** Psychosis; Substance use disorder; Substance-induced psychosis; Suicidal ideation; Suicide; Suicide attempts.

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### **Conflict of interest statement**

Declaration of Competing Interest RFP has received speaker honorariums from Angelini, Exeltis, Lundbeck, MSD, Mundipharma, Rubió, Servier, and Takeda. ERC has received speaker honorariums from Janssen-Cilag, Lundbeck, Otsuka, Pfizer, Lilly, Servier, Rovi, Juste. She has received financial compensation for projects with Lundbeck, Esteve, Pfizer, Rovi, Exeltis, Servier, and Eisai. She has received financial compensation for her participation as a board member of Janssen-Cilag. GOH has received speaker honorariums from Rubió. CR has received fees to give lectures for Janssen-Cilag, Ferrer-Brainfarma, Pfizer, Indivior, Lundbeck, Otsuka, Servier, GSK, Rovi, Astra, Gilead, MSD, Sanofi and Exeltis. He has received financial compensation for his participation as a board member of JanssenCilag, Lundbeck, Gilead, MSD, Indivior and Mundipharma. He has carried out the PROTEUS project, which was funded by a grant from Reckitt-Benckiser/Indivior. He received a medical education grant for Gilead. JARQ has been on the speakers' bureau and/or acted as consultant for Janssen-Cilag, Novartis, Shire, Takeda, Bial, Shionogi, Sincrolab, Novartis, BMS, Medice, Rubió, Uriach and Raffo. He also received travel awards (air tickets + hotel) for taking part in psychiatric meetings from Janssen-Cilag, Rubió, Shire, Takeda, Shionogi, Bial, and Medice. The Department of Psychiatry chaired by him received unrestricted educational and research support from the following companies in the last 3 years: Janssen- Cilag, Shire, Oryzon, Roche, Psious, and Rubió. LGL has received fees to give talks for Janssen-Cilag, Lundbeck, Servier, Otsuka, and Pfizer. The remaining authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

### **Full text links**



85.

[\*\*Subgroups of borderline personality disorder: A latent class analysis\*\*](#)

Psychiatry Res. 2023 May;323:115131. doi: 10.1016/j.psychres.2023.115131.  
Epub 2023 Feb 22.

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- DOI: [10.1016/j.psychres.2023.115131](#)

## Abstract

Borderline personality disorder (BPD) is characterized by instability in interpersonal, affective, cognitive, self-identity, and behavioral domains. For a BPD diagnosis, individuals must present at least five of nine symptoms, resulting in 256 possible symptom combinations; thus, individuals diagnosed

with BPD can differ substantially. Specific symptoms of BPD tend to co-occur, suggesting BPD subgroups. To explore this potential, we analyzed data from 504 participants diagnosed with BPD enrolled in one of three randomized controlled trials conducted at center for Addiction and Mental Health in Toronto, Canada from 2002 to 2018. An exploratory latent class analysis (LCA) was conducted to identify symptom subgroups of BPD. Analyses indicated three latent subgroups. The first group (n = 53) is distinguished by a lack of affective instability and low levels of dissociative symptoms (non-labile type). The second group (n = 279) is characterized by high levels of dissociative and paranoid symptoms but low abandonment fears and identity disturbance (dissociative/paranoid type). The third group (n = 172) is characterized by high efforts to avoid abandonment and interpersonal aggression (interpersonally unstable type). Homogenous symptom subgroups of BPD symptoms exist and may have important implications for how to refine BPD treatment interventions.

**Keywords:** Symptom groups; Symptom profiles; Treatment Implications.

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#### **Conflict of interest statement**

Conflicts of interest None.

#### **Full text links**



86. [\*\*A double-edged hormone: The moderating role of personality and attachment on oxytocin's treatment facilitation effect\*\*](#)

Psychoneuroendocrinology. 2023 May;151:106074. doi: 10.1016/j.psyneuen.2023.106074. Epub 2023 Feb 27.

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- PMID: [36905736](#)
- DOI: [10.1016/j.psyneuen.2023.106074](#)

## Abstract

**Background:** Studies exploring the potential augmenting effect of oxytocin for patients with mental disorders have thus far reported mixed effects. However, oxytocin's effect may differ across patients with different interpersonal characteristics. This study aimed to examine the moderating role of attachment and personality traits on the effect of oxytocin administration on the therapeutic working alliance and symptomatic change, among hospitalized patients with severe mental illness.

**Methods:** Patients (N = 87) were randomly assigned to receive oxytocin or placebo, as an add-on to psychotherapy for a period of four weeks, in two inpatient units. Therapeutic alliance and symptomatic change were measured weekly, and personality and attachment were assessed at pre- and post-intervention.

**Results:** Oxytocin administration was significantly associated with improvement of depression (B=2.12, SE=0.82, t = 2.56, p = .012), and suicidal ideation (B=0.03, SE=0.01, t = 2.44, p = .016) for patients low in openness and extraversion, respectively. Nonetheless, oxytocin administration was also significantly associated with a deterioration in the working alliance for patients high in extraversion (B=-0.11, SE=0.04, t = -2.73, p = .007), low in neuroticism

( $B=0.08$ ,  $SE=0.03$ ,  $t = 2.01$ ,  $p = .047$ ) and low in agreeableness ( $B=0.11$ ,  $SE=0.04$ ,  $t = 2.76$ ,  $p = .007$ ).

**Conclusions:** Oxytocin may act as a double-edged sword when it comes to its effect on treatment process and outcome. Future studies should focus on routes to characterize patients who might benefit the most from such augmentation.

**Clinical trial registration:** Pre-registration in [clinicaltrials.com](https://clinicaltrials.com): [NCT03566069](https://clinicaltrials.com/ct2/show/study/NCT03566069); Israel Ministry of Health: MOH\_2017-12-05\_002003.

**Keywords:** Attachment; Oxytocin; Personality; Psychotherapy; Randomized controlled trial.

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#### **Conflict of interest statement**

Competing interests The authors have no conflicts of interest to disclose. Other financial relations are as follows: Prof. Dana Tzur Bitan received a research grant from Pfizer and from the American Psychological Foundation.

#### **Full text links**



### 87. [Real world effectiveness of repeated ketamine infusions for treatment-resistant depression with comorbid borderline personality disorder](#)

Psychiatry Res. 2023 May;323:115133. doi: 10.1016/j.psychres.2023.115133.  
Epub 2023 Mar 5.

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- PMID: [36889160](https://pubmed.ncbi.nlm.nih.gov/36889160/)
- DOI: [10.1016/j.psychres.2023.115133](https://doi.org/10.1016/j.psychres.2023.115133)

## Abstract

Borderline personality disorder (BPD) has high rates of comorbidity with mood disorders, including treatment-resistant depression (TRD). Comorbidity of BPD with depression is associated with poorer response to antidepressants. Intravenous ketamine is a novel treatment for TRD that has not been specifically evaluated in patients with comorbid BPD. In this retrospective analysis of data collected from participants who received care at the Canadian Rapid Treatment Centre of Excellence (CRTCE; Braxia Health; ClinicalTrials.gov: [NCT04209296](https://clinicaltrials.gov/ct2/show/study/NCT04209296)), we evaluated the effectiveness of intravenous ketamine in a TRD population with comorbid BPD (N=100; n=50 BPD-positive compared with n=50 BPD-negative). Participants were administered four doses of intravenous ketamine (0.5-0.75mg/kg over 40 minutes) over two weeks. The primary outcome measures were changes in depressive symptom severity (as measured by Quick Inventory of Depressive Symptomatology-Self Report 16-item (QIDS-SR<sub>16</sub>)) and borderline symptom

severity (as measured by Borderline Symptom List 23-item (BSL-23)). Both BPD-positive and BPD-negative groups improved significantly on the QIDS-SR<sub>16</sub>, QIDS-SR<sub>16</sub> suicide ideation item, anxiety, and functionality scales with large effect sizes. There was no significant difference between groups. The BPD-positive group exhibited significant reduction of 0.64 on BSL-23 scores and a significant reduction of 5.95 on QIDS-SR<sub>16</sub> scores. Patients with TRD and comorbid BPD receiving ketamine exhibited a significant reduction in symptoms of depression, borderline personality, suicidality, and anxiety.

**Keywords:** Bipolar disorder; Borderline personality disorder; Cluster B Traits; Comorbidity; Emotionally unstable personality disorder; Esketamine; Ketamine; Major depressive disorder; Treatment resistant depression.

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### **Conflict of interest statement**

Declaration of Competing Interest Dr. Joshua D Rosenblat has received research grant support from the Canadian Institute of Health Research (CIHR), Physician Services Inc (PSI) Foundation, Labatt Brain Health Network, Brain and Cognition Discovery Foundation (BCDF), Canadian Cancer Society, Canadian Psychiatric Association, Academic Scholars Award, American Psychiatric Association, American Society of Psychopharmacology, University of Toronto, University Health Network Centre for Mental Health, Joseph M. West Family Memorial Fund and Timeposters Fellowship and industry funding for speaker/consultation/research fees from iGan, Boehringer Ingelheim, Janssen, Allergan, Lundbeck, Sunovion and COMPASS. He is the Chief Medical and Scientific Officer of Braxia Scientific and the medical director of the Canadian Rapid Treatment Centre of Excellence (Braxia Health). Kevin Kratiuk is the Vice President of Operations at Braxia Health and is a shareholder of Braxia Scientific Corp. Dr. Roger McIntyre has received research grant support from Global Alliance for Chronic Diseases/Canadian Institutes of Health Research (CIHR)/National Natural Science Foundation of China's Mental Health Team Grant; speaker/consultation fees from Lundbeck, Janssen, Purdue, Pfizer, Otsuka, Takeda, Neurocrine, Sunovion, Bausch Health, Novo Nordisk, Kris, Sanofi, Eisai, Intra-Cellular, NewBridge Pharmaceuticals, Abbvie. Dr. Roger McIntyre is a CEO of Braxia Scientific Corp. Kayla M. Teopiz has received personal fees from Braxia Scientific Corp. All other authors have no conflicts of interest to disclose.

### **Full text links**

88. [Filicide by mentally ill maternal perpetrators: a longitudinal, retrospective study over 30 years in a single Northern Italy psychiatric-forensic facility](#)

Arch Womens Ment Health. 2023 Apr;26(2):153-165. doi: 10.1007/s00737-023-01303-6. Epub 2023 Mar 8.

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### Abstract

Characterization of mentally ill maternal perpetrators of filicide assigned to a single psychiatric-forensic facility, including previous access to mental health services. A cross-sectional, retrospective analysis of medical records and legal documentation of maternal filicide patients at a single psychiatric-forensic facility (1990-2021) was performed. Socio-demographic, relationship, psychopathological, and criminological characteristics were collected. Data were compared according to previous perpetrators' access to mental health services or not and access within 1 year prior to filicide or not. All 55 detainees (mean age  $34.8 \pm 6.2$  years) were included. There were 64 victims; 15 (23%) were  $\leq 1$  year old and most (77%) were single victims. Some mothers had history of violence/abuse (29%), an aggressive parent (45%), and violent relationships with their intimate partner (46%) and were socially isolated (49%). Most crimes were motivated by altruism (53%). Women had attempted



suicide in 39% of filicide cases. Previous psychiatric diagnoses were available for 56%; 71% had accessed services for  $\leq 1$  year. Patients unknown to mental health services were less likely Italian, with children below preschool age and with no history of physical abuse/violence, aggressive parent, or suicide attempts. Patients lost to mental health services ( $> 1$  year) were less likely Italian or assuming psychopharmacological therapy, were in shorter relationships, and were mostly diagnosed with personality disorders. Female perpetrators of filicide are often unknown/lost to mental health services prior to the crime. Multifactorial historical and current characteristics aid in identifying mothers at risk. Communication of the availability of mental health services must be multi-lingual.

**Keywords:** Filicide; Infanticide; Intra-familial violence; Italian forensic facilities; Motherhood psychopathology.

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- [64 references](#)

#### Full text links



89. [Rethinking ketamine and esketamine action: Are they antidepressants with mood-stabilizing properties?](#)

Eur Neuropsychopharmacol. 2023 May;70:49-55. doi: 10.1016/j.euroneuro.2023.02.010. Epub 2023 Mar 1.

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- PMID: [36867895](https://pubmed.ncbi.nlm.nih.gov/36867895/)
- DOI: [10.1016/j.euroneuro.2023.02.010](https://doi.org/10.1016/j.euroneuro.2023.02.010)

## Abstract

Ketamine and esketamine, the S-enantiomer of the racemic mixture, have recently generated considerable interest as potential therapeutic agents for Treatment-Resistant Depression (TRD), a complex disorder that includes various psychopathological dimensions and distinct clinical profiles (e.g., comorbid personality disorder, bipolar spectrum, dysthymic disorder). This perspective article provides a comprehensive overview of the action of ketamine/esketamine from a dimensional point of view, taking into account the high prevalence of bipolarity in TRD and the evidence of the efficacy of these substances on mixed features, anxiety, dysphoric mood, and, generally, bipolar traits. Additionally, the article underscores the complexity of the pharmacodynamic mechanisms of action of ketamine/esketamine, which goes beyond the non-competitive antagonism of NMDA-R. The need for further research and evidence is highlighted, mainly to evaluate the efficacy of esketamine nasal spray in bipolar depression, the presence of bipolar elements as a predictor of response, and the potential role of these substances as mood stabilizers. The article implies that, in the future, ketamine/esketamine could be used with fewer limitations, not only as antidepressants for the most severe

form of depression but also as valuable tools to stabilize subjects with mixed symptoms or bipolar spectrum.

**Keywords:** Bipolar depression; Esketamine; Ketamine; Mood stabilizers; Rapid-acting therapies; TRD.

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### **Conflict of interest statement**

Conflict of interest Giorgio Di Lorenzo has been a speaker and / or a consultant for Angelini, Livanova, Lundbeck, Neuraxpharm, Otsuka, and Recordati. Dr. Roger McIntyre has received research grant support from CIHR/GACD/National Natural Science Foundation of China (NSFC) and the Milken Institute; speaker/consultation fees from Lundbeck, Janssen, Alkermes, Neumora Therapeutics, Boehringer Ingelheim, Sage, Biogen, Mitsubishi Tanabe, Purdue, Pfizer, Otsuka, Takeda, Neurocrine, Sunovion, Bausch Health, Axsome, Novo Nordisk, Kris, Sanofi, Eisai, Intra-Cellular, NewBridge Pharmaceuticals, Viatrix, Abbvie, Atai Life Sciences. Dr. Roger McIntyre is the CEO of Braxia Scientific Corp. Giovanni Martinotti has been a consultant and/or a speaker and/or has received research grants from Angelini, Doc Generici, Janssen-Cilag, Lundbeck, Otsuka, Pfizer, Servier, and Recordati. The remaining authors declare that the research was conducted without any commercial or financial relationship that could be construed as a potential conflict of interest.

### **Full text links**



90. [\*\*Criterion a of the alternative model of personality disorders: Structure and validity in a community sample\*\*](#)

Psychol Assess. 2023 May;35(5):453-461. doi: 10.1037/pas0001225. Epub 2023 Mar 2.

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- PMID: [36862456](#)
- DOI: [10.1037/pas0001225](#)

## Abstract

The alternative model of personality disorders were designed to represent the presence of personality dysfunction (Criterion A) and pathological personality traits (Criterion B). Much of the empirical attention toward this model has been directed toward testing the performance of Criterion B. However, the development of the Levels of Personality Functioning Scale-Self-Report (LPFS-SR) has sparked a growing amount of interest and debate around Criterion A. Specifically, there is significant disagreement in the research examining the validity of the LPFS-SR, with ongoing discrepancies regarding the measure's underlying structure and measurement of Criterion A. The present study aimed to compare four models (one-factor, four-factor, higher order, and bifactor models) in a sample of 416 adults (49.5% women, 63.5% White) to better understand the structure of the LPFS-SR. This study also built on existing efforts to establish convergent and divergent validity of the LPFS-SR by examining how criteria are related to independent measures of both self and interpersonal pathology. The results from the present study supported a bifactor model. Additionally, the four subscales of the LPFS-SR each captured unique variance above and beyond the general factor. Structural equation models predicting identity disturbance and interpersonal traits demonstrated that while the strongest relationships were found between the general factor and the scales, some support was found for the convergent and discriminant validity of the four factors. This work advances our understanding of the LPFS-SR and provides support for the LPFS-SR as a valid marker of personality pathology in clinical and research settings. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

## Full text links



91. [The joy of repetition: Perfectionism and poor sleep Comment on "Multidimensional](#)

# [perfectionism and poor sleep: A meta-analysis of bivariate associations"](#)

Sleep Health. 2023 Apr;9(2):236-237. doi: 10.1016/j.sleh.2023.01.003. Epub 2023 Feb 28.

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- PMID: [36858836](#)
- DOI: [10.1016/j.sleh.2023.01.003](https://doi.org/10.1016/j.sleh.2023.01.003)

*No abstract available*

## **Comment in**

- [The importance of cumulative science and the perils of perfectionistic strivings: A reply to Akram and Stevenson \(2023\).](#)

Stricker J, Kröger L, Kuskens A, Gieselmann A, Pietrowsky R.

Sleep Health. 2023 Apr;9(2):238-239. doi: 10.1016/j.sleh.2023.01.008. Epub 2023 Feb 26.

PMID: 36849282No abstract available.

## **Comment on**

- [Multidimensional perfectionism and poor sleep: A meta-analysis of bivariate associations.](#)

Stricker J, Kröger L, Johann AF, Kuskens A, Gieselmann A, Pietrowsky R.

Sleep Health. 2023 Apr;9(2):228-235. doi: 10.1016/j.sleh.2022.09.015.  
Epub 2022 Nov 16.

PMID: 36400679Review.

### Full text links



92. [Do better nights lead to better days? Guided internet-based cognitive behavioral therapy for insomnia in people suffering from a range of mental health problems: Protocol of a pragmatic randomized clinical trial](#)

Contemp Clin Trials. 2023 Apr;127:107122. doi: 10.1016/j.cct.2023.107122.  
Epub 2023 Feb 20.

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- PMID: [36813085](https://pubmed.ncbi.nlm.nih.gov/36813085/)
- DOI: [10.1016/j.cct.2023.107122](https://doi.org/10.1016/j.cct.2023.107122)

**Free article**

## **Abstract**

**Background:** Insomnia is the transdiagnostically shared most common complaint in disorders of anxiety, stress and emotion regulation. Current cognitive behavioral therapies (CBT) for these disorders do not address sleep, while good sleep is essential for regulating emotions and learning new cognitions and behaviours: the core fundamentals of CBT. This transdiagnostic randomized control trial (RCT) evaluates whether guided internet-delivered cognitive behavioral therapy for insomnia (iCBT-I) (1) improves sleep, (2) affects the progression of emotional distress and (3) enhances the effectiveness of regular treatment of people with clinically relevant symptoms of emotional disorders across all mental health care (MHC) echelons.

**Methods:** We aim for 576 completers with clinically relevant symptoms of insomnia as well as at least one of the dimensions of generalized anxiety disorder (GAD), social anxiety disorder (SAD), panic disorder (PD), posttraumatic stress disorder (PTSD) or borderline personality disorder (BPD). Participants are either pre-clinical, unattended, or referred to general- or specialized MHC. Using covariate-adaptive randomization, participants will be assigned to a 5 to 8-week iCBT-I (i-Sleep) or a control condition (sleep diary only) and assessed at baseline, and after two and eight months. The primary outcome is insomnia severity. Secondary outcomes address sleep, severity of mental health symptoms, daytime functioning, mental health protective lifestyles, well-being, and process evaluation measures. Analyses use linear mixed-effect regression models.

**Discussion:** This study can reveal for whom, and at which stage of disease progression, better nights could mean substantially better days.

**Trial registration:** International Clinical Trial Registry Platform (NL9776). Registered on 2021-10-07.

**Keywords:** Anxiety; CBT-I; Cognitive behavioral treatment; Hyperarousal; Insomnia; Posttraumatic stress.

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### **Conflict of interest statement**

**Declaration of Competing Interest** The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: AVS and JLa cowrote the i-Sleep intervention but have no commercial nor financial interests in it. All other authors declare that they have



no known competing financial interests of personal relationships that could have appeared to influence the work reported in this paper.

### Full text links



93. [Separating the influences of means and daily variations of sleep on the stress-induced salivary cortisol response](#)

Psychoneuroendocrinology. 2023 May;151:106059. doi: 10.1016/j.psyneuen.2023.106059. Epub 2023 Feb 17.

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- PMID: [36812860](#)
- DOI: [10.1016/j.psyneuen.2023.106059](#)

### Abstract

**Background:** Previous research regarding the effects of sleep quality and quantity on the acute stress response has yielded inconsistent findings. This

may be attributed to various factors, including composite sleep components (i.e., means and daily variations) and mixed cortisol stress response (i.e., reactivity and recovery). Thus, this study aimed to separate the effects of means and daily variations of sleep on the reactivity and recovery of cortisol responses to psychological challenges.

**Methods:** In study 1, we recruited 41 healthy participants (24 women; age range, 18-23 years), monitored their sleep during seven consecutive days via wrist actigraphy and sleep diaries, and adopted the Trier Social Stress Test (TSST) paradigm to induce acute stress. Study 2 consisted of a validation experiment using the ScanSTRESS paradigm, which included 77 additional healthy individuals (35 women; age range, 18-26 years). Similarly to the TSST, the ScanSTRESS induces acute stress using uncontrollability and social evaluation. In both studies, saliva samples from the participants were collected before, during, and after the acute stress task.

**Results:** Using residual dynamic structural equation modeling, both study 1 and study 2 demonstrated that higher means of objective sleep efficiency, and longer means of objective sleep duration were related to greater cortisol recovery. In addition, fewer daily variations in objective sleep duration were associated with greater cortisol recovery. However, there was no correlation between sleep variables and cortisol reactivity, except for the daily variations in objective sleep duration in study 2. No correlation was observed between subjective sleep and cortisol response to stress.

**Conclusions:** The present study separated two features of multi-day sleep patterns and two components of cortisol stress response, providing a more comprehensive picture of the effect of sleep on the stress-induced salivary cortisol response, and contributing to the future development of targeted interventions for stress-related disorders.

**Keywords:** Acute psychological stress; Daily sleep variations; Means of sleep; Salivary cortisol.

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#### **Conflict of interest statement**

Conflict of interest All authors have no conflict of interest relevant to this article. Disclosure statement None declared.

## Full text links



### 94. [Overdose and off-label psychotropic prescribing in patients with borderline personality disorder: A retrospective series](#)

Australas Psychiatry. 2023 Apr;31(2):195-200. doi: 10.1177/10398562231153009. Epub 2023 Feb 11.

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- PMID: [36772817](#)
- PMCID: [PMC10088345](#)
- DOI: [10.1177/10398562231153009](#)

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### Abstract

**Objective:** Borderline personality disorder (BPD) is common and poses many clinical challenges. Despite limited evidence of effectiveness, psychotropic medications are often prescribed. We aimed to characterise overdose presentations in patients with BPD.

**Method:** This is a retrospective observational series of patients with BPD presenting to a tertiary hospital following an overdose from January 2019 to

December 2020. Medical records were reviewed to determine baseline characteristics, overdose details, clinical features, treatment, and disposition.

**Results:** There were 608 presentations in 370 people (76% female), median age 28 years (range 16-75 years). The majority (331[89%]) of patients were prescribed at least one psychotropic medication, with 129 (35%) being prescribed three or more different psychotropic agents. Of the total prescribed psychotropics, 520/1459 (36%) were for off-label indications. The majority of agents (860/1487[58%]) taken in overdose were prescribed. The commonest drug classes taken in overdose were benzodiazepines (241[16%]) and antipsychotics (229[15%]). Severe toxicity occurred in 99 (16%) cases with either coma (GCS<9) or hypotension (systolic BP <90 mmHg). The commonest agent associated with severe toxicity was quetiapine 39/99 (39%).

**Conclusions:** Psychotropic polypharmacy is common in BPD, often with off-label indications. Prescribed medications are commonly taken in overdose. Quetiapine is over-represented both in off-label prescribing and associated harm.

**Keywords:** borderline personality disorder; overdose; poisoning.

#### **Conflict of interest statement**

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

- [40 references](#)
- [3 figures](#)

#### **Full text links**



95. [\*\*The development of youth antisocial behavior across time and context: A systematic review and integration of person-centered and variable-centered research\*\*](#)

Clin Psychol Rev. 2023 Apr;101:102253. doi: 10.1016/j.cpr.2023.102253. Epub 2023 Feb 2.

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- PMID: [36758465](#)
- PMCID: **PMC10073285** (available on 2024-04-01)
- DOI: [10.1016/j.cpr.2023.102253](https://doi.org/10.1016/j.cpr.2023.102253)

## Abstract

**Background:** Trajectories of youth antisocial behavior (ASB) are characterized by continuity and change. Although numerous longitudinal studies have examined ASB, findings from person-centered and variable-centered research have not yet been integrated. The present paper integrates findings across statistical methods for a more comprehensive understanding of the development of ASB. Neighborhood disadvantage is considered as a core moderator.

**Methods:** The study protocol was registered in the PROSPERO database of systematic reviews (registration number CRD42021255820). The PsycINFO and PubMed databases were examined (September 2022) to identify longitudinal studies of youth aggression and/or rule-breaking. Results from person-centered and variable-centered studies were integrated via narrative synthesis, and a systematic quality assessment was conducted.

**Results:** Of 8227 studies identified, 136 met inclusion criteria. Our review indicated that rule-breaking trajectories were largely distinguished by differences in rate of change (i.e., slope), whereas aggression trajectories differed more by baseline level (i.e., intercept), particularly in childhood. For adolescents in disadvantaged neighborhoods, however, aggression trajectories differed by both intercept and slope.

**Conclusions:** The respective importance of the intercept and slope differed across dimensions of ASB, developmental stage, and neighborhood residence. Neighborhood disadvantage was associated with trajectories of aggression, consistent with developmental theories emphasizing the role of person-environment interactions.

**Keywords:** Aggression; Neighborhood disadvantage; Person-centered; Rule-breaking; Variable-centered; Youth antisocial behavior.

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### Conflict of interest statement

Declaration of Competing Interest The authors declare no conflicts of interest.

### Full text links



## 96. [Implicit Perception of Differences between NLP-Produced and Human-Produced Language in the Mentalizing Network](#)

Adv Sci (Weinh). 2023 Apr;10(12):e2203990. doi: 10.1002/advs.202203990. Epub 2023 Feb 7.

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- PMID: [36748300](#)
- PMCID: [PMC10131862](#)
- DOI: [10.1002/adv.202203990](#)

**Free PMC article**

## **Abstract**

Natural language processing (NLP) is central to the communication with machines and among ourselves, and NLP research field has long sought to produce human-quality language. Identification of informative criteria for measuring NLP-produced language quality will support development of ever-better NLP tools. The authors hypothesize that mentalizing network neural activity may be used to distinguish NLP-produced language from human-produced language, even for cases where human judges cannot subjectively distinguish the language source. Using the social chatbots Google Meena in English and Microsoft XiaoIce in Chinese to generate NLP-produced language, behavioral tests which reveal that variance of personality perceived from chatbot chats is larger than for human chats are conducted, suggesting that chatbot language usage patterns are not stable. Using an identity rating task with functional magnetic resonance imaging, neuroimaging analyses which reveal distinct patterns of brain activity in the mentalizing network including

the DMPFC and rTPJ in response to chatbot versus human chats that cannot be distinguished subjectively are conducted. This study illustrates a promising empirical basis for measuring the quality of NLP-produced language: adding a judge's implicit perception as an additional criterion.

**Keywords:** human language; implicit perception; mentalizing network; natural language processing.

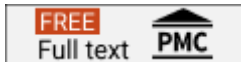
© 2023 The Authors. Advanced Science published by Wiley-VCH GmbH.

### **Conflict of interest statement**

The authors declare no conflict of interest.

- [63 references](#)
- [5 figures](#)

### **Full text links**



97. [\*\*What is the Association Between Clinically Diagnosed Psychiatric Illness and Total Joint Arthroplasty? A Systematic Review Evaluating Outcomes, Healthcare Use, and Patient-reported Outcome Measures\*\*](#)

Clin Orthop Relat Res. 2023 May 1;481(5):947-964. doi: 10.1097/CORR.0000000000002481. Epub 2022 Nov 18.

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- PMID: [36730492](#)
- PMCID: **PMC10097587** (available on 2024-05-01)
- DOI: [10.1097/CORR.0000000000002481](#)

## Abstract

**Background:** Studies evaluating the effects of a psychiatric illness on orthopaedic surgical outcomes have yielded mixed results. Because awareness of patient comorbid mental health disorders has become increasingly important to tailor treatment plans, the aim of our systematic review was to present the findings of all studies reporting on the association between clinically diagnosed psychiatric illnesses and total joint arthroplasty (TJA) outcomes and evaluate the quality of evidence to provide a comprehensive summary.

**Question/purpose:** Is there a consistently reported association between comorbid psychiatric illness and (1) complication risk, (2) readmission rates, (3) healthcare use and discharge disposition, and (4) patient-reported outcome measures (PROMs) after TJA?

**Methods:** The PubMed, EBSCO host, Medline, and Google Scholar electronic databases were searched on April 9, 2022, to identify all studies that evaluated outcomes after TJA in patients with a comorbid clinically diagnosed mental health disorder between January 1, 2000, and April 1, 2022. Studies were included if the full-text article was available in English, reported on primary TJA outcomes in patients with clinically diagnosed mental health disorders, included patients undergoing TJA without a psychiatric illness for comparison, and had a minimum follow-up time of 30 days for evaluating readmission rates, 90 days for other perioperative outcomes such as length of stay and complications, and 1-year minimum follow-up if assessing PROMs. Studies that used a mental health screening examination instead of clinical diagnoses were excluded to isolate for verified psychiatric illnesses. Additionally, systematic reviews, case reports, duplicate studies between the databases, and gray literature were excluded. Twenty-one studies were included in our final analysis comprising 31,023,713 patients with a mean age range of 57 to 69 years. Mental health diagnoses included depression, anxiety, bipolar disorder, schizophrenia, major personality disorder, and psychosis as well as concomitant mental disorders. Two reviewers independently evaluated the quality of included studies using the Methodological Index for Nonrandomized

Studies (MINORS) tool. The mean MINORS score was  $19.5 \pm 0.91$  of 24, with higher scores representing better study quality. All the articles included were retrospective, comparative studies. Given the heterogeneity of the included studies, a meta-analysis was not performed, and results are instead presented descriptively.

**Results:** Patients with schizophrenia were consistently reported to have higher odds of medical and surgical complications than patients without psychiatric illness, particularly anemia and respiratory complications. Among studies with the largest sample sizes, patients with depression alone or depression and anxiety had slightly higher odds of complications. Most studies identified higher odds of readmission among patients with depression, schizophrenia, and severe mental illness after TJA. However, for anxiety, there was no difference in readmission rates compared with patients without psychiatric illness. Slightly higher odds of emergency department visits were reported for patients with depression, anxiety, concomitant depression and anxiety, and severe mental illness across studies. When evaluating healthcare use, articles with the largest sample sizes reporting on depression and length of stay or discharge disposition found modestly longer length of stay and greater odds of nonhome discharge among patients with depression. Although several studies reported anxiety was associated with slightly increased total costs of hospitalization, the most robust studies reported no difference or slightly shorter average length of stay. However, the included studies only reported partial economic analyses of cost, leading to relatively superficial evidence. Patients with schizophrenia had a slightly longer length of stay and modestly lower odds of home discharge and cost. Likewise, patients with concomitant depression and anxiety had a slightly longer average length of stay, according to the two articles reporting on more than 1000 patients. Lastly, PROM scores were worse in patients with depression at a minimum follow-up of 1 year after TJA. For anxiety, there was no difference in improvement compared with patients without mental illness.

**Conclusion:** Our systematic review found that individuals with psychiatric illness had an increased risk of postoperative complications, increased length of stay, higher costs, less frequent home discharge, and worse PROM scores after TJA. These findings encourage inclusion of comorbid psychiatric illness when risk-stratifying patients. Attention should focus on perioperative interventions to minimize the risk of thromboembolic events, anemia, bleeding, and respiratory complications as well as adequate pain management with drugs that do not exacerbate the likelihood of these adverse events to minimize emergency department visits and readmissions. Future studies are needed to compare patients with concomitant psychiatric illnesses such as depression and

anxiety with patients with either diagnosis in isolation, instead of only comparing patients with concomitant diagnoses with patients without any psychiatric illnesses. Similarly, the results of targeted interventions such as cognitive behavioral therapy are needed to understand how orthopaedic surgeons might improve the quality of care for patients with a comorbid psychiatric illness.

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### **Conflict of interest statement**

Each author certifies that there are no funding or commercial associations (consultancies, stock ownership, equity interest, patent/licensing arrangements, etc.) that might pose a conflict of interest in connection with the submitted article related to the author or any immediate family members. All ICMJE Conflict of Interest Forms for authors and Clinical Orthopaedics and Related Research® editors and board members are on file with the publication and can be viewed on request.

### **Comment in**

- [CORR Insights®: What is the Association Between Clinically Diagnosed Psychiatric Illness and Total Joint Arthroplasty? A Systematic Review Evaluating Outcomes, Healthcare Use, and Patient-reported Outcome Measures.](#)

Cornell C.

Clin Orthop Relat Res. 2023 May 1;481(5):965-966. doi: 10.1097/CORR.0000000000002500. Epub 2022 Nov 22.

PMID: 36455102No abstract available.

- [Cited by 1 article](#)

### **Full text links**



98. [Relationship between psychosocial and psychiatric risk factors and poor long-term outcome following mild traumatic brain injury: A systematic review](#)

Eur J Neurol. 2023 May;30(5):1540-1550. doi: 10.1111/ene.15713. Epub 2023 Feb 15.

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- PMID: [36708085](#)
- DOI: [10.1111/ene.15713](#)

**Abstract**

**Background and purpose:** Mild traumatic brain injury (mTBI) has an estimated worldwide incidence of >60 million per year, and long-term persistent postconcussion symptoms (PPCS) are increasingly recognized as being predicted by psychosocial variables. Patients at risk for PPCS may be amenable to closer follow-up to treat modifiable symptoms and prevent chronicity. In this regard, similarities seem to exist with psychosocial risk factors for chronicity in other health-related conditions. However, as opposed to other conditions, no screening instruments exist for mTBI.

**Methods:** A systematic search of the literature on psychological and psychiatric predictors of long-term symptoms in mTBI was performed by two independent reviewers using PubMed, Embase, and Web of Science.

**Results:** Fifty papers were included in the systematic analysis. Anxiety, depressive symptoms, and emotional distress early after injury predict PPCS burden and functional outcome up to 1 year after injury. In addition, coping

styles and preinjury psychiatric disorders and mental health also correlate with PPCS burden and functional outcome. Associations between PPCS and personality and beliefs were reported, but either these effects were small or evidence was limited.

**Conclusions:** Early psychological and psychiatric factors may negatively interact with recovery potential to increase the risk of chronicity of PPCS burden after mTBI. This opens opportunities for research on screening tools and early intervention in patients at risk.

**Keywords:** anxiety; concussion; depression; mild traumatic brain injury; postconcussion syndrome.

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- [110 references](#)

#### Full text links



99. [Premorbid functioning in adolescence associates with comorbid disorders in individuals at ultra-high risk for psychosis: A brief report](#)

Early Interv Psychiatry. 2023 Apr;17(4):422-426. doi: 10.1111/eip.13373. Epub 2023 Jan 24.

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- PMID: [36693622](#)
- DOI: [10.1111/eip.13373](#)

## Abstract

**Aim:** This study examines associations between premorbid adjustment and comorbid disorders in individuals at ultra-high risk (UHR) for psychosis.

**Methods:** Premorbid social and academic adjustment data were collected from 146 UHR individuals using the Premorbid Adjustment Scale. Comorbid disorders were determined by the Structural Clinical Interview for DSM-IV.

**Results:** Logistic regressions showed lower premorbid social adjustment associated with personality disorders. Lower premorbid academic adjustment associated with affective disorders. More specifically, poor premorbid social adjustment in early and late adolescence associated with personality disorders. Lower premorbid social adjustment in late adolescence and lower premorbid academic adjustment in early adolescence associated with affective disorders.

**Conclusion:** Partly corroborating evidence from schizophrenia samples, our findings suggest that poor premorbid adjustment relate to distinct comorbid disorders in UHR individuals. If replicated, it indicates that premorbid adjustment deficits may be a key area for targeted interventions improving the clinical prognosis of UHR individuals.

**Keywords:** UHR individuals; clinical high-risk; comorbid disorders; early intervention; premorbid adjustment.

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- [33 references](#)

### Full text links



100. [Intuition and meaning in life in persons with varying level of depressive symptoms and impairments in personality functioning](#)

J Clin Psychol. 2023 May;79(5):1398-1419. doi: 10.1002/jclp.23487. Epub 2023 Jan 24.

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- PMID: [36693351](#)
- DOI: [10.1002/jclp.23487](#)

### Abstract

**Objectives:** The current research explored the interplay between intuition, meaning in life, and psychopathology. Specifically, we investigated whether experiential and reflective components of meaning in life are associated with depressive symptoms and personality pathology, whether intuition is related to the experience of meaning, and whether psychopathology has disruptive effects on intuition as well as on the link between intuition and the experience of meaning.

**Methods:** We tested our preregistered hypotheses in two independent studies. In Study 1, N = 448 participants completed self-report instruments assessing the experiential and the reflective dimensions of meaning in life, depressive symptoms, and impairments in personality functioning. Intuition was operationalized as the ability to intuitively detect semantic coherence in an experimental task. Additionally, self-reported confidence in intuition was

assessed. In Study 2, we aimed to replicate our findings and hypotheses that emerged from Study 1 with a new sample of N = 1189 participants.

**Results:** In both studies, participants with more depressive symptoms or higher levels of personality pathology experienced life as less meaningful but reflected significantly more about meaning in life. The intuitive ability to discriminate between coherence and incoherence in the experimental task was neither related to the experience of meaning in life nor to psychopathology, but more confidence in intuition was associated with experiencing life as more meaningful and with less psychopathological symptoms. It was tentatively supported that the association between meaning in life and intuition was moderated by psychopathology.

**Conclusion:** The findings are discussed in terms of their clinical implications and regarding the cognitive-affective processes potentially underlying people's experience of life being meaningful.

**Keywords:** depression; intuition; meaning; meaning in life; personality pathology; semantic coherence judgments.

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- [75 references](#)

#### Full text links



## 1. [Psychopathology and Theory of Mind in patients with personality disorders](#)

Borderline Personal Disord Emot Dysregul. 2023 Jun 1;10(1):18. doi: 10.1186/s40479-023-00224-1.

#### Authors

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- PMID: [37259167](https://pubmed.ncbi.nlm.nih.gov/37259167/)
- DOI: [10.1186/s40479-023-00224-1](https://doi.org/10.1186/s40479-023-00224-1)

## Abstract

**Objective:** People with mental disorders frequently suffer from deficits in the ability to infer other's mental states (Theory of Mind; ToM). Individuals with borderline personality disorder (BPD) show ToM deficits characterized by exceeding ToM (over-attributions of mental states). The present study analyzed associations between ToM, BPD severity, and depression severity in patients with BPD and other personality disorders.

**Method:** We analyzed ToM abilities in 128 patients with BPD and 82 patients with 'mixed and other personality disorders' (MOPD). MOPD are diagnosed if symptoms of multiple personality disorders are present without any set of symptoms being dominant enough to allow a specific diagnosis. We used the movies for the assessment of social cognition (MASC) to measure ToM abilities, the Patient Health Questionnaire (PHQ-9) to assess severity of

depression and the McLean Screening Instrument for Borderline Personality Disorder (MSI-BPD) to assess the severity of BPD symptoms.

**Results:** Both symptoms of BPD and depression were associated with exceeding ToM in separate regressions. Using a stepwise regression, only the association of depression severity with exceeding ToM was reliable. Patients with BPD and MOPD did not differ in exceeding ToM. Age was most reliably associated with ToM.

**Conclusion:** The results imply that exceeding ToM is associated with general psychopathology instead of BPD-symptoms in specific. Patients with MOPD show deficits similar to BPD patients.

**Keywords:** Borderline personality disorder; Depression; Mixed personality disorders; Symptom severity; Theory of Mind.

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- [58 references](#)

## 2. [Personality, psychosocial, and oral behavioral risk factors for Temporomandibular disorder symptoms in Asian young adults](#)

J Oral Rehabil. 2023 May 31. doi: 10.1111/joor.13527. Online ahead of print.

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- PMID: [37256928](#)
- DOI: [10.1111/joor.13527](#)

## Abstract

**Objectives:** This study examined the association of Temporomandibular disorder (TMD) symptoms with personality traits, psychological distress, somatization, and oral behaviors. The psychosocial and oral behavioral risk factors for TMD symptoms were also established in Asian young adults.

**Methods:** Participants were recruited from a large private University. Based on the quintessential five TMD symptoms (5Ts) of the DC/TMD, the participants were stratified into those with no (NT), painful (PT), dysfunctional (DT), and mixed (MT) TMD symptoms. Personality traits, psychological distress, somatization, and oral behaviors were evaluated with the Big Five Inventory-10 (BFI-10), Depression, Anxiety, Stress Scales-21 (DASS-21), Patient Health Questionnaire-15 (PHQ-15), and Oral Behaviors Checklist (OBC) accordingly. Data were examined using Kruskal-Wallis/Mann-Whitney U and Chi-square tests as well as multivariate logistic regression analysis ( $\alpha = 0.05$ ).

**Results:** Of the 420 young adults (mean age  $22.7 \pm 1.1$  years) evaluated, 41.4% had no TMD symptoms, while 17.4%, 20.0%, and 21.2% reported PT, DT, and MT respectively. Though personality traits did not vary notably, participants with MT and PT had significantly higher levels of negative affectivity, anxiety, and stress than the NT group. Moreover, those with MT and PT presented significantly greater somatization and more oral behaviors than the DT and NT groups. Multivariate regression analyses indicated that anxiety, somatization, sleep-related, and waking-state non-functional oral activities were associated with painful and/or dysfunctional TMD symptoms.

**Conclusions:** Except for sleep-related oral activity, psychosocial and oral behavioral risk factors differed for painful, dysfunctional, and mixed TMD symptoms in Asian young adults.

**Keywords:** Oral behaviors; Personality; Psychological distress; Somatization; Temporomandibular joint disorders.

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### 3. [Pharmacological Management of Borderline Personality Disorder and Common Comorbidities](#)

CNS Drugs. 2023 May 31. doi: 10.1007/s40263-023-01015-6. Online ahead of print.

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- PMID: [37256484](#)
- DOI: [10.1007/s40263-023-01015-6](https://doi.org/10.1007/s40263-023-01015-6)

#### **Abstract**

Comorbidity between borderline personality disorder (BPD) and other mental disorders is common. Although no specific pharmacological treatments have been approved for the treatment of BPD, many drugs, including antidepressants such as selective serotonin reuptake inhibitors (SSRIs), mood stabilizers, second-generation antipsychotics, and even benzodiazepines, are routinely prescribed off label. Nonetheless, recommendations for off-label drugs in these patients are highly varied, with a notable lack of agreement among clinical

guidelines. The most common reason for pharmacological treatment and polypharmacy in these patients is comorbidity with other psychiatric disorders. In this context, we reviewed major clinical guidelines and the available data on pharmacotherapy in patients with BPD to develop practical recommendations to facilitate decision-making in routine clinical practice, thus helping clinicians to select the optimal therapeutic approach in patients with BPD who have comorbid disorders. This review confirmed that no clear recommendations for the pharmacological treatment are available in clinical guidelines. Therefore, based on the available evidence, we have developed a series of recommendations for pharmacotherapy in patients with BPD who present the four most common comorbidities (affective, anxiety, eating, and drug use disorders). Here, we discuss the recommended treatment approach for each of these comorbid disorders. The prescription of medications should be considered only as an adjunct to BPD-specific psychotherapy. Polypharmacy and the use of unsafe drugs (i.e., with a risk of overdose) should be avoided. Our review highlights the need for more research to provide more definitive guidance and to develop treatment algorithms.

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- [48 references](#)

#### 4. [\*\*Malignant Self-Regard as an Overarching Framework for the Theory and Treatment of Depressive and Masochistic \(Self-Defeating\) Personalities\*\*](#)

J Nerv Ment Dis. 2023 Jun 1;211(6):460-466. doi: 10.1097/NMD.0000000000001646.

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- DOI: [10.1097/NMD.0000000000001646](https://doi.org/10.1097/NMD.0000000000001646)

## Abstract

Kernberg and McWilliams have spawned differing conceptualizations of the relationship between depressive and masochistic (self-defeating) personalities. Kernberg describes these personality styles as largely overlapping in features, whereas McWilliams accentuates important clinical differences that make up two distinct personalities. In this article, their theoretical perspectives are discussed and framed as more complementary than competitive. The malignant self-regard (MSR) construct is introduced and reviewed as an integrative self-representation that is shared by both depressive and masochistic personalities, as well as those often referred to as vulnerably narcissistic. We investigate developmental conflicts, motivations for perfectionism, countertransference patterns, and overall level of functioning as four primary clinical features through which a therapist may differentiate a depressive from a masochistic personality. We argue that depressive personalities tend to have more dependency-related conflicts and perfectionistic strivings motivated by lost object reunification, elicit more insidiously positive countertransference reactions in session, and are generally higher-functioning individuals. Masochistic personalities have more oedipal-related conflicts and perfectionistic strivings motivated by object control, elicit more aggressive countertransference reactions, and are relatively lower functioning. MSR is positioned as a bridge between Kernberg's and McWilliam's ideas. We close with a discussion of treatment implications for both disorders as well as how to understand and treat MSR.

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- [52 references](#)

5. [\*\*The integrated treatment of eating disorders, posttraumatic stress disorder, and psychiatric comorbidity: a commentary on the evolution of principles and guidelines\*\*](#)

Front Psychiatry. 2023 May 12;14:1149433. doi: 10.3389/fpsy.2023.1149433. eCollection 2023.

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- PMCID: [PMC10213703](#)
- DOI: [10.3389/fpsy.2023.1149433](#)

**Free PMC article**

## Abstract

Psychiatric comorbidity is the norm in the assessment and treatment of eating disorders (EDs), and traumatic events and lifetime PTSD are often major drivers of these challenging complexities. Given that trauma, PTSD, and psychiatric comorbidity significantly influence ED outcomes, it is imperative that these problems be appropriately addressed in ED practice guidelines. The presence of associated psychiatric comorbidity is noted in some but not all sets of existing guidelines, but they mostly do little to address the problem other than referring to independent guidelines for other disorders. This disconnect perpetuates a "silo effect," in which each set of guidelines do not address the complexity of the other comorbidities. Although there are several published practice guidelines for the treatment of EDs, and likewise, there are several published practice guidelines for the treatment of PTSD, none of them specifically address ED + PTSD. The result is a lack of integration between ED and PTSD treatment providers, which often leads to fragmented, incomplete, uncoordinated and ineffective care of severely ill patients with ED + PTSD. This situation can inadvertently promote chronicity and multimorbidity and may be particularly relevant for patients treated in higher levels of care, where prevalence rates of concurrent PTSD reach as high as 50% with many more having subthreshold PTSD. Although there has been some progress in the recognition and treatment of ED + PTSD, recommendations for treating this common comorbidity remain undeveloped, particularly when there are other co-occurring psychiatric disorders, such as mood, anxiety, dissociative, substance use, impulse control, obsessive-compulsive, attention-deficit

hyperactivity, and personality disorders, all of which may also be trauma-related. In this commentary, guidelines for assessing and treating patients with ED + PTSD and related comorbidity are critically reviewed. An integrated set of principles used in treatment planning of PTSD and trauma-related disorders is recommended in the context of intensive ED therapy. These principles and strategies are borrowed from several relevant evidence-based approaches. Evidence suggests that continuing with traditional single-disorder focused, sequential treatment models that do not prioritize integrated, trauma-focused treatment approaches are short-sighted and often inadvertently perpetuate this dangerous multimorbidity. Future ED practice guidelines would do well to address concurrent illness in more depth.

**Keywords:** PTSD; comorbidity; eating disorders; guidelines; trauma; treatment.

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## Conflict of interest statement

TB is the owner of Timothy D. Brewerton, MD, LLC.

- [274 references](#)
- [1 figure](#)

### Full text links



6. [Examining Measurement Invariance in the Personality Inventory for \*DSM-5\* Brief Form Across Sexual and Gender Minority Status](#)

Assessment. 2023 May 29;10731911231176449. doi: 10.1177/10731911231176449. Online ahead of print.

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- PMID: [37248665](https://pubmed.ncbi.nlm.nih.gov/37248665/)
- DOI: [10.1177/10731911231176449](https://doi.org/10.1177/10731911231176449)

## Abstract

The Personality Inventory for *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, Brief Form (PID-5-BF) was developed with an assumption of invariance across sexual and gender minority (SGM) individuals. This assumption has yet to be tested empirically. Using multigroup confirmatory factor analysis, we examined measurement invariance in the PID-5-BF across the SGM status in clinical ( $N = 1,174$ ;  $n = 254$  SGM) and nonclinical ( $N = 1,456$ ;  $n = 151$  SGM) samples. Measurement invariance was supported for the PID-5-BF structure, item thresholds, and factor loadings, but not at the item intercept level. SGM individuals endorsed higher negative affectivity, antagonism, disinhibition, and psychoticism domains in both samples. In the clinical sample, adjusting for partial invariance decreased detachment and antagonism levels for SGM persons. In the nonclinical sample, adjusting for partial invariance reduced antagonism disparities in the SGM group, even rendering original group differences null. Our results support the use of the PID-5-BF in SGM populations but indicate that some measurement bias may drive observed disparities in maladaptive trait domains and, in turn, personality disorder diagnosis.

**Keywords:** LGBT health; alternative model for personality disorders; measurement invariance; personality disorder; personality inventory for DSM-5; sexual and gender minority.

## 7. [Obesity as pleiotropic risk state for metabolic and mental health throughout life](#)

Transl Psychiatry. 2023 May 30;13(1):175. doi: 10.1038/s41398-023-02447-w.

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- PMID: [37248222](#)
- PMCID: [PMC10227059](#)
- DOI: [10.1038/s41398-023-02447-w](#)

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## Abstract

Obesity, a highly prevalent disorder and central diagnosis of the metabolic syndrome, is linked to mental health by clinical observations and biological pathways. Patients with a diagnosis of obesity may show long-lasting increases in risk for receiving psychiatric co-diagnoses. Austrian national registry data of inpatient services from 1997 to 2014 were analyzed to detect associations between a hospital diagnosis of obesity (ICD-10: E66) and disorders grouped by level-3 ICD-10 codes. Data were stratified by age decades and associations between each pair of diagnoses were computed with the Cochran-Mantel-Haenszel method, providing odds ratios (OR) and p values corrected for multiple testing. Further, directions of the associations were assessed by calculating time-order-ratios. Receiving a diagnosis of obesity significantly increased the odds for a large spectrum of psychiatric disorders across all age groups, including depression, psychosis-spectrum, anxiety, eating and personality disorders (all  $p_{\text{corr}} < 0.01$ , all  $\text{OR} > 1.5$ ). For all co-diagnoses except

for psychosis-spectrum, obesity was significantly more often the diagnosis received first. Further, significant sex differences were found for most disorders, with women showing increased risk for all disorders except schizophrenia and nicotine addiction. In addition to the well-recognized role in promoting disorders related to the metabolic syndrome and severe cardiometabolic sequelae, obesity commonly precedes severe mental health disorders. Risk is most pronounced in young age groups and particularly increased in female patients. Consequently, thorough screening for mental health problems in patients with obesity is urgently called for to allow prevention and facilitate adequate treatment.

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## Conflict of interest statement

The authors declare no competing interests.

- [58 references](#)
- [4 figures](#)

## Full text links



## 8. [Anxiety and depressive symptoms in adults with new onset seizures: A scoping review](#)

Epilepsia Open. 2023 May 29. doi: 10.1002/epi4.12766. Online ahead of print.

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- PMID: [37247255](https://pubmed.ncbi.nlm.nih.gov/37247255/)
- DOI: [10.1002/epi4.12766](https://doi.org/10.1002/epi4.12766)

**Free article**

## **Abstract**

**Objective:** Anxiety and depression are common comorbidities in people living with epilepsy. Emerging research suggests that these conditions may even predate epilepsy onset. This review aims to summarize the prevalence of clinically significant anxiety and depressive symptoms in people with first seizures and newly diagnosed epilepsy, as well as clinicodemographic factors associated with these symptoms.

**Methods:** A scoping literature review was performed. OVID Medline and Embase were searched from 1 January 2000 through 1 May 2022. Articles of interest were selected based on predetermined inclusion and exclusion criteria.

**Results:** From 1836 studies identified on screening, 16 met eligibility criteria and were included in the review. Clinically significant anxiety and depressive symptoms, as determined by validated cut-off scores for anxiety and depression screening instruments, were common in people with first seizures (range 13-28%) and newly diagnosed epilepsy (range 11-45%). They were associated with a range of clinicodemographic factors including past psychiatric history and trauma, personality traits, self-esteem and stigma profiles.

**Significance:** There is substantial evidence that clinically significant anxiety and depressive symptoms are often present at the time and shortly following a first seizure or epilepsy diagnosis. Future research is needed to better understand the complex interactions between these common psychiatric comorbidities, new onset seizure disorders, and certain clinicodemographic

characteristics. This knowledge may inform targeted and holistic treatment approaches.

**Keywords:** Anxiety Disorder; Depression; Epilepsy; First Seizure; Psychological screening.

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### Full text links



## 9. [Opening the black box of hospitalizations in French high-secure psychiatric forensic units](#)

Encephale. 2023 May 26;S0013-7006(23)00079-9. doi: 10.1016/j.encep.2023.04.008. Online ahead of print.

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- PMID: [37246100](https://pubmed.ncbi.nlm.nih.gov/37246100/)
- DOI: [10.1016/j.encep.2023.04.008](https://doi.org/10.1016/j.encep.2023.04.008)

## Abstract

**Introduction:** Basic epidemiological data are rare concerning the activity of specialized forensic psychiatric facilities in France. Here, we investigated the activity of the ten (640 beds) French "units for difficult patients" (unités pour malades difficiles [UMDs]).

**Method:** We used the Programme de médicalisation des systèmes d'information (PMSI) database to describe the characteristics and evolution of psychiatric hospitalisations in UMDs between 2012 and 2021, as well as the age, sex, and principal diagnoses of the patients hospitalized in these facilities.

**Results:** Between 2012 and 2021, 4857 patients were hospitalized in UMDs (6082 stays). Among them, 897 (18.5%) had more than one stay. The number of admissions ranged from a minimum of 434 to a maximum of 632 per year. The number of discharges ranged from a minimum of 473 to a maximum of 609 per year. The mean length of stay was 13.5 (SD: 22.64) months with a median of 7.3 months (IQR: 4.0-14.4). Among the 6082 stays, 5721 (94.1%) involved male patients. The median age was 33 (IQR: 26-41) years. The most frequent principal psychiatric diagnoses were psychotic disorders and personality disorders.

**Conclusion:** The number of individuals hospitalized in specialized forensic psychiatric facilities has been stable for 10 years in France and remains lower than in most European countries.

**Keywords:** Data reuse; Forensic psychiatry; France; Psychiatrie légale; Réutilisation des données; Unité pour malades difficiles.

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### Full text links



10. [The Role of Gender in Patients with Borderline Personality Disorder: Differences Related to Hopelessness, Alexithymia, Coping Strategies, and Sensory Profile](#)

Medicina (Kaunas). 2023 May 15;59(5):950. doi: 10.3390/medicina59050950.

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- DOI: [10.3390/medicina59050950](#)

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## **Abstract**

*Background and Objectives:* Gender differences are poorly investigated in patients with borderline personality disorder (BPD), although they could be useful in determining the most appropriate pharmacological and non-pharmacological treatment. The aim of the present study was to compare sociodemographic and clinical characteristics and the emotional and behavioral dimensions (such as coping, alexithymia, and sensory profile) between males and females with BPD. *Material and Methods:* Two hundred seven participants were recruited. Sociodemographic and clinical variables were collected through a self-administered questionnaire. The Adolescent/Adult Sensory Profile (AASP), Beck Hopelessness Scale (BHS), Coping Orientation to Problems Experienced (COPE), and Toronto Alexithymia Scale (TAS-20) were administered. *Results:* Male patients with BPD showed more involuntary hospitalizations and greater use of alcohol and illicit substances compared to females. Conversely, females with BPD reported more frequent medication abuse than males. Furthermore, females had high levels of alexithymia and hopelessness. Regarding coping strategies, females with BPD reported higher levels of "restraint coping" and "use of instrumental social support" at COPE. Finally, females with BPD had higher scores in the Sensory Sensitivity and Sensation Avoiding categories at the AASP. *Conclusions:* Our study highlights gender differences in substance use, emotion expression, future vision, sensory perception, and coping strategies in patients with BPD. Further gender studies may clarify these differences and guide the development of specific and differential treatments in males and females with BPD.

**Keywords:** alexithymia; borderline personality disorder; coping; gender differences; hopelessness; sensory profile; substance use.

## **Conflict of interest statement**



The authors declare no conflict of interest.

- [63 references](#)
- [2 figures](#)

#### Full text links



## 11. [The Concept of "Hypersexuality" in the Boundary between Physiological and Pathological Sexuality](#)

Int J Environ Res Public Health. 2023 May 17;20(10):5844. doi: 10.3390/ijerph20105844.

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- PMCID: [PMC10218143](#)
- DOI: [10.3390/ijerph20105844](#)

#### Free PMC article

#### Abstract

**Introduction:** The concept of hypersexuality belongs to modern parlance, according to a predominantly clinical meaning, and is understood as a psychological and behavioural alteration as a result of which sexually motivated stimuli are sought in inappropriate ways and often experienced in a way that is not completely satisfactory.

**Methods:** Literature up to February 2023 was reviewed, with 25 searches selected.

**Results:** Forty-two articles were included in the review.

**Conclusion:** Hypersexuality is a potentially clinically relevant condition consisting of one or more dysfunctional and pathological behaviours of one's sexual sphere and graded according to the severity of impairment of subjective acting out; for this reason, the Perrotta Hypersexuality Global Spectrum of Gradation (PH-GSS) is suggested, which distinguishes high-functioning forms (pro-active and dynamic hypersexuality) from those of attenuated and corrupted functioning (dysfunctional and pathological hypersexuality of grades I and II). Future research is hoped to address the practical needs of this condition, such as the exact etiopathology, the role of oxytocin in dopaminergic hypotheses (and its ability to attenuate the symptomatology suffered by the patient in terms of manic drive), the best structural and functional personality framing of the subject, and the appropriate therapy to pursue.

**Keywords:** bipolarism; hypersexuality; nymphomania; personality disorders; satyriasis; sexual arousal.

## Conflict of interest statement

The author declares no conflict of interest.

- [52 references](#)
- [1 figure](#)

## Full text links



## 12. [The Influence of the Big Five Personality Traits on Residents' Plastic Reduction Attitudes in China](#)

Int J Environ Res Public Health. 2023 May 9;20(10):5762. doi: 10.3390/ijerph20105762.

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- DOI: [10.3390/ijerph20105762](#)

## Free PMC article

## Abstract

Plastic pollution has become one of the most pressing environmental issues. It is essential to understand why an individual is or is not supportive of reducing plastics. This study aims to investigate the dynamics behind residents' plastic reduction attitudes from the lens of the Big Five personality traits. A sample of 521 residents in China was recruited and analyzed for this study. The results indicate that the Conscientiousness personality type is a reliable green personality with positive plastic reduction attitudes. Highly conscientious individuals are more responsible for the environment, and are expected to strictly follow the plastic ban policies, whereas less conscientious individuals are more likely to turn a blind eye to them. More importantly, the relationship between a Conscientiousness personality and plastic reduction attitudes is negatively moderated by education. The discovery of education's moderating role suggests that both an inborn personality trait of Conscientiousness and post-born education can complementarily shape residents' plastic reduction attitudes. The findings of this study deepen the understanding of the causes of pro-environmental attitudes and provide valuable insights into plastic management in China.

**Keywords:** Conscientiousness personality; education level; moderating effect; plastic crisis management; plastic reduction attitudes; the Big Five personality traits.

## Conflict of interest statement

The authors declare no conflict of interest.

- [65 references](#)
- [2 figures](#)

#### Full text links



13. [\*\*Predictors of Psychological Strain and Allostatic Load in Teachers: Examining the Long-Term Effects of Biopsychosocial Risk and Protective Factors Using a LASSO Regression Approach\*\*](#)

Int J Environ Res Public Health. 2023 May 9;20(10):5760. doi: 10.3390/ijerph20105760.

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  - PMCID: [PMC10218379](#)
  - DOI: [10.3390/ijerph20105760](#)

## Abstract

Teacher stress significantly challenges teachers' health, teaching quality, and students' motivation and achievement. Thus, it is crucial to identify factors that effectively prevent it. Using a LASSO regression approach, we examined which factors predict teachers' psychological strain and allostatic load over two years. The study included 42 teachers (28 female,  $Mage = 39.66$ ,  $SD = 11.99$ ) and three measurement time points: At baseline, we assessed teachers' (a) self-reports (i.e., on personality, coping styles, and psychological strain), (b) behavioral data (i.e., videotaped lessons), and (c) allostatic load (i.e., body mass index, blood pressure, and hair cortisol concentration). At 1- and 2-year follow-ups, psychological strain and allostatic load biomarkers were reassessed. Neuroticism and perceived student disruptions at baseline emerged as the most significant risk factors regarding teachers' psychological strain two years later, while a positive core self-evaluation was the most important protective factor. Perceived support from other teachers and the school administration as well as adaptive coping styles were protective factors against allostatic load after two years. The findings suggest that teachers' psychological strain and allostatic load do not primarily originate from objective classroom conditions but are attributable to teachers' idiosyncratic perception of this environment through the lens of personality and coping strategies.

**Keywords:** LASSO regression; allostatic load; psychological strain; risk and protective factors; teacher stress.

## Conflict of interest statement

The authors declare no conflict of interest. The funders had no role in the design of the study; in the collection, analyses, or interpretation of data; in the writing of the manuscript; or in the decision to publish the results.

- [103 references](#)
- [1 figure](#)

## Full text links



14. [The diabetes insulin self-management education \(DIME\) intervention for people with type 2 diabetes starting insulin: a pilot feasibility randomised controlled trial](#)

Pilot Feasibility Stud. 2023 May 26;9(1):89. doi: 10.1186/s40814-023-01318-x.

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- PMCID: [PMC10213567](#)
- DOI: [10.1186/s40814-023-01318-x](#)

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### Abstract

**Objective:** To determine the feasibility and acceptability of a diabetes insulin self-management education (DIME) group intervention for people with type 2 diabetes starting insulin.

**Design:** Single-centre parallel randomised pilot trial.

**Setting:** Primary care, South London, UK.

**Subjects:** Adults with type 2 diabetes, requiring insulin treatment, on maximum tolerated dose of 2 or more oral antidiabetic drugs with HbA1c  $\geq$  7.5% (58 mmol/mol) on 2 occasions. We excluded people who were non-fluent in English; morbid obesity (BMI  $\geq$  35 kg/m<sup>2</sup>); in employment that contraindicates insulin treatment; and those with severe depression, anxiety disorders, psychotic disorders, personality disorders, or cognitive impairment.

**Methods:** Participants were randomised using blocks of 2 or 4 to 3, 2-h group, face-to-face, DIME sessions or standard insulin group education sessions (control). We assessed feasibility according to consent to randomisation and attendance at intervention (DIME) and standard group insulin education sessions. Acceptability of the interventions was determined using exit interviews. We additionally measured change in self-reported insulin beliefs, diabetes distress and depressive symptoms between baseline and 6-month post-randomisation.

**Results:** There were 28 potentially eligible participants, of which 17 consented to randomisation, 9 were allocated to the DIME group intervention and 8 were allocated to the standard group insulin education. Three people withdrew from the study (1 from DIME and 2 from standard insulin education) before the start of the first session and did not complete baseline questionnaires. Of the remaining participants (n = 14), all DIME participants (n = 8) completed all 3 sessions, and all standard insulin education participants (n = 6) completed at least 1 standard insulin education session. The median group size was 2, the mean age of participants was 57.57 (SD 6.45) years, and 64% were female (n = 9). Exit interviews demonstrated that all participants (n = 7) found the group sessions acceptable, and thematic analysis of interview transcripts indicated social support, the content of group sessions and post-group experiences were positive, especially amongst DIME participants. There was improvement on self-report questionnaires.

**Conclusions:** The DIME intervention was acceptable and feasible to deliver to participants with type 2 diabetes starting insulin in South London, UK.

**Trial registration:** International Study Registration Clinical Trial Network (ISRCTN registration number 13339678).

**Keywords:** Diabetes self-management; Insulin; Intervention; Pilot study; Type 2 diabetes.

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## Conflict of interest statement

The authors declare that they have no competing interests.

- [35 references](#)
- [2 figures](#)

## Full text links



## 15. [Long-term mental health consequences of female-versus male-perpetrated child sexual abuse](#)

Child Abuse Negl. 2023 May 24;143:106240. doi: 10.1016/j.chiabu.2023.106240. Online ahead of print.

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- PMID: [37235997](#)
- DOI: [10.1016/j.chiabu.2023.106240](#)

## Free article

## Abstract

**Background:** Research on child sexual abuse increasingly focuses on sexually offending females; however, there is a lack of research that focuses on the individuals being affected. Studies have suggested that the consequences for those affected by sexually offending males and females are comparable.

**Objective:** The aim is to compare mental health consequences of sexual abuse perpetrated by women versus men in quantity and type.

**Participants and setting:** Data was anonymously retrieved from the German-wide contact point "help line sexual abuse" from 2016 to 2021. Details of abuse cases, gender of the offending individuals, and reported mental disorders of the person affected were analyzed. The sample consisted of N = 3351 callers with experiences of child sexual abuse.

**Method:** The relationship between gender of the perpetrating person and mental disorders of the victimized person was computed using logistic regression models. To account for rare events data, Firth's logistics regression model was used.

**Results:** The consequences were similar in quantity, albeit different in type. Callers with experiences of female-perpetrated abuse were more likely to report suicidality, non-suicidal self-injury behavior, personality disorders, dissociative identity disorders, alcohol/ drug addiction, and schizophrenia, while people with experiences of male-perpetrated abuse rather reported post-traumatic stress disorder, affective disorders, anxiety disorders, dissociative disorders, eating disorders, externalized disorders, and psychosomatic disorders.

**Conclusions:** The differences may be due to stigmatization leading to dysfunctional coping mechanisms. Societal gender stereotypes must be reduced, especially within the professional helping system to ensure support for people who have experienced sexual abuse, regardless of gender.

**Keywords:** Child sexual abuse; Female perpetrator; Female-perpetrated child sexual abuse; Gender; Mental health consequences.

## Conflict of interest statement

Declaration of competing interest None.

### Full text links



16. [Personality Characteristics of Children and Adolescents with Anxiety Disorder from a Maternal Perspective: A Brief Report](#)

Behav Sci (Basel). 2023 May 12;13(5):404. doi: 10.3390/bs13050404.

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- PMCID: [PMC10215878](#)
- DOI: [10.3390/bs13050404](#)

**Free PMC article**

## Abstract

The present study assessed the personality characteristics of children and adolescents with anxiety disorder from a maternal perspective. A total of 48 children and adolescents aged between 8 and 17 years participated in this study, which was organized as follows: a clinical group (24 children and adolescents with anxiety disorders and their respective mothers) and a control group (24 children and adolescents without psychiatric diagnosis and their mothers). The participants were submitted to the WASI, CBCL, MASC-2, and EPQ-J tests and their mothers to the SRQ-20 and PIC-2 tests. The results showed higher rates of internalizing symptoms in the clinical group. In addition, patients showed less interest in hobbies, less adherence to social organizations, impairment in social activities, and commitment to school performance compared to the control group. There was a positive correlation between the mothers' symptoms and each of the following PIC-2 domains: somatic concern ( $p < 0.01$ ) and psychological discomfort ( $p < 0.01$ ). In conclusion, youths with AD showed a withdrawn and reserved personality profile, involving distrust of impulses and avoidance of interactions with peers. Furthermore, psychoemotional problems of mothers adversely influenced the perception followed by anxiety and adjustment characteristics. More studies are needed to assess the maternal personality in youths with anxiety.

**Keywords:** adolescent personality; anxiety disorder; child personality; maternal behavior.

## Conflict of interest statement

The authors declare no conflict of interest.

- [29 references](#)

### Full text links



17. [Evidence-Based Assessment of Personality Disorder](#)

Assessment. 2023 May 25;10731911231176461. doi:  
10.1177/10731911231176461. Online ahead of print.

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## Abstract

The purpose of this article is to provide a description and discussion of the evidence-based assessment of personality disorder. Considered herein is the assessment of the Section II personality disorders included within the fifth edition of the American Psychiatric Association's (APA) *Diagnostic and Statistical Manual of Mental Disorders* (5th ed., text rev.; *DSM-5-TR*), within Section III of *DSM-5-TR*, and within the 11th edition of the World Health Organization's International Classification of Diseases (WHO). The recommendation for an evidence-based assessment is for a multimethod approach: first administer a self-report inventory to alert the clinician to maladaptive personality functioning that might not have otherwise been anticipated, followed by a semi-structured interview to verify the personality disorder's presence. The validity of this multimethod strategy can be improved further by considering the impact of other disorders on the assessment, documenting temporal stability, and establishing a compelling, empirical basis for cutoff points.

**Keywords:** assessment; evidence-based; personality disorder.

## Full text links

[Sage Journals](#)

18. [Association between parental separation, childhood trauma, neuroticism, and depression: a case control study](#)

Front Psychiatry. 2023 May 9;14:1112664. doi: 10.3389/fpsy.2023.1112664. eCollection 2023.

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- PMCID: [PMC10204799](#)
- DOI: [10.3389/fpsy.2023.1112664](#)

**Free PMC article**

**Abstract**

**Background:** Parental separation has been suggested to be associated with depression development in offspring. The new family constellation subsequent to separation could be associated with elevated scores of childhood trauma, shaping more emotionally instable personalities. This could ultimately be a risk

factor for mood disorders and particularly the development of depression in life.

**Methods:** To test this hypothesis, we investigated the associations between parental separation, childhood trauma (CTQ) and personality (NEO-FFI) in a sample of  $N = 119$  patients diagnosed with depression and  $N = 119$  age and sex matched healthy controls.

**Results:** While parental separation was associated with elevated scores of childhood trauma, there was no association between parental separation and Neuroticism. Furthermore, in a logistic regression analysis, Neuroticism and childhood trauma were found to be significant predictors for depression diagnosis (yes/no), but not parental separation (yes/no).

**Conclusion:** Parental separation might be associated with depression only indirectly *via* childhood trauma. Childhood trauma or Neuroticism seem more directly related to the development of depression. However, it is worthwhile to install prevention programs helping parents and children to cope with parental separation in order to minimize the impact of separation and associated stressors.

**Keywords:** childhood trauma; depression; divorce; neuroticism; personality; separation; stressful life event.

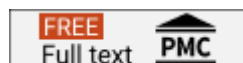
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## Conflict of interest statement

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

- [56 references](#)
- [1 figure](#)

### Full text links



19. [The diagnosis that should speak its name: why it is ethically right to diagnose and treat personality disorder during adolescence](#)

Front Psychiatry. 2023 May 9;14:1130417. doi: 10.3389/fpsy.2023.1130417. eCollection 2023.

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- PMCID: [PMC10203159](#)
- DOI: [10.3389/fpsy.2023.1130417](#)

**Free PMC article**

### Abstract

Although national guidelines explicitly state that personality disorder can be diagnosed and treated in young people aged 12 to 18 years (adolescents), most clinicians remain hesitant. This creates a gap between science and practice, which we argue is largely motivated by moral reasons and, therefore, is best challenged by ethical arguments. We provide seven arguments in support of the notion that it is ethically right to diagnose and treat personality disorder when it occurs in adolescents. Central to these arguments is the scientific evidence that features of personality disorder are among the best predictors of a complex cluster of psychopathology leading to impairments in many areas of current and future mental, social and vocational functioning. We argue that intervention

during adolescence and young adulthood is not only humane, but also critical for efforts to avert the longstanding psychosocial and health problems that seem refractory to treatment in adults with personality disorder. Moreover, we argue that regular services are often inadequately equipped to meet the needs of young people with personality disorder and that the common 'stepped-care' approach should be replaced by a 'staged-care' approach. Finally, we argue that early detection and intervention might have anti-stigmatizing effects, similar to other areas of healthcare in which stigmatizing labels have changed meaning when the conditions to which they refer have become more amenable to treatment.

**Keywords:** adolescents; early detection; early intervention; personality disorder; prevention; psychopathology; staged care; stigma.

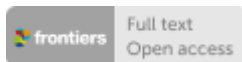
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## Conflict of interest statement

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

- [78 references](#)

### Full text links



20. [Metacognitive interpersonal therapy in borderline personality disorder: Clinical and neuroimaging outcomes from the CLIMAMITHE study-A randomized clinical trial](#)

Personal Disord. 2023 May 25. doi: 10.1037/per0000621. Online ahead of print.

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- PMID: [37227866](#)
- DOI: [10.1037/per0000621](#)

## Abstract

Different psychotherapeutic approaches demonstrated their efficacy but the possible neurobiological mechanism underlying the effect of psychotherapy in borderline personality disorder (BPD) patients is poorly investigated. We assessed the effects of metacognitive interpersonal therapy (MIT) on BPD features and other dimensions compared to structured clinical management (SCM). We also assessed changes in amygdala activation by viewing emotional pictures after psychotherapy. One hundred forty-one patients were referred and 78 BPD outpatients were included and randomized to MIT or SCM. Primary outcome was emotional dysregulation assessed with the Difficulties in Emotion Regulation Scale (DERS). We also assessed BPD symptomatology, number of PD criteria, metacognitive abilities, state-psychopathology, depression, impulsiveness, interpersonal functioning, and alexithymia. A subset of 60 patients underwent functional magnetic resonance imaging before and after 1 year of psychotherapy to assess amygdala activation by viewing standardized emotional pictures (secondary outcome). DERS scores decreased in both groups (time effect  $p < .001$ ). The Cohen's  $d$  effect size for change (baseline posttreatment) on DERS was very large ( $d = 0.84$ ) in MIT, and large ( $d = 0.76$ ) in SCM. Both groups significantly improved in depressive symptoms, state-

psychopathology, alexithymia, and interpersonal functioning. MIT showed larger effect on metacognitive functions than SCM (Time  $\times$  Group  $p < .001$ ). Both interventions showed a significant effect on BPD symptomatology although SCM group showed a larger decrease. On the contrary, MIT group showed larger decrease in impulsivity and number of PD criteria. Interestingly, both MIT and SCM modulated amygdala activation in BPD patients. MIT is a valid and effective psychotherapy for BPD with an impact on amygdala activation. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

**Trial registration:** ClinicalTrials.gov [NCT02370316](https://clinicaltrials.gov/ct2/show/study/NCT02370316).

21. [\*\*Associations between different measures of personality pathology and resting-state autonomic function among adolescents\*\*](#)

Personal Disord. 2023 May 25. doi: 10.1037/per0000630. Online ahead of print.

**Authors**

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- PMID: [37227865](https://pubmed.ncbi.nlm.nih.gov/37227865/)
- DOI: [10.1037/per0000630](https://doi.org/10.1037/per0000630)

**Abstract**

Borderline personality disorder (BPD) has been associated with a reduced functional flexibility of the autonomic nervous system (ANS), indexed by decreased vagally mediated heart rate variability (vmHRV). Employing a comprehensive Section II-based assessment approach and a partial Section III-based assessment approach (including Criterion A of the alternative model of

personality disorders [AMPD]), the present study investigates how different conceptualizations of personality disorders (PDs) according to the *Diagnostic and Statistical Manual for Mental Disorders, 5th edition* relate to ANS function. Using the BPD section of the Structured Clinical Interview for DSM-IV Axis II Disorders (SCID-II, a Section II-based assessment approach) and the Semistructured Interview for Personality Functioning DSM-5 (STiP-5.1, a Section III-based assessment approach), we conducted linear regression analyses to examine how categorical (BPD diagnosis) and dimensional (severity and domain) measures of PD are associated with ANS activity among adolescent psychiatric patients ( $N = 147$ ,  $M_{\text{age}} = 15.25$  years). Replicating earlier findings, analyses revealed a statistically significant positive association between the SCID-II measures of BPD and heart rate (HR),  $b = 0.43$ ,  $t(59) = 3.57$ ,  $p = .001$ ,  $f = .57$ , as well as a statistically significant negative association between the SCID-II measures of BPD and vmHRV,  $b = -0.34$ ,  $t(59) = -2.74$ ,  $p = .008$ ,  $f = .47$ . Neither the STiP-5.1 total score nor the subscales of the Level of Personality Functioning Scale (LPFS) were associated with HR or vmHRV. The present findings indicate that the SCID-II may capture features of PD that are more informative of variance in physiological function than the STiP-5.1. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

22. [Interrater reliability of criterion A of the alternative model for personality disorder \(Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition-Section III\): A meta-analysis](#)

Personal Disord. 2023 May 25. doi: 10.1037/per0000631. Online ahead of print.

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- DOI: [10.1037/per0000631](https://doi.org/10.1037/per0000631)

## Abstract

The alternative model for personality disorder (AMPD) is currently included in Section III of the Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition (DSM-5). This review sought to summarize the literature concerning the interrater reliability (IRR) of the AMPD. Despite high heterogeneity, meta-analysis provided tentative support for the IRR of Criterion A of the AMPD, with pooled intraclass correlation coefficients (ICCs) for the Level of Personality Functioning Scale (LPFS) and its domains falling above DSM acceptability levels. Subgroup analysis of the LPFS suggested IRR scores could be improved by using a specific AMPD Structured Clinical Interview (SCI). Further research should in particular consider the IRR of Criterion B elements of the AMPD and overall PD diagnosis, where insufficient data were available to draw conclusions in the present study. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

23. [Construction of item-level scales from the Personality Assessment Inventory to assess levels of personality functioning](#)

Personal Disord. 2023 May 25. doi: [10.1037/per0000628](https://doi.org/10.1037/per0000628). Online ahead of print.

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- DOI: [10.1037/per0000628](https://doi.org/10.1037/per0000628)

## Abstract

The fifth edition of the Diagnostic and Statistical Manual for Mental Disorders (DSM-5; American Psychiatric Association, 2013) introduced the clinician-rated Levels of Personality Functioning Scale (LPFS) as an indicator of general personality functioning based on four elements: Identity, Self-Direction, Empathy, and Intimacy. Construct validation strategies were employed to select and evaluate items from the Personality Assessment Inventory (PAI; Morey, 2007) to measure the four elements of the LPFS. In Study 1, conceptual ratings of PAI items produced lists of candidate items for the four elements. In Study 2, a sample of student respondents ( $n = 312$ ) was used to select the final items for the PAI-Levels of Personality Functioning (PAI-LPF). In Study 3, a large sample of adults ( $n = 505$ ) gathered using Amazon's Mechanical Turk was used to cross-validate the psychometric properties of the PAI-LPF element scales. Means, standard deviations, and coefficient alpha values are reported for the PAI-LPF total score and element scales using the PAI community adult and clinical patient normative samples. The PAI-LPF offers clinicians and researchers the ability to include the LPFS as part of a comprehensive assessment of personality and psychopathology offered by the PAI. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

24. [Psychopathy and antisocial personality disorder in the fifth edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders: An attempted replication of Wygant et al. \(2016\)](#)

Personal Disord. 2023 May 25. doi: 10.1037/per0000626. Online ahead of print.

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- DOI: [10.1037/per0000626](#)

## Abstract

The fifth edition of the American Psychiatric Association's (APA) *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* Section III Alternative Model of Personality Disorder (AMPD) was developed to ameliorate some of the concerns of the *DSM-5* Section II categorical model by moving away from the discrete boundaries of behaviorally specific criteria to a hybridized dimensional trait-based approach. Wygant et al. (2016) examined the extent to which the AMPD improved the operationalization of antisocial personality disorder to more closely align with psychopathy, a notable weakness of *DSM-5* Section II (Crego & Widiger, 2015; Lynam & Vachon, 2012; Strickland et al., 2013). Wygant et al. found that the *DSM-5* Section III AMPD outperformed Section II in predicting various operationalizations of psychopathy in a sample of 200 male inmates. In the spirit of the importance in exploring replication (Tackett et al., 2017), the current study sought to replicate and extend these findings by comparing the ability of the AMPD and alternative trait models to account for psychopathy. Analyses showed a partial replication of Wygant et al.'s findings, indicating that additional traits to account for psychopathy should be included in *DSM-5* Section III. The current study was not preregistered. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

## 25. [Correlates of Homelessness Among Adults with Personality Disorder](#)

Psychiatr Q. 2023 May 25. doi: 10.1007/s11126-023-10027-w. Online ahead of print.

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- DOI: [10.1007/s11126-023-10027-w](#)

## Abstract

Although personality disorders (PDs) are more common among persons experiencing homelessness than the general population, few studies have investigated the risk of experiencing homelessness among persons with PDs. This study seeks to identify the demographic, socioeconomic, and behavioral health correlates of past-year homelessness among persons with antisocial, borderline, and schizotypal PDs. Nationally representative data of the civilian, noninstitutionalized population of the United States was used to identify correlates of homelessness. Descriptive statistics and bivariate associations between variables and homeless status were summarized prior to conducting several multivariate logistic regression models to identify correlates of homelessness. Main findings revealed positive associations between poverty, relationship dysfunction, and lifetime suicide attempt with homelessness. In the antisocial PD (ASPD) and borderline PD (BPD) models, comorbid BPD and ASPD, respectively, were associated with higher odds of past-year homelessness. Findings underscore the importance of poverty, interpersonal difficulties, and behavioral health comorbidities on homelessness among persons with ASPD, BPD, and schizotypal PD. Strategies to promote economic security, stable relationships, and interpersonal functioning may buffer against the effects of economic volatility and other systemic factors that could contribute to homelessness and persons with PD.

**Keywords:** Comorbidity; Homelessness; Personality disorder; Social determinants of health.

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- [45 references](#)

### Full text links



26. [To troll or not to troll: Young adults' anti-social behaviour on social media](#)

PLoS One. 2023 May 24;18(5):e0284374. doi: 10.1371/journal.pone.0284374. eCollection 2023.

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- PMCID: [PMC10208514](#)
- DOI: [10.1371/journal.pone.0284374](#)

## Free PMC article

## Abstract

**Background:** Online anti-social behaviour is on the rise, reducing the perceived benefits of social media in society and causing a number of negative outcomes. This research focuses on the factors associated with young adults being perpetrators of anti-social behaviour when using social media.

**Method:** Based on an online survey of university students in Canada (n = 359), we used PLS-SEM to create a model and test the associations between four factors (online disinhibition, motivations for cyber-aggression, self-esteem, and empathy) and the likelihood of being a perpetrator of online anti-social behaviour.

**Results:** The model shows positive associations between two appetitive motives for cyber-aggression (namely recreation and reward) and being a perpetrator. This finding indicates that young adults engage in online anti-social behaviour for fun and social approval. The model also shows a negative association between cognitive empathy and being a perpetrator, which indicates that perpetrators may be engaging in online anti-social behaviour because they do not understand how their targets feel.



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## Conflict of interest statement

The authors have declared that no competing interests exist.

- [60 references](#)
- [1 figure](#)

### Full text links



27. [Efficiency of heterogenous functional connectomes explains variance in callous-unemotional traits after computational lesioning of cortical midline and salience regions](#)

Brain Connect. 2023 May 24. doi: 10.1089/brain.2022.0074. Online ahead of print.

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- PMID: [37221853](#)
- DOI: [10.1089/brain.2022.0074](#)

## Abstract

Callous-unemotional (CU) traits are a youth antisocial phenotype hypothesized to be a result of differences in the integration of multiple brain systems. However, mechanistic insights into these brain systems are a continued challenge. Where prior work describes activation and connectivity, new mechanistic insights into the brain's functional connectome can be derived by removing nodes and quantifying changes in network properties (hereafter referred to as computational lesioning) to characterize connectome resilience and vulnerability. Here, we study the resilience of connectome integration in CU traits by estimating changes in efficiency after computationally lesioning individual-level connectomes. From resting-state data of 86 participants (48% female, age  $14.52 \pm 1.31$ ) drawn from the Nathan Kline institute's Rockland study, individual-level connectomes were estimated using graphical lasso. Computational lesioning was conducted both sequentially and by targeting global and local hubs. Elastic net regression was applied to determine how these changes explained variance in CU traits. Follow-up analyses characterized modeled node hubs, examined moderation, determined impact of targeting, and decoded the brain mask by comparing regions to meta-analytic maps. Elastic net regression revealed that computational lesioning of 23 nodes, network modularity, and Tanner stage explained variance in CU traits. Hub assignment of selected hubs differed at higher CU traits. No evidence for moderation between simulated lesioning and CU traits was found. Targeting global hubs increased efficiency and targeting local hubs had no effect at higher CU traits. Identified brain mask meta-analytically associated with more emotion and cognitive terms. Although reliable patterns were found across participants, adolescent brains were heterogeneous even for those with a similar CU traits score. Adolescent brain response to simulated lesioning revealed a pattern of connectome resiliency and vulnerability that explains variance in CU traits, which can aid prediction of youth at greater risk for higher CU traits.

**Keywords:** Brain reorganization; Connectome; Functional connectivity; Personality disorders; Psychiatry.

## Full text links



## 28. [On modeling the correlates of conspiracy thinking](#)

Sci Rep. 2023 May 23;13(1):8325. doi: 10.1038/s41598-023-34391-6.

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- PMID: [37221359](#)
- PMCID: [PMC10204035](#)
- DOI: [10.1038/s41598-023-34391-6](#)

**Free PMC article**

## Abstract

While a robust literature on the psychology of conspiracy theories has identified dozens of characteristics correlated with conspiracy theory beliefs, much less attention has been paid to understanding the generalized predisposition towards interpreting events and circumstances as the product of supposed conspiracies. Using a unique national survey of 2015 U.S. adults from October 2020, we investigate the relationship between this predisposition-conspiracy thinking-and 34 different psychological, political, and social correlates. Using conditional inference tree modeling-a machine learning-based approach designed to facilitate prediction using a flexible modeling methodology-we identify the characteristics that are most useful for orienting individuals along the conspiracy thinking continuum, including (but not limited to): anomie, Manicheanism, support for political violence, a tendency to share false information online, populism, narcissism, and psychopathy. Altogether, psychological characteristics are much more useful in predicting conspiracy thinking than are political and social characteristics, though even our robust set of correlates only partially accounts for variance in conspiracy thinking.

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## Conflict of interest statement

The authors declare no competing interests.

- [80 references](#)
- [5 figures](#)

## Full text links



29. [Using the Personality Assessment Inventory to Assess the Alternative Model for Personality Disorders: Criterion Validity in a Clinical Sample](#)

J Pers Assess. 2023 May 23;1-11. doi: 10.1080/00223891.2023.2203240.  
Online ahead of print.

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- PMID: [37220386](#)
- DOI: [10.1080/00223891.2023.2203240](#)

## Abstract

The Personality Assessment Inventory (PAI) is a broadband measure of psychopathology that is widely used in applied settings. Researchers developed regression-based estimates that use the PAI to measure constructs of the Alternative Model for Personality Disorders (AMPD) - a hybrid dimensional and categorical approach to conceptualizing personality disorders. Although prior work has linked these estimates to formal measures of the AMPD, there is little work investigating the clinical correlates of this scoring approach of the PAI. The current study examines associations between these PAI-based AMPD estimates and life data in a large, archival dataset of psychiatric outpatients and inpatients. We found general support for the criterion validity of AMPD estimate scores, such that a theoretically consistent pattern of associations emerged with indicators such as prior academic achievement, antisocial behavior, psychiatric history, and substance abuse. These results provide preliminary support to this scoring approach for use in clinical samples.

30. [Personality traits as risk factors for relapse or recurrence in major depression: a systematic review](#)

Front Psychiatry. 2023 May 5;14:1176355. doi: 10.3389/fpsy.2023.1176355. eCollection 2023.

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- PMID: [37215669](#)
- PMCID: [PMC10196019](#)
- DOI: [10.3389/fpsy.2023.1176355](#)

## Free PMC article

## Abstract

**Background:** Major depressive disorder (MDD) is highly recurrent. Identifying risk factors for relapse in depression is essential to improve prevention plans and therapeutic outcomes. Personality traits and personality disorders are widely considered to impact outcomes in MDD. We aimed to evaluate the role of personality aspects in the risk of relapse and recurrence in MDD.

**Method:** A PROSPERO-registered systematic review was conducted using Medline, Embase, PsycINFO, Web of Science and CINAHL as data sources, together with hand searching of four journals over the five years till 2022. There was independent abstract selection, quality assessment and data extraction from each study.

**Results:** Twenty two studies met eligibility criteria involving 12,393 participants. Neurotic personality features are significantly associated with the risk of relapse and recurrence of depression, though the data is not uniform. There is some, though limited, evidence that borderline, obsessive-compulsive and dependent personality traits or disorders increase the risk for relapse in depression.

**Limitations:** The small number, in addition to the methodological heterogeneity of the included studies, did not allow further analysis, such as meta-analysis.

**Conclusion:** People with high neuroticism and dependent personality traits, borderline personality disorder or obsessive-compulsive personality disorder, compared to those without, may be at a higher risk of experiencing relapse or recurrence of MDD. Specific and targeted interventions may potentially reduce relapse and recurrence rates in these groups and could improve outcomes.

**Systematic review registration:**

[https://www.crd.york.ac.uk/prospero/display\\_record.php?RecordID=235919](https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=235919), identifier: CRD42021235919.

**Keywords:** depression; personality disorders; personality traits; recurrence; relapse.

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## Conflict of interest statement

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

- [69 references](#)
- [2 figures](#)

### Full text links



31. [The five self-harm behavior groupings measure: empirical and thematic data from a novel comprehensive self-harm assessment](#)

Front Psychiatry. 2023 May 5;14:1147206. doi: 10.3389/fpsy.2023.1147206. eCollection 2023.

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- PMID: [37215657](#)
  - PMCID: [PMC10196393](#)
  - DOI: [10.3389/fpsy.2023.1147206](#)

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### Abstract



**Introduction:** The Five Self-Harm Behavior Groupings Measure (5S-HM) is a novel assessment that evaluates behaviours which may go undetected by existing measures. Self-harm is formulated across directness and lethality spectra, including under-studied behaviors such as indirect self-harm, harmful self-neglect and sexual self-harm. Aims of the study were to: (1) empirically evaluate the 5S-HM; (2) to determine whether the 5S-HM generates relevant new information with respect to the forms and functions given by participants for self-harm within a clinical sample; (3) to test the utility and novel contributions of the Unified Model of Self-Harm and the 5S-HM by extension.

**Methods:** Data were collected from  $N = 199$  individuals ( $M_{age} = 29.98$ ,  $SD = 8.41$ , 86.4% female), receiving specialized evidence-based treatments for self-harm, borderline personality disorder or eating disorders. Construct validity was determined via Spearman correlations, and internal consistency was established from Cronbach's alpha. Inductive thematic analysis was used to analyze and interpret qualitative data on reasons, forms and functions participants reported in relation to self-harm following Braun and Clarke's analytic guidelines. Thematic mapping was used to summarize qualitative data.

**Results:** Test-retest reliability on a subsample of  $n = 24$ , tested 14 days after Time 1 was supported by a good intraclass correlation (0.68). Internal consistency (Cronbach's alpha = 0.75) was acceptable to good, as was construct validity comparing the 5S-HM total score to two validated self-harm measures ( $\rho = 0.40$ ,  $p < 0.01$ ;  $\rho = 0.26$ ,  $p < 0.01$ ). A thematic map depicting antecedents and consequences of self-harm over time suggests that self-harm is initiated by negative emotional states and self-intolerance. Novel findings in relation to sexual self-harm indicated that reasons for these behaviors were either to improve or worsen one's situation through being hurt by someone else.

**Discussion:** The empirical analyses of the 5S-HM demonstrate that it is a robust measure for use in clinical and research settings. Thematic analyses proposed explanations for why self-harm behaviors are initiated and how they are reinforced over time. Sexual self-harm in particular requires further careful study.

**Keywords:** 5S-HM; harmful self-neglect; indirect self-harm; self-harm; sexual self-harm; unified theoretical model of self-harm.

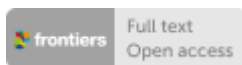
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## Conflict of interest statement

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- [43 references](#)
- [2 figures](#)

### Full text links



32. [Combined group and individual therapy for patients with avoidant personality disorder-A pilot study](#)

Front Psychiatry. 2023 May 4;14:1181686. doi: 10.3389/fpsy.2023.1181686. eCollection 2023.

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- PMID: [PMC10192633](#)
- DOI: [10.3389/fpsy.2023.1181686](#)

**Free PMC article**

## **Abstract**

**Objective:** Avoidant personality disorder (AvPD) is a common disorder within mental health services, associated with significant psychosocial impairment. The disorder has been neglected in research. There are currently no evidence-based treatments for AvPD, and there is a need for treatment studies focusing particularly on this form of personality pathology. The present study was a pilot study of combined group and individual therapy for patients with AvPD, based on mentalization-based and metacognitive interpersonal therapy. The aim was to investigate the feasibility of the treatment program and the course of symptoms and personality functioning during treatment and 1-year follow-up.

**Methods:** The study included 28 patients. Clinical evaluation at baseline comprised structured diagnostic interviews and patients' self-report of symptoms, psychosocial function, interpersonal problems, personality functioning, alexithymia, self-esteem, attachment style, therapeutic alliance, and client satisfaction. Patients' self-report were repeated at the end of treatment and 1-year follow-up.

**Results:** The drop-out rate was 14%. Average treatment length among the 22 treatment completers was 17 months. Mean levels of therapeutic alliance and client satisfaction were satisfactory. Effect sizes were large for global symptom distress, depression, anxiety, and psychosocial adjustment, and in the moderate range for aspects of personality functioning. Yet, the results showed a wide range of outcomes among the patients.

**Conclusions:** This pilot study shows promising results for combined group- and individual therapy for AvPD patients with moderate to severe impairment. Larger scale studies should be conducted to increase empirically based knowledge to guide development of differentiated treatments adapted to patients' various levels of AvPD severity and profiles of personality dysfunction.

**Keywords:** avoidant personality disorder; combined therapy; follow-up; group therapy; outcome.

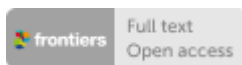
Copyright © 2023 Wilberg, Pedersen, Bremer, Johansen and Kvarstein.

## Conflict of interest statement

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

- [104 references](#)

### Full text links



33. [Pilot mental health during the COVID-19 pandemic: prevalence rates from semi-structured interviews, and associated vulnerability and protective factors](#)

Front Psychol. 2023 May 4;14:1073857. doi: 10.3389/fpsyg.2023.1073857. eCollection 2023.

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- PMCID: [PMC10194658](#)
- DOI: [10.3389/fpsyg.2023.1073857](#)

**Free PMC article**

## Abstract

**Introduction:** Pilots are a unique occupational group who perform a specialised job and face significant stressors. Pilot mental health has received increased attention since Germanwings Flight 9525; however, this research has largely focused on general anxiety, depression, and suicide and relied on a questionnaire-based methodology. This approach is likely to miss various mental health issues that may affect pilot wellbeing, leaving the prevalence of mental health issues in aviation unclear. In addition, the COVID-19 pandemic is likely to have a particular impact on the mental health and wellbeing of pilots, who experienced the devastating effect of COVID-19 on the industry.

**Method:** In the present study, we conducted a comprehensive assessment of 73 commercial pilots during the COVID-19 pandemic, using the DIAMOND semi-structured diagnostic interview and explored possible associated vulnerability and protective factors, including life event stressors, personality, passion, lifestyle factors, and coping strategies.

**Results:** The COVID-19 pandemic had a significant impact on aviation during the time of this study, affecting 95% of participants. The diagnostic results revealed over one third of pilots had symptoms of a diagnoseable mental health disorder. Anxiety disorders were the most commonly found disorders, followed by Attention Deficit Hyperactivity Disorder (ADHD), Adjustment Disorder, and Depressive Disorders. Pilots' high life event scores placed them at an increased risk for the development of stress-related illness, though did not explain which pilots had mental health difficulties in this study. Regression analysis supported a diathesis-stress model for pilot mental health, with disagreeableness and obsessive passion contributing to pilots' development of mental health issues, and nutrition as the most important protective factor.

**Discussion:** This study, though limited to the COVID-19 pandemic, provides a valuable precedent for a more thorough assessment of pilot mental health, and contributes to the broader understanding of pilot mental health, including suggestions to target factors associated with the development of mental health issues.

**Keywords:** COVID-19; aviation; diagnoses; mental health; pilot.

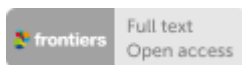
Copyright © 2023 Ackland, Molesworth and Grisham.

## Conflict of interest statement

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

- [48 references](#)
- [2 figures](#)

### Full text links



34.

## [Individuals with and without child maltreatment experiences are evaluated similarly and do not differ in facial affect display at zero- and first-acquaintance](#)

Borderline Personal Disord Emot Dysregul. 2023 May 21;10(1):17. doi: 10.1186/s40479-023-00222-3.

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- DOI: [10.1186/s40479-023-00222-3](#)

**Free PMC article**

## Abstract

**Background:** Individuals with a history of child maltreatment (CM) are more often disliked, rejected and victimized compared to individuals without such experiences. However, contributing factors for these negative evaluations are so far unknown.

**Objective:** Based on previous research on adults with borderline personality disorder (BPD), this preregistered study assessed whether negative evaluations of adults with CM experiences, in comparison to unexposed controls, are mediated by more negative and less positive facial affect display. Additionally, it was explored whether level of depression, severity of CM, social anxiety, social support, and rejection sensitivity have an influence on ratings.

**Methods:** Forty adults with CM experiences (CM +) and 40 non-maltreated (CM-) adults were filmed for measurement of affect display and rated in likeability, trustworthiness, and cooperativeness by 100 independent raters after zero-acquaintance (no interaction) and 17 raters after first-acquaintance (short conversation).

**Results:** The CM + and the CM- group were neither evaluated significantly different, nor showed significant differences in affect display. Contrasting previous research, higher levels of BPD symptoms predicted higher likeability

ratings ( $p = .046$ ), while complex post-traumatic stress disorder symptoms had no influence on ratings.

**Conclusions:** The non-significant effects could be attributed to an insufficient number of participants, as our sample size allowed us to detect effects with medium effect sizes ( $f^2 = .16$  for evaluation;  $f^2 = .17$  for affect display) with a power of .95. Moreover, aspects such as the presence of mental disorders (e.g., BPD or post-traumatic stress disorder), might have a stronger impact than CM per se. Future research should thus further explore conditions (e.g., presence of specific mental disorders) under which individuals with CM are affected by negative evaluations as well as factors that contribute to negative evaluations and problems in social relationships.

**Keywords:** Child maltreatment; Facial emotion expression; First-acquaintance; Zero-acquaintance.

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## Conflict of interest statement

The authors declare no competing interests.

- [74 references](#)

### Full text links



35. [Relationship between adult attachment and cognitive emotional regulation style in women and men](#)

Sci Rep. 2023 May 19;13(1):8144. doi: 10.1038/s41598-023-35250-0.

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- PMID: [37208364](#)
- PMCID: [PMC10199063](#)
- DOI: [10.1038/s41598-023-35250-0](#)

## Free PMC article

## Abstract

Cognitive emotion regulation (CER) strategies are useful in evaluating the risk of developing emotional disorders and that they may define subjects' styles. This study aims to explore the extent to which specific styles of CER strategies relate to the anxious and avoidant attachment dimensions in adults and whether such relationships operate similarly for women and men. Two hundred and fifteen adults (between 22 and 67 years old) completed the Spanish versions of the Cognitive Emotion Regulation Questionnaire and the Experiences in Close Relationships instrument. Cluster analysis, ANOVA and Student's t-test were used. Our results show that women and men can be successfully classified into two CER clusters (Protective and Vulnerable), distinguished by the higher use in the protective cluster of the CER strategies considered most adaptive and complex (Acceptance, Positive Refocusing, Refocus on Planning, Positive Reappraisal, and Putting into Perspective). However, only in women were the anxious and avoidant attachment dimensions significantly associated with CER style. In conclusion, from a clinical and interpersonal perspective, it is interesting to be able to predict the belonging to a Protective or Vulnerable coping style by analysing the CER strategies and to know their relationship with the adult affective system.

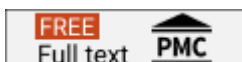
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## Conflict of interest statement

The authors declare no competing interests.

- [72 references](#)
- [2 figures](#)

### Full text links



36. [Can morning affect protect us from suicide? The mediating role of general mental health in the relationship between chronotype and suicidal behavior among students](#)

J Psychiatr Res. 2023 May 12;163:80-85. doi:  
10.1016/j.jpsychires.2023.05.020. Online ahead of print.

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- PMID: [37207435](https://pubmed.ncbi.nlm.nih.gov/37207435/)
- DOI: [10.1016/j.jpsychires.2023.05.020](https://doi.org/10.1016/j.jpsychires.2023.05.020)

### Free article

## Abstract

Although chronotype has been associated with suicidal behavior, current research suggest that this relationship may be mediated by other factors. The aim of this study was to assess whether chronotype, specifically morningness, may predict suicidal behavior and whether this relationship may be mediated by general mental health, depressive and anxiety symptoms, and/or social functioning among young adults. The study group comprised 306 students: 204 (65.8%) women, 101 (32.6%) men and one who chose not to identify with either option (0.3%). The participants completed The Composite Scale of Morningness, The General Health Questionnaire, 30-item version, Suicide Acceptance Questionnaire and The Suicidal Behaviors Questionnaire-Revised. Correlations between the continuous variables of interest revealed a weak, but significant, negative association between morning affect (CSM) and suicidal behavior (SBQ-R); a moderate positive association was found between suicidal behavior (SBQ-R) and depression/anxiety, and a weak one between suicidal behavior (SBQ-R) and interpersonal relations (GHQ-30). The models predicting suicidal behavior, and chronotype-related variables as predictors of suicidal behavior, were then tested. Although the morning affect predicted suicidal behavior, this effect became irrelevant when combined with mental health characteristics: psychopathological symptoms of depression and anxiety and the quality of interpersonal relations. Our findings imply that the role of chronotype is secondary to general mental health: mental disorder symptoms

should be considered as the core risk factors for suicide and serve as the focus for suicide risk assessments.

**Keywords:** Chronotype; Morningness-eveningness; Suicidal behavior; Suicide.

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## Conflict of interest statement

Declaration of competing interest All authors confirm no conflicts of interest associated with this publication and there has been no significant financial support for this work that could have influenced its outcome.

### Full text links



37. [Machine learning-based predictive models for the occurrence of behavioral and psychological symptoms of dementia: model development and validation](#)

Sci Rep. 2023 May 18;13(1):8073. doi: 10.1038/s41598-023-35194-5.

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- PMID: [37202454](https://pubmed.ncbi.nlm.nih.gov/37202454/)
- PMCID: [PMC10195861](https://pubmed.ncbi.nlm.nih.gov/PMC10195861/)
- DOI: [10.1038/s41598-023-35194-5](https://doi.org/10.1038/s41598-023-35194-5)

**Free PMC article**

## **Abstract**

The behavioral and psychological symptoms of dementia (BPSD) are challenging aspects of dementia care. This study used machine learning models to predict the occurrence of BPSD among community-dwelling older adults with dementia. We included 187 older adults with dementia for model training and 35 older adults with dementia for external validation. Demographic and health data and premorbid personality traits were examined at the baseline, and actigraphy was utilized to monitor sleep and activity levels. A symptom diary tracked caregiver-perceived symptom triggers and the daily occurrence of 12 BPSD classified into seven subsyndromes. Several prediction models were also employed, including logistic regression, random forest, gradient boosting machine, and support vector machine. The random forest models revealed the highest area under the receiver operating characteristic curve (AUC) values for hyperactivity, euphoria/elation, and appetite and eating disorders; the gradient boosting machine models for psychotic and affective symptoms; and the support vector machine model showed the highest AUC. The gradient boosting machine model achieved the best performance in terms of average AUC scores across the seven subsyndromes. Caregiver-perceived triggers demonstrated higher feature importance values across the seven subsyndromes than other features. Our findings demonstrate the possibility of predicting BPSD using a machine learning approach.

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## **Conflict of interest statement**

The authors declare no competing interests.

- [60 references](#)
- [1 figure](#)

#### Full text links



### 38. [Higher baseline emotion dysregulation predicts treatment dropout in outpatients with borderline personality disorder](#)

Personal Disord. 2023 May 18. doi: 10.1037/per0000627. Online ahead of print.

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[Jessie N Doyle](#)<sup>1</sup>, [MacGillivray M Smith](#)<sup>2</sup>, [Margo C Watt](#)<sup>2</sup>, [Jacqueline N Cohen](#)<sup>3</sup>, [Marie-Eve Couture](#)<sup>4</sup>

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- PMID: [37199933](#)
- DOI: [10.1037/per0000627](#)

#### Abstract

Treatment dropout is high among outpatients with borderline personality disorder (BPD) and is associated with myriad negative therapeutic and psychosocial outcomes. Identifying predictors of treatment dropout can inform treatment provision for this population. The present study investigated whether symptom profiles of static and dynamic factors could predict treatment dropout. Treatment-seeking outpatients with BPD ( $N = 102$ ) completed pre-treatment measures of BPD symptom severity, emotion dysregulation, impulsivity,

motivation, self-harm, and attachment style to determine their collective impact on dropout prior to 6 months of treatment. Discriminant function analysis was used to classify group membership (treatment dropout vs. nondropout) but did not produce a statistically significant function. Groups were distinguished by baseline levels of emotion dysregulation with higher dysregulation predicting premature treatment dropout. Clinicians working with outpatients with BPD might benefit from optimizing emotion regulation and distress tolerance strategies earlier in treatment to reduce premature dropout. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

39. [\*\*A study on the influence of personality characteristics on household charitable donation behavior in China\*\*](#)

PLoS One. 2023 May 17;18(5):e0284798. doi: 10.1371/journal.pone.0284798. eCollection 2023.

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- PMID: [37196009](#)
- PMCID: [PMC10191333](#)
- DOI: [10.1371/journal.pone.0284798](#)

**Free PMC article**

#### **Abstract**

Using the data of the 2018 China Family Panel Studies (CFPS), this paper empirically tests the impact of the "Big Five" personality characteristics on household charitable donation behavior. The benchmark regression results

show that after controlling the individual characteristics and family characteristics of the household heads, the conscientiousness and openness of the household heads have a significant positive impact on the social donation behavior of the family. On this basis, this paper takes the openness personality as an example, selects the identification strategy of processing effect, and tests the robustness of the causal effect of personality on household donation behavior. The openness personality has a significant positive impact on household external donation behavior. In the further study, it is found that with the improvement of the level of household charitable donation, the positive effect of the household head 's openness personality on household charitable donation behavior is gradually weakening; The influence of openness personality on household charitable donation has the nonlinear characteristics of "marginal effect" increasing and obvious life cycle characteristics.

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## Conflict of interest statement

The authors have declared that no competing interests exist.

- [35 references](#)
- [1 figure](#)

### Full text links



40. [\*\*Do birds of a feather leave the nest together? The role of sibling personality similarity in the transition to adulthood\*\*](#)

PLoS One. 2023 May 17;18(5):e0284808. doi: 10.1371/journal.pone.0284808. eCollection 2023.

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- PMCID: [PMC10191368](#)
- DOI: [10.1371/journal.pone.0284808](#)

## Free PMC article

## Abstract

Empirical evidences on intragenerational transmission of life course have been demonstrated and that interpersonal similarity may moderate the effect. In particular, siblings who are more similar in their demographic characteristics are more likely to follow each other's life course transitions. Focusing on parental home-leaving and building upon the social influence processes and similarity-attraction effects, this study investigates whether the association between siblings' departures from the parental home increases when they are similar in the Big Five personality traits, like similarity in demographic traits. We use 28 waves of a longitudinal sample from "Understanding Society: The U.K. Household Longitudinal Study". The results of the multilevel discrete-time event-history analysis (N = 3,717 children) indicate that the association between leaving of a sibling and oneself was strengthened when they had a similar level of extraversion, particularly when they were both introverts. This implies that although introverted adolescents and emerging adults might take less initiative regarding social relationships and be more hesitant in their transition to adulthood, when a similarly introverted sibling makes such a transition, they are more inclined to do so. To conclude, the study uncovers the relationship between siblings' personality similarity and their resemblance in nest-leaving, which helps explain young adults' home-leaving decision in an era when delayed leaving is observed.

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## Conflict of interest statement

The authors have declared that no competing interests exist.

- [77 references](#)
- [4 figures](#)

### Full text links



41. [\*\*A multisite comparison using electronic health records and natural language processing to identify the association between suicidality and hospital readmission amongst patients with eating disorders\*\*](#)

Int J Eat Disord. 2023 May 16. doi: 10.1002/eat.23980. Online ahead of print.

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- PMID: [37194359](#)
- DOI: [10.1002/eat.23980](#)

## Abstract

**Objectives:** To describe and compare the association between suicidality and subsequent readmission for patients hospitalized for eating disorder treatment, within 2 years of discharge, at two large academic medical centers in two different countries.

**Methods:** Over an 8-year study window from January 2009 to March 2017, we identified all inpatient eating disorder admissions at Weill Cornell Medicine, New York, USA (WCM) and South London and Maudsley Foundation NHS Trust, London, UK (SLaM). To establish each patient's-suicidality profile, we applied two natural language processing (NLP) algorithms, independently developed at the two institutions, and detected suicidality in clinical notes documented in the first week of admission. We calculated the odds ratios (OR) for any subsequent readmission within 2 years postdischarge and determined whether this was to another eating disorder unit, other psychiatric unit, a general medical hospital admission or emergency room attendance.

**Results:** We identified 1126 and 420 eating disorder inpatient admissions at WCM and SLaM, respectively. In the WCM cohort, evidence of above average suicidality during the first week of admission was significantly associated with an increased risk of noneating disorder-related psychiatric readmission (OR 3.48 95% CI = 2.03-5.99, p-value < .001), but a similar pattern was not observed in the SLaM cohort (OR 1.34, 95% CI = 0.75-2.37, p = .32), there was no significant increase in risk of admission. In both cohorts, personality disorder increased the risk of any psychiatric readmission within 2 years.

**Discussion:** Patterns of increased risk of psychiatric readmission from above average suicidality detected via NLP during inpatient eating disorder admissions differed in our two patient cohorts. However, comorbid diagnoses

such as personality disorder increased the risk of any psychiatric readmission across both cohorts.

**Public significance:** Suicidality amongst is eating disorders is an extremely common presentation and it is important we further our understanding of identifying those most at risk. This research also provides a novel study design, comparing two NLP algorithms on electronic health record data based in the United States and United Kingdom on eating disorder inpatients. Studies researching both UK and US mental health patients are sparse therefore this study provides novel data.

**Keywords:** eating disorder; electronic health records; natural language processing; suicidal ideation; suicide.

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- [48 references](#)

#### Full text links



42. [Abusive behaviours in relationships, need satisfaction, conflict styles and relationship satisfaction: mediation and moderation roles](#)

BMC Psychol. 2023 May 16;11(1):160. doi: 10.1186/s40359-023-01202-6.

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- PMCID: [PMC10190009](#)
- DOI: [10.1186/s40359-023-01202-6](#)

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## **Abstract**

**Background:** The current study focuses on the mediator role of abusive behaviour in romantic relationships (ABRR) in the relationship between subordination, retreat, and relationship satisfaction and the moderation role of relatedness and autonomy in the relationships between ABRR and relationship satisfaction.

**Methods:** 333 (91 men, 242 women) Turkish emerging adults in relationships participated in this research. These participants completed a measure of abusive behaviour in romantic relationship, conflict resolution styles, relationship satisfaction and need satisfaction in romantic relationship. Models 1 and 4 of Process Hayes were used in SPSS 22 to investigate moderation and mediation roles.

**Results:** According to the results, ABRR has a full mediator role in the relationship between subordination and relationship satisfaction and has a partial mediator role in the relationship between retreat and relationship satisfaction. Another result of the study showed that ABRR negatively affected relationship satisfaction and that relatedness and autonomy moderated this relationship. Moderator roles are strong when the level of relatedness and autonomy are high.

**Conclusions:** In conclusion, subordination and retreat as well as ABRR are risk factors for relationship satisfaction for individuals in romantic relationships. Our results suggest that relatedness and autonomy present an adaptive approach and protection method associated with improved relationship satisfaction. Therefore, subordination, withdrawal, ABRR, autonomy, and relatedness should be considered in relationship satisfaction assessment and couple therapies.

**Keywords:** Abusive behaviours; Conflict styles; Emerging adults; Need satisfaction; Relationship satisfaction.

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## Conflict of interest statement

The authors declare no competing interests.

- [41 references](#)
- [4 figures](#)

## Full text links



## 43. [Clinical relevance of interictal dysphoric disorder and its impact on quality of life in drug-resistant epilepsy](#)

Epilepsy Behav. 2023 May 14;144:109253. doi: 10.1016/j.yebeh.2023.109253. Online ahead of print.

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- PMID: [37192579](https://pubmed.ncbi.nlm.nih.gov/37192579/)
- DOI: [10.1016/j.yebeh.2023.109253](https://doi.org/10.1016/j.yebeh.2023.109253)

## Free article

## Abstract

**Objective:** This study aims to assess the prevalence of Interictal Dysphoric Disorder (IDD) in drug-resistant epilepsy (DRE) and to describe its clinical and psychopathological profile, including personality, as well as its impact on quality of life (QOL).

**Method:** A retrospective cross-sectional study from an Epilepsy Unit from January 2007 to December 2017. All patients were diagnosed with DRE. Patients underwent a battery of tests (HADS, SCL-90R, PDQ-4+, QOLIE-31) and a psychiatrist assessed the presence of Axis-I disorders and IDD. Statistical procedures were carried out using R-4.0.1 software.

**Results:** A total of 282 patients were included. A statistically significant association was found between IDD and mood and anxiety disorders ( $p < 0.001$  and  $p < 0.05$  respectively), and between IDD and higher scores in all HADS



and SCL-90-R items compared to subjects without IDD ( $p < 0.001$ ). A statistically significant association was also found between IDD and obsessive-compulsive, borderline and depressive personality disorder ( $p < 0.05$ ). Scores in all QOLIE-31 items except for 'medication effects' were significantly lower in subjects with IDD compared with subjects without IDD ( $p < 0.001$ ).

**Conclusions:** In DRE, IDD subjects show differences in the psychopathological profile and QOL scores compared to subjects without a diagnosis of IDD. An early diagnosis of IDD could facilitate prompt interventions which might positively impact QOL.

**Keywords:** Drug-Resistant Epilepsy; Interictal Dysphoric Disorder; Psychopathology.

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## Conflict of interest statement

Declaration of Competing Interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

### Full text links



## 44. [Age and gender differences in narcissism: A comprehensive study across eight measures and over 250,000 participants](#)

J Pers Soc Psychol. 2023 Jun;124(6):1277-1298. doi: 10.1037/pspp0000463.

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- PMID: [37184962](#)
- PMCID: **PMC10188200** (available on 2024-06-01)
- DOI: [10.1037/pspp0000463](#)

## Abstract

Age and gender differences in narcissism have been studied often. However, considering the rich history of narcissism research accompanied by its diverging conceptualizations, little is known about age and gender differences across various narcissism measures. The present study investigated age and

gender differences and their interactions across eight widely used narcissism instruments (i.e., Narcissistic Personality Inventory, Hypersensitive Narcissism Scale, Dirty Dozen, Psychological Entitlement Scale, Narcissistic Personality Disorder Symptoms from the *Diagnostic and Statistical Manual of Mental Disorders*, Version IV, Narcissistic Admiration and Rivalry Questionnaire-Short Form, Single-Item Narcissism Scale, and brief version of the Pathological Narcissism Inventory). The findings of Study 1 (N = 5,736) revealed heterogeneity in how strongly the measures are correlated. Some instruments loaded clearly on one of the three factors proposed by previous research (i.e., Neuroticism, Extraversion, Antagonism), while others cross-loaded across factors and in distinct ways. Cross-sectional analyses using each measure and meta-analytic results across all measures (Study 2) with a total sample of 270,029 participants suggest consistent linear age effects (random effects meta-analytic effect of  $r = -.104$ ), with narcissism being highest in young adulthood. Consistent gender differences also emerged (random effects meta-analytic effect was  $-.079$ ), such that men scored higher in narcissism than women. Quadratic age effects and Age  $\times$  Gender effects were generally very small and inconsistent. We conclude that despite the various conceptualizations of narcissism, age and gender differences are generalizable across the eight measures used in the present study. However, their size varied based on the instrument used. We discuss the sources of this heterogeneity and the potential mechanisms for age and gender differences. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

#### Full text links



45. [The Clinical Interview for Borderline Personality Disorder for Adolescents \(CI-BOR-A\): Development, acceptability and expert panel evaluation](#)

Personal Ment Health. 2023 May 14. doi: 10.1002/pmh.1586. Online ahead of print.

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- PMID: [37183381](#)
- DOI: [10.1002/pmh.1586](#)

## Abstract

Borderline personality disorder (BPD) is a severe mental disorder with marked impulsivity, instability, emotional dysregulation and self-harm. These features tend to develop over time and can be identified in adolescence. Early diagnosis is the first step to prevent the development of these features to a personality disorder. The purpose of this study was to develop the Clinical Interview for BPD for Adolescents (CI-BOR-A), a new instrument based on a sound clinical interview for BPD in youth (CI-BPD). We tested its acceptability with 43 adolescents and its content validity with the quantitative and qualitative evaluation of 23 experts in mental health. The CI-BOR-A is a hybrid semi-structured interview that considers both categorical and dimensional approaches of personality disorders of DSM-5-TR, including 16 items, decision tables for diagnosis, and an appendix to explore self-harm history further. Adolescents accepted the interview, and none refused to complete the assessment. The expert panel considered the interview relevant, clear, accurate and complete. Important feedback was provided in terms of structure and content to improve the CI-BOR-A quality. In general, the CI-BOR-A is a rigorous interview to assess BPD in adolescents and adds an important contribution to early detection in clinical and community settings.

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- [41 references](#)

## Full text links



46. [Neuroendocrine response to a psychosocial stress test is not related to schizotypy but cortisol elevation predicts inflexibility of semantic memory retrieval](#)

Psychoneuroendocrinology. 2023 May 8;154:106287. doi: 10.1016/j.psyneuen.2023.106287. Online ahead of print.

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- PMID: [37182519](#)
- DOI: [10.1016/j.psyneuen.2023.106287](#)

## Abstract

An altered stress response can contribute to the transition from preclinical psychotic symptoms to the clinical manifestation of schizophrenia and other psychotic disorders. The present study was aimed at testing the hypotheses that (i) the autonomic and neuroendocrine responses under psychosocial stress are dysregulated in individuals with high psychosis proneness (schizotypy); (ii) the magnitude of post-stress autonomic activation and cortisol release predicts alterations in semantic memory retrieval. The study was performed in 73 healthy individuals of both sexes with either high or low schizotypal traits preselected out of 609 individuals using the Schizotypal Personality Questionnaire. A psychosocial stress procedure based on public speech was used as a stress model. We found that individuals with high schizotypy engaged in less adaptive emotional stress-coping strategies than low schizotypy individuals. Yet, the neuroendocrine, immune, and sympathetic activation in response to the stress test was not different between the groups. Irrespective of the exposure to the stressor, individuals with high schizotypy were less fluent when retrieving associations from semantic memory. In addition, we demonstrated that acute psychosocial stress reduced the flexibility of semantic memory retrieval. The post-stress mental inflexibility was reliably predicted by the concomitant elevation of cortisol concentrations in saliva. The present study thus brings novel evidence indicating that the acute psychosocial challenge impairs retrieval flexibility in the semantic domain, which may be due to neuroendocrine activation.

**Keywords:** Mental flexibility; Public speech test; Schizotypy; Semantic memory retrieval; Stress response; Verbal fluency.

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## Conflict of interest statement

Declaration of Competing Interest None.

## Full text links



47. [US Food and Drug Administration Warning Regarding Finasteride and Suicidal Ideation: What Should Urologists Know?](#)

Eur Urol Open Sci. 2023 Apr 29;52:4-6. doi: 10.1016/j.euros.2023.04.009.  
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- PMCID: [PMC10172713](#)
- DOI: [10.1016/j.euros.2023.04.009](#)

**Free PMC article**

### Abstract

Finasteride competitively inhibits 5 $\alpha$ -reductase (5-AR) isoenzymes, which blocks dihydrotestosterone (DHT) production, thereby reducing DHT. Finasteride is used in the management of benign prostatic hyperplasia (BPH) and androgenic alopecia. Amid patient reports of suicidal ideation (SI), the Post

Finasteride Syndrome advocacy group has petitioned for either a stop to selling of the drug or advertisement of stronger warnings. The US Food and Drug Administration recently added SI to the adverse effects listed for finasteride. Here we provide a brief but comprehensive review of the literature on the psychological side effects of 5-AR inhibitors (5-ARIs) to provide an opinion to help in guiding treating urologists. Most of the current evidence, obtained from the literature on dermatology, suggests that 5-ARI users experience a higher rate of depressive symptoms. However, given the lack of comprehensive randomised studies, the causal link between finasteride and SI remains unclear. Urologists prescribing 5-ARIs should be aware of the recent addition of suicide and SI risk to the list of side effects. A mental health screen should be performed and appropriate resources provided to patients commencing treatment. Furthermore, a review should be arranged with the general practitioner to assess new-onset mental health or SI symptoms.

**Patient summary:** We provide recommendations for urologists who prescribe finasteride for the treatment of benign prostate enlargement. Urologists should be aware of the recent addition of suicidal ideation to the list of side effects for this drug. Finasteride prescription should be continued; however, we recommend a detailed medical history to screen for prior mental health and personality disorders, with discontinuation of the medication in patients with new onset of depression or suicidal symptoms. Close liaison with the patient's general practitioner is vital for management of depressive or suicidal symptoms.

**Keywords:** Adverse effect; Adverse event reporting system; Androgenic alopecia; Benign prostatic hyperplasia; Dihydrotestosterone; Finasteride; Food and Drug Administration; Lower urinary tract symptoms.

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- [9 references](#)

#### Full text links





48. [Employment and Social Security/Insurance among patients affected by mental disorders in Italy: A descriptive multi-center study](#)

Int J Soc Psychiatry. 2023 May 13;207640231174358. doi: 10.1177/00207640231174358. Online ahead of print.

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- DOI: [10.1177/00207640231174358](#)

## Abstract

**Introduction:** Many mental disorders especially chronic serious ones such as schizophrenia-spectrum disorders, are disabling syndromes and impact on patients' social and cognitive functioning, including work activity. Thus, affected patients may show a particular socio-economic vulnerability and need specific social security as well as rehabilitation interventions, including pensions or job-placements. In Italy, the Working Group named 'Employment and Social Security/Insurance in Mental Health (ESSIMH)' was founded in 2020 in order to collect research evidence on mental illness, employment, social security, and rehabilitation.

**Methods:** A descriptive, observational and multi-center study has been conducted in eleven Departments of Mental Health in Italy (Foggia, Brindisi, Putignano, Rome, Bologna, Siena, Pavia, Mantova, Genova, Brescia, and Torino) and involved 737 patients affected by major mental illness and classified in five diagnostic categories: psychoses, mood disorders, personality disorders, anxiety disorders, and others. The data collection was performed in 2020 among patients aged 18 to 70 years old.

**Results:** The rate of employment in our sample was 35.8% ( $n = 264$ ). Occupational disability in our sample was recognized in 58.0% of patients with a mean percentage of severity  $51.7 \pm 43.1$ ; patients with psychoses (73%) reported higher disability followed by personality (60%) and mood disorders (47.3%) ones. In a logistic multivariate modeling, factors significantly associated with diagnosis were (a) higher level of occupational disability in psychoses; (b) higher number of job- placement programs among psychoses patients; (c) lower level of employment in psychoses; (d) more psychotherapy in personality disorder patients; and (e) more years of MHC program in psychoses patients; factors associated with sex were: (a) higher number of drive licenses among males; (b) more physical activity among males; and (c) higher number of job-placement programs among males.

**Conclusion:** patients affected by psychoses were more likely to be unemployed, reported higher occupational disability as well as received more incentives and rehabilitation interventions. These findings confirmed that schizophrenia-spectrum disorders are disabling and patients need psychosocial support and interventions in the framework of a recovery-oriented treatment.

**Keywords:** Employment; INAIL; INPS; Italy; job-placement; mental illness; pensions; psychosis; rehabilitation; social insurance; social security.

### Full text links

Sage Journals

49. [CADM2 is implicated in impulsive personality and numerous other traits by genome- and phenome-wide association studies in humans and mice](#)

Transl Psychiatry. 2023 May 12;13(1):167. doi: 10.1038/s41398-023-02453-y.

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- DOI: [10.1038/s41398-023-02453-y](https://doi.org/10.1038/s41398-023-02453-y)

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## Abstract

Impulsivity is a multidimensional heritable phenotype that broadly refers to the tendency to act prematurely and is associated with multiple forms of psychopathology, including substance use disorders. We performed genome-wide association studies (GWAS) of eight impulsive personality traits from the Barratt Impulsiveness Scale and the short UPPS-P Impulsive Personality Scale (N = 123,509-133,517 23andMe research participants of European ancestry), and a measure of Drug Experimentation (N = 130,684). Because these GWAS implicated the gene CADM2, we next performed single-SNP phenome-wide studies (PheWAS) of several of the implicated variants in CADM2 in a multi-ancestral 23andMe cohort (N = 3,229,317, European; N = 579,623, Latin American; N = 199,663, African American). Finally, we produced *Cadm2* mutant mice and used them to perform a Mouse-PheWAS ("MouseWAS") by testing them with a battery of relevant behavioral tasks. In humans, impulsive personality traits showed modest chip-heritability (~6-11%), and moderate genetic correlations ( $r_g = 0.20-0.50$ ) with other personality traits, and various psychiatric and medical traits. We identified significant associations proximal to genes such as TCF4 and PTPRF, and also identified nominal associations proximal to DRD2 and CRHR1. PheWAS for CADM2 variants identified associations with 378 traits in European participants, and 47 traits in Latin American participants, replicating associations with risky behaviors, cognition and BMI, and revealing novel associations including allergies, anxiety, irritable bowel syndrome, and migraine. Our MouseWAS recapitulated some of the associations found in humans, including impulsivity, cognition, and BMI. Our results further delineate the role of CADM2 in impulsivity and numerous other psychiatric and somatic traits across ancestries and species.

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## Conflict of interest statement

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views of the National Institutes of Health. SAB was supported by NIH/NIMH grants R01MH108653 and R21MH117518. AML was supported by NIH/NIAAA grant K99AA027835. TB acknowledges support by NIH/NIDA R01 DA018928. JM is supported by the Peter Boris Chair in Addictions Research. HHAT is funded through a Natural Science and Engineering Research Council PGS-D scholarship, and studies in Cohort 2 were supported by the Canadian Institutes of Health Research Project Grant (PJT-173442 to JYK). PF and SLE are employees of 23andMe, Inc., and hold stock or stock options in 23andMe. JY reports having received grant support funding from Sunovion, Heptares, and Gilgamesh, as well as honoraria from Marvel Biotech, none of which were involved in the current project. The other authors report no conflict of interest.

- [89 references](#)
- [4 figures](#)

#### Full text links



## 50. [Assessment of Personality Disorders in Older Adults. A Practice Guide](#)

J Geriatr Psychiatry Neurol. 2023 May 12;8919887231175431. doi: 10.1177/08919887231175431. Online ahead of print.

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- PMID: [37171996](#)
- DOI: [10.1177/08919887231175431](#)

## Abstract

Assessment of personality disorders (PDs) in older adults is a nuanced trade of its own. The aim of this practice guide is to illustrate gerontological assessment challenges using 3 case vignettes. We argue that it is important to pay extra attention to the influence of cognitive and medical (somatic) disorders on personality functioning in older adults during personality assessment. We also note that information provided by informants contributes added value to personality assessment. Personality assessment should be sufficiently age-specific to prevent overdiagnosis or underdiagnosis in older adults. Furthermore, given the reduced psychological or somatic capacity of some older adults, phased or sequential personality assessment is recommended. This should be focused on the assessment questions to be answered, for example starting with short general screening of personality functioning, followed by more in-depth exploration. Personality assessment should be kept as brief and simple as possible in terms of formulation of the items.

**Keywords:** age-specific instruments; older adults; personality assessment; personality disorders; screening.

### Full text links

Sage Journals

51. [Clinical Assessment of Eye Movement Desensitization and Reprocessing in Memory Distress: Protocol for a Double-Blinded Randomized Controlled Trial](#)

JMIR Res Protoc. 2023 May 12;12:e38552. doi: 10.2196/38552.

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- PMCID: [PMC10221518](#)
- DOI: [10.2196/38552](#)

## Free PMC article

## Abstract

**Background:** Exposures to "traumatic" events are widespread and can cause posttraumatic stress disorder (PTSD). Cognitive behavioral therapy and eye movement desensitization and reprocessing (EMDR) are frequently used and validated behavioral PTSD treatments. Despite demonstrated effectiveness, highly upsetting memory reactions can be evoked, resulting in extensive distress and, sometimes, treatment dropout. In recent years, multiple treatment approaches have aimed at reducing such upsetting memory reactions to traumatic memories while therapeutic progress proceeds. One of these methods, the flash technique (FT), a modification of standard EMDR (S-EMDR), appears effective in distressing memory reduction. This study will examine FT-EMDR and S-EMDR efficacies when both methods are delivered via web-based video.

**Objective:** This study aims to assess the relative efficacy of (web-based) FT-EMDR versus S-EMDR in reducing the PTSD symptoms, anxieties, and depression associated with traumatic memories at postintervention and 1-month follow-up.

**Methods:** This double-blinded, web-based, 2-arm randomized controlled trial will employ self-report outcomes. A total of 90 participants will be identified from the web-based CloudResearch platform and randomly allocated to the experimental or comparison group. Inclusion criteria are as follows: (1) approved for engagement by the CloudResearch platform; (2) 25-60 years of age; (3) residing in Canada or the United States; (4) a recalled disturbing memory of an event >2 years ago that has not repeated and was moderately or



more upsetting during occurrence; (5) memory moderately or more upsetting at baseline and not linked to an earlier memory that is equally or more than equally disturbing. Exclusion criteria are bipolar disorder, borderline personality disorder, obsessive-compulsive disorder, schizophrenia, substance abuse or addiction in the past 3 months, suicidal ideation, and suicide attempt in the past 6 months. Interventions include guided video instruction of full FT or guided video of EMDR. Outcome measures are as follows: Primary outcome is PTSD symptoms that are measured by the PTSD Checklist for DSM-5 (Diagnostic and Statistical Manual of Mental Disorders-5) at 1-month follow-up. Secondary outcomes are State Anxiety subscale of State-Trait Anxiety Inventory at baseline, postintervention, and 1-month follow-up; Trait Anxiety subscale of State-Trait Anxiety Inventory; depression (Patient Health Questionnaire-9); and Positive and Negative Affect Schedule measured at 1-month follow-up.

**Results:** If, at 1-month follow-up, the web-based FT-EMDR intervention is more effective in reducing PTSD symptoms (as measured by the PTSD Checklist for DSM-5) than EMDR, it may help reduce traumatic memory distress in multiple contexts.

**Conclusions:** This randomized controlled trial will advance current understandings of PTSD symptoms and interventions that target traumatic memory-related distress.

**Trial registration:** ClinicalTrials.gov [NCT05262127](https://clinicaltrials.gov/ct2/show/NCT05262127);  
<https://clinicaltrials.gov/ct2/show/NCT05262127>.

**Keywords:** EMDR variants; eye movement desensitization reprocessing; flash technique-EMDR; posttraumatic stress disorder.

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## Conflict of interest statement

Conflicts of Interest: None declared.

- [54 references](#)
- [1 figure](#)

## Full text links



## 52. [Repeated poisonings in Denmark - a nationwide study](#)

Clin Toxicol (Phila). 2023 May 12;1-8. doi: 10.1080/15563650.2023.2205006. Online ahead of print.

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- DOI: [10.1080/15563650.2023.2205006](#)

### Abstract

**Objective:** Poisonings contribute significantly to morbidity and mortality of patients. Some patients have numerous contacts to a poison information center, indicating repeated poisoning exposures. Information on the involved substances is necessary to explore methods to prevent self-harm and reduce mortality. The objective of this study was to characterize the patient population with repeated poison exposures in Denmark and identify the substances involved.

**Methods:** This study was a retrospective cohort study of enquiries to the nationwide Danish Poison Information Centre and the Danish National Patient Registry. The databases were used to identify patients with more than five

individual poisoning episodes within a 12-month-period between 1 January 2013, and 31 December 2017.

**Results:** One hundred and thirty-seven patients and 995 patients met the inclusion criteria in the Danish Poison Information Centre and the Danish National Patient Registry, respectively. The majority were women (82.5% and 66.3% for the Danish Poison Information Centre and the Danish National Patient Registry cohorts, respectively). The mean age was 24.7 and 29.5 years. Psychiatric comorbidities were frequent with 74.5% and 67.0% suffering from personality disorders and 70.1% and 54.5% from affective disorders in the Danish Poison Information Centre and the Danish National Patient Registry cohorts, respectively. One thousand seven hundred and fifty-two poisoning episodes were identified in the Danish Poison Information Centre database, and the most common types of substance were 'pharmaceuticals' (1,420 episodes). The most common medications ingested were quetiapine, paracetamol and cyclizine. Median number of contacts to the Danish Poison Information Centre was 10. Patients with one or more poisoning episodes involving cyclizine had on average 11.4 poisoning episodes involving cyclizine. In the Danish National Patient Registry cohort 80.9% were alive after 10 years compared to 97.7% in the background population.

**Conclusion and implications:** Most poisonings were intentional and occurred among younger women. Psychiatric comorbidity was frequent. Most often, pharmaceuticals were the toxic substance, mainly quetiapine, paracetamol and cyclizine. Changing the status of cyclizine from over the counter to prescription only medication, and implementing stricter rules for prescribing quetiapine, could limit future poisoning incidences.

**Keywords:** Poison Information Centre; Repeated poisonings; comorbidities; cyclizine; prescription medicine; quetiapine.

#### Full text links



53. [Marital quality improves self- and partner-reported psychopathy among Chinese couples: A longitudinal study](#)

J Pers. 2023 May 11. doi: 10.1111/jopy.12841. Online ahead of print.

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- PMID: [37170058](#)
- DOI: [10.1111/jopy.12841](#)

## Abstract

**Background:** Psychopathy is closely related to many negative interpersonal outcomes in daily life, including violence. Therefore, psychopathy intervention in subclinical individuals has significant application value.

**Objective:** Guided by the personality-relationship transaction model and social investment theory, this study examined how marital quality affects self- and partner-rated psychopathy. We also used the actor-partner interdependence mediation model to explore the mediating effect of communication.

**Methods:** We examined self-reports and partner reports of psychopathy, marital quality, and communication among 260 married Chinese couples.

**Results:** The results indicated that marital quality directly influenced couples' self-rated psychopathy, with both actor and partner effects on husbands' psychopathy and actor effects on wives' psychopathy. Moreover, verbal communication had mediating effects at time 2 between marital quality at time 1 and partner-reported psychopathy at time 3. Meanwhile, the mediating effect of nonverbal communication was not significant.

**Conclusion:** Our investigation of relationship effects on psychopathy revealed that the underlying mechanisms differed between self- and partner-rated psychopathy. The findings can highlight directions for exploring potential intervention strategies for subclinical psychopathy.

**Keywords:** Chinese couples; actor-partner interdependence mediation model; communication; marital quality; self- and partner-rated psychopathy.

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- [111 references](#)

#### Full text links



54. [Further mapping of the MMPI-3 onto HiTOP in a primary medical care and a college student sample](#)

Psychol Assess. 2023 May 11. doi: 10.1037/pas0001218. Online ahead of print.

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- DOI: [10.1037/pas0001218](#)

#### Abstract

The Hierarchical Taxonomy of Psychopathology (HiTOP; Kotov et al., 2017, 2021) is offered as a dimensional alternative to traditional categorical diagnostic nosologies such as the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and *International Classification of Diseases (ICD)*. HiTOP researchers have recently published an open-source assessment system for clinical implementation, the HiTOP Digital Assessment and Tracker (Jonas et

al., 2021). Here, we argue that the Minnesota Multiphasic Personality Inventory-3 (MMPI-3; Ben-Porath & Tellegen 2020a), given its structural similarities to HiTOP, can augment these efforts to shift the diagnostic paradigm, with the additional strength of being comprehensively validated, standardized, and normed. Sellbom et al. (2021) examined the factor structure of the MMPI-3 Specific Problems Scales (plus RC6 and RC8), finding a pattern of latent factors much like those proposed by HiTOP in both a general mental health sample and a prisoner sample. The present study is a partial replication of Sellbom et al. (2021) with a primary medical care outpatient sample ( $n = 164$ ) and a college student sample ( $n = 529$ ). A sequential factoring approach yielded emergent structures that are comparable to the HiTOP model. These findings with different and important samples support the generalizability of the MMPI-3 in assessing HiTOP constructs. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

55. **[No impaired integration in psychopathy: Evidence from an illusory conjunction paradigm](#)**

Personal Disord. 2023 May 11. doi: 10.1037/per0000619. Online ahead of print.

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- DOI: [10.1037/per0000619](#)

**Abstract**

Progress in psychopathy research has been hampered by ongoing contention about its fundamental cause. The Impaired Integration theory of psychopathy provides an attention-based account of information integration abnormalities. We set out to evaluate the suggested mechanism via an innovative application

of the well-established illusory conjunction paradigm. Two hundred participants were recruited by utilizing a psychopathic-trait-maximization technique, sampling individuals from an ex-prisoner and a population sample. We found no support for information integration deficits in psychopathic individuals ( $BF_{10} = 0.156$ ), and the absence of a relationship between psychopathic traits and illusory conjunctions remained when accounting for confounding variables. These findings question the mechanism proposed by the Impaired Integration theory and pave the way for future research to advance our understanding of psychopathic trait etiology by assessing specific and falsifiable mechanisms thought to bring about the observed cognitive and behavioral deficits. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

56. [\*\*Disinhibition domain and facets uniquely predict changes in depressive symptoms and psychosocial functioning\*\*](#)

Personal Ment Health. 2023 May 10. doi: 10.1002/pmh.1585. Online ahead of print.

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- DOI: [10.1002/pmh.1585](#)

**Abstract**

This study aimed to understand the role of disinhibition (low conscientiousness)-in conjunction with the other major personality traits of negative affectivity, detachment, antagonism, and psychoticism-in predicting changes in depressive symptoms and psychosocial functioning. Both the disinhibition trait domain and its primary facets (i.e., irresponsibility, impulsivity, and distractibility) were examined. In a large sample (Time 1 N = 605, Time 2 N = 497) of psychiatric outpatients and high-risk community residents, personality traits, depressive symptoms (both self-reported and interviewer-rated), and psychosocial functioning levels (i.e., daily functioning, interpersonal functioning, health-related quality of life, and global quality of life) were collected across two time points. Results showed that the disinhibition domain was the strongest predictor of changes in depressive symptoms and general quality of life levels. Disinhibition facets also predicted changes in depressive symptoms but showed a less consistent pattern compared to the broader trait domain. Finally, the irresponsibility and distractibility facets significantly and uniquely explained changes in interpersonal functioning. The study highlights the importance of assessing the disinhibition trait rather than only negative and positive affectivity (which are well-known correlates of depression), for understanding changes in depressive symptoms and psychosocial functioning. The findings identify potential targets in psychotherapy for individuals with disinhibition traits and depressive disorders.

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- [64 references](#)

#### Full text links



57. [Prediction of the prognosis of somatoform disorders using the Minnesota Multiphasic Personality Inventory](#)

Fukushima J Med Sci. 2023 May 11. doi: 10.5387/fms.2022-04. Online ahead of print.

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- PMID: [37164766](#)
- DOI: [10.5387/fms.2022-04](#)

## Free article

## Abstract

**Background:** Somatoform disorders are frequently resistant to treatment. This study aimed to determine the utility of the Minnesota Multifaceted Personality Inventory (MMPI) in predicting the prognosis of somatoform disorders.

**Methods:** Overall, 125 patients diagnosed with somatoform disorders between January 1, 2013 and December 31, 2017 in the psychiatric department of Fukushima Medical University Hospital were included. Patients with positive outcomes were identified based on a subjective estimation regarding (1) pain and (2) social functions, including activities of daily living. They were divided into the improved group (IG) and the non-improved group (NIG). Each factor was then descriptively compared between the two groups, and the sensitivity and specificity were determined.

**Results:** The NIG had significantly higher scores but only on the Hy scale. Thus, the optimal Hy scale cutoff score was calculated. The cutoff point was 73.5, with a sensitivity of 55.7% and a specificity of 71.7%.

**Conclusion:** An MMPI Hy scale score higher than a cutoff value of 73.5 predicts a poor response to conventional supportive psychotherapy or drug therapy in patients with somatoform disorders. This cutoff point may be used as an important index for selecting treatment for somatoform disorders.

**Keywords:** Consultation-liaison psychiatry; Minnesota Multifaceted Personality Inventory (MMPI); Prognostic predictor; Somatoform disorders; Treatment-resistant.

#### Full text links



58. [The status of psychodynamic psychotherapy as an empirically supported treatment for common mental disorders - an umbrella review based on updated criteria](#)

World Psychiatry. 2023 Jun;22(2):286-304. doi: 10.1002/wps.21104.

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- PMID: [37159376](#)
- PMCID: [PMC10168167](#)
- DOI: [10.1002/wps.21104](#)

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## **Abstract**

To assess the current status of psychodynamic therapy (PDT) as an empirically supported treatment (EST), we carried out a pre-registered systematic umbrella review addressing the evidence for PDT in common mental disorders in adults, based on an updated model for ESTs. Following this model, we focused on meta-analyses of randomized controlled trials (RCTs) published in the past two years to assess efficacy. In addition, we reviewed the evidence on effectiveness, cost-effectiveness and mechanisms of change. Meta-analyses were evaluated by at least two raters using the proposed updated criteria, i.e. effect sizes, risk of bias, inconsistency, indirectness, imprecision, publication bias, treatment fidelity, and their quality as well as that of primary studies. To assess the quality of evidence we applied the GRADE system. A systematic search identified recent meta-analyses on the efficacy of PDT in depressive, anxiety, personality and somatic symptom disorders. High quality evidence in depressive and somatic symptom disorders and moderate quality evidence in anxiety and personality disorders showed that PDT is superior to (inactive and active) control conditions in reducing target symptoms with clinically meaningful effect sizes. Moderate quality evidence suggests that PDT is as efficacious as other active therapies in these disorders. The benefits of PDT outweigh its costs and harms. Furthermore, evidence was found for long-term effects, improving functioning, effectiveness, cost-effectiveness and mechanisms of change in the aforementioned disorders. Some limitations in specific research areas exist, such as risk of bias and imprecision, which are, however, comparable to those of other evidence-based psychotherapies. Thus, according to the updated EST model, PDT proved to be an empirically-supported treatment for common mental disorders. Of the three options for recommendation provided by the updated model (i.e., "very strong", "strong" or "weak"), the new EST criteria suggest that a strong recommendation for treating the aforementioned mental disorders with PDT is the most appropriate option. In conclusion, PDT represents an evidence-based psychotherapy. This is clinically important since no single therapeutic approach fits all psychiatric patients, as shown by the limited success rates across all evidence-based treatments.

**Keywords:** Psychodynamic therapy; anxiety disorders; depressive disorders; empirically supported treatments; evidence-based medicine; personality disorders; psychotherapies; somatic symptom disorders.

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- [1 figure](#)

#### Full text links



59. [Psychology in orthopedics and traumatology: an instructional review](#)

EFORT Open Rev. 2023 May 9;8(5):245-252. doi: 10.1530/EOR-23-0038.

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- PMID: [37158408](#)
- DOI: [10.1530/EOR-23-0038](#)

#### Free article

#### Abstract

Mental health is important as a predictor of outcomes after orthopedic treatment. Psychological parameters (e.g. expectations, coping strategies, personality) are as important as biological and mechanical factors in the

severity of musculoskeletal complaints and treatment results. Orthopedic surgeons should not only treat physical conditions but also address psychosocial factors. If necessary, they should refer to clinical psychologists. Multidisciplinary approach, patient-oriented treatment, (psycho)education, emotional support, and teaching coping strategies are elements of psychosocial attention within orthopedics and traumatology.

**Keywords:** anxiety; depression; expectation; orthopedics; pain; psychology; quality of life.

### Full text links



60. [Outcome Evaluation of a Treatment Program for Men with Paraphilic Disorders Convicted of Sexual Offenses: 10-Year Community Follow-up](#)

Int J Offender Ther Comp Criminol. 2023 May 9;306624X231165416. doi: 10.1177/0306624X231165416. Online ahead of print.

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- DOI: [10.1177/0306624X231165416](#)

### Abstract

Evidence concerning specific paraphilia treatment effectiveness is limited. We present observation data of 127 men convicted of paraphilic sexual offenses who attended inpatient and outpatient follow-up treatment in Czechia. We collected participants' sociodemographic and treatment-related information,

including STATIC-99R scores, and used proportional hazards models to analyze variables' effect on recidivism risk. Within the observation period, the general recidivism and sexual recidivism rates were 33.1% and 16.5%, respectively, and the sexual contact recidivism rate was 4.7%. The total STATIC-99 score for those who re-offended was 5.65 ( $SD = 2.11$ ) and for those who did not was 3.98 ( $SD = 2.02$ ). Recidivism risk was 7.52 times higher for those diagnosed with exhibitionism than with pedophilia, sadomasochism, or antisocial personality disorder. General recidivism is comparable to others' findings. We attribute the lower sexual contact recidivism rate to the combined effects of psychological and pharmacological treatment, and higher numbers of non-contact offenses to limited antidepressant use.

**Keywords:** STATIC-99; exhibitionism; inpatient forensic treatment; paraphilia; recidivism rates.

#### Full text links

Sage Journals

61. [Drinking motives, personality traits and life stressors-identifying pathways to harmful alcohol use in adolescence using a panel network approach](#)

Addiction. 2023 May 8. doi: 10.1111/add.16231. Online ahead of print.

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- PMID: [37157052](#)
- DOI: [10.1111/add.16231](#)

## Abstract

**Background and aims:** Models of alcohol use risk suggest that drinking motives represent the most proximal risk factors on which more distal factors converge. However, little is known about how distinct risk factors influence each other and alcohol use on different temporal scales (within a given moment versus over time). We aimed to estimate the dynamic associations of distal (personality and life stressors) and proximal (drinking motives) risk factors, and their relationship to alcohol use in adolescence and early adulthood using a novel graphical vector autoregressive (GVAR) panel network approach.

**Design, setting and cases:** We estimated panel networks on data from the IMAGEN study, a longitudinal European cohort study following adolescents across three waves (aged 16, 19 and 22 years). Our sample consisted of 1829 adolescents (51% females) who reported alcohol use on at least one assessment wave.

**Measurements:** Risk factors included personality traits (NEO-FFI: neuroticism, extraversion, openness, agreeableness and conscientiousness; SURPS: impulsivity and sensation-seeking), stressful life events (LEQ: sum scores of stressful life events), and drinking motives [drinking motives questionnaire (DMQ): social, enhancement, conformity, coping anxiety and coping depression]. We assessed alcohol use [alcohol use disorders



identification test (AUDIT): quantity and frequency] and alcohol-related problems (AUDIT: related problems).

**Findings:** Within a given moment, social [partial correlation (pcor) = 0.17] and enhancement motives (pcor = 0.15) co-occurred most strongly with drinking quantity and frequency, while coping depression motives (pcor = 0.13), openness (pcor = 0.05) and impulsivity (pcor = 0.09) were related to alcohol-related problems. The temporal network showed no predictive associations between distal risk factors and drinking motives. Social motives (beta = 0.21), previous alcohol use (beta = 0.11) and openness (beta = 0.10) predicted alcohol-related problems over time (all  $P < 0.01$ ).

**Conclusions:** Heavy and frequent alcohol use, along with social drinking motives, appear to be key targets for preventing the development of alcohol-related problems throughout late adolescence. We found no evidence for personality traits and life stressors predisposing towards distinct drinking motives over time.

**Keywords:** Adolescence; alcohol use; alcohol-related problems; drinking motives; panel network; risk factors.

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- [74 references](#)

**Full text links**



62. [\*\*New Approaches to the Treatment of Frontotemporal Dementia\*\*](#)

Neurotherapeutics. 2023 May 8. doi: 10.1007/s13311-023-01380-6. Online ahead of print.

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- DOI: [10.1007/s13311-023-01380-6](#)

## Abstract

Frontotemporal dementia (FTD) comprises a diverse group of clinical neurodegenerative syndromes characterized by progressive changes in behavior, personality, executive function, language, and motor function. Approximately 20% of FTD cases have a known genetic cause. The three most common genetic mutations causing FTD are discussed. Frontotemporal lobar degeneration refers to the heterogeneous group of neuropathology underlying FTD clinical syndromes. While there are no current disease-modifying treatments for FTD, management includes off-label pharmacotherapy and non-pharmacological approaches to target symptoms. The utility of several different drug classes is discussed. Medications used in the treatment of Alzheimer's disease have no benefit in FTD and can worsen neuropsychiatric symptoms. Non-pharmacological approaches to management include lifestyle modifications, speech-, occupational-, and physical therapy, peer and caregiver support, and safety considerations. Recent developments in the understanding of the genetics, pathophysiology, neuropathology, and neuroimmunology underlying FTD clinical syndromes have expanded possibilities for disease-modifying and symptom-targeted treatments. Different pathogenetic mechanisms are targeted in several active clinical trials, opening up exciting possibilities for breakthrough advances in treatment and management of FTD spectrum disorders.

**Keywords:** Frontotemporal dementia; Genetics; Neurodegenerative disease; Neuropathology; Treatments.

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- [105 references](#)

## Full text links



63. [Effects of human and animal-assisted skills training on oxytocin und cortisol levels in patients with borderline personality disorder](#)

J Psychiatr Res. 2023 Jun;162:156-160. doi: 10.1016/j.jpsychires.2023.05.004. Epub 2023 May 4.

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- DOI: [10.1016/j.jpsychires.2023.05.004](#)

## Abstract

**Objective:** Borderline Personality Disorder (BPD) is characterised, among other symptoms, by emotional instability and difficulties in regulating proximity to significant others. Many with BPD have difficulties in establishing a trustful therapeutic relationship, which often develop before a background of adverse childhood experiences with caregivers. One way to facilitate therapeutic interaction in psychotherapy incorporates pet animals as "door openers". No study exists, however, that has examined the effect of animal-assisted versus human-guided skills training on neurobiological correlates of affiliation and stress regulation, i.e. oxytocin and cortisol.

**Methods:** Twenty in-patients diagnosed with BPD were recruited to participate in an animal-assisted skills-training. Another 20 in-patients participated in a human-guided skills-training. Salivary samples of both groups were taken for determining oxytocin and cortisol before and immediately after 3 therapeutic sessions at least one week apart from one another. In addition, borderline symptom severity (BSL-23), impulsivity (BIS-15), alexithymia (TAS-20), and fear of compassion (FOCS) were determined by self-rating questionnaires before and after the 6-week interventions.

**Results:** Both therapeutic interventions led to a significant reduction in cortisol and an (non-significant) increase in oxytocin, respectively. Importantly, there was a statistically significant interaction between changes in cortisol and oxytocin, independent of group. Both groups further showed clinical improvement as measured using the above-listed questionnaires.

**Conclusion:** Our findings suggest that both animal-assisted and human-guided interventions have measurable short-term effects on affiliative and stress hormones, with no approach being superior to the other in this regard.

**Keywords:** Animal-assisted therapy; Borderline personality disorder; Cortisol; Oxytocin; Skills training.

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## Conflict of interest statement

Declaration of competing interest The authors declare that they do not have a conflict of interest with regard to this manuscript.

### Full text links



64. [Clustering psychopathology in male anabolic-androgenic steroid users and nonusing weightlifters](#)

Brain Behav. 2023 May 7;e3040. doi: 10.1002/brb3.3040. Online ahead of print.

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- PMID: [37150843](#)
- DOI: [10.1002/brb3.3040](#)

## Free article

## Abstract

**Introduction:** Prior research has demonstrated that personality disorders and clinical psychiatric syndromes are common among users of anabolic-androgenic steroids (AAS). However, the prevalence, expression, and severity of psychopathology differ among AAS users and remain poorly understood. In this study, we examine the existence of potential clinically coherent psychopathology subgroups, using cluster procedures.

**Methods:** A sample of 118 male AAS users and 97 weightlifting nonusers was assessed using the Millon Clinical Multiaxial Inventory-III (MCMI-III), measuring personality disorders and clinical syndromes. Group differences in MCMI-III scales were assessed using Wilcoxon-Mann-Whitney tests and Fisher's exact test. Agglomerative hierarchical clustering was used to identify clusters based on MCMI-III scale scores from the whole sample.

**Results:** AAS users displayed significantly higher scores on all personality disorder (except narcissistic) and clinical syndrome scales compared to nonusing weightlifters. The clustering analysis found four separate clusters with different levels and patterns of psychopathology. The "no psychopathology" cluster was most common among nonusing weightlifters, while the three other clusters were more common among AAS users: "severe multipathology," "low multipathology," and "mild externalizing." The "severe multipathology" cluster was found almost exclusively among AAS users. AAS users also displayed the highest scores on drug and alcohol dependence syndromes.

**Conclusions:** AAS users in our sample demonstrated greater psychopathology than the nonusing weightlifters, with many exhibiting multipathology. This may pose a significant challenge to clinical care for AAS users, particularly as there appears to be significant variation in psychopathology in this population. Individual psychiatric profiles should be taken into consideration when providing treatment to this group.

**Significant outcomes:** As a group, AAS users displayed markedly greater psychopathology than nonusing weightlifters. Multipathology was common among AAS users. Four different subgroups of personality profiles were identified with distinct patterns of pathology and severity.

**Limitations:** The cross-sectional nature of the study precludes inferences about causality. The study is limited by possible selection bias, as participants choosing to be involved in research may not be entirely representative for the group as a whole. The study is vulnerable to information bias, as the results are based on self-report measures and interviews.

**Keywords:** anabolic steroids; doping; hierarchical clustering; personality pathology; psychopathology.

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- [74 references](#)

**Full text links**



65. [Predictors of dropout from treatment among patients using specialized addiction treatment centers](#)

J Subst Use Addict Treat. 2023 May 5;150:209062. doi: 10.1016/j.josat.2023.209062. Online ahead of print.

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- PMID: [37150400](#)
- DOI: [10.1016/j.josat.2023.209062](#)

**Abstract**

**Objectives:** This study investigated the use of outpatient care, and sociodemographic and clinical characteristics of patients with substance-related disorders (SRD) to predict treatment dropout from specialized addiction treatment centers. The study also explored risks of adverse outcomes, frequent emergency department (ED) use (3+ visits/year), and death, associated with treatment dropout within the subsequent 12 months.

**Methods:** The study examined a cohort of 16,179 patients who completed their last treatment episode for SRD between 2012-13 and 2014-15 (financial years: April 1 to March 31) in 14 specialized addiction treatment centers using Quebec (Canada) health administrative databases. We used multivariable logistic regressions to measure risk of treatment dropout (1996-96 to 2014-15),

while we used survival analysis controlling for sex and age to assess the odds of frequent ED use and death in 2015-16.

**Results:** Of the 55 % of patients reporting dropout from SRD treatment over the 3-year period, 17 % were frequent ED users, and 1 % died in the subsequent 12 months. Patients residing in the most socially deprived areas, having polysubstance-related disorders or personality disorders, and having previously dropped out from specialized addiction treatment centers had increased odds of current treatment dropout. Older patients, those with a history of homelessness, past SRD treatment, or more concurrent outpatient care outside specialized addiction treatment centers had decreased odds of treatment dropout. Patients who dropped out were subsequently at higher risk of frequent ED use and death.

**Conclusions:** This study highlighted that patients with more severe problems and previous dropout may need more sustained and adequate help to prevent subsequent treatment dropout. Specialized addiction treatment centers may consider enhancing their follow-up care of patients over a longer duration and better integrating their treatment with other outpatient care resources to meet the multiple needs of the more vulnerable patients using their services.

**Keywords:** Death; Frequent emergency department use; Specialized addiction treatment centers; Treatment dropout; Treatment episode; Treatment for substance-related disorders.

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## **Conflict of interest statement**

Declaration of competing interest None.

### **Full text links**



66. [Psychotic-like experiences in general population: Psychiatric comorbidity and impact on quality of life across lifespan](#)



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Online ahead of print.

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- PMID: [37150148](#)
- DOI: [10.1016/j.schres.2023.04.014](https://doi.org/10.1016/j.schres.2023.04.014)

## Abstract

**Background and hypothesis:** In this study, we aimed to determine the prevalence of Psychotics-Like Experiences according to age group and their association with psychiatric disorders through these different age-group, as well as their impact on quality of life.

**Study design:** Using data from the second wave of the NESARC, a large general population study, we considered 6 mutually exclusive groups according to the age at the interview: 20-29 years; 30-39 years; 40-49 years; 50-59 years; 60-69 years; 70+ years. We determined the frequency of PLEs defined as positive, negative, depressive, mania and disorganization symptoms with reference to the PANSS, and the association between the presence of PLEs in the previous year and the presence of lifetime psychiatric disorders and quality of life across different age groups.

**Study results:** The prevalence of PLEs decreased across age from a 34.7 % in the 20-29 years age group, to 19.7 % in the 70+ years age group. Across all age

groups, individuals who reported PLEs in the previous year had higher risk of having any psychiatric disorder, (i.e any mood disorder, any anxiety disorder any substance abuse and any personality disorder) compared to individuals not reporting PLEs. All dimensions of quality of life on the SF12 scale were negatively associated with the presence of a PLE regardless of age group.

**Conclusion:** We found that the frequency of PLEs decreased with age and that the presence of PLE is associated with psychiatric disorders and with impaired quality of life in all age groups.

**Keywords:** Comorbidity; Epidemiology; Psychotic experience; Quality of life.

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## Conflict of interest statement

Declaration of competing interest The authors report no conflicts of interest.

## Full text links



67. [Preclinical investigation in FAAH inhibition as a neuroprotective therapy for frontotemporal dementia using TDP-43 transgenic male mice](#)

J Neuroinflammation. 2023 May 6;20(1):108. doi: 10.1186/s12974-023-02792-z.

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- PMID: [37149645](#)
- PMCID: [PMC10163746](#)
- DOI: [10.1186/s12974-023-02792-z](#)

**Free PMC article**

## **Abstract**

**Background:** Frontotemporal dementia (FTD) is a heterogeneous group of early onset and progressive neurodegenerative disorders, characterized by degeneration in the frontal and temporal lobes, which causes deterioration in cognition, personality, social behavior and language. Around 45% of the cases are characterized by the presence of aggregates of the RNA-binding protein TDP-43.

**Methods:** In this study, we have used a murine model of FTD that overexpresses this protein exclusively in the forebrain (under the control of the CaMKII $\alpha$  promoter) for several biochemical, histological and pharmacological studies focused on the endocannabinoid system.

**Results:** These mice exhibited at postnatal day 90 (PND90) important cognitive deficits, signs of emotional impairment and disinhibited social behaviour, which were, in most of cases, maintained during the first year of life of these animals. Motor activity was apparently normal, but FTD mice exhibited higher mortality. Their MRI imaging analysis and their ex-vivo histopathological evaluation proved changes compatible with atrophy (loss of specific groups of pyramidal neurons: Ctip2- and NeuN-positive cells) and inflammatory events (astroglial and microglial reactivities) in both cortical (medial prefrontal cortex) and subcortical (hippocampus) structures at PND90 and also at PND365. The analysis of the endocannabinoid system in these mice proved a decrease in the hydrolysing enzyme FAAH in the prefrontal cortex and the hippocampus, with an increase in the synthesizing enzyme NAPE-PLD only in the hippocampus, responses that were accompanied by modest elevations in anandamide and related N-acylethanolamines. The potentiation of these elevated levels of anandamide after the pharmacological inactivation of FAAH with URB597 resulted in a general improvement in behaviour, in particular in cognitive deterioration, associated with the preservation of pyramidal neurons of the medial prefrontal cortex and the CA1 layer of the hippocampus, and with the reduction of gliosis in both structures.

**Conclusions:** Our data confirmed the potential of elevating the endocannabinoid tone as a therapy against TDP-43-induced neuropathology in FTD, limiting glial reactivity, preserving neuronal integrity and improving cognitive, emotional and social deficits.

**Keywords:** Cannabinoids; Endocannabinoid system; FAAH enzyme; Frontotemporal dementia; TDP-43; URB597.

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## Conflict of interest statement

Authors declare that they have no conflicts of interest.

- [88 references](#)
- [18 figures](#)

### Full text links



68. [Brain structural and functional alterations in individuals with combined overweight/obesity and mood disorders: A systematic review of neuroimaging studies](#)

J Affect Disord. 2023 Aug 1;334:166-179. doi: 10.1016/j.jad.2023.04.126. Epub 2023 May 5.

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- PMID: [37149050](#)
- DOI: [10.1016/j.jad.2023.04.126](#)

## Abstract

Growing evidence suggests there is a bidirectional relationship between depression and obesity, which are associated with structural and functional brain abnormalities. However, the underlying neurobiological mechanisms subserving the foregoing associations have yet to be characterized. It is necessary to summarize the neuroplastic brain changes in relation to depression and obesity. We systematically searched articles from 1990 to November 2022 on databases including MEDLINE/PubMed, Web of Science, PsycINFO. Only neuroimaging studies within the scope of potential differences in brain function and structure in individuals with depression and obesity/ BMI changes were included. Twenty-four eligible studies were included in the review herein, consisting of 17 studies reporting changes in brain structure, 4 studies reporting abnormal brain function, and 3 studies reporting both changes in brain structure and function. Results indicated an interaction between depression and obesity on brain functions, and their influence on brain structure is both extensive and specific. Overall, reduced whole brain, intracranial, and gray matter volume (e.g. frontal, temporal gyri, thalamic, and hippocampal) and impaired white matter integrity was observed in persons with depression and obesity comorbidity. Additional evidence on resting state fMRI reveals select brain regions associated with cognitive control, emotion regulation, and reward functions. Due to the diversity of tasks in task fMRI, the distinct neural

activation patterns are revealed separately. The bidirectional relationship between depression and obesity reflects different characteristics in brain structure and function. Longitudinal designs should be reinforced in follow-up studies.

**Keywords:** Bipolar; Co-morbidity; Depression; Neuroimaging; Obesity; Unipolar; brain signature.

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## Conflict of interest statement

Declaration of competing interest Dr. Roger McIntyre has received research grant support from CIHR/GACD/National Natural Science Foundation of China (NSFC) and the Milken Institute; speaker/consultation fees from Lundbeck, Janssen, Alkermes, Neumora Therapeutics, Boehringer Ingelheim, Sage, Biogen, Mitsubishi Tanabe, Purdue, Pfizer, Otsuka, Takeda, Neurocrine, Sunovion, Bausch Health, Axsome, Novo Nordisk, Kris, Sanofi, Eisai, Intra-Cellular, NewBridge Pharmaceuticals, Viatrix, Abbvie, Atai Life Sciences. Dr. Roger McIntyre is a CEO of Braxia Scientific Corp. Kayla M. Teopiz has received personal fees from Braxia Scientific Corp. The other authors have no conflict of interest.

### Full text links



## 69. [Bulimia symptoms and anger and aggression among adolescents](#)

BMC Public Health. 2023 May 5;23(1):833. doi: 10.1186/s12889-023-15664-1.

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**Free PMC article**

## Abstract

**Background:** Previous research has indicated that anger and aggression may be elevated in adolescents with a bulimia nervosa (BN) diagnosis. However, as yet, little is known about whether bulimia symptoms are linked to anger and aggression in adolescents in the general population. To address this deficit this study aimed to explore the associations between a clinical level of bulimia symptoms (CLBS) and anger, anger rumination and aggression in community-based adolescents, and determine whether gender is important in this context.

**Methods:** This study was conducted on a representative sample of youth from northwestern Russia (n = 2613, age 13-17 years old, 59.5% female) using self-report scales. A proxy variable for a CLBS was created using the Eating Disorder Diagnostic Scale. Aggression, anger and anger rumination were assessed by the Trait Anger Scale of the State Trait Anger Expression



Inventory, the Anger Rumination Scale, and scales created to assess physically and verbally aggressive behavior. Multivariate analysis of covariance was used to examine the associations between the study variables.

**Results:** A CLBS was more prevalent in girls than in boys (13.4% vs. 3.5%). The association with anger and aggression was stronger in both genders with a CLBS, compared to those adolescents without a CLBS. In the CLBS group, boys as compared to girls scored higher on verbal and physical aggression, anger rumination and social aggression. In both the CLBS and Non-CLBS groups higher anger and aggression scores were associated with increasing age.

**Conclusions:** Findings suggest that aggression and anger rumination are elevated in adolescents with BN symptoms, and that the associations between anger, aggression and BN symptoms may be stronger in boys. As previous research has indicated that the presence of aggressive behaviors may affect the prognosis of BN and complicate management of the disorder, clinician screening for these behaviors in adolescents with BN symptoms may facilitate the provision of more effective treatment, especially among boys.

**Keywords:** Adolescents; Aggression; Anger; Bulimia; Gender; Rumination.

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## Conflict of interest statement

The authors declare that they have no conflict of interest.

- [78 references](#)

### Full text links



70. [Evaluating the complete \(44-item\), short \(20-item\) and ultra-short \(10-item\) versions of the Big Five Inventory \(BFI\) in the Brazilian population](#)

Sci Rep. 2023 May 5;13(1):7372. doi: 10.1038/s41598-023-34504-1.

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- PMCID: [PMC10163274](#)
- DOI: [10.1038/s41598-023-34504-1](#)

## Free PMC article

## Abstract

The Big Five Inventory (BFI) is an instrument designed to assess the personality of individuals aged 18 and above. The original version consists of 44 items divided into five sub-scales representing each of the five personality factors: agreeableness, neuroticism, conscientiousness, openness, and extraversion. The main purpose of this study was to assess the factorial structure of the 44-item BFI and the reliability of two shorter versions with 20 and 10 items. The study also aimed to present normative data for interpreting scores from the short and ultrashort versions of the BFI for the Brazilian population. A total of 3565 individuals with a mean age of 33.3 years (SD = 13.0) from all Brazilian states participated in the study, with 44.2% from the State of Rio Grande do Sul. Participants completed a sociodemographic questionnaire and the BFI. Confirmatory factor analysis showed poor adaptation of the original 44-item model, but the short and ultrashort versions with 20 and 10 items respectively had good adaptation indexes and reliability, with Omega coefficients above 0.70. Normative data for the shorter versions were presented using mean, standard deviation, and percentiles (lower, medium, and higher). The study concluded that the short and ultrashort

versions of the BFI have good reliability and can be used in surveys requiring a brief personality assessment.

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## Conflict of interest statement

The authors declare no competing interests.

- [20 references](#)

## Full text links



## 71. [Gene transcriptional expression of cortical thinning during childhood and adolescence](#)

Hum Brain Mapp. 2023 May 5. doi: 10.1002/hbm.26328. Online ahead of print.

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- DOI: [10.1002/hbm.26328](https://doi.org/10.1002/hbm.26328)

## Abstract

The cognitive and behavioral development of children and adolescents is closely related to the maturation of brain morphology. Although the trajectory of brain development has been depicted in detail, the underlying biological mechanism of normal cortical morphological development in childhood and adolescence remains unclear. By combining the Allen Human Brain Atlas dataset with two single-site magnetic resonance imaging data including 427 and 733 subjects from China and the United States, respectively, we performed partial least squares regression and enrichment analysis to explore the relationship between the gene transcriptional expression and the development of cortical thickness in childhood and adolescence. We found that the spatial model of normal cortical thinning during childhood and adolescence is associated with genes expressed predominantly in astrocytes, microglia, excitatory and inhibitory neurons. Top cortical development-related genes are enriched for energy-related and DNA-related terms and are associated with psychological and cognitive disorders. Interestingly, there is a great deal of similarity between the findings derived from the two single-site datasets. This fills the gap between early cortical development and transcriptomes, which promotes an integrative understanding of the potential biological neural mechanisms.

**Keywords:** MRI; adolescence; child; cortical thinning; gene expression.

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- [65 references](#)

### Full text links



72. [The effectiveness of blended versus regular Forensic Outpatient Systemic Therapy in the treatment of juvenile antisocial behavior: a study protocol of a randomized controlled trial](#)

BMC Psychiatry. 2023 May 4;23(1):315. doi: 10.1186/s12888-023-04831-8.

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- PMID: [37143003](#)
- PMCID: [PMC10158693](#)
- DOI: [10.1186/s12888-023-04831-8](#)

**Free PMC article**

### Abstract

**Background:** Antisocial behavior during adolescence can have long-lasting negative effects and leads to high societal costs. Forensic Outpatient Systemic Therapy (Forensische Ambulante Systemische Therapie; FAST) is a promising treatment for juveniles aged 12-21 showing severe antisocial behavior. The intensity, content and duration of FAST can be adjusted to the needs of the juvenile and their caregiver(s), which is considered crucial for effective treatment. Next to the regular version of FAST (FASTr), a blended version (FASTb) in which face-to-face contacts are replaced by minimally 50% online contacts over the duration of intervention was developed during the Covid-19 pandemic. The current study will investigate whether FASTb is equally effective as FASTr, and through which mechanisms of change, for whom, and under which conditions FASTr and FASTb work.

**Methods:** A randomized controlled trial (RCT) will be carried out. Participants (N = 200) will be randomly assigned to FASTb (n = 100) or FASTr (n = 100). Data collection will consist of self-report questionnaires and case file analysis, and include a pre-test at the start of the intervention, a post-test immediately after the intervention, and a six month follow-up. Mechanisms of change will be investigated using monthly questionnaires of key variables during treatment. Official recidivism data will be collected at two-year follow-up.

**Discussion:** This study aims to improve the effectiveness and quality of forensic mental health care for juveniles with antisocial behavior by studying the effectiveness of blended care, which has not been studied before in treatment of externalizing behavior. If found to be at least as effective as face-to-face treatment, blended treatment can help meet the urgent need for more flexible and efficient interventions in this field. In addition, the proposed study aims to unravel what works for whom, knowledge urgently needed in mental health care for juveniles with severe antisocial behavior.

**Trial registration:** This trial was registered at ClinicalTrials.gov on 07/11/2022, registration number [NCT05606978](https://clinicaltrials.gov/ct2/show/study/NCT05606978).

**Keywords:** Antisocial behavior; Blended care; Delinquency; Effectiveness; Forensic Outpatient Systemic Therapy (FAST); Randomized controlled trial; Recidivism.

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**Conflict of interest statement**

Larissa Hoogsteder is program developer of Forensic Outpatient Systemic Therapy (FAST). There are no competing interest to declare for Marjolein van Cappellen, Hanneke Creemers, Maja Dekovic, Joan van Horn, and Jessica Asscher.

- [68 references](#)
- [2 figures](#)

### Full text links



73. [\*\*Absconding among admitted patients with bipolar affective disorder diagnosis in Uganda\*\*](#)

BMC Psychiatry. 2023 May 4;23(1):318. doi: 10.1186/s12888-023-04794-w.

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- PMID: [37142973](#)
- PMCID: [PMC10161627](#)
- DOI: [10.1186/s12888-023-04794-w](#)

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## Abstract

**Background:** Hospitalization is often necessary for individuals with Bipolar affective Disorder (BAD) during severe manic or depressive episodes, as well

as for stabilizing treatment regimens. However, a significant proportion of patients admitted for treatment of BAD abscond or leave the hospital without permission during their stay. In addition, patients managed for BAD may have unique characteristics that might force them into absconding. For example, the high prevalence of co-morbid substance use disorder - craving to use substances, suicidal behaviors - attempts to die by suicide, and cluster B personality disorders - characterized by impulsive acts. It is, therefore, essential to understand the factors contributing to absconding among patients with BAD, to facilitate designing strategies for preventing and managing this behavior.

**Method:** This study was based on a retrospective chart review of the inpatients diagnosed with BAD at a tertiary psychiatry facility in Uganda from January 2018 to December 2021.

**Results:** Approximately 7.8% of those with BAD absconded from the hospital. The likelihood of absconding among those with BAD increased with the use of cannabis [adjusted odds ratio (aOR) = 4.00, 95% confidence interval (CI) = 1.22-13.09, p-value = 0.022] and having mood lability [aOR = 2.15, 95% CI = 1.10-4.21, p-value = 0.025]. However, receiving psychotherapy during the admission (aOR = 0.44, 95% CI = 0.26-0.74, p-value = 0.002) and treatment with haloperidol (aOR = 0.39, 95% CI = 0.18-0.83, p-value = 0.014) reduced the likelihood of absconding.

**Conclusion:** Absconding among patients with BAD is common in Uganda. Those with symptoms of affective lability and those with comorbid cannabis use tend to abscond more, while those who receive haloperidol and psychotherapy are less likely to abscond.

**Keywords:** Absconding; Bipolar affective disorder; Haloperidol; Mood lability; Psychotherapy; cannabis.

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## Conflict of interest statement

No conflicts of interests among authors.

- [51 references](#)

**Full text links**





74. [Psychopathology in Acromegaly - Real and Perceived](#)

J Clin Endocrinol Metab. 2023 May 4;dgad237. doi: 10.1210/clinem/dgad237. Online ahead of print.

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- DOI: [10.1210/clinem/dgad237](#)

**Abstract**

Acromegaly is a chronic condition caused by the excessive production of growth hormone and is characterized by progressive morphological and systemic complications, as well as increased prevalence of psychopathologies, which markedly affect patients' quality of life. The advancing multimodal therapies, while significantly improving the morbidity and mortality, has limited impact on psychopathologies, which often persist despite disease remission. The most common psychopathologies in acromegaly include depression, anxiety and affective disorders, together with sexual dysfunction, which may be considered as either a consequence or potentially even a contributory factor to these psychopathologies. Approximately one third of acromegaly patients manifest depression, whereas two thirds of patients display anxiety, with both conditions tending to be more prevalent and severe in younger patients with shorter duration of disease. Apparently, a major impact

of psychological discomfort in women compared to men appears to be the fact that women tend to internalize whereas men tend to externalize their distress. The personality disorders also commonly associated with acromegaly, especially due to body image suffering, is linked to sexual dysfunction, which seems to affect women more than men. In summary, psychopathology in acromegaly is a major determinant of the quality of life and a complex array of psychological abnormalities are associated with acromegaly.

**Keywords:** Psychopathology; acromegaly; anxiety; body image; depression; sexual function.

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#### Full text links



75. [Childhood trauma and cortical thickness in healthy women, women with post-traumatic stress disorder, and women with borderline personality disorder](#)

Psychoneuroendocrinology. 2023 Jul;153:106118. doi: 10.1016/j.psyneuen.2023.106118. Epub 2023 Apr 20.

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- PMID: [37137210](https://pubmed.ncbi.nlm.nih.gov/37137210/)
- DOI: [10.1016/j.psyneuen.2023.106118](https://doi.org/10.1016/j.psyneuen.2023.106118)

## Abstract

**Background:** Structural brain changes have been associated with childhood trauma (CT) and several trauma-associated mental disorders. It is not known whether specific brain alterations are rather associated with CT as such or with disorders that are common sequelae of CT. In this study, we characterized cortical thickness in three distinct groups with CT: healthy women (HC/CT), women with posttraumatic stress disorder (PTSD/CT) and women with borderline personality disorder (BPD/CT). These three CT-exposed groups were compared with healthy controls not exposed to CT (HC).

**Methods:** We recruited 129 women (n = 70 HC, n = 25 HC/CT, n = 14 PTSD/CT, and n = 20 BPD/CT) and acquired T1-weighted anatomical images. FreeSurfer was used for conducting whole-brain cortical thickness between-

group comparisons, applying separate generalized linear models to compare cortical thickness of each CT-exposed group with HC.

**Results:** The HC/CT group had lower cortical thickness in occipital lobe areas (right lingual gyrus, left lateral occipital lobe) than the HC group. The BPD/CT group showed a broader pattern of reduced cortical thickness compared to the HC group, including the bilateral superior frontal gyrus, and bilateral isthmus, the right posterior, and left caudal anterior of the cingulate cortex as well as the right lingual gyrus of the occipital lobe. We found no differences between PTSD/CT and HC.

**Conclusions:** Cortical thickness reduction in the right lingual gyrus of the occipital lobe seem to be related to CT but is also present in BPD patients even after adjusting for severity of CT. Possibly, reduced cortical thickness in the lingual gyrus presents a CT-related vulnerability factor for CT-related adult psychopathologies such as BPD. Reduced cortical thickness in the frontal and cingulate cortex may represent unique neuroanatomical markers of BPD possibly related to difficulties in emotion regulation.

**Keywords:** Borderline personality disorder; Childhood Trauma; Cortical thickness; Magnetic resonance imaging; Post-traumatic stress disorder.

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## Conflict of interest statement

Declarations of Interest None.

### Full text links



76. [Exploring the nature and prevalence of targeted violence perpetrated by persons found not criminally responsible on account of mental disorder](#)

Behav Sci Law. 2023 May 3. doi: 10.1002/bsl.2626. Online ahead of print.

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- PMID: [37134138](#)
- DOI: [10.1002/bsl.2626](#)

## Abstract

Although mental illness has a demonstrated link with violence, the prevalence of targeted (planned and goal-directed) violence perpetrated by individuals with mental illness and its association with psychiatric symptoms is relatively unexplored. File information was compared for all 293 individuals found not criminally responsible due to mental illness in British Columbia between 2001 and 2005, of whom 19% had committed targeted violence. Most individuals with targeted offenses displayed at least one warning behavior before their offense (93%); all displayed delusions and approximately one third exhibited hallucinations. Compared to individuals who perpetrated non-targeted offenses, the individuals with targeted offenses displayed greater proportions of threats/criminal harassment, had female victims, displayed a psychotic disorder and/or personality disorder, and displayed delusions during the offense. This implies that severe psychiatric disorders do not preclude the perpetration of planned violence and suggests that exploring symptoms of mental illness that may be proximally indicative of targeted violence is important in preventing future acts.

**Keywords:** NCRMD; crime; forensic; mental illness; psychosis; targeted violence; warning behaviors.

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- [63 references](#)

77. [\*\*The association between adverse childhood events and cluster C personality disorders: A meta-analysis\*\*](#)

Clin Psychol Psychother. 2023 May 2. doi: 10.1002/cpp.2856. Online ahead of print.

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- DOI: [10.1002/cpp.2856](#)

**Abstract**

**Introduction:** Studies suggest that adverse childhood events (ACEs) may contribute to the onset and development of cluster C personality disorders. However, the association between ACEs and these disorders remains unclear in terms of consistency across studies and effect magnitude, as well as generalizability within cluster C. The current meta-analysis aimed to examine the associations between ACEs and cluster C personality disorders based on the available literature.

**Methods:** Systematic searches were conducted in PubMed, Scopus, Web of Science and PsychInfo. Forty-eight eligible studies were included in the analyses, and pooled effect sizes were estimated both at the level of cluster C and at the level of each specific disorder. Moderation and meta-regression analyses were also conducted.

**Results:** ACEs were consistently associated with overall cluster C, as well as each of the specific disorders in this cluster. Sources of heterogeneity included type of instrument used to assess ACEs (questionnaires > interviews) and type of instrument used to assess the personality disorders (clinical interviews > questionnaires, as well as their combination with interview). The associations between ACEs and all cluster C personality disorders decreased with age.

**Conclusions:** ACEs are consistently associated with all cluster C personality disorders. Future work could approach the mechanisms underlying this association, preferably using longitudinal designs and considering the potential sources of effect variability identified in the present study.

**Keywords:** childhood adversity; cluster C; personality disorders; psychopathology.

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- [141 references](#)

**Full text links**



78. [Developing cultural competence in caring for people with mental health conditions](#)

Nurs Stand. 2023 May 31;38(6):62-66. doi: 10.7748/ns.2023.e12067. Epub 2023 May 2.

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## Abstract

As cultural competence becomes embedded in healthcare, it is important to consider this concept in the context of caring for patients with mental health conditions in general hospital settings. Adult nurses are likely to encounter patients with such conditions who are experiencing a mental health crisis in their practice. However, a lack of opportunity to develop the skills required to engage with patients whose behaviours may be unfamiliar or perceived as challenging can result in suboptimal experiences of care. Developing cultural competence can enhance adult nurses' ability to deliver effective and inclusive care to patients with mental health conditions. This article discusses various aspects of cultural competence in relation to mental health and provides examples of verbal and non-verbal communication techniques that can support adult nurses to engage effectively with patients experiencing a mental health crisis.

**Keywords:** communication; cultural competence; culture; diversity; mental health; non-verbal communication; personality disorders; professional.

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## Conflict of interest statement

None declared

## 79. [Personality and aging-related immune phenotype](#)

Psychoneuroendocrinology. 2023 Jul;153:106113. doi: 10.1016/j.psyneuen.2023.106113. Epub 2023 Apr 17.

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- DOI: [10.1016/j.psyneuen.2023.106113](https://doi.org/10.1016/j.psyneuen.2023.106113)

### Abstract

An aging-related immune phenotype (ARIP) has been defined as a decrease in naïve T cells ( $T_N$ ) relative to the accumulation of memory T cells ( $T_M$ ). Recent research implicates ARIP measures, such as  $CD4 + T_N/T_M$  and  $CD8 + T_N/T_M$  ratios, in multimorbidity and mortality. This study examined whether psychological dispositions that assess how people think, feel, and behave are related to  $CD4 + T_N/T_M$  and  $CD8 + T_N/T_M$ . Participants were adults aged 50-104 years ( $N = 4798$ ; 58% women, Mean Age= 67.95, SD= 9.56) from the Health

and Retirement Study. Data on CD4 +T<sub>N</sub>/T<sub>M</sub> and CD8 +T<sub>N</sub>/T<sub>M</sub> were obtained in 2016. Data on personality, demographic factors, and potential clinical (body mass index, disease burden), behavioral (smoking, alcohol, physical activity), psychological (depressive symptoms, stress), and biological (cytomegalovirus IgG antibodies) mediating factors were obtained in 2014/2016. Controlling for demographic factors, higher conscientiousness was related to higher CD4 +T<sub>N</sub>/T<sub>M</sub> and CD8 +T<sub>N</sub>/T<sub>M</sub>. To a lesser extent, higher neuroticism and lower extraversion were associated with lower CD4 +T<sub>N</sub>/T<sub>M</sub>. Physical activity, and to a lesser extent BMI and disease burden, were the most robust mediators between personality and ARIP measures. Cytomegalovirus IgG level mediated the association between conscientiousness and both CD4 +T<sub>N</sub>/T<sub>M</sub> and CD8 +T<sub>N</sub>/T<sub>M</sub>. This study provides novel evidence that personality is related to ARIP. Higher conscientiousness and, to a lesser extent, higher extraversion may be protective against age-related immunophenotype change, whereas neuroticism may be a risk factor.

**Keywords:** Age-related immunophenotype change; Personality; T-cells.

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## Conflict of interest statement

Declaration of Competing Interest None.

### Full text links



80. [The stability of personality disorders and personality disorder criteria: A systematic review and meta-analysis](#)

Clin Psychol Rev. 2023 Jun;102:102284. doi: 10.1016/j.cpr.2023.102284. Epub 2023 Apr 23.

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- DOI: [10.1016/j.cpr.2023.102284](https://doi.org/10.1016/j.cpr.2023.102284)

## Free article

## Abstract

The aim of this systematic review and meta-analysis was to investigate the diagnostic, the dimensional mean-level, and rank-order stability of personality disorders (PDs) and PD criteria over time. EMBASE, PsycInfo, PubMed, and Web of Science were searched for peer-reviewed studies published in either English, German, or French between the first publication of the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) in 1980 and December 20, 2022. Inclusion criteria were a prospective longitudinal study design, assessing the stability of PDs or PD criteria over at least two measurement occasions at least one month apart, and using the same assessment at baseline and follow-up. Effect sizes included proportion of enduring cases (i.e., diagnostic stability), test-retest correlations (i.e.,

dimensional rank-order stability), and within-group standardized mean differences (i.e., dimensional mean-level stability), based on the first and last available measurement occasion. From an initial pool of 1473 studies, 40 were included in our analyses, covering 38,432 participants. 56.7% maintained the diagnosis of any PD, and 45.2% maintained the diagnosis of borderline PD over time. Findings on the dimensional mean-level stability indicate that most PD criteria significantly decreased from baseline to follow-up, except for antisocial, obsessive-compulsive, and schizoid PD criteria. Findings on the dimensional rank-order stability suggested moderate estimates, except for antisocial PD criteria, which were found to be high. Findings indicated that both PDs and PD criteria were only moderately stable, although between study heterogeneity was high, and stability itself depended on several methodological factors.

**Keywords:** Mean-level stability; Meta-analysis; Personality disorders; Personality disorders criteria; Rank-order stability; Systematic review.

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## Conflict of interest statement

Declaration of Competing Interest The authors declare no conflict of interest.

### Full text links



81. [Association of pharmacological treatments and real-world outcomes in borderline personality disorder](#)

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Epub 2023 Apr 24.

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- PMID: [37094828](#)
- DOI: [10.1111/acps.13564](#)

## Abstract

**Objective:** Most patients with borderline personality disorder (BPD) receive psychopharmacological treatment, but clinical guidelines on BPD lack consensus on the role of pharmacotherapy. We investigated the comparative effectiveness of pharmacological treatments for BPD.

**Methods:** We identified patients with BPD with treatment contact during 2006-2018 using Swedish nationwide register databases. By leveraging within-individual design, in which each individual was used as their own control to eliminate selection bias, we assessed the comparative effectiveness of pharmacotherapies. For each medication, we calculated the hazard ratios (HRs) for the following outcomes: (1) psychiatric hospitalization and (2) hospitalization owing to any cause or death.

**Results:** We identified 17,532 patients with BPD (2649 men; mean [SD] age = 29.8 [9.9]). Treatment with benzodiazepines (HR = 1.38, 95% CI = 1.32-1.43), antipsychotics (HR = 1.19, 95% CI = 1.14-1.24), and antidepressants (HR = 1.18, 95% CI = 1.13-1.23) associated with increased risk of psychiatric rehospitalization. Similarly, treatment with benzodiazepines (HR = 1.37, 95% CI = 1.33-1.42), antipsychotics (HR = 1.21, 95% CI = 1.17-1.26), and antidepressants (HR = 1.17, 95% CI = 1.14-1.21) was associated with a higher risk of all-cause hospitalization or death. Treatment with mood stabilizers did not have statistically significant associations with the outcomes. Treatment with ADHD medication was associated with decreased risk of psychiatric hospitalization (HR = 0.88, 95% CI = 0.83-0.94) and decreased risk of all-cause hospitalization or death (HR = 0.86, 95% CI = 0.82-0.91). Of the specific

pharmacotherapies, clozapine (HR = 0.54, 95% CI = 0.32-0.91), lisdexamphetamine (HR = 0.79, 95% CI = 0.69-0.91), bupropion (HR = 0.84, 95% CI = 0.74-0.96), and methylphenidate (HR = 0.90, 95% CI = 0.84-0.96) associated with decreased risk of psychiatric rehospitalization.

**Conclusions:** ADHD medications were associated with a reduced risk of psychiatric rehospitalization or hospitalization owing to any cause or death among individuals with BPD. No such associations were found for benzodiazepines, antidepressants, antipsychotics, or mood stabilizers.

**Keywords:** borderline personality disorder; pharmacoepidemiology; real-world data.

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- [43 references](#)

#### Full text links



82. [Neural correlates of Type A personality: Type A personality mediates the association of resting-state brain activity and connectivity with eating disorder symptoms](#)

J Affect Disord. 2023 Jul 15;333:331-341. doi: 10.1016/j.jad.2023.04.063. Epub 2023 Apr 21.

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- PMID: [37086800](https://pubmed.ncbi.nlm.nih.gov/37086800/)
- DOI: [10.1016/j.jad.2023.04.063](https://doi.org/10.1016/j.jad.2023.04.063)

## Abstract

**Background:** Type A personality (TAP) was characterized by impatience, competitiveness, aggressiveness, and hostility. Higher TAP was proved to be associated with more eating disorder symptoms (EDS). While little is known about the underlying neural substrates of TAP and how TAP is linked to EDS at the neural level.

**Methods:** To investigate the neural basis of TAP, we adopted fractional amplitude of low-frequency fluctuations (fALFF) and resting-state functional connectivity (RSFC) via resting-state functional magnetic resonance imaging (rs-fMRI) (N = 1620). Mediation models were examined to explore the relationship between TAP, EDS, and brain activity.

**Results:** TAP was associated with decreased fALFF in the left middle frontal gyrus (MFG) and increased fALFF in the left precentral gyrus (PreCG). Furthermore, TAP was positively correlated to RSFC between the left MFG and left inferior temporal gyrus (ITG) and between the left PreCG and right middle temporal gyrus (MTG). Mediation analysis showed TAP fully mediated the association of the left MFG activity, MFG-ITG connectivity, and PreCG-MTG connectivity with EDS.

**Limitations:** The cross-sectional design of this study precludes us from specifying the causal relationship in the associations we observed.

**Conclusions:** Our results suggested spontaneous activity in the left MFG and PreCG is associated with TAP, and even in general sample, people with higher TAP showed more EDS. The present study is the first to investigate the

neurobiological underpinnings of TAP in a large sample and further offered new insights into the relation between TAP and EDS from a neural basis perspective.

**Keywords:** Eating disorder symptoms; Fractional amplitude of low-frequency fluctuations; Functional connectivity; Resting-state fMRI; Type A personality.

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## Conflict of interest statement

Conflict of interest None.

## Full text links



### 83. [Alteration of surface morphology and core features in adolescents with borderline personality disorder](#)

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- PMID: [37080498](#)
- DOI: [10.1016/j.jad.2023.04.055](#)

## Abstract

**Background:** Accurate early diagnosis of adolescent borderline personality disorder (BPD) is critical for prompt treatment. The aim of this study was to assess the alteration of brain surface morphology and to evaluate its relationship with core features in adolescent BPD.

**Methods:** A total of 52 adolescents with BPD aged 12-17 years and 39 age- and sex-matched healthy controls (HCs) were prospectively enrolled into the study. Brain magnetic resonance imaging (MRI) was obtained with both 3D-T1 weighted structural sequence and resting-state functional data. The structural data was analyzed for surface morphology parameters including the local gyrification index (LGI), mean curvature and surface area. The functional MRI data was analyzed for seed-based functional connectivity (FC). Correlative

analysis of surface morphology and core features of adolescent BPD was performed.

**Results:** Adolescents with BPD showed the following altered surface morphology in the limbic-cortical circuit when compared to the HCs: (1) reduced LGI in the left fusiform and right superior temporal gyrus; (2) reduced mean curvature in the left precentral gyrus and right rostral anterior cingulate cortex, and increased mean curvature in the bilateral pericalcarine; and (3) reduced surface area in the left paracentral gyrus, left pars triangularis, right insula and right lateral orbitofrontal gyrus ( $P < 0.05$ , FWE correction). In addition, these brain regions with altered surface morphology were significantly correlated with several core features including the mood instability, self-identity problems, and non-suicidal self-injury behavior in adolescents with BPD ( $P < 0.05$ ). Furthermore, there was enhanced functional connectivity among these altered brain regions within the limbic-cortical circuit (voxel  $P < 0.001$ , cluster  $P < 0.05$ , FWE corrected).

**Conclusions:** Adolescents with BPD had significant alterations of brain surface morphology in the limbic-cortical circuit, which was correlated with core BPD features. These results implicated the surface morphology parameters and FC alterations may potentially serve as neuroimaging biomarkers for adolescents with BPD.

**Keywords:** Adolescent borderline personality disorder; Core features; Functional connectivity; Limbic-cortical circuit; MRI; Surface morphology.

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## Conflict of interest statement

Conflict of interest No conflict exists. All the co-authors listed have approved the manuscript and declared that no conflict of interest is available for them. The authors Qian Xiao, Xueying Wang, Xiaoping Yi, Yan Fu, Ding Jun, Furong Jiang, Jing Wang, Zaide Han, Bihong T. Chen have also declared that no conflict of interest is available for them.

## Full text links



84. [Interventions for perinatal borderline personality disorder and complex trauma: a systematic review](#)

Arch Womens Ment Health. 2023 Jun;26(3):295-309. doi: 10.1007/s00737-023-01313-4. Epub 2023 Apr 20.

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- PMCID: [PMC10191955](#)
- DOI: [10.1007/s00737-023-01313-4](#)

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**Abstract**

Perinatal borderline personality disorder (BPD) and complex post-traumatic stress disorder (cPTSD) are associated with significant impairment to interpersonal functioning, and risk of intergenerational transmission of psychopathology. Evaluation of interventions, however, is scarce. To date, no systematic review has addressed interventions for perinatal BPD, cPTSD, and associated symptomatology. Given the modest evidence to support informed clinical guidelines, the objective of this systematic review is to synthesise the

literature on interventions for perinatal BPD and cPTSD, and to generate future directions for research. A comprehensive literature search following PRISMA guidelines was conducted in PsycInfo, MEDLINE, Emcare, Scopus, and ProQuest Dissertations and Theses Global databases. Seven original studies were included, of which only two were randomised controlled trials, using less intensive comparison conditions. Results suggest an association between Dialectical Behavioural Therapy (DBT) group skills training, a multimodal therapeutic approach at a Mother-Baby Unit (MBU), and Child-Parent Psychotherapy with improved perinatal mental health outcomes and remission of symptoms. MBU admission and home-visiting programs were associated with healthy postpartum attachment relationships. Home-visiting programs and DBT group skills were additionally associated with improved maternal parenting capabilities. Conclusions to inform clinical guidelines are limited by a lack of credible comparison conditions, and low quantity and quality of evidence. The feasibility of implementing intensive interventions in real-world settings is dubious. Hence, it is suggested that future research considers utilising antenatal screening to identify at-risk mothers, and the implementation of early intervention, using robust designs that can inform robust conclusions.

**Keywords:** Borderline personality disorder; Complex post-traumatic stress disorder; Complex trauma; Intervention; Perinatal.

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## Conflict of interest statement

The authors declare no competing interests.

- [59 references](#)
- [2 figures](#)

### Full text links



85. [\*\*A neuro-computational social learning framework to facilitate transdiagnostic classification and treatment across psychiatric disorders\*\*](#)

Neurosci Biobehav Rev. 2023 Jun;149:105181. doi:  
10.1016/j.neubiorev.2023.105181. Epub 2023 Apr 14.

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- DOI: [10.1016/j.neubiorev.2023.105181](https://doi.org/10.1016/j.neubiorev.2023.105181)

## Abstract

Social deficits are among the core and most striking psychiatric symptoms, present in most psychiatric disorders. Here, we introduce a novel social learning framework, which consists of neuro-computational models that combine reinforcement learning with various types of social knowledge structures. We outline how this social learning framework can help specify and quantify social psychopathology across disorders and provide an overview of the brain regions that may be involved in this type of social learning. We highlight how this framework can specify commonalities and differences in the social psychopathology of individuals with autism spectrum disorder (ASD), personality disorders (PD), and major depressive disorder (MDD) and improve treatments on an individual basis. We conjecture that individuals with psychiatric disorders rely on rigid social knowledge representations when

learning about others, albeit the nature of their rigidity and the behavioral consequences can greatly differ. While non-clinical cohorts tend to efficiently adapt social knowledge representations to relevant environmental constraints, psychiatric cohorts may rigidly stick to their preconceived notions or overly coarse knowledge representations during learning.

**Keywords:** Autism spectrum disorder; Major depressive disorder; Mental health; Neuro-computational modelling; Personality disorders; Reinforcement learning; Social learning; Transdiagnostic.

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### Full text links



86. [Parental personality disorder and child maltreatment: A systematic review and meta-analysis](#)

Child Abuse Negl. 2023 Jun;140:106148. doi: 10.1016/j.chiabu.2023.106148. Epub 2023 Apr 14.

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- DOI: [10.1016/j.chiabu.2023.106148](#)

## Abstract

**Background:** Parental pathology may affect parenting capacity and is deemed a risk factor for child maltreatment. Especially parental personality disorder (PD) can significantly burden the relationship and interaction between parents and their children.

**Objective:** This meta-analytic review aims to summarize and quantify the influence of parental PD on the occurrence / the risk of child maltreatment.

**Participants and setting:** Studies had to meet the following inclusion criteria: They had to analyze a sample of parents with a diagnosed PD and the occurrence / risk of maltreating their children. To be included in the narrative synthesis and/or meta-analysis, they had to be case-control, cross-sectional, or longitudinal studies. Literature research was conducted in the databases Web of Science, Psycinfo, and Google Scholar up to January 2023.

**Methods:** First, studies were analyzed on a narrative level, and eligible studies for the meta-analysis were identified. Studies were grouped according to the diagnosed PDs. Five different groups were included: borderline PD, antisocial PD, narcissistic PD, nondifferentiated PDs, and Cluster B PDs. Three different random-effects meta-analyses were computed (borderline PD, antisocial PD, Cluster B PDs). Meta-analyses were controlled for publication bias and different covariates (e.g., study quality, sample size).

**Results:** After screening 41 full texts, 17 studies were included in the narrative synthesis, out of which 14 samples from 11 studies were included in the meta-analysis. Analysis of borderline PD showed an association with the occurrence / risk of child maltreatment (OR = 8.08; 95 % CI [2.51, 25.93]). However, after taking into account possible publication bias, this association was no longer significant. We found a significant and stable association between antisocial PD and the occurrence of / risk of child maltreatment (OR = 4.92; 95 % CI [3.26, 7.43]). Analysis of Cluster B PDs (antisocial, borderline, histrionic, narcissistic) revealed a significant overall association (OR = 4.23; 95 % CI

[2.75, 6.5]), indicating that the presence of Cluster B PDs in parents significantly increases the occurrence of / the risk of child maltreatment.

**Conclusions:** Analyses indicated a significant association between of Cluster B PDs, and specifically between antisocial and borderline PD, with the occurrence of / the risk of child maltreatment. However, methodological limitations have to be taken into account, because results for borderline PD were no longer significant after controlling for possible publication bias. Moreover, the number of studies included was rather small, and results showed a substantial amount of heterogeneity.

**Other:** This work was not supported by any funding.

**Keywords:** Abuse; Child maltreatment; Neglect; Personality disorders; Psychological assessment; Risk.

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## Conflict of interest statement

Declaration of competing interest None. No funding was obtained.

### Full text links



87. [Eveningness chronotype and depressive affective temperament associated with higher high-sensitivity C-reactive protein in unipolar and bipolar depression](#)

J Affect Disord. 2023 Jul 1;332:210-220. doi: 10.1016/j.jad.2023.04.004. Epub 2023 Apr 11.

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- DOI: [10.1016/j.jad.2023.04.004](#)

## Abstract

**Background:** Several studies investigated the role of inflammation in the etiopathogenesis of mood disorders. The aim of our cross-sectional study is evaluating baseline high-sensitivity C-reactive-protein (hsCRP) levels in a cohort of unipolar and bipolar depressive inpatients, in relation with psychopathological, temperamental and chronotype features.

**Methods:** Among 313 screened inpatients, we retrospectively recruited 133 moderate-to-severe depressive patients who were assessed for hsCRP levels, chronotype with Morningness-Eveningness Questionnaire (MEQ) and affective temperament with Temperament Evaluation of Memphis, Pisa, Paris and San Diego (TEMPS).

**Limitations:** The cross-sectional and retrospective design of the study, the small sample size, the exclusion of hypomanic, maniac and euthymic bipolar patients.

**Results:** hsCRP levels were significantly higher among those with previous suicide attempt ( $p = 0.05$ ), death ( $p = 0.018$ ) and self-harm/self-injury thoughts ( $p = 0.011$ ). Linear regression analyses, adjusted for all covariates, demonstrated that higher scores at the TEMPS-M depressive, while lower scores at the hyperthymic and irritable affective temperaments [ $F = 88.955$ ,  $R^2 = 0.710$ ,  $p < 0.001$ ] and lower MEQ scores [ $F = 75.456$ ,  $R^2 = 0.405$ ,  $p < 0.001$ ] statistically significantly predicted higher hsCRP.

**Conclusion:** Eveningness chronotype and a depressive affective temperament appeared to be associated with higher hsCRP levels during moderate-to-severe unipolar and bipolar depression. Further longitudinal and larger studies should

better characterise patients with mood disorders by investigating the influence of chronotype and temperament.

**Keywords:** Affective temperament; Bipolar depression; C-reactive protein; Chronotype; Depression; Unipolar depression.

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## Conflict of interest statement

Conflict of interest The authors declare no conflict of interest.

### Full text links



88. [Linking non-suicidal self-injury to psychopathology: The utility of transdiagnostic and DSM-based models](#)

J Affect Disord. 2023 Jul 1;332:55-63. doi: 10.1016/j.jad.2023.03.075. Epub 2023 Mar 31.

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## Abstract

Non-suicidal self-injury (NSSI) is a significant public health concern, and its primary formal link to the universe of psychopathology content in DSM diagnoses has been mostly through borderline personality disorder (BPD). Recent research has produced ample evidence of weaknesses of diagnoses relative to transdiagnostic psychopathology dimensions, and found that NSSI-related variables like suicidality are best predicted by transdiagnostic versus diagnosis-based variables. These findings suggest a need to characterize how NSSI may relate to different forms of psychopathology classification constructs. We examined how transdiagnostic dimensions of psychopathology relate to NSSI, focusing on how transdiagnostic (shared) variance of dimensional psychopathology spectra might differentially explained the variance in NSSI relative to traditional DSM diagnoses. In two nationally representative United States samples ( $N_s = 34,653$  and  $36,309$ ), we modeled the common distress-fear-externalizing transdiagnostic comorbidity model and investigated questions of predictive utility of these dimensional and categorical psychopathology structures. Transdiagnostic dimensions were superior in predicting NSSI compared to common DSM-IV and DSM-5 diagnoses. These dimensions accounted for 33.6-38.7 % of NSSI variance across all analyses in both samples. DSM-IV/DSM-5 diagnoses, however, demonstrated only modest incremental prediction of NSSI over and above the transdiagnostic dimensions. These results support a transdiagnostic reconceptualization of NSSI's links with psychopathology and highlight the importance of transdiagnostic dimensions for predicting clinical outcomes relating to self-injurious behaviors. Implications for research and clinical practice are discussed.

**Keywords:** Borderline personality disorder; Classification; HiTOP; Non-suicidal self-injury; Transdiagnostic.

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## Conflict of interest statement

Conflict of interest All authors declare that they have no conflicts of interest.

## Full text links



## 89. [Clinical Correlates of Sports Betting: A Systematic Review](#)

J Gambli Stud. 2023 Jun;39(2):579-624. doi: 10.1007/s10899-023-10196-0.  
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- PMID: [37004597](#)
- PMCID: [PMC10066997](#)
- DOI: [10.1007/s10899-023-10196-0](#)

**Free PMC article**

## **Abstract**

Sports betting is becoming increasingly widespread, and a growing number of individuals, both adolescents and adults, participate in this type of gambling. The main aim of this systematic review was to assess correlates of sports betting (sociodemographic features, gambling-related variables, co-occurring psychopathologies, and personality tendencies) through a systematic review conducted following the PRISMA guidelines. Relevant studies were identified via searches of NCBI/PubMed and APA PsycInfo databases. Individuals from the general population and/or with a clinical diagnosis of gambling disorder (GD) were included, irrespective of gender and age. In addition, the studies needed to have administered at least one clinical interview/psychometric instrument to assess the presence of problematic gambling/GD, contain at least one group of participants with sports betting, and directly analyze the association between sports betting and any of the following features: sociodemographics, gambling-related variables, co-occurring psychopathologies, and/or personality tendencies. Fifty-four articles were included. Multiple sociodemographic variables have been studied in relation to sports betting. In general, males with high impulsivity have greater tendencies for sports betting. The co-occurrence of certain pathologies, especially substance use or other addictive disorders, was also suggested. Most studies were cross-sectional, assessed participants using self-administered instruments, recruited samples using non-probability online panels, included small samples, had unbalanced samples, and included samples from only one country. Impulsive males may be particularly prone to sports gambling and related problems. Future research should examine prevention strategies that may help prevent the development of sport-betting-related GD and other addictive behaviors in vulnerable individuals.

**Keywords:** Addictive behaviors; Compulsive behaviors; Gambling; Impulsive behaviors; Personality; Psychopathology; Sports betting.

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## Conflict of interest statement

Dr. Potenza discloses that he has consulted for and advised Game DayData, Addiction Policy Forum, Baria-Tek, AXA, Idorsia, and Opiant Therapeutics; been involved in a patent application with Yale University and Novartis; received research support from the Mohegan Sun Casino and the Connecticut Council on Problem Gambling; consulted for or advised legal and gambling entities on issues related to impulse control and addictive behaviors; provided clinical care related to impulse-control and addictive behaviors; performed grant reviews; edited journals/journal sections; given academic lectures in grand rounds, CME events, and other clinical/scientific venues; and generated books or chapters for publishers of mental health texts. Dr. Derevensky has had a number of consultancy engagements from gambling operators and has provided webinars internationally on gambling and gaming disorders. He has also been the recipient of multiple government research grants. He has also worked as the Director of Research for the Florida Council on Compulsive Gambling and has provided expert testimony to government regulators internationally. Dr. Jimenez-Murcia received consultancy honoraria from Novo Nordisk. The rest of the authors declare no conflict of interest with the content of this manuscript. The funders had no role in the design of the study; in the collection, analyses, or interpretation of data; in the writing of the manuscript, or in the decision to publish the results.

- [88 references](#)
- [1 figure](#)

### Full text links



90.

## [Psychiatric Admission Among Migrants Before and During Pandemic: a Retrospective Study in Acute Psychiatric Ward in Bologna, Italy](#)

J Immigr Minor Health. 2023 Jun;25(3):507-521. doi: 10.1007/s10903-023-01464-7. Epub 2023 Mar 23.

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- PMCID: [PMC10034892](#)
- DOI: [10.1007/s10903-023-01464-7](#)

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## Abstract

Previous evidence showed significant discrepancies in psychiatric services utilization between migrants and reference populations. Our study aims were to evaluate incidence and characteristics of psychiatric hospitalizations of migrant patients compared with reference populations and to assess how the COVID-19 pandemic affected admissions. All patients admitted to the psychiatric ward "SPDC-Malpighi" of the Bologna Mental Health Department from 01/01/2018

to 31/12/2020 were included. Differences in sociodemographic and clinical characteristics were tested by migrant status. Incidence rate ratios of hospital admissions by migrant status were estimated via Poisson regression considering population-at-risk, gender, and age-group. Migrants had higher hospitalization rates due to any psychiatric disorder (IRR = 1.16). The risk was especially pronounced among women (IRR = 1.25) and within the youngest age-group (IRR = 3.24). Young migrants had also a greater risk of compulsory admission (IRR = 3.77). Regarding admissions due to a specific diagnosis, we found relevant differences in hospitalization rates for psychosis, mood disorders, and personality disorders. Finally, migrants were more likely to be admitted via Emergency Department and less likely to be referred from a specialist. During the year of pandemic (2020) we observed an increase in the proportion of migrants admitted voluntarily or compulsorily. Migrants, especially those from the youngest age-group, had higher hospitalization rates for any disorder. Younger migrants were also at higher risk of compulsory treatment. The distribution of psychiatric admissions during the pandemic period seemed to have further increased discrepancies in mental healthcare needs and provision between migrants and the reference population. Tailored interventions and policies are urgently needed to address this issue.

**Keywords:** Compulsory treatments; Migrants; Pandemic; Psychiatric admissions.

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- [40 references](#)

#### Full text links



91. [Association of Pain Disorder and Psychiatric Disease With Surgical Management of Obstructive Sleep Apnea](#)

Otolaryngol Head Neck Surg. 2023 Jun;168(6):1557-1566. doi: 10.1002/ohn.223. Epub 2023 Feb 5.



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- PMID: [36939590](#)
- DOI: [10.1002/ohn.223](#)

## Abstract

**Objective:** Patients undergoing surgical management for obstructive sleep apnea (OSA) are likely medically distinct from their counterparts not treated surgically. This study examined the associations between psychiatric and pain comorbidities and the likelihood of undergoing sleep surgery.

**Study design:** A retrospective cohort study of adults with OSA.

**Setting:** Large integrated healthcare system.

**Methods:** The primary outcome was nonnasal, nonbariatric sleep surgery. The associations of baseline demographic and comorbid conditions with surgery to treat underlying OSA were examined using bivariable and multivariable analyses.

**Results:** Among 172,854 adults with OSA, 2456 received sleep surgery. Comorbid pain disorder and/or pain medication treatment was associated with 41% higher odds of surgery (95% confidence interval: 1.29-1.54). In bivariable analyses, those with a history of headache ( $p = .004$ ), particularly migraine ( $p = .003$ ), disorders of adult personality or behavior ( $p = .025$ ), or behavioral/emotional disorder ( $p < .001$ ) were more likely to undergo surgery. Younger adults were also more likely to undergo surgery (mean age at diagnosis  $39.8 \pm 12.6$  vs  $54.7 \pm 14$  years), as were men, Asian/Pacific Islander

or Hispanic adults, those with lower body mass index ( $32 \pm 7$  vs  $34.3 \pm 8.1$  kg/m<sup>2</sup>), or those with Charlson Comorbidity Index of zero ( $p < .001$ ).

**Conclusion:** Our study suggests a history of pain disorder (including receipt of pain medication), migraine, or certain behavioral and personality disorders are associated with an increased likelihood of undergoing sleep surgery. The findings may better characterize comorbid predictors of sleep surgery and potentially help clinicians tailor expectations, postoperative pain management, and overall sleep outcomes.

**Keywords:** comorbidity; obstructive sleep apnea; pain; psychiatric; sleep surgery.

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- [27 references](#)

#### Full text links



92. [Adverse childhood experiences mediate the negative association between borderline personality disorder symptoms and plasma oxytocin](#)

Prog Neuropsychopharmacol Biol Psychiatry. 2023 Jul 13;125:110749. doi: 10.1016/j.pnpbp.2023.110749. Epub 2023 Mar 15.

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- PMID: [36924878](https://pubmed.ncbi.nlm.nih.gov/36924878/)
- DOI: [10.1016/j.pnpbp.2023.110749](https://doi.org/10.1016/j.pnpbp.2023.110749)

## Abstract

**Background** Interpersonal dysfunction is a core symptom of borderline personality disorder (BPD) and may be closely linked to adverse childhood experiences. According to a recent model on the pathology of BPD, the neuropeptide oxytocin might play an important role in the development and maintenance of the disorder. However, so far, only few studies with small adult samples have reported reduced baseline oxytocin levels in BPD that may be linked to adverse childhood experiences. **Methods** We examined baseline plasma oxytocin levels in 131 female patients with BPD and 124 non-BPD female controls across a large age span (12-50 years). Additionally, 113 female patients with less than five DSM-IV BPD features were included to examine the association between plasma oxytocin levels and the number of fulfilled BPD criteria. We also explored associations between plasma oxytocin and adverse childhood experiences as well as depressive symptoms in BPD. **Results** Patients with BPD had reduced plasma oxytocin levels compared to non-BPD controls and this was independent of age. Plasma oxytocin was negatively associated with the number of fulfilled BPD criteria. The exploratory regression model revealed no association between plasma oxytocin and depressive symptoms but an association between plasma oxytocin and adverse childhood experiences, which in fact mediated the relationship between BPD criteria and plasma oxytocin. **Conclusion** In a large sample of individuals with BPD across a large age span, our results replicate and extend previous reports of reduced plasma oxytocin levels that might be related to adverse childhood experiences thus providing further evidence for a prominent role of oxytocin in BPD.

**Keywords:** Adversity; Depression; Maltreatment; Social cognition; Trauma.

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## Conflict of interest statement

Declaration of Competing Interest None.

## Full text links



93. [Eating disorder risk during behavioral weight management in adults with overweight or obesity: A systematic review with meta-analysis](#)

Obes Rev. 2023 Jun;24(6):e13561. doi: 10.1111/obr.13561. Epub 2023 Mar 15.

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- PMID: [36919475](#)
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## Abstract

This systematic review examined change in eating disorder risk during weight management interventions. Four databases and clinical trials registries were searched in March and May 2022, respectively, to identify behavioral weight management intervention trials in adults with overweight/obesity measuring eating disorder symptoms at pre- and post-intervention or follow-up. Random effects meta-analyses were conducted examining within group change in risk. Of 12,023 screened, 49 were eligible (n = 6337, mean age range 22.1 to 59.9 years, mean (SD) 81(20.4)% female). Interventions ranged from 4 weeks to 18 months, with follow-up of 10 weeks to 36 months post-intervention. There was a within group reduction in global eating disorder scores (20 intervention arms; Hedges' g = -0.27; 95% CI -0.36, -0.17; I<sup>2</sup> 67.1%) and binge eating (49 intervention arms; -0.66; 95% CI -0.76, -0.56; I<sup>2</sup> 82.7%) post-intervention, both maintained at follow-up. Of 14 studies reporting prevalence or episodes of binge eating, all reported a reduction. Four studies reported eating disorder symptoms, not present at baseline, in a subset of participants (0%-6.5%). Overall, behavioral weight management interventions do not increase eating disorder symptoms for most adults; indeed, a modest reduction is seen post-intervention and follow-up. A small subset of participants may experience disordered eating; therefore, monitoring for the emergence of symptoms is important.

**Keywords:** diet intervention; disordered eating; treatment.

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- [78 references](#)

### Full text links



94. [Borderline Personality Disorder and Outcome of Electroconvulsive Therapy in Patients With Depression: A Systematic Review](#)

J ECT. 2023 Jun 1;39(2):74-80. doi: 10.1097/YCT.0000000000000900. Epub 2023 Jan 17.

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- PMID: [36821825](#)
- DOI: [10.1097/YCT.0000000000000900](#)

## Abstract

Major depressive disorder (MDD) commonly coincides with borderline personality disorder (BPD), aggravating depressive symptom severity and reducing the odds of responding to antidepressant treatments. In this systematic review, we summarize the available evidence assessing the question whether the presence of BPD reduces the response to electroconvulsive therapy (ECT) in individuals with MDD. We conducted a systematic literature search (up to December 2021) without language restriction, using the PubMed/MEDLINE, Web of Science (Core Collection), Embase, and Cochrane Library databases, for prospective and retrospective studies, which assessed the efficacy of ECT in patients with MDD and comorbid BPD. Of the 2548 records screened, 6 articles were selected, 2 of which were based on the same population, leading to 5 included articles. The included studies are reporting on 3465 patients with MDD, of which 1206 had a comorbid BPD. Five of the 6 studies found a less robust response to ECT in patients with MDD and BPD compared with those without BPD. Our results suggest that, in patients with MDD, the presence of BPD is associated with a less robust acute response to ECT. Patients with BPD, however, showed a significant response to ECT in all of the included studies. More longitudinal studies with higher accuracy in BPD diagnosis are needed. Although a comorbid BPD seems to decrease the efficacy of ECT for MDD, ECT remains an effective treatment option in this severely ill patient group.

## Conflict of interest statement

The authors have no conflicts of interest or financial disclosures to report.

- [28 references](#)

### Full text links



95. [\*\*A pilot randomized controlled trial of ketamine in Borderline Personality Disorder\*\*](#)

Neuropsychopharmacology. 2023 Jun;48(7):991-999. doi: 10.1038/s41386-023-01540-4. Epub 2023 Feb 17.

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## Abstract

This study is the first randomized controlled trial to test the effects of ketamine in Borderline Personality Disorder (BPD). BPD remains undertreated in the community and no medication has FDA approval for this indication. People with BPD experience chronic mood disturbances with depressed mood, suicidal ideation, and severe social difficulties. In this double-blind, randomized controlled pilot study, we tested the effects of one infusion of ketamine (0.5 mg/kg, n = 10) or the psychoactive comparator drug midazolam (0.04 mg/kg, n = 12) in adults with BPD. Infusions were well tolerated in both groups. Dissociative symptoms during infusion were more intense with ketamine than midazolam ( $t(12.3) = 3.61, p = 0.01$ ), but they resolved by 40 min after infusion in both groups. Post-infusion adverse events were at the expected low levels in both groups. For our primary outcome measure of suicidal ideation and our secondary outcome measure of depression, we found numerical reduction but not significant group or group x timepoint difference ( $p > 0.05$ ). For our secondary outcome measures of anxiety and BPD symptoms, we did not observe group or group x timepoint differences. There was a group x timepoint effect for socio-occupational functioning ( $F(1,20.12) = 5.16, p = 0.03$ , at Day 14, ketamine group showed more improvement than midazolam group). An exploratory analysis revealed that improvement in socio-occupational functioning was correlated with improvement in depression in the ketamine group ( $r(8) = 0.65, p = 0.04$ ) but not midazolam group ( $r(9) = 0.41, p = 0.216$ ). This pilot study provides the first randomized controlled evidence of the effects of antidepressant-dosed ketamine in people with BPD. Our results provide reason for optimism that antidepressant-dosed ketamine will be well-tolerated in larger studies and may provide clinical benefit for mood symptoms and related impairments in people with BPD.

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## Conflict of interest statement

SKF discloses work with the pharmaceutical company Boehringer Ingelheim as site PI for a multinational clinical trial and for consulting on advisory boards (<

\$10,000 in 2022). PRC is co-founder of Tetricus Labs. JHK consults for Aptinyx Inc., Biogen Idec MA, Bionomics Ltd., Boehringer Ingelheim International, Clearmind Medicine, Inc., Cybin IRL, Enveric Biosciences, Epiodyne, Inc., EpiVario, Inc., Janssen Research & Development, Jazz Pharmaceuticals, Inc., Otsuka America Pharmaceutical, Inc., Perception Neuroscience, Inc., Praxis Precision Medicines, Inc., Spring Care, Inc., and Sunovion Pharmaceuticals, Inc.; is a scientific advisor of Biohaven Pharmaceuticals, BioXcel Therapeutics, Inc. (Clinical Advisory Board), Cerevel Therapeutics, LLC, Delix Therapeutics, Inc., Eisai, Inc., EpiVario, Inc., Freedom Biosciences, Inc., Jazz Pharmaceuticals, Inc., Numara Therapeutics, Inc., Neurocrine Biosciences, Inc., Novartis Pharmaceuticals Corporation, Perception Neuroscience, Inc., Praxis Precision Medicines, Inc., PsychoGenics, Inc., Takeda Industries, Tempero Bio, Inc., and Terran Biosciences, Inc.; holds stock or stock options with Biohaven Pharmaceuticals, Clearmind Medicine, Inc., Spring Care, Inc., EpiVario, Inc., Neumora Therapeutics, Inc., Tempero Bio, Inc., and Terran Biosciences, Inc.; and is editor of Biological Psychiatry. JHK was also awarded the following patents: (i) Seibyl JP, Krystal JH, Charney DS. Dopamine and Noradrenergic Reuptake Inhibitors in Treatment of Schizophrenia. U.S. Patent No. 5447948. September 5, 1995; (ii) Vladimir C, Krystal JH, Sanacora G. Glutamate Modulating Agents in the Treatment of Mental Disorders. U.S. Patent No. 8778979 B2. Patent Issue Date July 15, 2014. U.S. Patent Application No. 15/695,164. Filing Date September 5, 2017; (iii) Charney D, Krystal JH, Manji H, Matthew S, Zarate C. Intranasal Administration of Ketamine to Treat Depression. U.S. Patent Application No. 14/197767 filed on March 5, 2014. U.S. Application or Patent Cooperation Treaty International Application No. 14/306382 filed on June 17, 2014; (iv) Zarate C, Charney DS, Manji HK, Mathew SJ, Krystal JH, Department of Veterans Affairs. Methods for Treating Suicidal Ideation. Patent Application No. 14/197767 filed on March 5, 2014, by Yale University Office of Cooperative Research; (v) Arias A, Petrakis I, Krystal JH. Composition and Methods to Treat Addiction. Provisional Use Patent Application No. 61/973/961. April 2, 2014. Filed by Yale University Office of Cooperative Research; (vi) Chekroud A, Gueorguieva R, Krystal JH. Treatment Selection for Major Depressive Disorder. U.S. Patent and Trademark Office Docket No. Y0087.70116US00. Filed June 3, 2016. Provisional patent submission by Yale University; (vii) Gi Hyun Y, Petrakis I, Krystal JH. Compounds, Compositions, and Methods for Treating or Preventing Depression and Other Diseases. U.S. Provisional Patent Application No. 62/444552. Filed on January 10, 2017 by Yale University Office of Cooperative Research OCR 7088 US01; (viii) Abdallah C, Krystal JH, Duman R, Sanacora G. Combination Therapy for Treating or Preventing Depression or Other Mood Diseases. U.S. Provisional

Patent Application No. 62/719935. Filed on August 20, 2018, by Yale University Office of Cooperative Research OCR 7451 US01. (ix) Krystal, JH, Pearlson, G, O'Malley, S, Potenza, M, Gasparini, F, Gomez-Mancilla, B, Malaterre, V. Mavoglurant in treating gambling and gaming disorders. U.S. Provisional Patent Application No. 63/125,181 filed on December 14, 2020 by Yale University Office of Cooperative Research OCR 8065 US00. AstraZeneca Pharmaceuticals provides the drug, Saracatinib, for research related to NIAAA grant "Center for Translational Neuroscience of Alcoholism [CTNA-5]". Novartis provides the drug, Mavoglurant, for research related to NIAAA grant "Center for Translational Neuroscience of Alcoholism [CTNA-5]". Cerevel provides the drug PF-06412562 for A Translational and Neurocomputational Evaluation of a D1R Partial Agonist for Schizophrenia (1 U01 MH121766-01). EYC, RST, KD, EN, MS, KN, DTD, JR, GFP, and JRP declare no competing interests.

### Full text links



96. [Experiences of dialectical behaviour therapy for adolescents: A qualitative analysis](#)

Psychol Psychother. 2023 Jun;96(2):410-425. doi: 10.1111/papt.12447. Epub 2023 Feb 9.

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- PMID: [36756991](#)
- DOI: [10.1111/papt.12447](#)

## Abstract

**Objectives:** To explore how former patients in dialectical behaviour therapy for adolescents (DBT-A) experience their treatment, and specifically if there were aspects of the treatment that they retrospectively identify as particularly meaningful, helpful or unhelpful.

**Design:** From a larger sample of 75 former DBT-A patients 19 were selected for a qualitative semi-structured interview study.

**Methods:** Young adults (N = 19; 18 females, one male), who as adolescents had been enrolled in DBT-A due to self-harming behaviours and features of borderline personality disorder, were interviewed up to 8 years (median 6.0; min 1.3; max 8.2) after end of treatment, at mean age 23 years (SD 2.5). Reflexive thematic analysis was implemented.

**Results:** Six key themes were revealed; (1) The need to be seen, listened to and believed in, (2) the importance of teamwork between patient and therapist, (3) the value of group and structure, (4) therapy as lifesaving and life-changing, (5) the risks of feeling misplaced and (6) the risks of abrupt endings.

**Conclusion:** A trusting relationship with the therapist promoted commitment and motivation for treatment. This relationship was facilitated by the therapist showing explicit care and belief in the patient's own competence in changing their destructive behaviours. Meeting peers in group skill training offered a salient form of validation and was reported to be of particular value. The format of meeting peers and the importance of the dialectical therapeutic stance need to be studied further. Not all youth experienced DBT-A as suitable and the need for sufficient treatment dose was emphasized.

**Keywords:** adolescent; dialectical behaviour therapy; follow-up study; qualitative research; self-injurious behaviour.

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#### Full text links



97. [Coping with Mental Health Problems and Medication Adherence Challenges Among Persons Receiving Antiretroviral Therapy](#)

AIDS Behav. 2023 Jul;27(7):2243-2254. doi: 10.1007/s10461-022-03955-4. Epub 2023 Jan 10.

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- PMID: [36626033](#)
- DOI: [10.1007/s10461-022-03955-4](#)

#### Abstract

Although several studies have investigated common mental disorders among persons living with HIV, few have explored how they cope with both a mental health condition and treatment adherence requirements. We conducted qualitative interviews with 20 South African antiretroviral treatment (ART) users living with a mental health condition, a sub-sample from a larger study, at a community clinic and a secondary hospital in the Western Cape of South

Africa. The interviews were transcribed and analysed thematically. We found that participants used a range of coping methods to manage stressors pertaining to HIV, their mental health condition, and their environments. Participants used religion more frequently than any other way of coping. Both public and self-stigma challenged individuals and impacted HIV disclosure and social support seeking behaviour. Participants reported misconceptions held by themselves and others concerning mental health problems and HIV.

**Keywords:** Age; Alcohol Use Disorder; Common Mental Disorders; Coping; Depression; Gender; Personality; Post-Traumatic Stress Disorder; Poverty; Stigma.

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#### Full text links



98. [\*\*Crisis resolution home treatment team Clinicians' perceptions of using a recovery approach with people with a diagnosis of borderline personality disorder\*\*](#)

J Psychiatr Ment Health Nurs. 2023 Jun;30(3):558-567. doi: 10.1111/jpm.12891. Epub 2023 Jan 12.

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- DOI: [10.1111/jpm.12891](https://doi.org/10.1111/jpm.12891)

## Abstract

**WHAT IS KNOWN ON THE SUBJECT?:** It is known that people with a diagnosis of borderline personality disorder often experience crises in their mental wellbeing. There is little evidence about the approaches of mental health nurses in community-based crisis teams when working with people with a diagnosis of BPD. **WHAT THE PAPER ADDS TO THE EXISTING KNOWLEDGE?:** This paper highlights that limited resources, work-patterns and issues of stigma present challenges to delivering recovery-oriented care. The paper highlights that nurses typically try to navigate the challenges to continue to provide individualized care, though their self-assessment is that this is with mixed success. **WHAT ARE THE IMPLICATIONS FOR PRACTICE?:** The findings suggest that support is needed to develop brief interventions specific to teams working with people with a diagnosis of BPD who are at a point of crisis. **ABSTRACT:** Introduction People with a diagnosis of borderline personality disorder (BPD) are often in contact with mental health services at a point of crisis, and in the UK, this includes Crisis Resolution Home Treatment teams (CRHTT). There is a drive for services to be recovery orientated; however, there is little evidence about the degree to which community services achieve this for people with a diagnosis of BPD when in crisis. Research Aim To understand the perceptions held by CRHTT clinicians about their provision of recovery-orientated acute care, for people with a diagnosis of BPD. Method From a purposive sample of a single CRHTT, seven registered mental health nurses were interviewed and Braun and Clarke's thematic analysis framework was used to interpret the data. Results Five themes emerged: person-centred care; the timing is wrong; inconsistent staffing; the risks are too great; and BPD as a label. Discussion The results demonstrate tensions between a drive to deliver person-centred care and a range of challenges that inhibit this, with the possibility of reframing a recovery approach as "recovery-ready". Implications for Practice A whole-system approach is required to enable a consistent recovery-oriented approach, but research is also needed for brief interventions specific to this context.

**Keywords:** borderline personality disorder; crisis; recovery; stigma.

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- [57 references](#)

## Full text links



# 99. [The dark triad and subjective well-being: The mediating role of cognitive-emotional regulation strategies](#)

Scand J Psychol. 2023 Jun;64(3):368-375. doi: 10.1111/sjop.12890. Epub 2022 Dec 13.

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- PMID: [36513591](#)
- DOI: [10.1111/sjop.12890](#)

## Abstract

The dark triad (DT) is composed of psychopathy, narcissism, and Machiavellianism. These traits have usually been correlated with maladaptive strategies of emotion regulation. In turn, these types of strategies have shown a negative relationship with the components of subjective well-being (SWB): affective well-being (AWB) and cognitive well-being (CWB). The principal objective of the present study was to analyze the possible mediating role of adaptive and maladaptive cognitive-emotional regulation strategies in the relationship between the DT and SWB components. For this purpose, a community sample of 678 participants ( $M_{\text{age}} = 35.03$ ; 53.1% women) completed the Satisfaction with Life Scale (SWB), the Positive and Negative Affect Schedule (PANAS), the Cognitive Emotional Regulation Questionnaire



(CERQ-36), and the Short Dark Triad (SD-3). The results showed a good fit with the model in which Machiavellianism was indirectly and negatively related to CWB through the effect of maladaptive strategies and AWB, and indirectly and positively related to CWB through the effect of adaptive strategies and AWB. Narcissism was indirectly positively related to CWB through the effect of adaptive strategies and AWB. Finally, psychopathy was indirectly negatively associated with CWB through the effect of adaptive strategies and AWB. Limitations and clinical implications of this research are discussed.

**Keywords:** Dark triad; Machiavellianism; emotion regulation strategies; narcissism; psychopathy; well-being.

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#### Full text links



100. [Supernatural Attributions: Seeing God, the Devil, Demons, Spirits, Fate, and Karma as Causes of Events](#)

Annu Rev Clin Psychol. 2023 May 9;19:461-487. doi: 10.1146/annurev-clinpsy-080921-081114. Epub 2022 Dec 8.

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- PMID: [36480930](#)

- DOI: [10.1146/annurev-clinpsy-080921-081114](https://doi.org/10.1146/annurev-clinpsy-080921-081114)

## Free article

## Abstract

For many people worldwide, supernatural beliefs and attributions—those focused on God, the devil, demons, spirits, an afterlife, karma, or fate—are part of everyday life. Although not widely studied in clinical psychology, these beliefs and attributions are a key part of human diversity. This article provides a broad overview of research on supernatural beliefs and attributions with special attention to their psychological relevance: They can serve as coping resources, sources of distress, psychopathology signals, moral guides, and decision-making tools. Although supernatural attributions sometimes involve dramatic experiences seen to violate natural laws, people more commonly think of supernatural entities working indirectly through natural events. A whole host of factors can lead people to make supernatural attributions, including contextual factors, specific beliefs, psychopathology, cognitive styles and personality, and social and cultural influences. Our aim is to provide clinical psychologists with an entry point into this rich, fascinating, and often overlooked literature.

**Keywords:** anomalous experience; paranormal belief; religion; spiritual experience; spiritual struggles; supernatural belief.

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1. [\*\*Behavioural Activation versus Treatment as Usual for Depressed Older Adults in Primary Care: A Pragmatic Cluster-Randomised Controlled Trial\*\*](#)

Psychother Psychosom. 2023 Jun 29;1-12. doi:  
10.1159/000531201. Online ahead of print.

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- PMID: [37385226](#)
- DOI: [10.1159/000531201](#)

## Abstract

**Introduction:** Effective non-pharmacological treatment options for depression in older adults are lacking.

**Objective:** The effectiveness of behavioural activation (BA) by mental health nurses (MHNs) for depressed older adults in primary care compared with treatment as usual (TAU) was evaluated.

**Methods:** In this multicentre cluster-randomised controlled trial, 59 primary care centres (PCCs) were randomised to BA and TAU. Consenting older ( $\geq 65$  years) adults ( $n = 161$ ) with clinically relevant symptoms of depression (PHQ-9  $\geq 10$ ) participated. Interventions were an 8-week individual MHN-led BA programme and unrestricted TAU in which general practitioners followed national guidelines. The primary outcome was self-reported depression (QIDS-SR16) at 9 weeks and 3, 6, 9, and 12-month follow-up.

**Results:** Data of 96 participants from 21 PCCs in BA and 65 participants from 16 PCCs in TAU, recruited between July 4, 2016, and September 21, 2020, were included in the intention-to-treat analyses. At post-treatment, BA participants reported significantly lower severity of depressive symptoms than TAU participants (QIDS-SR16 difference = -2.77, 95% CI = -4.19 to -1.35),  $p < 0.001$ ; between-group effect size = 0.90; 95% CI = 0.42-1.38). This difference persisted up to the 3-month follow-up (QIDS-SR16 difference = -1.53, 95% CI = -2.81 to -0.26,  $p = 0.02$ ; between-group effect size = 0.50; 95% CI = 0.07-0.92) but not up to the 12-month follow-up [QIDS-SR16 difference = -0.89 (-2.49 to 0.71)],  $p = 0.28$ ; between-group effect size = 0.29 (95% CI = -0.82 to 0.24).

**Conclusions:** BA led to a greater symptom reduction of depressive symptoms in older adults, compared to TAU in primary care, at post-treatment and 3-month follow-up, but not at 6- to 12-month follow-up.

**Keywords:** Behavioural activation; Depression; Older adults; Primary care.

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**Full text links**

2. **Facial emotion recognition processes according to schizotypal personality traits: An eye-tracking study**

Int J Psychophysiol. 2023 Jun 27;190:60-68. doi: 10.1016/j.ijpsycho.2023.06.006. Online ahead of print.

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- PMID: [37385101](https://pubmed.ncbi.nlm.nih.gov/37385101/)
- DOI: [10.1016/j.ijpsycho.2023.06.006](https://doi.org/10.1016/j.ijpsycho.2023.06.006)

## Abstract

Facial emotion recognition has been shown to be impaired among patients with schizophrenia and, to a lesser extent, among individuals with high levels of schizotypal personality traits. However, aspects of gaze behavior during facial emotion recognition among the latter are still unclear. This study therefore investigated the relations between eye movements and facial emotion recognition among nonclinical individuals with schizotypal personality traits. A total of 83 nonclinical participants completed the Schizotypal Personality Questionnaire (SPQ) and performed a facial emotion recognition task. Their gaze behavior was recorded by an eye-tracker. Self-report questionnaires measuring anxiety, depressive symptoms, and alexithymia were administered. At the behavioral level, correlation analyses showed that higher SPQ scores were associated with lower surprise recognition accuracy scores. Eye-tracking data revealed that higher SPQ scores were associated with shorter dwell time on relevant facial features during sadness recognition. Regression analyses revealed that the total SPQ score was the only significant predictor of eye movements during sadness recognition, and depressive symptoms were the only significant predictor of surprise recognition accuracy. Furthermore, dwell time predicted response times for sadness recognition in that shorter dwell time on relevant facial features was associated with

longer response times. Schizotypal traits may be associated with decreased attentional engagement in relevant facial features during sadness recognition and impede participants' response times. Slower processing and altered gaze patterns during the processing of sad faces could lead to difficulties in everyday social situations in which information must be rapidly processed to enable the successful interpretation of other people's behavior.

**Keywords:** Eye movements; Facial emotion recognition; Personality disorders; Schizotypal Personality Questionnaire; Schizotypy.

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## **Conflict of interest statement**

Declaration of competing interest The authors declare that they have no conflicts of interest affecting this article.

## **Full text links**

### 3. [\*\*Personality dimensions of compulsive sexual behavior in the Sex@Brain study\*\*](#)

J Behav Addict. 2023 Jun 30;12(2):408-420. doi: 10.1556/2006.2023.00029. Print 2023 Jun 29.

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- DOI: [10.1556/2006.2023.00029](https://doi.org/10.1556/2006.2023.00029)

## Abstract

**Background and aims:** Hypersexual disorder is characterized by recurrent and intense sexual fantasies, sexual urges, or sexual behaviors that can lead to clinically relevant levels of distress and adverse consequences for affected individuals. Earlier research has established a connection between sexual phenomena, such as compulsive sexual behavior, and personality features. The aim of the present study was to gain further insights into the associations of personality maladjustment and HD.

**Methods:** The present study applied the dimensional approach of personality maladjustment presented in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) to connect compulsive sexual behavior to personality maladjustment. We investigated 47 men suffering from HD (age:  $M = 36.51$ ,  $SD = 11.47$ ) and 38 matched men without HD (age:  $M = 37.92$ ,  $SD = 12.33$ ) regarding personality maladjustment using a 100-item version of the Personality Inventory for DSM-5 (PID-5-BF).

**Results:** The men with HD showed higher levels of personality maladjustment regarding all PID-5-BF domains (negative affect, detachment, psychoticism, antagonism, and disinhibition) and significantly differentiated from men without HD in the level of subordinate facets. However, no domain of personality differentiated significantly between groups using a binary stepwise logistic regression analysis.

**Discussion and conclusions:** In sum, the findings of the study underline the extent of personality maladjustment in men with HD. Interpersonal difficulties which men with HD frequently experience can contribute to clinically relevant levels of distress and adverse consequences reported by affected individuals.

**Keywords:** addictive behavior; compulsive sexual behavior disorder; hypersexual disorder; interpersonal difficulties; personality; sexual addiction.

**Full text links**

#### 4. [Assessing the measurement invariance of the Personality Inventory for DSM-5 across Black and White americans](#)

Psychol Assess. 2023 Jun 29. doi: 10.1037/pas0001255. Online ahead of print.

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##### Abstract

The Personality Inventory for *DSM-5* (PID-5) is the primary tool for assessing maladaptive personality traits within the *DSM-5* alternative model for personality disorders. Evidence has begun to accumulate on the replicability and measurement invariance of its five-domain factor structure across countries, clinical and community populations, and sex, but its equivalency across racial groups within a given country is largely unstudied. Attempting to replicate the evidence of noninvariance demonstrated by Bagby et al. (2022), we examined the factor structure of the PID-5 across White Americans ( $n = 612$ ) and Black Americans ( $n = 613$ ) within the United States. The five-domain structure emerged across both samples with reasonably congruent factor loadings. Therefore, we tested for measurement invariance using the 13-step framework advocated by Marsh et al. (2009) for personality data. We found support for the PID-5's comparability across racial groups, offering some preliminary backing for its use with Black Americans, though additional

evidence is needed to clarify the conflicting results and further validate the instrument. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

5. **[Further validation of the Personality Disorder Severity for ICD-11 \(PDS-ICD-11\) scale in a community mental health sample](#)**

Psychol Assess. 2023 Jun 29. doi: 10.1037/pas0001253. Online ahead of print.

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### **Abstract**

The *International Classification of Diseases, 11th Edition (ICD-11)* has reconceptualized personality disorders (PD), and measures are therefore being developed to aid the assessment of *ICD-11* PD. The present study examined the validity of the recently developed self-report inventory the Personality Disorder Severity for *ICD-11* (PDS-*ICD-11*), and its utility in differentiating across *ICD-11* PD severity levels in a community mental health sample ( $n = 232$ ). We examined the associations between the PDS-*ICD-11* with various clinician ratings, self-report questionnaires, and informant-report measures of dimensional personality impairment and traditional *Diagnostic and Statistical Manual of Mental Disorders, fifth edition* PDs. Further, we examined mean group differences in PDS-*ICD-11* scores between levels of *ICD-11* PD clinician diagnosis. The PDS-*ICD-11* exhibited moderate-to-large associations with all clinician ratings, and more variable associations with self-report and informant-report measures. PDS-*ICD-11* mean scores were significantly different across all levels of *ICD-11* PD clinician-rated diagnostic levels. These findings provide additional promising evidence for the validity and utility of the

PDS-ICD-11 for the assessment of ICD-11 PD in community mental health patients. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

6. **Daily manifestations of caregiver- and self-reported maladaptive personality traits in adolescent girls**

Personal Disord. 2023 Jun 29. doi: 10.1037/per0000625. Online ahead of print.

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### Abstract

Establishing maladaptive personality traits at a younger age in a developmentally appropriate and clinically tangible way may alert clinicians to dysfunction earlier, and thus reduce the risk of significant impairment later in life. The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) Alternative Model for Personality Disorders (AMPD) provides a set of traits useful for organizing behavioral and experiential patterns central to daily personality functioning. The goal of the present study was to evaluate manifestations indicative of AMPD traits via ambulatory assessments in the daily lives of adolescent girls. Caregivers and girls ( $N = 129$ ; age:  $M = 12.27$ ,  $SD = 0.80$ ) provided baseline assessments of girls' trait vulnerabilities (negative affectivity, detachment, antagonism, disinhibition, psychoticism) and girls additionally completed a 16-day ecological momentary assessment protocol ( $N = 5,036$

observations), rating social behaviors and experiences in their daily lives. Multilevel structural equation models revealed that trait vulnerabilities were linked to more extreme shifts in interpersonal experiences and behaviors from one moment to the next, suggesting that maladaptive personality traits were linked to greater variability. Furthermore, AMPD traits were positively and strongly related to negative affect in daily interpersonal situations. More specifically, girls' trait ratings were associated with elevated mean-levels of boredom, as well as interpersonal tension. Caregiver-reports complemented this perspective of dissatisfying social interactions, suggesting that especially detachment and antagonism accounted for lower levels of social connectedness and more variability in social activities in girls' daily lives. Results are discussed in terms of the short-term dynamics and related intervention targets of developmental personality pathology. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

7. **[Operational definitions and measurement of externalizing behavior problems: An integrative review including research models and clinical diagnostic systems](#)**

World J Psychiatry. 2023 Jun 19;13(6):278-297. doi: 10.5498/wjp.v13.i6.278.

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- PMID: [PMC10294133](#)
- DOI: [10.5498/wjp.v13.i6.278](#)

## Free PMC article

## Abstract

Measurement of externalizing disorders such as antisocial disorders, attention-deficit/hyperactivity disorder or borderline disorder have relevant implications for the daily lives of people with these disorders. While the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD) have provided the diagnostic framework for decades, recent dimensional frameworks question the categorical approach of psychopathology, inherent in traditional nosotaxies. Tests and instruments develop under the DSM or ICD framework preferentially adopt this categorical approach, providing diagnostic labels. In contrast, dimensional measurement instruments provide an individualized profile for the domains that comprise the externalizing spectrum, but are less widely used in practice. Current paper aims to review the operational definitions of externalizing disorders defined under these different frameworks, revise the different measurement alternatives existing, and provide an integrative operational definition. First, an analysis of the operational definition of externalizing disorders among the DSM/ICD diagnostic systems and the recent Hierarchical Taxonomy of Psychopathology (HiTOP) model is carried out. Then, in order to analyze the coverage of operational definitions found, a description of measurement instruments among each conceptualization is provided. Three phases in the development of the ICD and DSM diagnosis systems can be observed with direct implications for measurement. ICD and DSM versions have progressively introduced systematicity, providing more detailed descriptions of diagnostic criteria and categories that ease the measurement instrument development. However, it is questioned whether the DSM/ICD systems adequately modelize externalizing disorders, and therefore their measurement. More recent theoretical approaches, such as the HiTOP model seek to overcome some of the criticism raised towards the classification systems. Nevertheless, several issues concerning this model raise measurement challenges. A revision of the instruments underneath each approach shows incomplete coverage of externalizing disorders among the existing instruments. Efforts to bring nosotaxies together with other theoretical models of psychopathology and

personality are still needed. The integrative operational definition of externalizing disorders provided may help to gather clinical practice and research.

**Keywords:** Diagnostic and Statistical Manual of Mental Disorders; Externalizing disorders; Hierarchical Taxonomy of Psychopathology; International Classification of Diseases; Measurement; Psychopathology.

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## Conflict of interest statement

Conflict-of-interest statement: All the authors report no relevant conflicts of interest for this article.

- [159 references](#)

## Full text links

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### 8. [Borderline Personality Organization as an Aid in Differential Diagnosis](#)

J Nerv Ment Dis. 2023 Jul 1;211(7):479-485. doi: 10.1097/NMD.0000000000001673.

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- PMID: [37382994](#)
- DOI: [10.1097/NMD.0000000000001673](#)

## Abstract

There are subsets of patients whose presentations elude a precise diagnosis. All diagnoses are asymptotic to nature as they are constructs imposed on the world. Nonetheless, a greater degree of accuracy and precision is possible and beneficial for most patients. This is particularly true for patients with borderline personality organization (BPO) who present with psychotic symptoms. For the purposes of avoiding a misconstrual of the meaning of psychotic experiences in these patients, a brief synopsis of borderline personality organization, in contradistinction to borderline personality disorder, may prove to be of some clinical utility. The BPO construct presciently anticipates the trend toward a dimensional model of personality disorders and has the potential to enrich and inform these developments.

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- [39 references](#)

### Full text links

9. [\*\*Homelessness and associated factors over a 13-year period among psychiatric in-patients in Berlin, Germany: routine data analysis\*\*](#)

BJPsych Open. 2023 Jun 29;9(4):e118. doi: 10.1192/bjo.2023.501.

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- PMID: [37381912](#)
- DOI: [10.1192/bjo.2023.501](#)

## Free article

## Abstract

**Background:** Homeless patients in psychiatric hospitals are a scarcely studied and there is lack of knowledge about factors associated with homelessness and in-patient treatment.

**Aims:** To determine the change over time in the number of homeless psychiatric in-patients and to examine factors associated with homelessness.

**Method:** Retrospective data analysis of 1205 selected electronic patient files on psychiatric in-patient treatment in a university psychiatric hospital in Berlin, Germany. The rate of patients experiencing homelessness over a 13-year period (2008-2021) and the sociodemographic and clinical factors associated with homelessness are analysed over time.

**Results:** Our study revealed a 15.1% increase in the rate of homeless psychiatric in-patients over the 13-year period. Of the whole sample, 69.3% people lived in secure private housing, 15.5% were homeless and 15.1% were housed in sociotherapeutic facilities. Homelessness was significantly associated with being male (OR = 1.76 (95% CI 1.12-2.76), born outside of Germany (OR = 2.22, 95% CI 1.47-3.34), lack of out-patient treatment (OR = 5.19, 95% CI 3.35-7.63), psychotic disorders (OR = 2.46, 95% CI 1.16-5.18), reaction to severe stress (OR = 4.19, 95% CI 1.71-10.24), personality disorders (OR = 4.98, 95% CI 1.92-12.91), drug dependency (OR = 3.47, 95% CI 1.5-8.0) and alcohol dependency (OR = 3.57, 95% CI 1.67-7.62).

**Conclusions:** The psychiatric care system is facing an increasing number of patients in precarious social situations. This should be considered in resource allocation planning in healthcare. Individual solutions for aftercare, along with supported housing, could counteract this trend.

**Keywords:** Homelessness; healthcare use; in-patient treatment; mental illness; psychiatric care.

### Full text links

10. [\*\*Distinguishing between ICD-11 complex post-traumatic stress disorder and borderline personality disorder: clinical guide and recommendations for future research\*\*](#)

Br J Psychiatry. 2023 Jun 29;1-4. doi: 10.1192/bjp.2023.80. Online ahead of print.

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- PMID: [37381070](#)
- DOI: [10.1192/bjp.2023.80](#)

## Abstract

Although complex post-traumatic stress disorder and borderline personality disorder are distinct disorders, there is confusion in clinical practice regarding the similarities between the diagnostic profiles of these conditions. We summarise the differences in the diagnostic criteria that are clinically informative and we illustrate these with case studies to enable diagnostic accuracy in clinical practice.

**Keywords:** Comorbidity; education and training; personality disorders; post-traumatic stress disorder; trauma.

## Full text links

### 11. [Validation of the Spanish version of the eating disorders quality of life instrument \(EDQOL\)](#)

J Eat Disord. 2023 Jun 28;11(1):103. doi: 10.1186/s40337-023-00832-w.

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- PMID: [37381054](https://pubmed.ncbi.nlm.nih.gov/37381054/)
- PMCID: [PMC10303853](https://pubmed.ncbi.nlm.nih.gov/pmc/articles/PMC10303853/)
- DOI: [10.1186/s40337-023-00832-w](https://doi.org/10.1186/s40337-023-00832-w)

### Free PMC article

## Abstract

**Background:** The Eating Disorders Quality of Life instrument (EDQOL) is a disease-specific health related quality of life self-report questionnaire designed for disordered eating patients. Although the EDQOL is one of the most suitable and widely used questionnaires in many countries, no prior research has addressed the psychometric properties of the Spanish adaptation of the EDQOL. Therefore, the aim of this study is to examine the psychometric properties of the Spanish version of the EDQOL among ED patients.

**Methods:** 141 female eating disorder patients, with a mean age of 18.06 years (SD = 6.31), completed the EDQL in addition to the Eating Disorder Examination Questionnaire (EDEQ), the Depression, Anxiety and Stress Scales (DASS-21), the Clinical Impairment Assessment (CIA 3.0) and the Health Survey (SF-12). We calculated item/scale characteristics, internal consistencies and bivariate correlations with other measures of quality of

life and adjustments. We assessed the goodness-of-fit of the 4-factor model using confirmatory factors analysis and explored the sensitivity of change following skill-based interventions.

**Results:** The fit of the 4-factor model was acceptable (Root Mean Square Error of Approximation: 0.07, Standard Root Mean Square Residual: 0.07). Cronbach's alpha was excellent for the total (.91) and acceptable for all subscales (0.78-0.91). The construct validity was found with measures of psychological distress, depression, anxiety, quality of life and clinical impairment. The psychological and physical/cognitive scales and the EDQOL global scale were responsive to change.

**Conclusion:** The Spanish EDQOL version is a useful instrument to assess quality of life in eating disorder patients and to evaluate outcomes of skills-based interventions.

**Keywords:** EDQOL; Eating disorders; Psychometrics; Quality of life; Validation.

## **Plain language summary**

Eating Disorders (EDs) have a severe impact on many domains of quality of life (QOL). Therefore QOL needs to be addressed in effectiveness research and clinical practice. Furthermore, QOL is a very relevant concept in the treatment of chronic diseases and its evaluation requires specific health-related questionnaires. One widely used self-report measure to assess the quality of life in eating disorders is the Eating Disorder Quality of Life (EDQOL). Despite its high clinical relevance, EDQOL has not been previously investigated in the Spanish context. To overcome this gap, the present study aimed to validate the Spanish version of the EDQOL in a sample of Spanish eating disorder patients. The findings showed that the Spanish version of the EDQOL is robust in terms of reliability, factor structure and construct validity. This questionnaire may be preferred by clinicians and researchers interested in ED-specific health related quality of life impairment and as an additional indicator of ED severity.

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## **Conflict of interest statement**

The authors declare that they have no competing interests.

- [34 references](#)

### Full text links

12. [\*\*Psychiatric comorbidity in relation to clinical characteristics of epilepsy: A retrospective observational study\*\*](#)

Seizure. 2023 Jun 12;110:136-143. doi: 10.1016/j.seizure.2023.06.011. Online ahead of print.

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- PMID: [37379699](#)
- DOI: [10.1016/j.seizure.2023.06.011](#)

## Abstract

**Purpose:** Prevalence of psychiatric disorders in people with epilepsy is high. However, diagnostic validity and information about the nature of the seizure disorders are often poor in population-based studies. In a well validated and classified patient sample, we investigated psychiatric comorbidity according to clinical characteristics.

**Method:** Participants in The Trøndelag Health Study (HUNT) with  $\geq 2$  diagnostic epilepsy codes during 1987-2019 were identified. Medical records were reviewed, and epilepsy was validated and classified according to ILAE. Psychiatric comorbidity was defined by ICD-codes.

**Results:** In 448 individuals with epilepsy, 35% had at least one psychiatric disorder (anxiety and related disorders 23%, mood disorders 15%, substance abuse and personality disorders 7%, and psychosis 3%). Comorbidity was significantly higher in women than in men ( $p = 0.007$ ). The prevalence of psychiatric disorders was 37% in both focal and generalized epilepsy. In focal epilepsy, it was significantly lower when etiology was structural ( $p = 0.011$ ), whereas it was higher when the cause was unknown ( $p = 0.024$ ). Comorbidity prevalence was 35% both in patients achieving seizure freedom and in those with active epilepsy but 38% among 73 patients with epilepsy resolved.

**Conclusion:** Just over one third of people with epilepsy had psychiatric comorbidities. The prevalence was equal in focal and generalized epilepsy but was significantly higher in focal epilepsy of unknown cause compared to lesional epilepsy. Comorbidity was independent of seizure control at last follow-up but was slightly more common in those with resolved

epilepsy, often having non-acquired genetic etiologies possibly linked to neuropsychiatric susceptibility.

**Keywords:** Epilepsy; Epilepsy resolved; Focal epilepsy; Generalized epilepsy; Psychiatric comorbidity; Seizure prognosis.

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## **Conflict of interest statement**

Declarations of Competing Interest The authors have no competing interests to declare.

## **Full text links**

### 13. [\*\*Exploring the Association of Burning Mouth Syndrome with Depressive and Anxiety Disorders in Middle-Aged and Older Adults: A Systematic Review\*\*](#)

J Pers Med. 2023 Jun 19;13(6):1014. doi: 10.3390/jpm13061014.

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- PMID: [37374003](#)
- PMCID: [PMC10305447](#)
- DOI: [10.3390/jpm13061014](#)

### Free PMC article

## Abstract

**Background:** Burning Mouth Syndrome (BMS) is an idiopathic condition mainly affecting middle-aged and older individuals with hormonal disturbances or psychiatric disorders and is characterized by chronic pain. The etiopathogenesis of this multifactorial syndrome is largely unknown. The objective of the present systematic review was therefore to evaluate the relationship of BMS with depressive and anxiety disorders in middle-aged and older individuals.

**Methods:** We selected studies evaluating BMS and depressive and anxiety disorders assessed with validated tools, published from their inception up to April 2023, using PubMed, MEDLINE, EMBASE, Scopus, Ovid, and Google Scholar databases and adhering to the PRISMA 2020 guidelines/PRISMA 2020 27-item checklist. This study is registered on PROSPERO (CRD42023409595). The National Institutes of Health Quality Assessment

Toolkits for Observational Cohort and Cross-Sectional Studies were used to examine the risk of bias.

**Results:** Two independent investigators rated 4322 records against the primary endpoint and found 7 records meeting the eligibility requirements. Anxiety disorders were found to be the most common psychiatric disorders related to BMS (63.7%), followed by depressive disorders (36.3%). We found a moderate association of BMS with anxiety disorders, with multiple studies included ( $n = 7$ ). Moreover, we found a low association of BMS with depressive disorders (included studies,  $n = 4$ ). The role of pain appeared to be controversial in explaining these associations.

**Conclusions:** In middle-aged and older subjects, anxiety and depressive disorders may be potentially related to the development of BMS. Furthermore, also in these age groups, females showed higher risk of developing BMS than males, even when taking into account multimorbidity such as sleep disorders, personality traits, and biopsychosocial changes as suggested by study-specific findings.

**Keywords:** anxiety; burning mouth syndrome; depression; middle age; older people.

## Conflict of interest statement

The authors declare no conflict of interest.

- [34 references](#)
- [3 figures](#)

## Full text links

14. [Neuroticism and Psychological Stress in Patients Suffering Oral Lichen Planus: Research Evidence of Psycho-Stomatology?](#)

Healthcare (Basel). 2023 Jun 13;11(12):1738. doi: 10.3390/healthcare11121738.

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- DOI: [10.3390/healthcare11121738](#)

## Free PMC article

## Abstract

Psychosocial factors influence the development, exacerbation, or aggravation of some oral diseases. However, the possible relationship between personality traits, affective disorders, and psychological stress in oral diseases, and their impact on oral health-related quality of life (OHRQoL), has not been fully clarified. The aim of the present study was to determine the association of neuroticism and stress with the presence of oral lichen planus (OLP), and to discover whether or not these factors impact OHRQoL. This is a case-control study matched for age and sex. The case group (OLP group) was composed of 20 patients diagnosed with OLP, while 20 people with a diagnosis of lesions not associated with stress formed the control group. Three instruments were used: the Holmes-Rahe Social Readjustment Scale, the Five Factor Personality Model, and the OHIP-49. Neuroticism obtained a score of 25.5 ( $\pm 5.4$ ) in the OLP group, which was higher than the control group value (21.7) ( $\pm 5.1$ ) ( $p = 0.03$ ). The OLP group showed a worse quality of life ( $p < 0.05$ ); the most affected dimensions were psychological discomfort and physical disability. It is important to include a psychological profile to establish a comprehensive

treatment for these patients. We propose the recognition of a new area of clinical oral medicine: psycho-stomatology.

**Keywords:** neuroticism; oral health-related quality of life; oral lichen planus; psycho-stomatology; psychological stress; psychosocial factors.

## **Conflict of interest statement**

The authors declare no conflict of interest.

- [39 references](#)
- [2 figures](#)

## **Full text links**

15. [\*\*Dark Personality Traits and Online Behaviors: Portuguese Versions of Cyberstalking, Online Harassment, Flaming and Trolling Scales\*\*](#)

Int J Environ Res Public Health. 2023 Jun 15;20(12):6136. doi: 10.3390/ijerph20126136.

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- PMCID: [PMC10298694](#)
- DOI: [10.3390/ijerph20126136](#)

### Free PMC article

## Abstract

The main objective of this study is to assess moderation effects of online behaviors between personality traits and addiction to Internet. To this end, four instruments were validated for Portuguese version through confirmatory factor analysis and exploratory factor analysis (Study 1) Multiple regression analysis was applied to examine the personality predictors of specific online behaviors while controlling for gender and age; and moderation effects were assessed (Study 2). Results showed good psychometric properties for the four validated scales. Machiavellianism is positively associated with all the dimensions of this study. Psychopathy is positively associated with total Cyberstalking, Cyberstalking Control, Flaming and Trolling. Narcissism is positively associated with all the dimensions, except Online Harassment and Flaming. Machiavellianism is positively associated with Addiction to Internet through Cyberstalking, Flaming and Trolling. Psychopathy is positively associated with Addiction to Internet through Cyberstalking Control and Flaming. Narcissism is also positively associated with Addiction to Internet through Cyberstalking and Trolling. This study demonstrates that dimensions of the dark triad of personality play an important role in Internet addiction through online behaviors. The results of this study have theoretical and practical implications: on the one hand, they reinforces the findings of other studies showing that dimensions of the dark personality triad play an important role in Internet and social network addition, contributing to the literature; and, on the other hand, on a practical level, they allow to conduct awareness campaigns in communities, schools, and work to understand that one can be exposed to unpleasant situations due to behaviors that some people with personality traits of Machiavellianism, narcissism

and/or psychopathy that may cause problems affecting the mental, emotional and psychological health of others.

**Keywords:** cyberstalking scale; dark triad of personality; online behavior scales; validation.

## **Conflict of interest statement**

The authors declare no conflict of interest.

- [63 references](#)
- [1 figure](#)

## **Full text links**

16. [\*\*Effects of Maternal Separation and Subsequent Stress on Behaviors and Brain Monoamines in Rats\*\*](#)

Brain Sci. 2023 Jun 15;13(6):956. doi: 10.3390/brainsci13060956.

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- PMCID: [PMC10296712](#)
- DOI: [10.3390/brainsci13060956](#)

## Free PMC article

### Abstract

Childhood adversity can induce maladaptive behaviors and increase risk for affective disorders, post-traumatic stress disorder, personality disorders, and vulnerability to stress in adulthood. Deprivation of maternal care interrupts brain development through the disturbance of various neurotransmitters, however, the details remain unclear. The features of the symptoms of disorders are largely determined by early stress protocol, genetic characteristics (line), and the sex of the animals. The purpose of current study was (1) to assess behavioral changes in adult Wistar rats of both sexes after early life stress; (2) to determine the levels of monoamines in brain structures involved in the motor, emotional, and social reactions in rats aged 1 and 2 months; and (3) to determine the level of monoamines after physical or emotional stress in adult rats. The rat pups were separated from their dams and isolated from siblings in tight boxes at a temperature of 22-23 °C for 6 h during postnatal days 2-18. The data were processed predominantly using two-way analysis of variance and the Newman-Keys test as the post hoc analysis. The adult rats demonstrated an increase in motor activity and aggressiveness and a decrease in levels of anxiety and sociability. Behavioral disturbances were accompanied by region-, sex-, and age-dependent changes in the levels of monoamines and their metabolites. The dopaminergic and noradrenergic systems were found to be sensitive to psycho-emotional stress.

**Keywords:** hyperactive phenotype; maternal separation; monoamines in brain structures; rat.

### Conflict of interest statement

The authors declare no conflict of interest.

- [118 references](#)
- [7 figures](#)

### Full text links

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17. **[Interrater Reliability of the Psychological Mindedness Assessment Procedure, Extended \(Dutch\) Version, in a Clinical Patient Population](#)**

J Pers Assess. 2023 Jun 27;1-7. doi:  
10.1080/00223891.2023.2220405. Online ahead of print.

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- PMID: [37368971](#)
- DOI: [10.1080/00223891.2023.2220405](#)

**Abstract**

The Psychological Mindedness Assessment Procedure, Extended Dutch Version (PMAP-plus), was developed to assess psychological mindedness in mental health care. Psychological Mindedness represents the ability to understand self and others through mental representations of internal psychodynamic states. In patients, deficits in psychological mindedness capacity can cause problems in self- and interpersonal functioning. This brief report describes interrater reliability of four PMAP-plus scenarios for evaluating psychological mindedness capacity among patients. Patients with personality disorders ( $N = 194$ ) were asked to respond to four enacted videotaped PMAP-plus scenarios presenting a person talking about a personal experience. The videotaped scenarios varied in their emotional impact. All verbatim responses were scored by two clinically



experienced raters on a hierarchical scale with gradually increasing complexity of psychodynamic understanding. Clinicians achieved acceptable interrater reliability on PMAP-plus in this patient population. Two scenarios with low emotional impact evoked significantly higher interrater agreement as compared to two scenarios with high emotional impact. Our results suggest that mental health professionals can reliably distinguish levels of psychological mindedness by assessing PMAP-plus in a patient population. Scenarios differ in potency to reveal psychological mindedness capacity. The variation in emotional impact in subsequent scenarios makes it a promising instrument measuring psychodynamic capacities for psychotherapeutic treatment.

18. [\*\*Botulinum Toxin Therapy for Psychiatric Disorders in Clinical Practice: A Retrospective Case Study\*\*](#)

Toxins (Basel). 2023 Jun 7;15(6):385. doi: 10.3390/toxins15060385.

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**Free PMC article**

#### **Abstract**

Inhibiting the facial expression of negative emotions via botulinum toxin A (BTX) has been shown to mitigate symptoms of clinical depression in randomized controlled trials. This retrospective case study sought to reproduce the beneficial effects of BTX in a naturalistic setting for major depressive disorder and collect casuistic data on its effect on other mental disorders. Moreover, we describe symptom development across multiple treatment cycles with BTX, and assess the implementation of additional injection targets in the lower face region. Participants were  $N = 51$  adult psychiatric outpatients mainly seeking treatment for depression. Over 50% suffered from comorbid psychiatric conditions, predominantly generalized anxiety disorder (GAD) or borderline personality disorder (BPD). A pre-post case series design was adapted. All participants received BTX-injections in the glabellar region on at least one occasion. Some received additional injections in the mouth region and over multiple treatment cycles. Treatment response was followed up by self-rated scales at varying time intervals post treatment. The results showed that BTX may yield favorable outcomes across multiple and comorbid mental disorders, especially, however, for patients suffering from depression. It potentially prevents the recurrence of clinical symptoms if applied regularly. Adding additional regions of the face does not seem to be superior over applying it to the glabellar region alone. The results add to the growing evidence that BTX therapy is effective in alleviating symptoms of depression. Positive effects can be sustained and reinstated, when applied over multiple treatment cycles. Observed symptom reduction in other psychiatric disorders was less pronounced. Further research is needed to understand the mechanisms by which BTX therapy reduces psychiatric symptoms.

**Keywords:** anxiety; botulinum toxin; depression; mental disorder; outpatient; psychiatry.

## **Conflict of interest statement**

F.L. and I.N. have no conflicts of interest to declare. T.H.C.K. was a member of the advisory board of Allergan and has received honoraria for talks from Abbvie/Allergan, Lilly, Lundbeck, Otsuka, Schwabe, Servier, and Trommsdorf. M.A.W. was a member of the advisory board of Allergan. He received a grant from the Asklepios Hamburg GmbH Forschungsförderung as well as honoraria for talks from Biogen, Schwabe, and Abbvie/Allergan.

- [30 references](#)

- [2 figures](#)

### Full text links

19. [Incidence of adverse mental health outcomes after sleeve gastrectomy compared with gastric bypass and restrictive bariatric procedures: a retrospective cohort study](#)

Obesity (Silver Spring). 2023 Jul;31(7):1913-1923. doi: 10.1002/oby.23757.

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- PMID: [37368518](#)
- DOI: [10.1002/oby.23757](#)

## Abstract

**Objective:** This study examined rates of suicide and hospitalization with psychiatric diagnoses after sleeve gastrectomy compared with gastric bypass and restrictive procedures (gastric banding/gastroplasty).

**Methods:** This was a longitudinal retrospective cohort study comprising all patients who underwent primary bariatric surgery in New South Wales or Queensland, Australia, between July 2001 and December 2020. Hospital admission records, death registration, and cause of death records (if applicable) within these dates were extracted and linked. Primary outcome was death by suicide. Secondary outcomes were admissions with self-harm; substance-use disorder, schizophrenia, mood, anxiety, behavioral, and personality disorders; any of these; and psychiatric inpatient admission.

**Results:** A total of 121,203 patients were included, with median follow-up of 4.5 years per patient. There were 77 suicides, with no evidence of difference in rates by surgery type (rates [95% CI] per 100,000 person years: 9.6 [5.0-18.4] restrictive, 10.8 [8.4-13.9] sleeve gastrectomy, 20.4 [9.7-42.8] gastric bypass;  $p = 0.18$ ). Rates of admission with self-harm declined after restrictive and sleeve procedures. Admission with anxiety disorders, any psychiatric diagnosis, and as a psychiatric inpatient increased after sleeve gastrectomy and gastric bypass, but not restrictive procedures. Admissions with substance-use disorder increased after all surgery types.

**Conclusions:** Variable associations between bariatric surgeries and hospitalization with psychiatric diagnoses might indicate distinct vulnerabilities among patient cohorts or that differing anatomical and/or functional changes may contribute to effects on mental health.

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- [29 references](#)

**Full text links**

20. [Differences Between Online Trial Participants Who Have Used Statutory Mental Health Services and Those Who Have Not: Analysis of Baseline Data From 2 Pragmatic Trials of a Digital Health Intervention](#)

J Med Internet Res. 2023 Jun 27;25:e44687. doi: 10.2196/44687.

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- PMID: [37368471](#)
- DOI: [10.2196/44687](#)

## Free article

## Abstract

**Background:** Digital health interventions (DHIs) are an established element of mental health service provision internationally. Regulators have positioned the best practice standard of evidence as an interventional study with a comparator reflective of standard care, often operationalized as a pragmatic trial. DHIs can extend health provision to those not currently using mental health services. Hence, for external validity, trials might openly recruit a mixture of people who have used mental health services and people who have not. Prior research has demonstrated phenomenological differences in mental health experience between these groups. Some differences between service users and nonservice users might influence the change created by DHIs; hence, research should systematically examine these differences to inform intervention development and evaluation work. This paper analyzes baseline data collected in the NEON (Narrative Experiences Online; ie, for people with experience of psychosis) and NEON-O (NEON for other [eg, nonpsychosis] mental health problems) trials. These were pragmatic trials of a DHI that openly recruited people who had used specialist mental health services and those who had not. All participants were experiencing mental health distress. NEON Trial participants had experienced psychosis in the previous 5 years.

**Objective:** This study aims to identify differences in baseline sociodemographic and clinical characteristics associated with specialist mental health service use for NEON Trial and NEON-O Trial participants.

**Methods:** For both trials, hypothesis testing was used to compare baseline sociodemographic and clinical characteristics of participants in the intention-to-treat sample who had used specialist mental health services and those who had not. Bonferroni correction was applied to significance thresholds to account for multiple testing.

**Results:** Significant differences in characteristics were identified in both trials. Compared with nonservice users (124/739, 16.8%), NEON Trial specialist service users (609/739, 82.4%) were more likely to be female ( $P<.001$ ), older ( $P<.001$ ), and White British ( $P<.001$ ), with lower quality of life ( $P<.001$ ) and lower health status ( $P=.002$ ). There were differences in geographical distribution ( $P<.001$ ), employment ( $P<.001$ ; more unemployment), current mental health problems ( $P<.001$ ; more psychosis and personality disorders), and recovery status ( $P<.001$ ; more recovered). Current service users were more likely to be experiencing psychosis than prior service users. Compared with nonservice users (399/1023, 39%), NEON-O Trial specialist service users (614/1023, 60.02%) had differences in employment ( $P<.001$ ; more unemployment) and current mental health problems ( $P<.001$ ; more personality disorders), with lower quality of life ( $P<.001$ ), more distress ( $P<.001$ ), less hope ( $P<.001$ ), less empowerment ( $P<.001$ ), less meaning in life ( $P<.001$ ), and lower health status ( $P<.001$ ).

**Conclusions:** Mental health service use history was associated with numerous differences in baseline characteristics. Investigators should account for service use in work to develop and evaluate interventions for populations with mixed service use histories.

**International registered report identifier (irrid):** RR2-10.1186/s13063-020-04428-6.

**Keywords:** mobile phone; nonservice use; online intervention; online trial; open recruitment; service use.

©Stefan Rennick-Egglestone, Chris Newby, Clare Robinson, Caroline Yeo, Fiona Ng, Rachel A Elliott, Yasmin Ali, Joy Llewellyn-Beardsley, Scott Pomberth, Julian Harrison, Sean P Gavan, Pim Cuijpers, Stefan Priebe, Charlotte L Hall, Mike Slade. Originally published in the Journal of Medical Internet Research (<https://www.jmir.org>), 27.06.2023.

**Full text links**

21. [\*\*A Consumer Perspective on Personality Diagnostic Systems: One Size Does Not Fit All\*\*](#)

J Pers Disord. 2023 Jun;37(3):263-284. doi: 10.1521/pedi.2023.37.3.263.

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- PMID: [37367823](#)
- DOI: [10.1521/pedi.2023.37.3.263](#)

## Abstract

Although providers and patients may largely agree on what is essential to clinically useful assessment and diagnosis, patients have a unique voice and contribute additional information to our conceptualization of clinical utility. The current study evaluated the clinical utility of three diagnostic models (Section II categorical, Section III hybrid, and the original *ICD-11* dimensional) from the consumer/user perspective. Participants included 703 undergraduate students and 154 family members or individuals with borderline personality disorder. Participants rated mock diagnostic reports on six indices of clinical utility. Results indicated that undergraduates favored categorical reports over the original *ICD-11* dimensional reports on three of six indices but rated categorical and hybrid reports as essentially equivalent. In the patient/family sample, participants favored the hybrid or categorical model on all indices. Our findings speak to the value of a clear diagnostic label and suggest that future iterations of the *DSM* adopting a hybrid or dimensional model should have a continued focus on simplicity in communication.

**Keywords:** Alternative Model for Personality Disorders; consumer perspective; diagnostic model; lived experience; personality disorder.

## Full text links



22. [Exploring Guilt Differences in Grandiose Narcissism, Vulnerable Narcissism, and Malignant Self-Regard](#)

J Pers Disord. 2023 Jun;37(3):285-303. doi: 10.1521/pedi.2023.37.3.285.

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**Abstract**

Narcissistic personality disorder is a heterogeneous and complex pathology which manifests itself very differently in individuals. The aim of the present study was to analyze differences and similarities in morality and sensitivity to feelings of guilt among grandiose narcissism (GN), vulnerable narcissism (VN), and malignant self-regard (MSR). We expected that MSR and VN would be most sensitive to deontological and altruistic guilt, and that MSR and VN would have higher levels of moral standards than GN. A nonclinical sample of 752 participants was evaluated. Results showed a significant association among MSR, VN, and GN. According to our hypothesis, GN turned out to be the one with the lowest association values to guilt measures. Our results demonstrated that MSR is strongly associated with all types of guilt, GN is associated with a substantial lack of

guilt, and VN is associated with deontological guilt and self-hate, but not altruistic guilt. Results confirm the relevance of considering and understanding guilt when differentiating GN, VN, and MSR.

**Keywords:** grandiose narcissism; guilt; malignant self-regard; personality disorder; vulnerable narcissism.

### Full text links

## 23. [Late Onset Personality Disorders in Mid-Life and Older Adults](#)

J Pers Disord. 2023 Jun;37(3):304-316. doi: 10.1521/pedi.2023.37.3.304.

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- PMID: [37367821](#)
- DOI: [10.1521/pedi.2023.37.3.304](#)

### Abstract

There is little research on personality disorder (PD) onset in older age. Many studies have shown that normative personality traits change across the life span, even into later life. This study aimed to investigate the onset of PDs in later adulthood (>age 55), and the possible influence of major life events on predicting this late onset. The current analysis was conducted with data from the St. Louis Personality and Aging Network (SPAN). Structured diagnostic interviews were administered three times over five years. Logistic regressions were conducted predicting late onset PD from baseline to FU5 and from FU5 to FU10 as a function of each major life event. 75 PD onsets occurred from baseline to FU5, and 39 PD onsets

occurred from FU5 to FU10. Personal illness predicted the onset of PDs from FU5 to FU10.

**Keywords:** late onset; major life events; older adulthood; personality change; personality disorders.

### Full text links

24. [\*\*Narcissistic Personality Disorder: Patterns, Processes, and Indicators of Change in Long-Term Psychotherapy\*\*](#)

J Pers Disord. 2023 Jun;37(3):337-357. doi: 10.1521/pedi.2023.37.3.337.

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- DOI: [10.1521/pedi.2023.37.3.337](#)

### Abstract

Change in treatment of narcissistic personality disorder (NPD) has been considered difficult to attain. Aspects of narcissistic pathology, including interpersonal enhancement, avoidance, aggressivity, and control, have contributed to challenges in forming a therapeutic alliance and pursuing treatment towards attainable goals for change and remission. This study, based on a qualitative review of therapists' case reports of individual psychotherapy with eight patients diagnosed with NPD, is the first to identify and explore patterns, processes, and indicators of change in pathological narcissism. All patients showed significant improvement in personality and life functioning, including engagement in work or

education and long-term close relationships, with remission of the NPD diagnosis. The process of change was gradual, with some noticeable changes occurring in specific life contexts. Additional factors indicating and contributing to change included patients' motivation and commitment to psychotherapy, reflective ability, emotion regulation, sense of agency, and interpersonal and social engagement.

**Keywords:** change; emotion regulation; motivation; narcissistic personality disorder; psychotherapy; reflective ability; sense of agency; therapeutic alliance.

### Full text links

25. [\*\*A Bridge Between DSM-5 Section II Personality Disorder Criteria and ICD-11 Personality Disorder Trait Domains\*\*](#)

J Pers Disord. 2023 Jun;37(3):317-336. doi: 10.1521/pedi.2023.37.3.317.

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- PMID: [37367819](#)
- DOI: [10.1521/pedi.2023.37.3.317](#)

## Abstract

The organization of personality pathology into trait domains (vs. specific disorders) in *ICD-11* represents an important shift in personality disorder (PD) nosology. However, to facilitate clinical implementation, a bridge is needed between this system and the *DSM-5* Section II system familiar to many researchers and clinicians. In this study, individual *DSM-5* PD criteria were assigned to *ICD-11* trait domains based on the published Clinical Descriptions and Diagnostic Requirements. This scoring scheme was examined empirically alongside *DSM-5* PD dimensions (using SIDP ratings from the MIDAS project;  $N = 2,147$  outpatients) in terms of descriptive properties and relations with psychosocial morbidity and functioning. Most PD criteria could be matched to at least one *ICD-11* trait domain, indicating considerable cross-system continuity. However, points of incongruity are noteworthy for research and clinical applications. Results provide key information for bridging categorical and dimensional frameworks, indicating that the shift toward trait-based PD models need not be as disruptive as feared.

**Keywords:** ICD-11; classification; clinical utility; diagnosis; dimensional models; personality disorders; personality trait.

### Full text links

26. [\*\*The Involvement of Age, Gender, and Personality Variables in Alcohol Consumption during the Start of the COVID-19 Pandemic in Romanian University Students\*\*](#)

Behav Sci (Basel). 2023 Jun 20;13(6):519. doi: 10.3390/bs13060519.

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- PMID: [37366771](#)
- PMCID: [PMC10295797](#)
- DOI: [10.3390/bs13060519](#)

## Free PMC article

## Abstract

This study aimed to explore the age, gender, and personality variables involved in alcohol consumption (AC) at the start of the COVID-19 pandemic in Romania among 210 bachelor's and master's students aged between 19 and 25 years. The results of the Freiburg Personality Inventory-Revised and the Alcohol Use Disorders Identification Test were examined using a logistic model and cluster analysis. The prevalence of problematic AC was relatively low (10.5%). The risk of males being part of the problematic AC cluster was 5.223 times higher than that of females ( $p < 0.001$ ). Increasing age was associated with a decrease in the risk of belonging to the problematic cluster by a factor of 0.733 ( $p = 0.001$ ). Increasing scores on the Frankness and Somatic Complaints personality scales were associated with a decreased risk of belonging to the problematic cluster of AC, with factors of 0.738 (95% CI, 0.643 to 0.848), Wald  $\chi^2(1) = 18.424$ , and  $p < 0.001$  and 0.901 (95% CI, 0.813 to 0.999), Wald  $\chi^2(1) = 3.925$ , and  $p = 0.048$ , respectively. More action to prevent AC is needed in men, especially in those at the beginning of their university studies. It is necessary to intervene to decrease the interest in making a good impression (low scores on the Frankness Scale) so as to increase healthy autonomy using critical thinking and find a balance between the internal and external loci of control. Students from faculties with profiles that deal with health and its promotion are less vulnerable to problematic alcohol consumption, even if they have a withdrawn, pessimistic personality (low scores on Somatic Complaints).

**Keywords:** COVID-19 pandemic; alcohol consumption; personality; university students.

## Conflict of interest statement

The authors declare no conflict of interest.

- [80 references](#)

## Full text links

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27. [Perfectionism and binge eating association: a systematic review and meta-analysis](#)

J Eat Disord. 2023 Jun 26;11(1):101. doi: 10.1186/s40337-023-00817-9.

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- PMCID: [PMC10294348](#)
- DOI: [10.1186/s40337-023-00817-9](#)

**Free PMC article**

## Abstract

**Background:** Perfectionism is considered a vulnerability factor for eating disorders. However, the role of perfectionism in binge eating needs clarification due to notably inconsistencies between studies. The purpose to this study was to conduct a systematic review and meta-analysis to estimate the perfectionism-binge eating association.

**Method:** Systematic review was performed according to the PRISMA 2020 statement. Four databases (Web of Science, Scopus, PsycINFO and Psycodoc) were searched to identify studies published until September 2022. The literature search yielded 30 published articles (N = 9392) that provided 33 independent estimations of the correlation between the two variables.

**Results:** Random-effects meta-analysis revealed a small-to-moderate positive average effect size between general perfectionism and binge eating ( $r_+ = .17$ ) with a large heterogeneity. Perfectionistic Concerns showed a significant small-to-moderate relationship with binge eating ( $r_+ = .27$ ), whereas Perfectionistic Strivings presented a negligible relationship with binge eating ( $r_+ = .07$ ). Moderator analyses showed that the age, the type of the sample, the study design, and the tools for assessing both variables were statistically associated with the perfectionism-binge eating effect sizes.

**Conclusions:** Our findings suggest that Perfectionism Concerns are closely associated with binge eating symptomatology. This relationship might be moderated by certain variables, especially by the clinical or non-clinical nature of the sample and the instrument employed to assess binge eating.

**Keywords:** Binge eating; Meta-analysis; Perfectionistic concerns; Perfectionistic strivings; Systematic review.

## Plain language summary

Perfectionism is a trait of personality comprising two facets, Perfectionistic Strivings (entails the desire to reach perfection and to pursue unrealistically high standards) and Perfectionistic Concerns (involves self-criticism, concerns over making mistakes, fears about social negative evaluation and lack of satisfaction with achievements).



Perfectionist individuals have an increased risk for developing eating disorders. However, whether perfectionism or any of its facets is associated with binge eating (an episode of overeating together with a feeling of loss of control) is an unanswered question. The purpose of this systematic review and meta-analysis was to clarify this question. Our results evidenced that overall perfectionism is associated with binge eating. It means that perfectionist people are more vulnerable to developing binge eating symptomatology, although Perfectionistic Concerns entails a higher risk in comparison with Perfectionistic Strivings. Our study also provides valuable information on the aspects that might explain the variations in the results of previous studies that have analyzed the perfectionism-binge eating association.

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## Conflict of interest statement

The authors declare no competing interests.

- [108 references](#)
- [4 figures](#)

## Full text links

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28. [Multivariate genetic analysis of personality and cognitive traits reveals abundant pleiotropy](#)

Nat Hum Behav. 2023 Jun 26. doi: 10.1038/s41562-023-01630-9. Online ahead of print.

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- PMID: [37365406](#)
- DOI: [10.1038/s41562-023-01630-9](#)

## Abstract

Personality and cognitive function are heritable mental traits whose genetic foundations may be distributed across interconnected brain functions. Previous studies have typically treated these complex mental traits as distinct constructs. We applied the 'pleiotropy-informed' multivariate omnibus statistical test to genome-wide association studies of 35 measures of neuroticism and cognitive function from the UK Biobank (n = 336,993). We identified 431 significantly associated genetic loci with evidence of abundant shared genetic associations, across personality and cognitive function domains. Functional characterization implicated genes with significant tissue-specific expression in all tested brain tissues and brain-specific gene sets. We conditioned independent genome-wide association studies of the Big 5 personality traits and cognitive function on our multivariate findings, boosting genetic discovery in other personality

traits and improving polygenic prediction. These findings advance our understanding of the polygenic architecture of these complex mental traits, indicating a prominence of pleiotropic genetic effects across higher order domains of mental function such as personality and cognitive function.

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- [81 references](#)

### Full text links

29. [\*\*Protocol for an observational cohort study on psychological, addictive, lifestyle behavior and highly prevalent affective disorders in primary health care adults\*\*](#)

Front Psychiatry. 2023 Jun 9;14:1121389. doi: 10.3389/fpsy.2023.1121389. eCollection 2023.

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- PMCID: [PMC10288582](https://pubmed.ncbi.nlm.nih.gov/PMC10288582/)
- DOI: [10.3389/fpsy.2023.1121389](https://doi.org/10.3389/fpsy.2023.1121389)

## Free PMC article

## Abstract

**Background:** Depression and anxious symptoms are prevalent in the general population, and their onset and persistence may be linked to biological and psychosocial factors, many of which are lifestyle-related. The way we manage our care, physical and emotional health and/or discomfort is highly influenced by our own abilities, skills and attitudes despite life's circumstances. The main aim of this protocol to analyze the relationship between psychological constructs (self-efficacy, activation, health literacy, resilience, personality traits, sense of coherence, self-esteem), and the presence of affective-emotional problems (anxiety, depression) and addictions in primary health care.

**Methods:** This is a protocol of a prospective longitudinal cohort study including people of 35-74 years old of Aragon primary health care centers (Spain). Three evaluations will be conducted: baseline evaluation, and follow-up assessments five and ten years after recruitment. The primary outcomes will be severity of depression, severity of anxiety, and addictive behaviors. A detailed set of secondary outcomes will be assessed across all three assessments. This will include psychosocial or personal factors on health behavior, social support, lifestyle patterns, quality of life, the use of health and social resources, and chronic comorbid pathology.

**Discussion:** The analysis of the impact of psychological constructs and lifestyles on the mental health of people and communities will provide evidence that will make it possible to better address and prevent these prevalent problems and address their improvement from a more global and holistic perspective. The evaluation of psychological constructs should be incorporated into health services to improve people's ability their self-

care, the level of knowledge of managing their disease and their physical, mental and social health.

**Clinical trial registration:** <https://www.isrctn.com/>, identifier ISRCTN12820058.

**Keywords:** anxiety; behavior and behavior mechanism; depression; mental health; primary health care.

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## **Conflict of interest statement**

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

- [109 references](#)
- [2 figures](#)

## **Full text links**

30. [\*\*Can daily actigraphic profiles distinguish between different mood states in inpatients with bipolar disorder? An observational study\*\*](#)

Front Psychiatry. 2023 Jun 9;14:1145964. doi: 10.3389/fpsyt.2023.1145964. eCollection 2023.

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- PMID: [37363166](#)
- PMCID: [PMC10287980](#)
- DOI: [10.3389/fpsy.2023.1145964](#)

### Free PMC article

## Abstract

**Background:** Criterion A changes for bipolar disorder (BD) in the Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition yield new difficulties in diagnosis. Actigraphy has been used to capture the activity features of patients with BD. However, it remains unclear whether long-term actigraphic data could distinguish between different mood states in hospitalized patients with BD.

**Methods:** In this observational study, 30 hospitalized patients with BD were included. Wrist-worn actigraphs were used to monitor motor activity. The patients were divided into bipolar disorder-depression (BD-D), bipolar disorder-mania (BD-M), and bipolar disorder-mixed state (BD-MS) groups. Motor activity differences were estimated using non-parametric analyses between and within the three groups.

**Results:** The mean 24 h activity level differed between the groups. In the between-group analysis, the intra-individual fluctuation and minute-to-minute variability in the morning and the mean activity level and minute-to-minute variability in the evening significantly differed between the BD-M and BD-MS groups. In the within-group analysis, the BD-M group showed a disrupted rhythm and reduced activity complexity at night. Both the BD-D and BD-MS groups demonstrated significant differences between several parameters obtained in the morning and evening.

**Conclusion:** The mean activity levels during the relatively long monitoring period and the intra-day variation within the groups could reflect the

differences in motor activity. Sustained activity monitoring may clarify the emotional states and provide information for clinical diagnosis.

**Keywords:** Mania; actigraphy; bipolar disorder; depression; mixed-state; motor activity.

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## Conflict of interest statement

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

- [47 references](#)
- [1 figure](#)

## Full text links

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31. [\*\*Predictors of health-related quality of life in outpatients with coronary heart disease\*\*](#)

Front Psychol. 2023 Jun 9;14:1119093. doi: 10.3389/fpsyg.2023.1119093. eCollection 2023.

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- PMCID: [PMC10289018](#)
- DOI: [10.3389/fpsyg.2023.1119093](#)

## Free PMC article

## Abstract

**Introduction:** Health-related quality of life (HRQoL) is an important treatment target in patients with coronary heart disease (CHD) and is associated with poor outcomes. Therefore, it is of clinical importance to identify the key determinants of HRQoL among these patients. There is, however, limited knowledge of how a comprehensive set of psychosocial factors influence HRQoL. We aimed to determine the relative associations of clinical and psychosocial factors with mental and physical components of HRQoL in a sample of CHD outpatients.

**Methods:** This cross-sectional study included 1,042 patients 2-36 (mean 16) months after a CHD event recruited from two general Norwegian hospitals with a combined catchment area making up 7% of the Norwegian population, representative with regards to demographic and clinical factors. We collected data on HRQoL, demographics, comorbidities, coronary risk factors, and psychosocial factors. HRQoL was assessed using the Short Form 12 (SF12), which comprises a Mental Component Scale (MCS), and the Physical Component Scale (PCS). Crude and multi-adjusted linear regression analyses were used to investigate the association between covariates and MCS and PCS.

**Results:** Mean age was 61 [standard deviation (SD) 10] years, 20% were females, 18% had type D personality, 20% significant depression symptoms, 14% significant symptoms of anxiety whereas 45% reported insomnia. The presence of type D personality ( $\beta$ : -0.19), significant symptoms of depression ( $\beta$ : -0.15), and the presence of insomnia ( $\beta$ : -0.13) were negatively associated with MCS, but not PCS in multi-adjusted analyses. The presence of chronic kidney disease ( $\beta$ : -0.11) was associated with reduced MCS, whereas the presence of chronic obstructive pulmonary disease ( $\beta$ : -0.08) and low physical activity ( $\beta$ : -0.14) were

negatively associated with PCS. Younger age was associated with lower MCS, whereas older age was associated with lower PCS.

**Discussion:** We conclude that Type D personality, depressive symptoms, insomnia, and chronic kidney disease were the strongest determinants of the mental component of HRQoL. Assessing and managing these psychological factors among CHD outpatients may improve their mental HRQoL.

**Keywords:** anxiety; coronary heart disease; depression; insomnia; quality of life; secondary prevention; sleep initiation and maintenance disorders; type D personality.

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## **Conflict of interest statement**

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

- [53 references](#)
- [1 figure](#)

### **Full text links**

32. [\*\*Retrospective reports of perceived parental invalidation and borderline personality traits: The indirect effect of personality functioning\*\*](#)

Personal Disord. 2023 Jun 26. doi: 10.1037/per0000634. Online ahead of print.

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- DOI: [10.1037/per0000634](#)

## Abstract

This study examined the indirect effect via Criterion A (personality functioning) of the Alternative Model for Personality Disorders (AMPD) in the relationship between retrospective reports of perceived parental invalidation and borderline personality traits measured by Criterion B (pathological personality traits). A total of 3,019 college students completed self-report scales of the Chinese Invalidating Family Scale, Level of Personality Functioning Scale-Brief Form 2.0, and Personality Inventory for DSM-5. It was found that the indirect effect of personality functioning was significant for the association between levels of perceived overall- $B = 0.52$ , 95% CI [0.47, 0.57], maternal- $B = 0.83$ , [0.75, 0.91], and paternal- $B = 0.97$ , [0.87, 1.08] invalidation, and BPD traits. The outcomes of the research suggested the critical role of personality functioning as a potential mediator in the pathological effect of perceived parental invalidation on the development of borderline personality disorder features. While the study is limited by the use of self-report measurement, retrospective responding, and cross-sectional design, significant implications on the biosocial model and AMPD were discussed. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

33. [\*\*Examining the economic costs of crime associated with psychopathic personality disorder: A reply to Verona and Joyner \(2022\)\*\*](#)

Personal Disord. 2023 Jul;14(4):405-407. doi: 10.1037/per0000623.

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- DOI: [10.1037/per0000623](#)

## Abstract

In our article, "How much does that cost? Examining the economic costs of crime in North America attributable to people with psychopathic personality disorder" (Gatner et al., 2023, pp. 391-400), we estimated that psychopathic personality disorder (PPD) was associated with substantial crime costs, using a top-down approach of national costs in the United States and Canada. Verona and Joyner (2023) raised several concerns about our findings. Although we think some of their points help to map directions for future research, we disagree with others they raised related to the conceptualization of PPD, the problem of undetected crimes, and their concerns with putative national comparisons. We strongly welcome debate about the societal impacts of PPD in the hope that it spurs increased attention and innovation regarding the treatment and management of PPD. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

## Comment on

- [How much does that cost? Examining the economic costs of crime in North America attributable to people with psychopathic personality disorder.](#)

Gatner DT, Douglas KS, Almond MFE, Hart SD, Kropp PR.

Personal Disord. 2023 Jul;14(4):391-400. doi:  
10.1037/per0000575. Epub 2022 Apr 25.

PMID: 35467915

- [What is this measuring? Comment on Gatner et al. \(2022\).](#)

Verona E, Joyner K.

Personal Disord. 2023 Jul;14(4):401-404. doi:  
10.1037/per0000614.

PMID: 37358532

### Full text links

## 34. [What is this measuring? Comment on Gatner et al. \(2022\)](#)

Personal Disord. 2023 Jul;14(4):401-404. doi: 10.1037/per0000614.

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- PMID: [37358532](#)
- DOI: [10.1037/per0000614](#)

### Abstract

In their crime cost estimation, Gatner et al. (2022) conclude that psychopathic personality disorder (PPD) is associated with billions of dollars of crime costs in the United States (US) and Canada. Gatner et al.'s analysis goes far in putting a cost estimate to PPD, when the burden of

psychopathy for the criminal justice system has been unspecified for years. Nonetheless, in the present commentary, we identify two broad problems with their analyses that motivate caution in the interpretation of the findings and their potential applicability: (a) the conceptualization of psychopathy that formed the bases for estimates of PPD, and (b) the assumptions underlying crime cost estimates made by Gatner et al. The questionable assumptions and diminished focus on the criminal justice context in the US versus Canada limit the extent to which these estimates can produce useful policy implications and may instead perpetuate misconceptions of crime and PPD. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

## Comment in

- [Examining the economic costs of crime associated with psychopathic personality disorder: A reply to Verona and Joyner \(2022\).](#)

Gatner DT, Douglas KS, Almond MFE, Hart SD, Kropp PR.

Personal Disord. 2023 Jul;14(4):405-407. doi: 10.1037/per0000623.

PMID: 37358533

## Comment on

- [How much does that cost? Examining the economic costs of crime in North America attributable to people with psychopathic personality disorder.](#)

Gatner DT, Douglas KS, Almond MFE, Hart SD, Kropp PR.

Personal Disord. 2023 Jul;14(4):391-400. doi: 10.1037/per0000575. Epub 2022 Apr 25.

PMID: 35467915

## Full text links

35. **[BPD Compass is an accessible alignment of dimensional assessment and treatment](#)**

Personal Disord. 2023 Jul;14(4):388-390. doi: 10.1037/per0000604.

**Authors**

[Shannon Sauer-Zavala](#)<sup>1</sup>, [Matthew W Southward](#)<sup>1</sup>

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- PMID: [37358531](#)
- DOI: [10.1037/per0000604](#)

**Abstract**

BPD Compass is a short-term (18-session) intervention for borderline personality disorder (BPD) that was designed to address the higher-order dimensions of personality implicated in this condition in the Alternative Model of Personality Disorders (AMPD): Negative affectivity, Antagonism, and Disinhibition. We received three commentaries on our manuscript describing the conceptual background for BPD Compass; the purpose of this rejoinder is to respond to that feedback. In our rejoinder, we challenge researchers and clinicians to stretch their assumptions about what treatment for BPD should look like, describe the utility of a cognitive-behavioral approach for subsequent dissemination, and discuss how information Criterion A of the AMPD can also be used to personalize course of treatment with BPD Compass. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

**Comment on**

- [Conceptual development and case data for a modular, personality-based treatment for borderline personality disorder.](#)

Sauer-Zavala S, Southward MW, Hood CO, Elhusseini S, Fruhbauerova M, Stumpp NE, Semcho SA.

Personal Disord. 2023 Jul;14(4):369-380. doi:  
10.1037/per0000520. Epub 2022 Jan 27.

PMID: 35084872

- [Borderline personality disorder \(BPD\) Compass is a promising complementary intervention to dialectical behavior therapy: Comment on Sauer-Zavala \(2022\).](#)

Crowell SE, Kaliush PR, Vlisides-Henry RD.

Personal Disord. 2023 Jul;14(4):381-382. doi:  
10.1037/per0000541.

PMID: 37358528

- [BPD Compass: A different direction to the treatment of borderline personality disorder?: Comment on Sauer-Zavala et al. \(2022\).](#)

Livesley WJ.

Personal Disord. 2023 Jul;14(4):383-384. doi:  
10.1037/per0000542.

PMID: 37358529

- [Isn't criterion A rather than B the language of psychotherapy?: Comment on Sauer-Zavala et al. \(2022\).](#)

Hutsebaut J.

Personal Disord. 2023 Jul;14(4):385-387. doi:  
10.1037/per0000543.

PMID: 37358530

## **Full text links**



36. [Isn't criterion A rather than B the language of psychotherapy?: Comment on Sauer-Zavala et al. \(2022\)](#)

Personal Disord. 2023 Jul;14(4):385-387. doi: 10.1037/per0000543.

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- PMID: [37358530](#)
- DOI: [10.1037/per0000543](#)

**Abstract**

Comments on the article by S. Sauer-Zavala et al. (see record 2022-23735-001), which presents BPD-Compass as a new intervention for borderline personality disorder (BPD). Sauer-Zavala et al. have written a stimulating article that challenges fixed beliefs about the treatment of personality disorders and offers the first attempt to design a treatment according to the heuristic framework of the alternative model of personality disorders. This article presents several elements of the direction our field is developing to but may have underrated the importance of Criterion A in designing good-quality generic PD treatment. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

**Comment in**

- [BPD Compass is an accessible alignment of dimensional assessment and treatment.](#)

Sauer-Zavala S, Southward MW.

Personal Disord. 2023 Jul;14(4):388-390. doi:  
[10.1037/per0000604.](#)

PMID: 37358531

## Comment on

- [Conceptual development and case data for a modular, personality-based treatment for borderline personality disorder.](#)

Sauer-Zavala S, Southward MW, Hood CO, Elhusseini S, Fruhbauerova M, Stumpp NE, Semcho SA.

Personal Disord. 2023 Jul;14(4):369-380. doi: 10.1037/per0000520. Epub 2022 Jan 27.

PMID: 35084872

## Full text links

37. [\*\*BPD Compass: A different direction to the treatment of borderline personality disorder?: Comment on Sauer-Zavala et al. \(2022\)\*\*](#)

Personal Disord. 2023 Jul;14(4):383-384. doi: 10.1037/per0000542.

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- DOI: [10.1037/per0000542](#)

## Abstract

Comments on an article by S. Sauer-Zavala et al. (see record 2022-23735-001), which presents BPD-Compass as a new intervention for borderline personality disorder (BPD). In this comment, the author says that BPD-Compass is described as comprehensive and short term. But, it is difficult to be both. As a short-term intervention, is the Compass proposed as a first-line treatment? If so, why are crises, self-harm, and suicidality, dominant issues in the early stages of most therapies, not addressed systematically? (PsycInfo Database Record (c) 2023 APA, all rights reserved).

## Comment in

- [BPD Compass is an accessible alignment of dimensional assessment and treatment.](#)

Sauer-Zavala S, Southward MW.

Personal Disord. 2023 Jul;14(4):388-390. doi: 10.1037/per0000604.

PMID: 37358531

## Comment on

- [Conceptual development and case data for a modular, personality-based treatment for borderline personality disorder.](#)

Sauer-Zavala S, Southward MW, Hood CO, Elhousseini S, Fruhbauerova M, Stumpp NE, Semcho SA.

Personal Disord. 2023 Jul;14(4):369-380. doi: 10.1037/per0000520. Epub 2022 Jan 27.

PMID: 35084872

## Full text links

38. [\*\*Borderline personality disorder \(BPD\) Compass is a promising complementary intervention to dialectical behavior therapy: Comment on Sauer-Zavala \(2022\)\*\*](#)

Personal Disord. 2023 Jul;14(4):381-382. doi: 10.1037/per0000541.

### **Authors**

[Sheila E Crowell](#)<sup>1</sup>, [Parisa R Kaliush](#)<sup>1</sup>, [Robert D Vlisides-Henry](#)<sup>1</sup>

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### **Abstract**

Comments on the article by S. Sauer-Zavala et al. (see record 2022-23735-001). Since its empirical debut in the early 1990s, dialectical behavior therapy (DBT) has amassed substantial support for treating individuals struggling with chronic suicidality, emotion dysregulation, impulsivity, and interpersonal distress. Today, it is known to be one of the most effective psychotherapies for complex mental health presentations, such as in borderline personality disorder (BPD). In this comment, the authors highlight strengths and limitations of one promising intervention, BPD Compass, as presented by Sauer-Zavala et al. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

### **Comment in**

- [BPD Compass is an accessible alignment of dimensional assessment and treatment.](#)

Sauer-Zavala S, Southward MW.

Personal Disord. 2023 Jul;14(4):388-390. doi:  
10.1037/per0000604.

PMID: 37358531

## Comment on

- [Conceptual development and case data for a modular, personality-based treatment for borderline personality disorder.](#)

Sauer-Zavala S, Southward MW, Hood CO, Elhousseini S,  
Fruhbaurova M, Stumpp NE, Semcho SA.

Personal Disord. 2023 Jul;14(4):369-380. doi:  
10.1037/per0000520. Epub 2022 Jan 27.

PMID: 35084872

## Full text links

39. [\*\*Predictors of Physician Follow-Up Care  
Among Patients Affected by an Incident  
Mental Disorder Episode in Quebec \(Canada\)\*\*](#)

Can J Psychiatry. 2023 Jun 26;7067437231182570. doi:  
10.1177/07067437231182570. Online ahead of print.

## Authors

[Marie-Josée Fleury](#)<sup>1</sup>, [Louis Rochette](#)<sup>2</sup>, [Lia Gentil](#)<sup>3</sup>, [Guy Grenier](#)<sup>3</sup>, [Alain Lesage](#)<sup>4</sup>

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- PMID: [37357714](#)
- DOI: [10.1177/07067437231182570](#)

## Abstract

**Objectives:** This study identified predictors of prompt (1+ outpatient physician consultations/within 30 days), adequate (3+/90 days) and continuous (5+/365 days) follow-up care from general practitioners (GPs) or psychiatrists among patients with an incident mental disorder (MD) episode.

**Methods:** Study data were extracted from the Quebec Integrated Chronic Disease Surveillance System (QICDSS), which covers 98% of the population eligible for health-care services under the Quebec (Canada) Health Insurance Plan. This observational epidemiological study investigating the QICDSS from 1 April 1997 to 31 March 2020, is based on a 23-year patient cohort including 12+ years old patients with an incident MD episode ( $n = 2,670,133$ ). Risk ratios were calculated using Robust Poisson regressions to measure patient sociodemographic and clinical characteristics, and prior service use, which predicted patients being more or less likely to receive prompt, adequate, or continuous follow-up care after their last incident MD episode, controlling for previous MD episodes, co-occurring disorders, and years of entry into the cohort.

**Results:** A minority of patients, and fewer over time, received physician follow-up care after an incident MD episode. Women; patients aged 18-64; with depressive or bipolar disorders, co-occurring MDs-substance-related disorders (SRDs) or physical illnesses; those receiving previous GP follow-up care, especially in family medicine groups; patients with higher prior continuity of GP care; and previous high users of emergency departments were more likely to receive follow-up care. Patients living outside the Montreal metropolitan area; those without prior MDs; patients with anxiety, attention deficit hyperactivity, personality, schizophrenia and other psychotic disorders, or SRDs were less likely to receive follow-up care.

**Conclusion:** This study shows that vulnerable patients with complex clinical characteristics and those with better previous GP care were more likely to receive prompt, adequate or continuous follow-up care after an incident MD episode. Overall, physician follow-up care should be greatly improved.

**Keywords:** care adequacy; care continuity; follow-up care; mental disorders; patient characteristics; physician; predictors; promptness.

### Full text links

## 40. [Depressive and Biopsychosocial Frailty Phenotypes: Impact on Late-life Cognitive Disorders](#)

J Alzheimers Dis. 2023 Jun 22. doi: 10.3233/JAD-230312. Online ahead of print.

### Authors

[Francesco Panza](#)<sup>1 2</sup>, [Vincenzo Solfrizzi](#)<sup>2</sup>, [Rodolfo Sardone](#)<sup>1</sup>, [Vittorio Dibello](#)<sup>2 3</sup>, [Fabio Castellana](#)<sup>1</sup>, [Roberta Zupo](#)<sup>1</sup>, [Roberta Stallone](#)<sup>4</sup>, [Luisa Lampignano](#)<sup>1</sup>, [Ilaria Bortone](#)<sup>1</sup>, [Anita Mollica](#)<sup>5</sup>, [Giuseppe Berardino](#)<sup>5</sup>, [Qingwei Ruan](#)<sup>6 7</sup>, [Mario Altamura](#)<sup>5</sup>, [Antonello Bellomo](#)<sup>5</sup>, [Antonio Daniele](#)<sup>8 9</sup>, [Madia Lozupone](#)<sup>10</sup>

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- PMID: [37355907](#)
- DOI: [10.3233/JAD-230312](#)

## Abstract

In older age, frailty is a detrimental transitional status of the aging process featuring an increased susceptibility to stressors defined by a clinical reduction of homeostatic reserves. Multidimensional frailty phenotypes have been associated with all-cause dementia, mild cognitive impairment (MCI), Alzheimer's disease (AD), AD neuropathology, vascular dementia, and non-AD dementias. In the present article, we reviewed current evidence on the existing links among depressive and biopsychosocial frailty phenotypes and late-life cognitive disorders, also examining common pathways and mechanisms underlying these links. The depressive frailty phenotype suggested by the construct of late-life depression (LLD) plus physical frailty is poorly operationalized. The biopsychosocial frailty phenotype, with its coexistent biological/physical and psychosocial dimensions, defines a biological aging status and includes motivational, emotional, and socioeconomic domains. Shared biological pathways/substrates among depressive and biopsychosocial frailty phenotypes and late-life cognitive disorders are hypothesized to be inflammatory and cardiometabolic processes, together with multimorbidity, loneliness, mitochondrial dysfunction, dopaminergic neurotransmission, specific personality traits, lack of subjective/objective social support, and neuroendocrine dysregulation. The cognitive frailty phenotype, combining frailty and cognitive impairment, may be a risk



factor for LLD and vice versa, and a construct of depressive frailty linking physical frailty and LLD may be a good dementia predictor. Frailty assessment may enable clinicians to better target the pharmacological and psychological treatment of LLD. Given the epidemiological links of biopsychosocial frailty with dementia and MCI, multidomain interventions might contribute to delay the onset of late-life cognitive disorders and other adverse health-related outcomes, such as institutionalization, more frequent hospitalization, disability, and mortality.

**Keywords:** Alzheimer's disease; cognitive frailty; dementia; frailty; lifestyle; mild cognitive impairment; physical frailty; social frailty; vascular dementia.

### Full text links

## 41. [Resting heart rate and antisocial behaviour: a Mendelian randomisation study](#)

Sci Rep. 2023 Jun 23;13(1):10212. doi: 10.1038/s41598-023-37123-y.

### Authors

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- PMID: [37353630](#)
- PMCID: [PMC10290077](#)
- DOI: [10.1038/s41598-023-37123-y](#)

### Free PMC article

## Abstract

Observational studies frequently report phenotypic associations between low resting heart rate (RHR) and higher levels of antisocial behaviour (ASB), although it remains unclear whether this relationship reflects causality. To triangulate evidence, we conducted two-sample univariable Mendelian randomisation (MR), multivariable MR and linkage disequilibrium score regression (LDSC) analyses. Genetic data were accessed from published genome-wide association studies (GWAS) for RHR ( $n = 458,835$ ) and ASB ( $n = 85,359$ ) for the univariable analyses, along with a third GWAS for heart rate variability (HRV;  $n = 53,174$ ) for all other analyses. Genome-wide significant ( $p < 5 \times 10^{-8}$ ) single-nucleotide polymorphisms associated with RHR ( $n = 278$ ) were selected as instrumental variables and the outcome was a composite measure of ASB. No causal association was observed between RHR and ASB ( $B_{IVW} = -0.0004$ ,  $p = 0.841$ ). The multivariable MR analyses including RHR and HRV also suggested no causal associations ( $B_{IVW} = 0.016$ ,  $p = 0.914$ ) and no genetic correlations between the heart rate measures and ASB were observed using LDSC ( $r_g = 0.057$ ,  $p = 0.169$ ). Sensitivity analyses suggested that our results are not likely to be affected by heterogeneity, pleiotropic effects, or reverse causation. These findings suggest that individual differences in autonomic nervous system functioning indexed by RHR are not likely to directly contribute to the development of ASB. Therefore, previously observed associations between RHR and ASB may arise from confounding, reverse causation, and/or additional study characteristics.

Further causally informative longitudinal research is required to confirm our findings, and caution should be applied when using measures of RHR in interventions targeting ASB.

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## Conflict of interest statement

The authors declare no competing interests.

- [78 references](#)

## Full text links

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42. [Shaping the cerebral cortex by cellular crosstalk](#)

Cell. 2023 Jun 22;186(13):2733-2747. doi: 10.1016/j.cell.2023.05.040.

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- PMID: [37352835](#)
- DOI: [10.1016/j.cell.2023.05.040](https://doi.org/10.1016/j.cell.2023.05.040)

## Abstract

The cerebral cortex is the brain's outermost layer. It is responsible for processing motor and sensory information that support high-level cognitive abilities and shape personality. Its development and functional organization strongly rely on cell communication that is established via an intricate system of diffusible signals and physical contacts during development. Interfering with this cellular crosstalk can cause neurodevelopmental disorders. Here, we review how crosstalk between migrating cells and their environment influences cerebral cortex development, ranging from neurogenesis to synaptogenesis and assembly of cortical circuits.

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## Conflict of interest statement

Declaration of interests The authors declare no competing interests.

## Full text links

### 43. [Parents' views of psychological research with children: Barriers, benefits, personality, and psychopathology](#)

PLoS One. 2023 Jun 23;18(6):e0287339. doi: 10.1371/journal.pone.0287339. eCollection 2023.

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- PMID: [37352182](#)
- PMCID: [PMC10289465](#)
- DOI: [10.1371/journal.pone.0287339](#)

**Free PMC article**

## **Abstract**

Psychological studies with children have difficulty recruiting participants and samples are more often selective. Given parental consent for children's participation, this study examined parents' perceived barriers and benefits of participating in studies and associated parental personality and psychopathological characteristics. Since there are hardly any instruments available so far, the study also aimed to develop questionnaires for the systematic and standardized assessment of barriers and benefits. One hundred and nine parents with children < 18 years completed questionnaires on willingness to participate, perceived barriers (Parents' Barriers for Participating in Research Questionnaire, P-BARQ) and benefits (Parents' Benefits for Participating in Research Questionnaire, P-BERQ), personality traits, trait anxiety, and psychopathological characteristics. The P-BARQ and P-BERQ showed overall acceptable model fits (TLI/CFI = .90-.94; RMSEA = .08/.14) and internal consistencies ( $\alpha = .68-.86$ ). Parents' willingness to own participation in psychological studies and their support for children's participation correlated negatively with perceived barriers to participation ( $r \geq |-.32|$ ,  $p < .001$ ). Parental personality traits (such as agreeableness/openness) showed positive associations with one's own participation ( $r \geq .19$ ,  $p < .005$ ) and negative correlations with perceived barriers to participation ( $r \geq |-.24|$ ,  $p < .001$ ), while parental psychopathological characteristics are more closely related to consent to children's participation ( $r = .24$ ,  $p < .05$ ). Parental trait anxiety showed both a positive correlation with perceived barriers (uncertainty) and benefits (diagnostics/help) ( $r \geq .20$ ,  $p < .05$ ). For the willingness to participate in studies, barriers seem to play a more crucial role than the benefits of participation. If more information is given about psychological studies, uncertainties and prejudices can be reduced.

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## Conflict of interest statement

The authors have declared that no competing interests exist.

- [64 references](#)

## Full text links

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44. [\*\*Compulsive sexual behavior disorder in 42 countries: Insights from the International Sex Survey and introduction of standardized assessment tools\*\*](#)

J Behav Addict. 2023 Jun 22;12(2):393-407. doi: 10.1556/2006.2023.00028. Print 2023 Jun 29.

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[University's research team](#) <sup>63</sup>; [Fernando P Ponce](#) <sup>64</sup>, [Gonzalo R Quintana](#) <sup>65</sup>, [Gabriel C Quintero Garzola](#) <sup>66</sup> <sup>67</sup>, [Jano Ramos-Diaz](#) <sup>68</sup>, [Kévin Rigaud](#) <sup>62</sup>, [Ann Rousseau](#) <sup>69</sup>, [Marco De Tubino Scanavino](#) <sup>70</sup> <sup>71</sup> <sup>72</sup>, [Marion K Schulmeyer](#) <sup>73</sup>, [Pratap Sharan](#) <sup>74</sup>, [Mami Shibata](#) <sup>28</sup>, [Sheikh Shoib](#) <sup>75</sup>, [Vera L Sigre Leirós](#) <sup>13</sup> <sup>76</sup>, [Luke Sniewski](#) <sup>77</sup>, [Ognen Spasovski](#) <sup>78</sup> <sup>79</sup>, [Vesta Steibliene](#) <sup>80</sup>, [Dan J Stein](#) <sup>81</sup>, [Julian Strizek](#) <sup>82</sup>, [Aleksandar Štulhofer](#) <sup>83</sup>, [Berk C Ünsal](#) <sup>3</sup> <sup>4</sup>, [Marie-Pier Vaillancourt-Morel](#) <sup>1</sup>

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- PMID: [37352095](#)
- DOI: [10.1556/2006.2023.00028](#)

## Abstract

**Background and aims:** Despite its inclusion in the 11th revision of the International Classification of Diseases, there is a virtual paucity of high-quality scientific evidence about compulsive sexual behavior disorder (CSBD), especially in underrepresented and underserved populations. Therefore, we comprehensively examined CSBD across 42 countries, genders, and sexual orientations, and validated the original (CSBD-19) and short (CSBD-7) versions of the Compulsive Sexual Behavior Disorder Scale to provide standardized, state-of-the-art screening tools for research and clinical practice.

**Method:** Using data from the International Sex Survey (N = 82,243; Mage = 32.39 years, SD = 12.52), we evaluated the psychometric properties of the CSBD-19 and CSBD-7 and compared CSBD across 42 countries, three genders, eight sexual orientations, and individuals with low vs. high risk of experiencing CSBD.

**Results:** A total of 4.8% of the participants were at high risk of experiencing CSBD. Country- and gender-based differences were observed, while no sexual-orientation-based differences were present in CSBD levels. Only 14% of individuals with CSBD have ever sought treatment for this disorder, with an additional 33% not having sought treatment because of various reasons. Both versions of the scale demonstrated excellent validity and reliability.

**Discussion and conclusions:** This study contributes to a better understanding of CSBD in underrepresented and underserved populations and facilitates its identification in diverse populations by providing freely accessible ICD-11-based screening tools in 26 languages. The findings may also serve as a crucial building block to stimulate research into evidence-based, culturally sensitive prevention and intervention strategies for CSBD that are currently missing from the literature.

**Keywords:** International Sex Survey (ISS); addictive behavior; assessment; compulsive sexual behavior; cross-cultural; validation.

**Full text links**

45. [\*\*Unpredictable refeeding syndrome with severe hypophosphatemia in borderline personality disorder comorbidity: A case report\*\*](#)

Medicine (Baltimore). 2023 Jun 23;102(25):e34103. doi: 10.1097/MD.00000000000034103.

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- DOI: [10.1097/MD.00000000000034103](#)

**Free PMC article**

**Abstract**

**Rationale:** Refeeding syndrome (RS) is a fatal condition caused by rapid calorie intake during starvation. Self-neglected fasting in psychiatric disorders is associated with RS. However, overeating resulting from circumventing the clinician's instructions does not have a reportedly high risk of RS.

**Patient concerns:** A 47-year-old undernourished woman with borderline personality disorder was hospitalized for nausea, vomiting, and diarrhea.

**Clinical findings:** She had not eaten much for 10 days and had lost weight (56.5-51.1 kg) over 3 weeks. No abnormalities were indicated on physical examination and imaging examinations.

**Diagnoses, interventions, and outcomes:** Infectious diseases and malignancies were excluded from the differential diagnosis. On the third day of admission, the patient's serum phosphorus level significantly decreased to 0.7 mg/dL, and additional sodium phosphate was administered intravenously. On the fourth day, despite our instructions, the patient was found to be eating nonhospital food from the first day of admission. In conjunction with her history, a final diagnosis of RS was made. After appropriate treatments, the patient was discharged on the 15th day of hospitalization. The patient's nausea, vomiting, and diarrhea were improved.

**Lessons:** When undernourished patients have psychiatric disorders, including borderline personality disorder or schizophrenia, the occurrence of RS should be considered based on the patients' poor adherence to physicians' instructions.

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## **Conflict of interest statement**

The authors have no funding and conflicts of interest to disclose.

- [10 references](#)
- [1 figure](#)

### **Full text links**

- 
46. [\*\*Temperament and character dimensions explain self-reported resilience deficits in patients with affective disorders\*\*](#)

Int Clin Psychopharmacol. 2023 Jun 12. doi:  
10.1097/YIC.0000000000000483. Online ahead of print.

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## Abstract

This is the first study exploring how temperament and character personality dimensions impact self-reported resilience in major depressive disorder (MDD) and bipolar disorder (BD). We included 130 euthymic patients with affective disorders (AFD; 66 MDD and 64 BD) and 134 healthy controls (HC). Connor and Davidson resilience scale and Temperament and Character Inventory (TCI-140) were administered. Multiple linear regressions and interaction analyses were performed. Mediation analyses examined if personality dimensions explained group differences in resilience. Resilience was lower in MDD and BD vs. HC and in MDD vs. BD, adjusting for sex, age and education. Higher resilience was predicted by lower harm avoidance (HA) and higher persistence (P) in AFD and MDD, lower HA in BD and higher P and self-directedness (SD) in HC. However, only HA and P had a group-specific effect on resilience in AFD vs. HC. In mediation analyses, specific TCI dimensions at least partially explained differences in resilience: HA, P and SD in AFD or MDD vs. HC; SD in BD vs. HC; P in BD vs. MDD. Concludingly, two temperament traits (HA, P) and a character trait (SD) predict resilience in AFD. Focusing

on personality could identify sources of compromised resilience as potential treatment targets.

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- [59 references](#)

### Full text links

47. ["Healthy immigrant effect" among individuals experiencing homelessness in Spain?: Foreign-born individuals had higher average age at death in 15-year retrospective cohort study](#)

BMC Public Health. 2023 Jun 22;23(1):1212. doi: 10.1186/s12889-023-16109-5.

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- PMID: [37349708](#)
- PMCID: [PMC10286494](#)
- DOI: [10.1186/s12889-023-16109-5](#)

## Free PMC article

## Abstract

**Background:** Individuals experiencing homelessness (IEHs) suffer from severe health inequities. Place of origin is linked to health and mortality of IEHs. In the general population the "healthy immigrant effect" provides a health advantage to foreign-born people. This phenomenon has not been sufficiently studied among the IEH population. The objectives are to study morbidity, mortality, and age at death among IEHs in Spain, paying special attention to their origin (Spanish-born or foreign-born) and to examine correlates and predictors of age at death.

**Methods:** Retrospective cohort study (observational study) of a 15-year period (2006-2020). We included 391 IEHs who had been attended at one of the city's public mental health, substance use disorder, primary health, or specialized social services. Subsequently, we noted which subjects died during the study period and analyzed the variables related to their age at death. We compared the results based on origin (Spanish-born vs. foreign-born) and fitted a multiple linear regression model to the data to establish predictors of an earlier age at death.

**Results:** The mean age at death was 52.38 years. Spanish-born IEHs died on average almost nine years younger. The leading causes of death overall were suicide and drug-related disorders (cirrhosis, overdose, and chronic obstructive pulmonary disease [COPD]). The results of the linear regression showed that earlier death was linked to COPD ( $b = -0.348$ ), being Spanish-born ( $b = 0.324$ ), substance use disorder [cocaine ( $b = -0.169$ ), opiates ( $b = -0.243$ ), and alcohol ( $b = -0.199$ )], cardiovascular diseases ( $b = -0.223$ ), tuberculosis ( $b = -0.163$ ), high blood pressure ( $b = -0.203$ ), criminal record ( $b = -0.167$ ), and hepatitis C ( $b = -0.129$ ). When we separated the causes of death for Spanish-born and foreign-born subjects, we found that the main predictors of death among Spanish-born IEHs were opiate use disorder ( $b = -0.675$ ), COPD ( $b = -0.479$ ), cocaine use



disorder (b =-0.208), high blood pressure (b =-0.358), multiple drug use disorder (b =-0.365), cardiovascular disease (b =-0.306), dual pathology (b =-0.286), female gender (b =-0.181), personality disorder (b =-0.201), obesity (b =-0.123), tuberculosis (b =-0.120) and having a criminal record (b =-0.153). In contrast, the predictors of death among foreign-born IEHs were psychotic disorder (b =-0.134), tuberculosis (b =-0.132), and opiate (b =-0.119) or alcohol use disorder (b =-0.098).

**Conclusions:** IEHs die younger than the general population, often due to suicide and drug use. The healthy immigrant effect seems to hold in IEHs as well as in the general population.

**Keywords:** COPD; Health; Homelessness; Immigrant advantage; Immigration; Mortality; Substance use; Substance use disorder.

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## **Conflict of interest statement**

The authors declare no competing interests.

- [51 references](#)

## **Full text links**

48. [\*\*The Situated Assessment Method \(SAM2\):  
Establishing individual differences in  
habitual behavior\*\*](#)

PLoS One. 2023 Jun 22;18(6):e0286954. doi:  
10.1371/journal.pone.0286954. eCollection 2023.

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- PMID: [37347753](#)
- PMCID: [PMC10287018](#)
- DOI: [10.1371/journal.pone.0286954](#)

## Free PMC article

## Abstract

From the perspectives of grounded, situated, and embodied cognition, we have developed a new approach for assessing individual differences. Because this approach is grounded in two dimensions of situatedness—situational experience and the Situated Action Cycle—we refer to it as the Situated Assessment Method (SAM2). Rather than abstracting over situations during assessment of a construct (as in traditional assessment instruments), SAM2 assesses a construct in situations where it occurs, simultaneously measuring factors from the Situated Action Cycle known to influence it. To demonstrate this framework, we developed the SAM2 Habitual Behavior Instrument (SAM2 HBI). Across three studies with a total of 442 participants, the SAM2 HBI produced a robust and replicable pattern of results at both the group and individual levels. Trait-level measures of habitual behavior exhibited large reliable individual differences in the regularity of performing positive versus negative habits. Situational assessments established large effects of situations and large situation by individual interactions. Several sources of evidence demonstrated construct and content validity for SAM2 measures of habitual behavior. At both the group and individual levels, these measures were associated with factors from the Situated Action Cycle known to influence habitual behavior in the literature (consistency, automaticity, immediate reward, long-term reward). Regressions explained

approximately 65% of the variance at the group level and a median of approximately 75% at the individual level. SAM2 measures further exhibited well-established interactions with personality measures for self-control and neuroticism. Cognitive-affective processes from the Situated Action Cycle explained nearly all the variance in these interactions. Finally, a composite measure of habitualness established habitual behaviors at both the group and individual levels. Additionally, a composite measure of reward was positively related to the composite measure of habitualness, increasing with self-control and decreasing with neuroticism.

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## **Conflict of interest statement**

The authors have declared that no competing interests exist.

- [141 references](#)
- [15 figures](#)

## **Full text links**

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49. [\*\*Brain structure-function coupling associated with cognitive impairment in cerebral small vessel disease\*\*](#)

Front Neurosci. 2023 Jun 6;17:1163274. doi: 10.3389/fnins.2023.1163274. eCollection 2023.

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- PMID: [37346086](#)
- PMCID: [PMC10279881](#)
- DOI: [10.3389/fnins.2023.1163274](#)

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## **Abstract**

Cerebral small vessel disease (CSVD) is a common chronic and progressive disease that can lead to mental and cognitive impairment. Damage to brain structure and function may play an important role in the neuropsychiatric disorders of patients with CSVD. Increasing evidence suggests that functional changes are accompanied by structural changes in corresponding brain regions. Thus, normal structure-function coupling is essential for optimal brain performance, and disrupted structure-function coupling can be found in many neurological and psychiatric disorders. To date, most studies on patients with CSVD have focused on separate structures or functions, including reductions in white matter volume and blood flow, which lead to cognitive dysfunction. However, there are few studies on brain structure-function coupling in patients with CSVD. In recent years, with the rapid development of multilevel (voxel-wise, neurovascular, regional level, and network level) brain structure-functional coupling analysis methods based on multimodal magnetic resonance imaging (MRI), new evidence has been provided to reveal the correlation between brain function and structural abnormalities and cognitive impairment. Therefore, studying brain structure-function coupling has a potential significance in the exploration and elucidation of the neurobiological mechanism of cognitive impairment in patients with CSVD. This article mainly describes the currently popular brain structure-function coupling analysis technology based on multimodal MRI and the important research progress of these coupling technologies on CSVD and

cognitive impairment to provide a perspective for the study of the pathogenesis and early diagnosis of CSVD.

**Keywords:** cerebral small vessel disease; cognitive impairment; multimodal magnetic resonance imaging; neurovascular coupling; structure–function coupling.

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## **Conflict of interest statement**

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

- [40 references](#)
- [1 figure](#)

## **Full text links**

50. [\*\*How the Rise of Problematic Pornography Consumption and the COVID-19 Pandemic Has Led to a Decrease in Physical Sexual Interactions and Relationships and an Increase in Addictive Behaviors and Cluster B Personality Traits: A Meta-Analysis\*\*](#)

Cureus. 2023 Jun 16;15(6):e40539. doi: 10.7759/cureus.40539. eCollection 2023 Jun.

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- PMID: [37342297](#)
- PMCID: [PMC10277752](#)
- DOI: [10.7759/cureus.40539](#)

## Free PMC article

## Abstract

On January 13, 2018, an alert was sent to Hawaii's people that a missile was heading toward them. People were in a state of alarm for 30 minutes before the government sent out a false alarm statement. Fifteen minutes after the message that told the people of Hawaii that they were not in danger went out, Pornhub's views spiked by 48%. On March 11, 2020, coronavirus disease 2019 (COVID-19) was designated a pandemic. By March 25, 2020, Pornhub's views had spiked to over 24%. We took the research available on problematic pornography consumption, also referred to as internet sex addiction, pornography addiction, and cybersex addiction, and compared that to the rise of pornography use since the year 2000 and how the COVID-19 pandemic impacted pornography use and the effects it had on sexual and social relations. We also wanted to see if there is any association between pornography consumption and other addictive disorders and cluster B personality traits. There is currently no Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) diagnosis for pornography addiction. We want to see if the data we gather can aid in identifying whether problematic pornography use has a place alongside other addictive disorders in the DSM-5. We hypothesize that inappropriate pornography consumption has increased since 2000, only to increase further during the pandemic. The null hypothesis,  $H_0$ , states there has been no change in the consumption of pornography since the 2000s. The alternative theory,  $H_a$ , says that the proportion of people who use pornography has increased over the past 23 years. As for other addictive disorders and cluster B personality traits, we hypothesize the research will show that greater than 50% of people exhibiting problematic pornography consumption will also have an additional addictive disorder and a cluster B personality trait. Our results support our hypothesis that during the COVID-19 pandemic, pornography consumption increased beyond the baseline. The results did not support our prediction of a significant

association between other addictive disorders and cluster B personality traits with pornography consumption.

**Keywords:** addictive disorders; cluster b personality traits; covid-19; pornography consumption; problematic pornography consumption.

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## **Conflict of interest statement**

The authors have declared that no competing interests exist.

- [50 references](#)
- [2 figures](#)

### **Full text links**

51. [\*\*Developmental trajectories of anger and sadness dysregulation in childhood differentially predict later borderline symptoms\*\*](#)

Dev Psychopathol. 2023 Jun 21;1-16. doi: 10.1017/S0954579423000627. Online ahead of print.

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- PMID: [37340976](#)
- DOI: [10.1017/S0954579423000627](#)

## Abstract

Difficulties with emotion regulation are integral to borderline personality disorder (BPD) and its hypothesized developmental pathway. Here, we prospectively assess trajectories of emotion processing across childhood, how BPD symptoms impact these trajectories, and whether developmental changes are transdiagnostic or specific to BPD, as major depressive (MDD) and conduct disorders (CD) are also characterized by emotion regulation difficulties. This study included 187 children enriched for those with early symptoms of depression and disruptive behaviors from a longitudinal study. We created multilevel models of multiple components of emotional processing from mean ages 9.05 to 18.55 years, and assessed the effect of late adolescent BPD, MDD, and CD symptoms on these trajectories. Linear trajectories of coping with sadness and anger, and quadratic trajectories of dysregulated expressions of sadness and anger were transdiagnostic, but also exhibited independent relationships with BPD symptoms. Only inhibition of sadness was related to BPD symptoms. The quadratic trajectories of poor emotional awareness and emotional reluctance were also independently related to BPD. Findings support examining separable components of emotion processing across development as potential precursors to BPD, underscoring the importance of understanding these trajectories as not only a marker of potential risk but also potential targets for prevention and intervention.

**Keywords:** adolescence; borderline personality disorder; emotion awareness; emotion regulation; multilevel models.

### Full text links

52. [\*\*Social phobia and evasiveness: trial protocol for a randomized controlled feasibility and superiority trial of the effect of Modified\*\*](#)



# [Collaborative Assessment vs. standard assessment on patients' readiness for psychotherapy \(CO-ASSM-RCT\)](#)

Pilot Feasibility Stud. 2023 Jun 20;9(1):102. doi: 10.1186/s40814-023-01332-z.

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- PMID: [37340450](#)
- PMCID: [PMC10280871](#)
- DOI: [10.1186/s40814-023-01332-z](#)

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## Abstract

**Background:** Evasive personality disorder (AvPD) and social phobia (SP) have substantial costs for patients and their families and great economic costs to the society. While psychotherapy can be an efficacious treatment, many patients drop out during treatment. Increased knowledge on how to decrease dropout from psychotherapy is warranted, including how to increase a patient's readiness for psychotherapy.

**Methods:** We describe a randomized controlled feasibility and superiority trial of 42 individuals with a clinical diagnosis of either SP or AvPD, who are to initiate psychotherapeutic treatment in Danish outpatient mental health services. They will be randomized in a 1:1 ratio to either assessment-as-usual and receive no further assessment or to a Modified Collaborative Assessment (MCA) provided as a pre-treatment intervention before psychotherapy initiation. MCA will include a battery of psychological tests designed to thoroughly assess the patients' psychopathology. The tests are administered in collaboration with the patient, including detailed oral and written feedback. We hypothesize that the intervention is feasible regarding patient's acceptance and adherence. We further hypothesize that patients randomized to MCA will reach higher levels of readiness for psychotherapy as assessed with the University of Rhode Island Change Assessment Scale (URICA).

**Discussion:** This protocol assesses the feasibility, efficacy, acceptability, and safety of an intervention aimed at changing the readiness for participation in psychotherapy of patients with SP and AvPD. Results from this feasibility study could guide the development of future large-scale trials of MCA and procedures for MCA treatment fidelity assessment.

**Trial registration:** [NCT2021001](#).

**Keywords:** Assessment; Collaborative assessment; Evasiveness; Personality disorders; Psychotherapy; Social phobia; Therapeutic assessment.

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## **Conflict of interest statement**

The authors declare that they have no competing interests.

- [73 references](#)

- [2 figures](#)

### Full text links

53. [Schizotypal traits in a large sample of high-school and university students from Tunisia: correlates and measurement invariance of the arabic schizotypal personality questionnaire across age and sex](#)

BMC Psychiatry. 2023 Jun 20;23(1):447. doi: 10.1186/s12888-023-04942-2.

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- PMCID: [PMC10283320](#)
- DOI: [10.1186/s12888-023-04942-2](#)

### Free PMC article

## Abstract

**Background:** The main goal of the present study was to examine the characteristics of schizotypal traits and their correlations with genetic (i.e., family history of mental illness), demographic (i.e., age, sex), environmental (e.g., income, urbanicity, tobacco/alcohol/cannabis use), and psychological (i.e., personal history of mental illness other than psychosis) factors in Tunisian high-school and university students. Our secondary goal was to contribute the literature by examining the factor structure and factorial invariance of the Arabic Schizotypal Personality Questionnaire (SPQ) across sex and age (adolescents [12-18 years] vs. young adults [18-35 years]) groups.

**Method:** This was a cross-sectional study involving 3166 students: 1160 (36.6%) high-school students (53.0% females, aged  $14.9 \pm 1.8$ ); and 2006 (63.4%) university students (63.9% females, aged  $21.8 \pm 2.3$ ). All students were asked to complete a paper-and-pencil self-administered questionnaire containing sociodemographic characteristics as well as the Arabic version of the SPQ.

**Results:** The total sample yielded total SPQ scores of  $24.1 \pm 16.6$  out of 74. The SPQ yielded good composite reliability as attested by McDonald's omega values ranging from .68 to .80 for all nine subscales. Confirmatory Factor Analysis indicated that fit of the 9-factor model of SPQ scores was acceptable. This model is invariant (at the configural, metric and structural levels) across sex and age. Except for "Odd or eccentric behavior", all schizotypy features were significantly higher among female students compared to males. Multivariable analyses showed that female sex, being a university student, lowest family incomes, tobacco use, and having a personal history of psychiatric illness were significantly associated with higher positive, negative and disorganized schizotypy subscales scores.

**Conclusion:** Future research still needs to confirm our findings and investigate the contribution of the identified factors in the development of clinical psychosis. We can also conclude that the Arabic SPQ is appropriate for measuring and comparing schizotypy across age and sex in clinical and research settings. These findings are highly relevant and essential for ensuring the clinical utility and applicability of the SPQ in cross-cultural research.

**Keywords:** Adolescents and young adults; Arabic; Measurement Invariance; Schizotypal Personality Questionnaire; Schizotypal traits; Schizotypy.

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## Conflict of interest statement

The authors have nothing to disclose.

- [115 references](#)
- [1 figure](#)

## Full text links

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54. [\*\*The memory and identity theory of ICD-11 complex posttraumatic stress disorder\*\*](#)

Psychol Rev. 2023 Jul;130(4):1044-1065. doi: 10.1037/rev0000418.

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- PMID: [37338431](#)
- DOI: [10.1037/rev0000418](#)

## Abstract

The 11th version of the *International Classification of Diseases (ICD-11)* includes complex posttraumatic stress disorder (CPTSD) as a separate diagnostic entity alongside posttraumatic stress disorder (PTSD). *ICD-11* CPTSD is defined by six sets of symptoms, three that are shared with PTSD (reexperiencing in the here and now, avoidance, and sense of current threat) and three (affective dysregulation, negative self-concept, and disturbances in relationships) representing pervasive "disturbances in self-organization" (DSO). There is considerable evidence supporting the construct validity of *ICD-11* CPTSD, but no theoretical account of its development has thus far been presented. A theory is needed to explain several phenomena that are especially relevant to *ICD-11* CPTSD such as the role played by prolonged and repeated trauma exposure, the functional independence between PTSD and DSO symptoms, and diagnostic heterogeneity following trauma exposure. The memory and identity theory of *ICD-11* CPTSD states that single and multiple trauma exposure occur in a context of individual vulnerability which interact to give rise to intrusive, sensation-based traumatic memories and negative identities which, together, produce the PTSD and DSO symptoms that define *ICD-11* CPTSD. The model emphasizes that the two major and related causal processes of intrusive memories and negative identities exist on a continuum from prereflective experience to full self-awareness. Theoretically derived implications for the assessment and treatment of *ICD-11* CPTSD are discussed, as well as areas for future research and model testing. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

### Full text links

55. [\*\*A network analysis of disordered eating symptoms, big-five personality traits, and psychological distress in Chinese adults\*\*](#)

Int J Eat Disord. 2023 Jun 20. doi: 10.1002/eat.24012. Online ahead of print.

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- PMID: [37337937](#)
- DOI: [10.1002/eat.24012](#)

## Abstract

**Objective:** Previous studies have revealed associations between disordered eating symptoms, big-five personality traits, and psychological distress. However, limited research has explored these relationships as a network, including their interconnections, and even less has done so in non-Western populations. We employed network analysis to investigate the co-occurrence of disordered eating symptoms, big-five personality traits, and psychological distress in Chinese adults.

**Method:** A sample of 500 Chinese adults (256 men) completed measures assessing big-five personality traits, psychological distress, and disordered eating symptoms. The network of personality traits, psychological distress, and disordered eating symptoms was estimated, including its central and bridge nodes.

**Results:** The central nodes in the network were the facets of openness (like adventure), extraversion (like going to social and recreational parties), and disordered eating symptoms (dissatisfaction with body weight or shape). Moreover, certain facets of neuroticism (always worrying something bad will happen), psychological distress (feeling worthless), and an inverse facet of extraversion (bored by parties with lots of people) were identified as essential bridge nodes in maintaining the structure of the network.

**Conclusion:** Our findings suggest that personality traits (e.g., openness and extraversion) and body dissatisfaction are important in maintaining the network in a community sample of Chinese adults. While future replication is needed, findings from this study suggest that individuals with negative self-thinking, predisposed neuroticism, and extraversion may be at risk of developing disordered eating symptoms.

**Public significance:** The present study contributes to existing knowledge by employing a network perspective to examine the associations between disordered eating symptoms, big-five personality traits, and psychological distress in a Chinese adult community sample. The identified facets of neuroticism and extraversion and symptoms of psychological distress may be worthy of targeting in the prevention and treatment of disordered eating in the Chinese context.

**Keywords:** big-five personality traits; disordered eating; eating disorders; network analysis; psychological distress.

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- [96 references](#)

**Full text links**

56. [\*\*Neural bases of reward anticipation in healthy individuals with low, mid, and high levels of schizotypy\*\*](#)

Sci Rep. 2023 Jun 19;13(1):9953. doi: 10.1038/s41598-023-37103-2.



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- PMCID: [PMC10279672](#)
- DOI: [10.1038/s41598-023-37103-2](#)

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## Abstract

A growing body of research has placed the ventral striatum at the center of a network of cerebral regions involved in anticipating rewards in healthy controls. However, little is known about the functional connectivity of the ventral striatum associated with reward anticipation in healthy controls. In addition, few studies have investigated reward anticipation in healthy humans with different levels of schizotypy. Here, we investigated reward anticipation in eighty-four healthy individuals (44 females) recruited based on their schizotypy scores. Participants performed a variant of the Monetary Incentive Delay Task while undergoing event-related fMRI. Participants showed the expected decrease in response times for highly rewarded trials compared to non-rewarded trials. Whole-brain activation analyses replicated previous results, including activity in the ventral and dorsal striatum. Whole-brain psycho-physiological interaction analyses of the left and right ventral striatum revealed increased connectivity during reward anticipation with widespread regions in frontal, parietal and occipital cortex as well as the cerebellum and

midbrain. Finally, we found no association between schizotypal personality severity and neural activity and cortico-striatal functional connectivity. In line with the motivational, attentional, and motor functions of rewards, our data reveal multifaceted cortico-striatal networks taking part in reward anticipation in healthy individuals. The ventral striatum is connected to regions of the salience, attentional, motor and visual networks during reward anticipation and thereby in a position to orchestrate optimal goal-directed behavior.

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## Conflict of interest statement

The authors declare no competing interests.

- [49 references](#)
- [4 figures](#)

## Full text links

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57. [\*\*Structural connectome alterations in anxious dogs: a DTI-based study\*\*](#)

Sci Rep. 2023 Jun 19;13(1):9946. doi: 10.1038/s41598-023-37121-0.

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## Abstract

Anxiety and fear are dysfunctional behaviors commonly observed in domesticated dogs. Although dogs and humans share psychopathological similarities, little is known about how dysfunctional fear behaviors are represented in brain networks in dogs diagnosed with anxiety disorders. A combination of diffusion tensor imaging (DTI) and graph theory was used to investigate the underlying structural connections of dysfunctional anxiety in anxious dogs and compared with healthy dogs with normal behavior. The degree of anxiety was assessed using the Canine Behavioral Assessment & Research Questionnaire (C-BARQ), a widely used, validated

questionnaire for abnormal behaviors in dogs. Anxious dogs showed significantly decreased clustering coefficient ([Formula: see text]), decreased global efficiency ([Formula: see text]), and increased small-worldness ( $\sigma$ ) when compared with healthy dogs. The nodal parameters that differed between the anxious dogs and healthy dogs were mainly located in the posterior part of the brain, including the occipital lobe, posterior cingulate gyrus, hippocampus, mesencephalon, and cerebellum. Furthermore, the nodal degree ([Formula: see text]) of the left cerebellum was significantly negatively correlated with "excitability" in the C-BARQ of anxious dogs. These findings could contribute to the understanding of a disrupted brain structural connectome underlying the pathological mechanisms of anxiety-related disorders in dogs.

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## Conflict of interest statement

The authors declare no competing interests.

- [115 references](#)
- [4 figures](#)

## Full text links

- 
58. [\*\*Worry, rumination and negative metacognitive beliefs as moderators of outcomes of Transdiagnostic group cognitive-behavioural therapy in emotional disorders\*\*](#)

J Affect Disord. 2023 Jun 17;338:349-357. doi: 10.1016/j.jad.2023.06.032. Online ahead of print.

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[Antonio Moriana](#) <sup>6</sup>, [María Carpallo-González](#) <sup>5</sup>, [Maidier Prieto-Vila](#) <sup>2</sup>, [Paloma Ruiz-Rodríguez](#) <sup>7</sup>, [César González-Blanch](#) <sup>8</sup>

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- PMID: [37336250](#)
- DOI: [10.1016/j.jad.2023.06.032](#)

## Free article

## Abstract

**Background:** Despite the relevance of cognitive processes such as rumination, worry, negative metacognitive beliefs in emotional disorders, the existing literature about how these cognitive processes moderate the effect of treatment in treatment outcomes is limited. The aim of the present study was to explore the potential moderator effect of baseline cognitive processes-worry, rumination and negative metacognitive beliefs- on the relationship between treatment allocation (transdiagnostic cognitive-behavioural therapy -TD-CBT plus treatment as usual-TAU vs. TAU alone) and treatment outcomes (anxiety and depressive symptoms,

quality of life [QoL], and functioning) in primary care patients with emotional disorders.

**Methods:** A total of 631 participants completed scales to evaluate worry, rumination, negative metacognitive beliefs, QoL, functioning, and anxiety and depressive symptoms.

**Results:** Worry and rumination acted as moderators on the effect of treatment for anxiety ( $b = -1.25$ ,  $p = .003$ ;  $b = -0.98$ ,  $p = .048$  respectively) and depressive symptoms ( $b = -1.21$ ,  $p = .017$ ;  $b = -1.34$ ,  $p = .024$  respectively). Individuals with higher baseline levels of worry and rumination obtained a greater reduction in emotional symptoms from the addition TD-CBT to TAU. Negative metacognitive beliefs were not a significant moderator of any treatment outcome.

**Limitations:** The study assesses cognitive processes over a relatively short period of time and uses self-reported instruments. In addition, it only includes individuals with mild or moderate anxiety or depressive disorders, which limits generalization to other populations.

**Conclusions:** These results underscore the generalization of the TD-CBT to individuals with emotional disorders in primary care with different cognitive profiles, especially those with high levels of worry and rumination.

**Keywords:** Cognitive processes; Emotional symptoms; Moderator; Performance.

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## **Conflict of interest statement**

Declaration of competing interest None.

**Full text links**

59. [Chairwork in schema therapy for patients with borderline personality disorder-A qualitative study of patients' perceptions](#)

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- PMCID: [PMC10272534](#)
- DOI: [10.3389/fpsy.2023.1180839](#)

### Free PMC article

## Abstract

**Objective:** Chairwork is one of the core experiential techniques of Schema Therapy (ST) which is used in the treatment of patients with borderline personality disorder (BPD). However, little is known about how people with BPD experience chairwork. The aim of this study was to explore the experiences of patients with BPD with chairwork in ST.

**Method:** Qualitative data were collected through semi-structured interviews with 29 participants with a primary diagnosis of BPD who experienced chairwork as part of their ST treatment. The interview data were analyzed using qualitative content analysis.

**Findings:** Many participants reported initial skepticism, and difficulties with engaging in chairwork. Specific therapist behaviors as well as some external (e.g., restricted facilities, noise) and internal factors (especially feeling ashamed or ridiculous) were named as hindering factors. Participants described several therapist behaviors facilitating chairwork such as providing safety, clear guidance through the process as well as flexible application of the technique according to their needs, and sufficient time for debriefing. Participants experienced emotional pain and exhaustion as short-term effects of the technique. All participants reported positive long-term effects including an improved understanding of their mode model as well as positive mode changes (e.g., less Punitive Parent and more Healthy Adult Mode), greater self-acceptance, improvements in coping with emotions and needs as well as improvements in interpersonal relationships.

**Conclusions:** Chairwork is experienced as an emotionally demanding but valuable technique. Based on the participants' statements, the delivery of chairwork can be optimized which can help to improve treatment outcome.

**Keywords:** borderline personality disorder; chairwork; experiential techniques; perspective; psychotherapy; qualitative research; schema therapy.

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## **Conflict of interest statement**

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Institutes associated with the Deutsche Fachverband für Verhaltenstherapie on psychotherapy topics; and was Vice President of the Deutsche Fachverband für Verhaltenstherapie (no honorarium). AS reported receiving a grant from the University of Lübeck and receiving royalties for published articles or chapters on schema therapy and imagery rescripting as well as receiving personal fees from supervision and workshops (Institut für Schematherapie Hamburg) for schema therapy and imagery re-scripting. The remaining authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

- [37 references](#)

#### Full text links

60. [\*\*Minnesota Multiphasic Personality Inventory-2-Restructured Form Profiles Among Adults With Attention-Deficit/Hyperactivity Disorder: Examining the Effect of Comorbid Psychopathology and ADHD Presentation\*\*](#)

Arch Clin Neuropsychol. 2023 Jun 17;acad043. doi: 10.1093/arclin/acad043. Online ahead of print.

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- PMID: [37332188](#)
- DOI: [10.1093/arclin/acad043](#)

## Abstract

**Objective:** Despite widespread use of the Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF), it is surprisingly understudied among adults with attention-deficit/hyperactivity disorder (ADHD). This is significant as ADHD is a frequent referral for neuropsychological evaluation; however, the core symptom of attention difficulty is a nonspecific sequela of many psychological disorders. This study aimed to characterize MMPI-2-RF profiles among adults with ADHD and examine the effect of comorbid psychopathology.

**Method:** A large, demographically diverse sample of 413 consecutive adults referred for neuropsychological evaluation to assist with differential diagnosis of ADHD who completed the MMPI-2-RF was examined. Profiles of the 145 patients diagnosed with ADHD-only were compared to 192 with ADHD and a comorbid psychological disorder and a 55-patient non-ADHD psychiatric comparison group. Among the ADHD-only group, profiles also were compared based on ADHD-presentation type (Predominantly Inattentive vs. Combined presentation).

**Results:** The ADHD/psychopathology and psychiatric comparison groups scored higher than the ADHD-only group across nearly all scales with widespread clinical elevations. Conversely, the ADHD-only group displayed an isolated elevation on the Cognitive Complaints scale. Comparison between ADHD presentations revealed several small-moderate significant differences, the largest of which occurred on the Externalizing and Interpersonal scales.

**Conclusions:** Adults with ADHD alone, and no other psychopathology have a unique MMPI-2-RF profile characterized by isolated elevation on

the Cognitive Complaints scale. These results support use of the MMPI-2-RF in assessment of adults with ADHD as it can help distinguish ADHD alone from ADHD/comorbid psychopathology and identify relevant psychiatric comorbidities that may be contributing to patients' inattention complaints.

**Keywords:** ADHD; Assessment; Neuropsychology; Psychopathology.

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### Full text links

61. [Altered intrinsic functional network connectivity is associated with impulsivity and emotion dysregulation in drug-naïve young patients with borderline personality disorder](#)

Borderline Personal Disord Emot Dysregul. 2023 Jun 19;10(1):21. doi: 10.1186/s40479-023-00227-y.

### Authors

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- PMID: [37331972](https://pubmed.ncbi.nlm.nih.gov/37331972/)
- PMCID: [PMC10278320](https://pubmed.ncbi.nlm.nih.gov/PMC10278320/)
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**Free PMC article**

## Abstract

**Background:** Despite impulse control and emotion regulation being altered in borderline personality disorder (BPD), the specific mechanism of these clinical features remains unclear. This study investigated the functional connectivity (FC) abnormalities within- and between- default mode network (DMN), salience network (SN), and central executive network (CEN) in BPD, and examined the association between aberrant FC and clinical features. We aimed to explore whether the abnormal large-scale networks underlie the pathophysiology of impulsivity and emotion dysregulation in BPD.

**Methods:** Forty-one young, drug-naïve patients with BPD ( $24.98 \pm 3.12$  years, 20 males) and 42 healthy controls (HCs;  $24.74 \pm 1.29$  years, 17 males) were included in resting-state functional magnetic resonance imaging analyses. Independent component analysis was performed to extract subnetworks of the DMN, CEN, and SN. Additionally, partial correlation was performed to explore the association between brain imaging variables and clinical features in BPD.

**Results:** Compared with HCs, BPD showed significant decreased intra-network FC of right medial prefrontal cortex in the anterior DMN and of right angular gyrus in the right CEN. Intra-network FC of right angular gyrus in the anterior DMN was significantly negatively correlated with attention impulsivity in BPD. The patients also showed decreased inter-

network FC between the posterior DMN and left CEN, which was significantly negatively correlated with emotion dysregulation.

**Conclusion:** These findings suggest that impaired intra-network FC may underlie the neurophysiological mechanism of impulsivity, and abnormal inter-network FC may elucidate the neurophysiological mechanism of emotion dysregulation in BPD.

**Keywords:** Borderline personality disorder; Central executive network; Default mode network; Emotion dysregulation; Impulsivity; Salience network.

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## Conflict of interest statement

The authors declare that they have no competing interests.

- [59 references](#)
- [2 figures](#)

## Full text links

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62. [\*\*Glucagon-like peptide 1 \(GLP-1\) receptor agonists as a protective factor for incident depression in patients with diabetes mellitus: A systematic review\*\*](#)

J Psychiatr Res. 2023 Jun 5;164:80-89. doi: 10.1016/j.jpsychires.2023.05.041. Online ahead of print.

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- PMID: [37331261](#)
  - DOI: [10.1016/j.jpsychires.2023.05.041](#)

## Abstract



Glucagon-like peptide 1 (GLP-1) receptor agonists are widely used for glycemic control in patients with diabetes mellitus (DM) and are primarily indicated for type 2 diabetes mellitus (T2DM). GLP-1 receptor agonists have also been shown to have neuroprotective and antidepressant properties. Replicated evidence suggests that individuals with DM are significantly more likely to develop depression. Herein, we aim to investigate whether GLP-1 receptor agonists can be used prophylactically on patients with DM to lower the risk of incident depression. We conducted a systematic search for English-language articles published on the PubMed/MEDLINE, Scopus, Embase, APA, PsycInfo, Ovid and Google Scholar databases from inception to June 6, 2022. Four retrospective observational studies were identified that evaluated the neuroprotective effects of GLP-1 receptor agonists on incident depression in patients with DM. We found mixed results with regards to lowering the risk of incident depression, with two studies demonstrating a significant reduction in risk and two studies showing no such effect. A single study found that dulaglutide may lower susceptibility to depression. Our results were limited by high interstudy heterogeneity, paucity of literature, and lack of controlled trials. While we did not find evidence of GLP-1 receptor agonists significantly lowering risk of incident depression in patients with DM, promising neuroprotective data presented in two of the included papers, specifically on dulaglutide where information is scarce, provide the impetus for further investigation. Future research should focus on better elucidating the neuroprotective potential of different classes and doses of GLP-1 receptor agonists using controlled trials.

**Keywords:** Depression; Diabetes mellitus; GLP-1; GLP-1 receptor agonist; Incretin; Neuroprotective.

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## **Conflict of interest statement**

Declaration of competing interest R.S.M has received research grant support from CIHR/GACD/National Natural Science Foundation of China (NSFC); speaker/consultation fees from Lundbeck, Janssen, Alkermes, Neumora Therapeutics, Boehringer Ingelheim, Sage, Biogen, Mitsubishi Tanabe, Purdue, Pfizer, Otsuka, Takeda, Neurocrine, Sunovion, Bausch Health, Axsome, Novo Nordisk, Kris, Sanofi, Eisai, Intra-Cellular, NewBridge Pharmaceuticals, Abbvie, Atai Life Sciences. R.S.M is a CEO of

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#### Full text links

63. [Correction: Optimizing psychotherapy dosage for comorbid depression and personality disorders \(PsyDos\): a pragmatic randomized factorial trial using schema therapy and short-term psychodynamic psychotherapy](#)

BMC Psychiatry. 2023 Jun 16;23(1):441. doi: 10.1186/s12888-023-04920-8.

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- PMID: [37328819](#)
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- DOI: [10.1186/s12888-023-04920-8](#)

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*No abstract available*

## Erratum for

- [Optimizing psychotherapy dosage for comorbid depression and personality disorders \(PsyDos\): a pragmatic randomized factorial trial using schema therapy and short-term psychodynamic psychotherapy.](#)

Kool M, Van HL, Bartak A, de Maat SCM, Arntz A, van den Eshof JW, Peen J, Blankers M, Bosmans JE, Dekker JJM.

BMC Psychiatry. 2018 Aug 7;18(1):252. doi: 10.1186/s12888-018-1829-1.

PMID: 30086730 **Free PMC article.** Clinical Trial.

- [1 reference](#)

#### Full text links

64. [\*\*The difference between shorter- versus longer-term psychotherapy for adult mental health disorders: a systematic review with meta-analysis\*\*](#)

BMC Psychiatry. 2023 Jun 16;23(1):438. doi: 10.1186/s12888-023-04895-6.

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- PMID: [37328755](#)

- PMID: [PMC10273498](#)
- DOI: [10.1186/s12888-023-04895-6](#)

## Free PMC article

## Abstract

**Background:** The optimal psychotherapy duration for mental health disorders is unclear. Our aim was to assess the beneficial and harmful effects of shorter- versus longer-term psychotherapy for adult mental health disorders.

**Method:** We searched relevant databases and websites for published and unpublished randomised clinical trials assessing different durations of the same psychotherapy type before June 27, 2022. Our methodology was based on Cochrane and an eight-step procedure. Primary outcomes were quality of life, serious adverse events, and symptom severity. Secondary outcomes were suicide or suicide-attempts, self-harm, and level of functioning.

**Results:** We included 19 trials randomising 3,447 participants. All trials were at high risk of bias. Three single trials met the required information size needed to confirm or reject realistic intervention effects. One single trial showed no evidence of a difference between 6 versus 12 months dialectical behavioral therapy for borderline personality when assessing quality of life, symptom severity, and level of functioning. One single trial showed evidence of a beneficial effect of adding booster sessions to 8 and 12 weeks of internet-based cognitive behavioral therapy for depression and anxiety when assessing symptom severity and level of functioning. One single trial showed no evidence of a difference between 20 weeks versus 3 years of psychodynamic psychotherapy for mood- or anxiety disorders when assessing symptom severity and level of functioning. It was only possible to conduct two pre-planned meta-analyses. Meta-analysis showed no evidence of a difference between shorter- and longer-term cognitive behavioural therapy for anxiety disorders on anxiety symptoms at end of treatment (SMD: 0.08; 95% CI: -0.47 to 0.63;  $p = 0.77$ ;  $I^2 = 73\%$ ; four trials; very low certainty). Meta-analysis showed no evidence of a difference between shorter and longer-term psychodynamic psychotherapy for mood- and anxiety disorders on level of functioning

(SMD 0.16; 95% CI -0.08 to 0.40; p = 0.20; I<sup>2</sup> = 21%; two trials; very low certainty).

**Conclusions:** The evidence for shorter versus longer-term psychotherapy for adult mental health disorders is currently unclear. We only identified 19 randomised clinical trials. More trials at low risk of bias and at low risk of random errors assessing participants at different levels of psychopathological severity are urgently needed.

**Systematic review registration:** PROSPERO CRD42019128535.

**Keywords:** Duration of psychotherapy; Mental health disorders; Meta-analysis; Systematic review.

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## **Conflict of interest statement**

The authors declare no competing interests.

- [73 references](#)
- [3 figures](#)

## **Full text links**

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65. [\*\*Publication Trends in Research on Mental Health and Mental Illness in Orthopaedic Surgery: A Systematic Review\*\*](#)

JBJS Rev. 2023 Jun 16;11(6). doi: 10.2106/JBJS.RVW.23.00009. eCollection 2023 Jun 1.

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- PMID: [37327350](#)
- DOI: [10.2106/JBJS.RVW.23.00009](#)

## Abstract

**Background:** Mental health conditions affect tens of millions of Americans. In recent years, particularly with the advent of the coronavirus disease 2019 pandemic, there has been a burst of interest in mental health and mental illness among orthopaedic surgical patients. The mental health of orthopaedic surgeons themselves has also come into focus, with high reported rates of burnout and depression. The aim of this article was to evaluate trends in publication on mental health and mental illness in orthopaedic surgery.

**Methods:** Web of Science and PubMed were queried to conduct a systematic review. Studies that discussed orthopaedic surgery and mental illnesses or mental health topics over 2001 to 2022 were included. Publications were analyzed by article-, author-, and topic-level characteristics.

**Results:** A total of 416 studies were analyzed after application of inclusion and exclusion criteria. Publication volume increased dramatically, demonstrating quadratic growth over 2001 to 2022 ( $p < 0.001$ ). Eighty-eight percent of studies focused on patients and 10% on surgeons, with studies about patients more likely to focus on mental illness and those about surgeons more likely to focus on mental health ( $p < 0.001$ ). Twenty percent of publications had a female senior author, and 5 authors collectively accounted for 10% of all publications. Eight journals published more than 10 publications, accounting for 35% of all publications. The most productive subspecialties were arthroplasty (135, 30%), general orthopaedics (87, 21%), and spine (69, 17%). Mental illnesses that were least represented included schizophrenia, bipolar disorder, eating disorders, attention-deficit/hyperactivity disorder, and personality disorders (1% or less of total publications each).

**Conclusion:** This analysis showed a dramatically increasing trend in publications on mental health and mental illness in orthopaedic surgery. A high concentration of publications came from a subset of journals and senior authors, and women were overrepresented as senior authors relative to their representation in the field. The results of this analysis identified gaps in the literature, including underrepresented subspecialties, understudied mental illnesses, and study of orthopaedic surgeon mental health, and thus highlighted areas for future investigation.

**Level of evidence:** Therapeutic Level IV. See Instructions for Authors for a complete description of levels of evidence.

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## **Conflict of interest statement**

Disclosure: The Disclosure of Potential Conflicts of Interest forms are provided with the online version of the article (<http://links.lww.com/JBJSREV/A965>).

- [31 references](#)

## **Full text links**

66. [\*\*Validating latent profiles of the Psychopathy Checklist-Revised with a large sample of incarcerated men\*\*](#)

Personal Disord. 2023 Jun 15. doi: 10.1037/per0000633. Online ahead of print.

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- DOI: [10.1037/per0000633](https://doi.org/10.1037/per0000633)

## Abstract

There is a long tradition of theory and research on putative variants of psychopathic and other antisocial clinical presentations. However, using different samples, psychopathy measures, terminologies, and analytic methods makes interpretation of the findings difficult. Emerging research suggests that the validated four-factor model of the Psychopathy Checklist-Revised (PCL-R) provides a consistent and empirically robust framework for identifying psychopathic variants and antisocial subtypes (Hare et al., 2018; Neumann et al., 2016). The current study employed latent profile analysis (LPA) of the full range of PCL-R scores in a large sample of incarcerated men ( $N = 2,570$ ) to replicate and extend recent LPA research on PCL-R-based latent classes. Consistent with previous research, a four-class solution emerged as optimal, with the following antisocial subtypes: *Prototypic Psychopathic (C1)*, *Callous-Conning (C2)*, *Externalizing (C3)*, and *General Offender (C4)*. We validated the subtypes by examining their differential associations with theoretically meaningful external correlates: Child conduct disorder symptoms; adult nonviolent and violent offenses; Self-Report Psychopathy; Psychopathic Personality Inventory; Symptom Checklist-90 Revised; and behavioral activation system and behavioral inhibition system scores. The discussion focused on conceptions of the PCL-R-based subgroups and their potential application to risk assessment and treatment/management programs. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

67. [\*\*Clarifying the relation between mother and adolescent borderline personality disorder symptoms: The roles of maternal and adolescent emotion regulation and maladaptive maternal emotion socialization\*\*](#)

Personal Disord. 2023 Jun 15. doi: 10.1037/per0000629. Online ahead of print.

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- PMID: [37326567](#)
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## Abstract

Despite evidence for the intergenerational transmission of borderline personality disorder (BPD) pathology from mothers to offspring, the factors underlying the relation between mother and child BPD symptoms remain unclear and little is known about the pathways through which maternal BPD symptoms may relate to BPD symptoms in their offspring. One set of factors that warrants consideration in this regard is mother and child emotion regulation (ER) difficulties. In particular, theory and research suggest an indirect relation between mother and child BPD symptoms through maternal ER difficulties (and related maladaptive emotion socialization strategies) and, subsequently, child ER difficulties. Thus, this study used structural equation modeling to examine a model wherein maternal BPD symptoms relate to offspring BPD symptoms in adolescence through maternal ER difficulties (and maladaptive maternal emotion socialization strategies) and, subsequently, adolescent ER difficulties. A nationwide community sample of 200 mother-adolescent dyads completed an online study. Results provided support for the proposed model, revealing both a direct relation between maternal and adolescent BPD symptoms and two indirect relations through (a) maternal and adolescent ER difficulties and (b) maternal ER difficulties, maternal maladaptive emotion socialization strategies, and adolescent ER difficulties. Results highlight the relevance of both mother and adolescent ER difficulties in the relation between mother and offspring BPD pathology, as well as the potential clinical utility of targeting mother and child ER in interventions aimed at preventing the intergenerational

transmission of BPD pathology. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

68. **Differences and similarities in personality functioning across different types of eating disorders**

Front Psychiatry. 2023 Jun 1;14:1155725. doi: 10.3389/fpsy.2023.1155725. eCollection 2023.

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- PMID: [37324816](#)
- PMCID: [PMC10267354](#)

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## Free PMC article

### Abstract

**Objective:** The classification of anorexia nervosa (AN) into subtypes is relevant due to their different symptomatology. However, subtypes (restricting type: AN-R; purging type: AN-P) differ also in terms of their personality functioning. Knowledge about these differences would allow for better treatment stratification. A pilot study indicated differences in structural abilities that can be assessed by the operationalized psychodynamic diagnosis (OPD) system. The aim of this study was therefore to systematically explore differences in personality functioning and personality between the two AN subtypes and bulimia nervosa (BN) using three personality (functioning) constructs.

**Methods:** A total of  $N = 110$  inpatients with AN-R ( $n = 28$ ), AN-P ( $n = 40$ ), or BN ( $n = 42$ ) were recruited in three clinics for psychosomatic medicine. Assignment to the three groups was performed using a comprehensive questionnaire validated for diagnostic purposes (Munich-ED-Quest). Personality functioning was examined using OPD Structure Questionnaire (OPD-SQ), personality by using the Personality Inventory for DSM-5-Brief Form and Big Five Inventory-10. (M)ANOVAs were used to examine differences across eating disorder groups. In addition, correlation and regression analyses were conducted.

**Results:** We observed differences on several sub- and main scales of the OPD-SQ. Whereas patients with BN showed the lowest levels, AN-R patients displayed the highest levels of personality functioning. On some sub- and main scales, such as "affect tolerance," the subtypes of AN differed from BN, whereas on the scale "affect differentiation," AN-R, differed from the other two groups. The total eating disorder pathology score of the Munich-ED-Quest best predicted overall personality structure [stand.  $\beta = 0.650$ ;  $t(104) = 6.666$ ;  $p < 0.001$ ] and self-regulation [stand.  $\beta = 0.449$ ;  $t(104) = 3.628$ ;  $p < 0.001$ ].

**Discussion:** Our findings confirm most of the results of the pilot study. These findings can facilitate the development of stratified treatment approaches for eating disorders.

**Keywords:** anorexia nervosa; bulimia nervosa; eating disorder (ED); operationalized psychodynamic diagnosis (OPD); personality functioning; purging type; restricting type.

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## Conflict of interest statement

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

- [68 references](#)
- [2 figures](#)

## Full text links

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69. [\*\*Associations Between Personality Traits and Energy Balance Behaviors in Emerging Adulthood: Cross-Sectional Study\*\*](#)

JMIR Public Health Surveill. 2023 Jun 15;9:e42244. doi: 10.2196/42244.

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- PMID: [37318870](#)

- DOI: [10.2196/42244](https://doi.org/10.2196/42244)

## Free article

### Abstract

**Background:** Internalizing and externalizing personality traits are robust risk factors for substance use and mental health, and personality-targeted interventions are effective in preventing substance use and mental health problems in youth. However, there is limited evidence for how personality relates to other lifestyle risk factors, such as energy balance-related behaviors, and how this might inform prevention efforts.

**Objective:** This study aimed to examine concurrent cross-sectional associations between personality traits (ie, hopelessness, anxiety sensitivity, impulsivity, and sensation seeking) and sleep, diet, physical activity (PA), and sedentary behaviors (SB), 4 of the leading risk factors for chronic disease, among emerging adults.

**Methods:** Data were drawn from a cohort of young Australians who completed a web-based, self-report survey in 2019 during early adulthood. A series of Poisson and logistic regressions were conducted to examine the concurrent associations between the risk behaviors (sleep, diet, PA, and sitting and screen time) and personality traits (hopelessness, anxiety sensitivity, impulsivity, and sensation seeking) among emerging adults in Australia.

**Results:** A total of 978 participants (mean age 20.4, SD 0.5 years) completed the web-based survey. The results indicated that higher scores on hopelessness were associated with a greater daily screen (risk ratio [RR] 1.12, 95% CI 1.10-1.15) and sitting time (RR 1.05, 95% CI 1.0-1.08). Similarly, higher scores on anxiety sensitivity were associated with a greater screen (RR 1.04, 95% CI 1.02-1.07) and sitting time (RR 1.04, 95% CI 1.02-1.07). Higher impulsivity was associated with greater PA (RR 1.14, 95% CI 1.08-1.21) and screen time (RR 1.06, 95% CI 1.03-1.08). Finally, higher scores on sensation seeking were associated with greater PA (RR 1.08, 95% CI 1.02-1.14) and lower screen time (RR 0.96, 95% CI 0.94-0.99).

**Conclusions:** The results suggest that personality should be considered when designing preventive interventions for lifestyle risk behaviors, particularly in relation to SB, such as sitting and screen time.

**Trial registration:** Australian New Zealand Clinical Trials Registry ACTRN12612000026820; <https://tinyurl.com/ykwcxspr>.

**Keywords:** chronic disease; diet; emerging adulthood; mental health; personality; physical activity; prevention; risk factor; screen time; sedentary; sedentary behavior; sleep.

©Katrina E Champion, Cath Chapman, Matthew Sunderland, Tim Slade, Emma Barrett, Erin Kelly, Lexine Stapinski, Lauren A Gardner, Maree Teesson, Nicola C Newton. Originally published in JMIR Public Health and Surveillance (<https://publichealth.jmir.org>), 15.06.2023.

#### **Full text links**

70. [\*\*Exploring the Relationship Between Imposter Phenomenon and Myers-Briggs Personality Types in Pharmacy Education\*\*](#)

Am J Pharm Educ. 2023 Jun;87(6):100076. doi: 10.1016/j.ajpe.2023.100076. Epub 2023 May 9.

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- DOI: [10.1016/j.ajpe.2023.100076](#)

## Abstract

**Objective:** To investigate the relationship between imposter phenomenon (IP) and Myers-Briggs Type Indicator (MBTI) personality types in pharmacy students.

**Methods:** This was a retrospective, observational study of doctor of pharmacy students who had previously completed MBTI and Clance Imposter Phenomenon Scale (CIPS) assessments. CIPS scores and categories were compared between the 4 MBTI personality type dichotomies using independent samples t tests and chi-square.

**Results:** Mean CIPS score for included pharmacy students (N = 668) was 62.52 (SD 14.82). Clance Imposter Phenomenon Scale scores were significantly higher in students with MBTI of introversion (mean 64.14, SD 14.27), intuition (mean 63.80, SD 15.78), and perceiving (mean 64.38, SD 15.55) as compared to their dichotomous counterparts. No significant difference in mean CIPS scores was found within the thinking/feeling dichotomy. When analyzing IP risk associated with the various MBTI personality dichotomies, introverts were at a 1.8 times greater risk of high/severe IP than extroverts. Additionally, students with perceiving personality types were at a 1.4 times greater risk of high/severe IP than those with judging personality types.

**Conclusion:** Our study suggests that pharmacy students with introversion, intuitive, and perceptive personality types exhibit higher CIPS scores, and those with introversion or perceptive personality types are at risk for high/severe IP. Given the common MBTI types and a high degree of IP in pharmacy students, our findings underlie the need for open, targeted discussions about IP and proactively incorporating strategies and resources within a curriculum to support students in normalizing and easing anxiety.



**Keywords:** Clance Imposter Phenomenon Scale; Imposter phenomenon; Myers-Briggs; Personality types; Pharmacy education.

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### Full text links

71. [\*\*Association of symptoms of psychiatric disease and electroencephalographic patterns in idiopathic generalized epilepsy\*\*](#)

Epilepsy Behav. 2023 Jun 12;145:109293. doi:  
10.1016/j.yebeh.2023.109293. Online ahead of print.

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Electronic address: [cbeier@health.sdu.dk](mailto:cbeier@health.sdu.dk).
- PMID: [37315408](#)
- DOI: [10.1016/j.yebeh.2023.109293](https://doi.org/10.1016/j.yebeh.2023.109293)

**Free article**

## Abstract

**Objective:** Idiopathic generalized epilepsies (IGE) are genetic epilepsies with alterations of thalamo-frontocortical circuits that play a major role in seizure generation and propagation. Psychiatric diseases and drug resistance are strongly associated, but it remains unknown if they are symptoms of the same pathophysiological process. Hypothesizing that the same network alterations are associated with the frequency of epileptic discharges (ED) and psychiatric symptoms, we here tested the association of self-reported psychiatric symptoms and IGE severity estimated by electroencephalographic (EEG) biomarkers.

**Methods:** Idiopathic generalized epilepsies patients were asked to fill out four validated psychiatric screening tools assessing symptoms of personality disorders (Standard Assessment of Personality- Abbreviated Scale), depression (Major Depression Inventory), impulsiveness (Barratt Impulsiveness Scale), and anxiety (brief Epilepsy Anxiety Survey Instrument). Blinded to results and clinical data on the patients, we analyzed the patients' EEGs, assessed, and quantified ED. The number and duration of ED divided by the duration of the EEG served as a proxy for the severity of IGE that was correlated with the results of the psychiatric screening.

**Results:** Paired data from 64 patients were available for analysis. The duration of EDs per minute EEG was inversely associated with the time since the last seizure. The number of patients with generalized polyspike trains ( $n = 2$ ), generalized paroxysmal fast activity ( $n = 3$ ), and prolonged epileptiform discharges ( $n = 10$ ) were too low for statistically meaningful analyses. Self-reported symptoms of depression, personality disorder, and impulsivity were not associated with EDs. In contrast, the duration of EDs per minute EEG was associated with self-reported symptoms of anxiety in univariate analyses, not significant, however, following adjustment for time since the last seizure in regression models.

**Significance:** Self-reported symptoms of psychiatric diseases were not strongly associated with EDs as the best available quantifiable biomarker of IGE severity. As expected, the duration of EDs per minute and anxiety was inversely associated with time since the last seizure. Our data argue

against a direct link between the frequency of EDs - as an objective proxy of IGE severity - and psychiatric symptoms.

**Keywords:** Drug resistance; Electroencephalography; Idiopathic Generalized Epilepsy; Impulsivity; JME; Psychiatric comorbidity.

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## **Conflict of interest statement**

Declaration of Competing Interest The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: CPB has received honoraria from UCB Nordic A/S, Eisai, and Angelini Pharma and travel support from Angelini Pharma.

## **Full text links**

## 72. [\*\*Impact of statin withdrawal on perceived and objective muscle function\*\*](#)

PLoS One. 2023 Jun 14;18(6):e0281178. doi: 10.1371/journal.pone.0281178. eCollection 2023.

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- PMID: [37315062](#)
- PMCID: [PMC10266600](#)
- DOI: [10.1371/journal.pone.0281178](#)

### Free PMC article

## Abstract

**Background and aims:** Statin-associated muscle symptoms (SAMS) are frequently reported. Nevertheless, few data on objective measures of muscle function are available. Recent data suggesting an important nocebo effect with statin use could confound such effects. The objective was to assess if subjective and objective measures of muscle function improve after drug withdrawal in SAMS reporters.

**Methods:** Patients (59 men, 33 women, 50.3±9.6 yrs.) in primary cardiovascular prevention composed three cohorts: statin users with (SAMS, n = 61) or without symptoms (No SAMS, n = 15), and controls (n = 16) (registered at [clinicaltrials.gov](#), [NCT01493648](#)). Force (F), endurance (E) and power (P) of the leg extensors (ext) and flexors (fle) and handgrip strength (Fhg) were measured using isokinetic and handheld dynamometers, respectively. A 10-point visual analogue scale (VAS) was used to self-assess SAMS intensity. Measures were taken before and after two months of withdrawal.

**Results:** Following withdrawal, repeated-measures analyses show improvements for the entire cohort in Eext, Efle, Ffle, Pext and Pfle (range +7.2 to +13.3%, all p≤0.02). Post-hoc analyses show these changes to occur notably in SAMS (+8.8 to +16.6%), concurrent with a decrease in subjective perception of effects in SAMS (VAS, from 5.09 to 1.85). Fhg was also improved in SAMS (+4.0 to +6.2%) when compared to No SAMS (-1.7 to -4.2%) (all p = 0.02).

**Conclusions:** Whether suffering from "true" SAMS or nocebo, those who reported SAMS had modest but relevant improvements in muscle function concurrent with a decrease in subjective symptoms intensity after drug withdrawal. Greater attention by clinicians to muscle function in frail statin users appears warranted.

**Trial registration:** This study is registered in clinicaltrials.gov ([NCT01493648](https://clinicaltrials.gov/ct2/show/study/NCT01493648)).

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## Conflict of interest statement

The authors have declared that no competing interests exist.

- [33 references](#)
- [4 figures](#)

## Full text links

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73. [\*\*Diabetes treatment for persons with severe mental illness: A registry-based cohort study to explore medication treatment differences for persons with type 2 diabetes with and without severe mental illness\*\*](#)

PLoS One. 2023 Jun 13;18(6):e0287017. doi: 10.1371/journal.pone.0287017. eCollection 2023.

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- PMID: [37310947](#)
- PMCID: [PMC10263345](#)
- DOI: [10.1371/journal.pone.0287017](#)

## Free PMC article

## Abstract

It has been argued that persons with severe mental illness (SMI) receive poorer treatment for somatic comorbidities. This study assesses the treatment rates of glucose-lowering and cardiovascular medications among persons with incident type 2 diabetes (T2D) and SMI compared to persons with T2D without SMI. We identified persons  $\geq 30$  years old with incident diabetes ( $\text{HbA1c} \geq 48$  mmol/mol and/or glucose  $\geq 11.0$  mmol/L) from 2001 through 2015 in the Copenhagen Primary Care Laboratory

(CopLab) Database. The SMI group included persons with psychotic, affective, or personality disorders within five years preceding the T2D diagnosis. Using a Poisson regression model, we calculated the adjusted rate ratios (aRR) for the redemption of various glucose-lowering and cardiovascular medications up to ten years after T2D diagnosis. We identified 1,316 persons with T2D and SMI and 41,538 persons with T2D but no SMI. Despite similar glycemic control at diagnosis, persons with SMI redeemed a glucose-lowering medication more often than persons without SMI in the period 0.5-2 years after the T2D diagnosis; for example, the aRR was 1.05 (95% CI 1.00-1.11) in the period 1.5-2 years after the T2D diagnosis. This difference was mainly driven by metformin. In contrast, persons with SMI were less often treated with cardiovascular medications during the first 3 years after T2D diagnosis, e.g., in the period 1.5-2 years after T2D diagnosis, the aRR was 0.96 (95% CI 0.92-0.99). For people with SMI in addition to T2D, metformin is more likely to be used in the initial years after T2D diagnosis, while our results suggest potential room for improvement regarding the use of cardiovascular medications.

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## **Conflict of interest statement**

'I have read the journal's policy and the authors of this manuscript have the following competing interests: CB has been employed as part of her specialization in Clinical Pharmacology in Novo Nordisk in a 1-year position that ended in 2018. FP has served as a consultant, on advisory boards or as educator for AstraZeneca, Novo Nordisk, Boehringer Ingelheim, Sanofi, Mundipharma, MSD, Novartis, Amgen and has received research grants to institution from Novo Nordisk, Boehringer Ingelheim, Amgen and AstraZeneca. This does not alter our adherence to PLOS ONE policies on sharing data and materials".

- [55 references](#)
- [3 figures](#)

## **Full text links**

74. [\*\*Mental health service use and costs associated with complex emotional needs and a diagnosis of personality disorder: analysis of routine data\*\*](#)

BJPsych Bull. 2023 Jun 13;1-8. doi: 10.1192/bjb.2023.41. Online ahead of print.

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- PMID: [37310185](#)
- DOI: [10.1192/bjb.2023.41](#)

**Free article**

**Abstract**

**Aims and method:** We aimed to estimate the costs of care for people with a personality disorder diagnosis and compare service use and costs for those receiving specialist input and those receiving generic care. Service use data were obtained from records and costs calculated. Comparisons were made between those who received care from specialist personality disorder teams and those who did not. Demographic and clinical predictors of costs were identified with regression modelling.

**Results:** Mean total costs before diagnosis were £10 156 for the specialist group and £11 531 for the non-specialist group. Post-diagnosis costs were



£24 017 and £22 266 respectively. Costs were associated with specialist care, comorbid conditions and living outside of London.

**Clinical implications:** Receiving increased support from a specialist service may reduce the need for in-patient care. This may be clinically appropriate and results in a distribution of costs.

**Keywords:** Complex emotional needs; cost; economics; personality disorders; service use.

### Full text links

75. [Compassion-focused therapy \(CFT\) for the reduction of the self-stigma of mental disorders: the COMpassion for Psychiatric disorders, Autism and Self-Stigma \(COMPASS\) study protocol for a randomized controlled study](#)

Trials. 2023 Jun 12;24(1):393. doi: 10.1186/s13063-023-07393-y.

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- PMID: [37309006](#)
- PMCID: [PMC10258933](#)
- DOI: [10.1186/s13063-023-07393-y](#)

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## Abstract

**Background:** People with mental disorders face frequent stigmatizing attitudes and behaviors from others. Importantly, they can internalize such negative attitudes and thus self-stigmatize. Self-stigma is involved in diminished coping skills leading to social avoidance and difficulties in adhering to care. Reducing self-stigma and its emotional corollary, shame, is thus crucial to attenuate the negative outcomes associated with mental illness. Compassion-focused therapy (CFT) is a third-wave cognitive behavioral therapy that targets shame reduction and hostile self-to-self relationship and allows for symptom improvement while increasing self-compassion. Although shame is a prominent part of the concept of self-stigma, the efficacy of CFT has never been evaluated in individuals with high levels of self-stigma. The purpose of this study is to evaluate the efficacy and acceptability of a group-based CFT program on self-stigma, compared to a psychoeducation program for self-stigma (Ending Self-Stigma) and to treatment as usual (TAU). We hypothesize that diminished shame and emotional dysregulation and increased self-compassion will mediate the relationship between self-stigma improvements post-therapy in the experimental group.

**Methods:** This seven-center trial will involve 336 participants diagnosed with a severe mental illness and/or autism spectrum disorder and reporting high levels of self-stigma. Participants will be randomized into one of three treatment arms: 12 week-treatment of compassion-focused therapy (experimental arm), 12 week-treatment of Psychoeducation (active control arm), and TAU (treatment as usual-passive control arm). The primary outcome is the decrease of self-stigma scores on a self-report

scale, i.e., ISMI, at 12 weeks. Secondary endpoints include sustainability of self-stigma scores (ISMI) and self-reported scores regarding target psychological dimensions, e.g., shame and emotional regulation, social functioning, and psychiatric symptoms. Assessments are scheduled at pretreatment, post-treatment (at 12 weeks), and at 6-month follow-up. Acceptability will be evaluated via (i) the Credibility and Expectancy Questionnaire at T0, (ii) the Consumer Satisfaction Questionnaire for Psychotherapeutic Services posttreatment and at 6-month follow-up, (iii) attendance, and (iv) dropout rates.

**Discussion:** This study will evaluate the potential efficacy and acceptability of a group-based CFT program on the decrease of self-stigma and thereby contribute to the continuing development of evidence-based therapeutic interventions for the internalized stigma of mental and neurodevelopmental disorders.

**Trial registration:** ClinicalTrials.gov [NCT05698589](https://clinicaltrials.gov/ct2/show/study/NCT05698589). Registered on January 26, 2023.

**Keywords:** Autism spectrum disorder; Bipolar disorder; Borderline personality disorder; Cognitive-behavioral therapy; Compassion-focused therapy (CFT); Depression; Ending Self-Stigma; Randomized controlled trial (RCT); Schizophrenia; Self-stigma; Severe mental illness (SMI); Shame.

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## Conflict of interest statement

The authors declare that they have no competing interests.

- [73 references](#)
- [1 figure](#)

**Full text links**

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76. **Differentiation of Self and Interpersonal Functioning with the Level of Personality Functioning Scale - Brief Form 2.0**

J Pers Assess. 2023 Jun 12;1-12. doi: 10.1080/00223891.2023.2218931. Online ahead of print.

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- PMID: [37306356](#)
- DOI: [10.1080/00223891.2023.2218931](#)

**Abstract**

Research on Criterion A of the alternative model for personality disorders is recently expanding and provides mixed results concerning the unidimensional operational definition of severity by the model, characterized by impaired self (identity and self-direction) and interpersonal (empathy and intimacy) functioning. Studies resulted in one, as well as two or more factor structures. The present study demonstrated the importance of the structural and relational differentiation of self and interpersonal dimensions of personality functioning. One thousand seventy-four participants (community and clinical mixed sample) completed the Level of Personality Functioning Scale - Brief Form 2.0 (LPFS-BF 2.0), the Personality Inventory for DSM-5 Short Form and the Questionnaire for the World Health Organization Disability Assessment. An LPFS-BF 2.0 two-factor structure with self and interpersonal

functioning factors was corroborated by confirmatory factor analyses and bifactor modeling. Joint Exploratory Factor Analysis of the LPFS-BF 2.0 domains with maladaptive personality domains clearly differentiated the personality functioning factors. While the self-functioning factor was more closely linked to negative affect (and to disinhibition and psychoticism), the interpersonal functioning factor connected to detachment. Self-functioning predicted functional impairment along and beyond personality domains. The LPFS-BF 2.0 appears a useful tool for clinical routine monitoring of both self and interpersonal functioning.

77. [\*\*Psychiatric comorbidities in older adults with posttraumatic stress disorder: A systematic review\*\*](#)

Int J Geriatr Psychiatry. 2023 Jun;38(6):e5947. doi: 10.1002/gps.5947.

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- PMID: [37303126](#)
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### Abstract

**Background:** Psychiatric comorbidity is high in adults with posttraumatic stress disorder (PTSD), with up to 90% having at least one additional condition, and two-thirds having two or more other diagnoses. With an

increasing aging population in industrialized countries, knowing which psychiatric disorders frequently co-occur in older adults with PTSD can have implications to improve diagnosis and treatment. This systematic literature review explores the current empirical literature on psychiatric comorbidity in older adults with PTSD.

**Method:** Literature databases PubMed, Embase, PsycINFO, and CINAHL were searched. The following inclusion criteria were applied: research done since 2013, PTSD diagnosis based on diagnostic criteria according to Diagnostic and Statistics Manual-Fifth Edition, International Classification of Diseases-10th Revision (ICD-10), or ICD-11, and studies include individuals aged 60 years or older.

**Results:** Of 2068 potentially relevant papers identified, 246 articles were examined based on titles and abstracts. Five papers met the inclusion criteria and were included. Major depressive disorder and alcohol use disorder were the most frequently studied and diagnosed psychiatric comorbidities in older adults with PTSD.

**Conclusions and implications:** Screening for depression and substance use in older adults should include an assessment of trauma and PTSD. Additional studies in the general older adult population with PTSD and a broader range of comorbid psychiatric disorders are needed.

**Keywords:** alcohol; anxiety; depression; older adults; personality disorder; posttraumatic stress disorder (PTSD); psychiatric comorbidity; substance abuse; trauma.

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- [66 references](#)

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78. [\*\*Meta-analytic prevalence of comorbid mental disorders in individuals at clinical high risk of\*\*](#)

# [psychosis: the case for transdiagnostic assessment](#)

Mol Psychiatry. 2023 Jun 9. doi: 10.1038/s41380-023-02029-8. Online ahead of print.

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## Abstract

Comorbid mental disorders in subjects at clinical high risk for psychosis (CHR-P) may impact preventive care. We conducted a PRISMA/MOOSE-compliant systematic meta-analysis, searching PubMed/PsycInfo up to June 21st, 2021 for observational studies/randomized controlled trials reporting on comorbid DSM/ICD-mental disorders in CHR-P subjects ( protocol ). The primary and secondary outcomes were baseline and follow-up prevalence of comorbid mental disorders. We also explored the association of comorbid mental disorders compared with CHR-P versus psychotic/non-psychotic control groups, their impact on baseline functioning and transition to psychosis. We conducted random-effects meta-analyses, meta-regression, and assessed heterogeneity/publication bias/quality (Newcastle Ottawa Scale, NOS). We included 312 studies (largest meta-analyzed sample = 7834, any anxiety disorder, mean age = 19.98 (3.40), females = 43.88%, overall NOS > 6 in 77.6% of studies). The prevalence was 0.78 (95% CI = 0.73-0.82, k = 29) for any comorbid non-psychotic mental disorder, 0.60 (95% CI = 0.36-0.84, k = 3) for anxiety/mood disorders, 0.44 (95% CI = 0.39-0.49, k = 48) for any mood disorders, 0.38 (95% CI = 0.33-0.42, k = 50) for any depressive disorder/episode, 0.34 (95% CI = 0.30-0.38, k = 69) for any anxiety disorder, 0.30 (95% CI 0.25-0.35, k = 35) for major depressive disorders, 0.29 (95% CI, 0.08-0.51, k = 3) for any trauma-related disorder, 0.23 (95%



CI = 0.17-0.28, k = 24) for any personality disorder, and <0.23 in other mental disorders ( $I^2 > 50\%$  in 71.01% estimates). The prevalence of any comorbid mental disorder decreased over time (0.51, 95% CI = 0.25-0.77 over 96 months), except any substance use which increased (0.19, 95% CI = 0.00-0.39, k = 2, >96 months). Compared with controls, the CHR-P status was associated with a higher prevalence of anxiety, schizotypal personality, panic, and alcohol use disorders (OR from 2.90 to 1.54 versus without psychosis), a higher prevalence of anxiety/mood disorders (OR = 9.30 to 2.02) and lower prevalence of any substance use disorder (OR = 0.41, versus psychosis). Higher baseline prevalence of alcohol use disorder/schizotypal personality disorder was negatively associated with baseline functioning (beta from -0.40 to -0.15), while dysthymic disorder/generalized anxiety disorder with higher functioning (beta 0.59 to 1.49). Higher baseline prevalence of any mood disorder/generalized anxiety disorder/agoraphobia (beta from -2.39 to -0.27) was negatively associated with transition to psychosis. In conclusion, over three-quarters of CHR-P subjects have comorbid mental disorders, which modulate baseline functioning and transition to psychosis. Transdiagnostic mental health assessment should be warranted in subjects at CHR-P.

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- [51 references](#)

#### Full text links

79. [\*\*Aggressive and psychopathic traits are linked to the acquisition of stable but imprecise hostile expectations\*\*](#)

Transl Psychiatry. 2023 Jun 10;13(1):197. doi: 10.1038/s41398-023-02497-0.

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- PMID: [37296151](https://pubmed.ncbi.nlm.nih.gov/37296151/)
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## Abstract

Individuals with hostile expectations (HEX) anticipate harm from seemingly neutral or ambiguous stimuli. However, it is unclear how HEX are acquired, and whether specific components of HEX learning can predict antisocial thought, conduct, and personality. In an online sample of healthy young individuals (n = 256, 69% women), we administered a virtual shooting task and applied computational modelling of behaviour to

investigate HEX learning and its constellation of correlates. HEX acquisition was best explained by a hierarchical reinforcement learning mechanism. Crucially, we found that individuals with relatively higher self-reported aggressiveness and psychopathy developed stronger and less accurate hostile beliefs as well as larger prediction errors. Moreover, aggressive and psychopathic traits were associated with more temporally stable hostility representations. Our study thus shows that aggressiveness and psychopathy are linked with the acquisition of robust yet imprecise hostile beliefs through reinforcement learning.

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## Conflict of interest statement

The authors declare no competing interests.

- [80 references](#)
- [4 figures](#)

## Full text links

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80. [Mapping Neurophysiological Subtypes of Major Depressive Disorder Using Normative Models of the Functional Connectome](#)

Biol Psychiatry. 2023 Jun 7;S0006-3223(23)01331-8. doi: 10.1016/j.biopsych.2023.05.021. Online ahead of print.

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- PMID: [37295543](#)
- DOI: [10.1016/j.biopsych.2023.05.021](#)

## Abstract

**Background:** Major depressive disorder (MDD) is a highly heterogeneous disorder that typically emerges in adolescence and can occur throughout adulthood. Quantitatively uncovering the heterogeneity of individual functional connectome abnormalities in MDD and identifying reproducibly distinct neurophysiological MDD subtypes across the lifespan, which could provide promising insights for precise diagnosis and treatment prediction, are still lacking.

**Methods:** Leveraging resting-state functional MRI data from 1,148 MDD patients and 1,079 healthy controls (ages 11-93), we conducted the largest multisite analysis to date for neurophysiological MDD subtyping. We first characterized typical lifespan trajectories of functional connectivity strength based on the normative model and quantitatively mapped the heterogeneous individual deviations among MDD patients. Then, we identified neurobiological MDD subtypes using an unsupervised clustering algorithm and evaluated intersite reproducibility. Finally, we validated the subtype differences in baseline clinical variables and longitudinal treatment predictive capacity.

**Results:** Our findings indicated great intersubject heterogeneity in the spatial distribution and severity of functional connectome deviations among MDD patients, which inspired the identification of two reproducible neurophysiological subtypes. Subtype 1 showed severe deviations with positive deviations in the default mode, limbic, and subcortical areas and negative deviations in the sensorimotor and attention areas. Conversely, subtype 2 showed a moderate but converse deviation pattern. More importantly, subtype differences were observed in depressive item scores and predictive ability of baseline deviations for antidepressant treatment outcomes.

**Conclusions:** These findings shed light on our understanding of different neurobiological mechanisms underlying the clinical heterogeneity of MDD and are essential for developing personalized treatments for this disorder.

**Keywords:** default mode network; depression; functional connectivity; individual difference; normative model; resting state fMRI.

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**Full text links**

81. [\*\*Challenges and opportunities for improvement when people with an intellectual disability or serious mental\*\*](#)

# [illness also need palliative care: A qualitative meta-ethnography](#)

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10.1177/02692163231175928. Online ahead of print.

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## Free article

## Abstract

**Background:** People with diagnoses of intellectual disability or serious mental illness have higher mortality rates due to physical comorbidities; better understanding is needed to guide best practice in provision of palliative care for these populations.

**Aims:** To identify multivoiced perspectives, drawn from lived experience of: what works, and what does not, in palliative care for people with intellectual disability or serious mental illness; challenges in, and opportunities to improve, palliative care.

**Design:** A systematically constructed qualitative meta-ethnography. Protocol published (PROSPERO: CRD42021236616).

**Data sources:** MEDLINE, PsychINFO, CINAHL PLUS and Embase used without date limitations. Papers published in English, containing qualitative data on palliative care provision for people with a diagnosis of



intellectual disability or serious mental illness were included. Global five-point strength score applied for relevance/quality appraisal.

**Results:** Familiarity (of location, people and/or things) is important for good palliative care. Assumptions and misunderstandings about the role of mental capacity assessment to appropriately involve the patient in decision-making are common. Adapting training for palliative care staff to address concerns and beliefs about mental illness is one of the methods that helps avoid diagnostic overshadowing. Proactive identification of service arrangements to meet needs of persons with personality, psychotic, delusional and bipolar affective disorders will help optimise care.

**Conclusions:** Evidence, including the voices of people with intellectual disability or serious mental illness is urgently needed to guide efforts to improve their access to and experience of palliative care. More evidence is especially needed to understand, develop and implement best practice for people with psychosis, bipolar affective disorder, mania and personality disorder.

**Keywords:** Review; intellectual disability; mental disorders; meta-ethnography; palliative care; severe.

### **Full text links**

## 82. [Resilience and well-being among persons with spinal cord injury/disorders](#)

Rehabil Psychol. 2023 Jun 8. doi: 10.1037/rep0000509. Online ahead of print.

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- PMID: [37289537](#)
- DOI: [10.1037/rep0000509](#)

## Abstract

**Purpose:** We examined positive behavioral resources and characteristics that might distinguish resilient personality prototypes among persons with chronic spinal cord injury/disorder (SCID). Positive psychology variables with clear linkages to existing psychological interventions were examined as potential mediators of the resilience-well-being relationship. Research Method and Design: A cross-sectional, self-report study was conducted. Two hundred and ninety-eight consenting members of the Paralyzed Veterans of America (268 male; 236 self-identified as white) provided useable survey data for analysis (including 161 veterans with tetraplegia, 107 with paraplegia, 30 with cauda equina). Cluster analysis of Big Five personality traits identified resilient and nonresilient personality profiles. Tests of mean differences between resilient and nonresilient participants on behavioral resources and characteristics were performed. Path models predicting well-being and health-related quality of life (HRQL) were conducted.

**Results:** One hundred and sixty-three respondents had resilient personality profiles and 135 had nonresilient profiles. Resilient individuals reported significantly more optimal scores on every positive psychology variable, and greater well-being and HRQL than nonresilient respondents. Path models found the relationship of resilience to well-being was explained through its beneficial associations with psychological flexibility, use of personal strengths, meaning in life (MIL), and gratitude. Psychological flexibility also mediated the resilience-HRQL relationship. Cauda equina was significantly associated with higher pain interference and lower HRQL.

**Conclusions:** Higher gratitude, MIL, use of personal strengths, and psychological flexibility appear to characterize resilience and well-being among persons with chronic SCID. Further studies are needed to understand the impact of pain interference on HRQL among individuals with cauda equina. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

83. [Survey of Health Literacy Among Japanese Outpatients with Mental Illness](#)

Neuropsychiatr Dis Treat. 2023 Jun 2;19:1369-1378. doi: 10.2147/NDT.S409882. eCollection 2023.

**Authors**

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- PMID: [37287895](#)
- PMCID: [PMC10243538](#)
- DOI: [10.2147/NDT.S409882](#)

**Free PMC article**

**Abstract**

**Purpose:** Low health literacy has been associated with adverse outcomes in health maintenance and the course of chronic physical illness. In particular, anxiety disorders can also affect one's physical health, causing issues including cardiovascular, respiratory, gastrointestinal and immune system disorders. However, there are no reports on physical health literacy among Japanese patients with mental illness.

**Patients and methods:** A patient background questionnaire, the Japanese version of the Ten-Item Personality Inventory, and the Japanese version of the Health Literacy Scale (HLS-EU-Q47; European Health Literacy Survey Questionnaire) were distributed face to face to 1000 psychiatric outpatients. A total of 785 valid responses including 211 patients with

schizophrenia, 261 patients with mood disorders, and 234 patients with anxiety disorders were obtained by mail.

**Results:** Health literacy was "limited" in 52% of patients with schizophrenia, 51% of those with mood disorders, and 38% of those with anxiety disorders. Among patients with mood disorders, there were no differences between those with major depressive disorder and those with bipolar disorder. Anxiety disorders were associated with higher health literacy than schizophrenia and mood disorders (odds ratio (OR) 1.85, 95% confidence interval (95% CI) 1.07, 3.34), and in terms of personality, neuroticism (OR 0.85, 95% CI 0.75, 0.97) and openness (OR 0.85, 95% CI 0.74, 0.98) were associated with limited health literacy, while agreeableness (OR 1.36, 95% CI 1.18, 1.57) and extraversion OR 1.34, 95% CI 1.17, 1.52) were associated with higher health literacy.

**Conclusion:** The results of this study indicate limited health literacy in patients with mental illness, in particular, limited health literacy in outpatients with schizophrenia and mood disorders. In addition, gender and some personality traits were associated with physical health literacy. Based on these results, physical health education should be individualized.

**Keywords:** anxiety disorders; health literacy; mental illness; personality traits.

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## **Conflict of interest statement**

Dr Norio Yasui-Furukori reports grants from Mochida Pharmaceutical, Yoshitomi Yakuhin, grants from Tsumura, Mitsubishi-Sumitomo Pharmaceutical, Otsuka Pharmaceutical, Viatrix Pharmaceutical and from Takeda Pharmaceutical, outside the submitted work. The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

- [26 references](#)

**Full text links**

84. **[The temporal dynamics of dissociation: protocol for an ecological momentary assessment and laboratory study in a transdiagnostic sample](#)**

BMC Psychol. 2023 Jun 7;11(1):178. doi: 10.1186/s40359-023-01209-z.

**Authors**

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- PMID: [37287088](#)
- PMCID: [PMC10245627](#)
- DOI: [10.1186/s40359-023-01209-z](#)

**Free PMC article**

**Abstract**

**Background:** Dissociation is a ubiquitous clinical phenomenon. Dissociative disorders (DD) are primarily characterized by dissociation, and dissociative states are also a criterion for borderline personality disorder (BPD) and the dissociative subtype of post-traumatic stress disorder (PTSD). Dissociative reactions (e.g.,

depersonalization/derealization or gaps in awareness/memory) across diagnostic categories are believed to be affect contingent and theorized to serve affect regulation functions. What is not clear, however, is how self-reported affect and physiological reactivity unfold within dissociative episodes. To address this issue, the present project aims to investigate the hypothesis (1) whether self-reported distress (as indicated by arousal, e.g., feeling tense/agitated, and/or valence, e.g., feeling discontent/unwell) and physiological reactivity increase before dissociative episodes and (2) whether self-reported distress and physiological reactivity decrease during and after dissociative episodes in a transdiagnostic sample of patients with DD, BPD, and/or PTSD.

**Methods:** We will use a smartphone application to assess affect and dissociation 12 times per day over the course of one week in everyday life. During this time, heart and respiratory rates will be remotely monitored. Afterwards, participants will report affect and dissociative states eight times in the laboratory before, during, and after the Trier Social Stress Test. During the laboratory task, we will continuously record heart rate, electrodermal activity, and respiratory rate, as well as measure blood pressure and take salivary samples to determine cortisol levels. Our hypotheses will be tested using multilevel structural equation models. Power analyses determined a sample size of 85.

**Discussion:** The project will test key predictions of a transdiagnostic model of dissociation based on the idea that dissociative reactions are affect contingent and serve affect regulation functions. This project will not include non-clinical control participants. In addition, the assessment of dissociation is limited to pathological phenomena.

**Keywords:** Affect; Borderline personality disorder; Depersonalization/derealization Amnesia; Dissociation; Dissociative disorder; Posttraumatic stress disorder; Psychophysiology; Temporal dynamics; Trauma.

© 2023. The Author(s).

## **Conflict of interest statement**

The authors have no relevant financial or non-financial competing interests to report. SR reports personal fees from Janssen, Otsuka, Bionorica SE, Boehringer Ingelheim, and Stillachhaus outside the

submitted work and reports grants from the German Research Foundation (DFG), German Ministry of Education and Research (BMBF), and Innovationsfond. The submitted work was not influenced by these fees and grants, either directly or indirectly.

- [88 references](#)
- [3 figures](#)

### Full text links

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85. [\*\*When Brains Get Left Behind: Borderline Personality and Social Rejection Incribed in the Rostromedial Frontal Cortex\*\*](#)

Biol Psychiatry Cogn Neurosci Neuroimaging. 2023 Jun;8(6):590-591. doi: 10.1016/j.bpsc.2023.04.002.

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- DOI: [10.1016/j.bpsc.2023.04.002](#)

*No abstract available*

### Comment on

- [Rejection Distress Suppresses Medial Prefrontal Cortex in Borderline Personality Disorder.](#)

Fertuck EA, Stanley B, Kleshchova O, Mann JJ, Hirsch J, Ochsner K, Pilkonis P, Erbe J, Grinband J.

Biol Psychiatry Cogn Neurosci Neuroimaging. 2023 Jun;8(6):651-659. doi: 10.1016/j.bpsc.2022.11.006. Epub 2022 Dec 5.

PMID: 36868964

### Full text links

86. [\*\*Comparative Effectiveness of Pharmacotherapies for the Risk of Attempted or Completed Suicide Among Persons With Borderline Personality Disorder\*\*](#)

JAMA Netw Open. 2023 Jun 1;6(6):e2317130. doi: 10.1001/jamanetworkopen.2023.17130.

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- PMID: [37285156](#)
- PMCID: [PMC10248738](#)
- DOI: [10.1001/jamanetworkopen.2023.17130](#)

**Free PMC article**



## Abstract

**Importance:** Suicidal behavior is a significant clinical concern in individuals with borderline personality disorder (BPD), but the effectiveness of pharmacotherapy on reducing suicide risk has remained unknown.

**Objective:** To study the comparative effectiveness of different pharmacotherapies in preventing attempted or completed suicides in patients with BPD in Sweden.

**Design, setting and participants:** In this comparative effectiveness research study, nationwide Swedish register databases of inpatient care, specialized outpatient care, sickness absences, and disability pensions were used to identify patients aged 16 to 65 years with registered treatment contact due to BPD during 2006 to 2021. Data were analyzed from September to December 2022. A within-individual design was used, in which each patient was used as their own control to eliminate selection bias. To control protopathic bias, sensitivity analyses were conducted, in which the first 1 or 2 months of medication exposure were omitted from the analyses.

**Main outcomes and measures:** Hazard ratio (HR) for attempted or completed suicide.

**Results:** A total of 22 601 patients with BPD (3540 [15.7%] men; mean [SD] age, 29.2 [9.9] years) were included. During the 16-year follow-up (mean [SD] follow-up, 6.9 [5.1] years), 8513 hospitalizations due to attempted suicide and 316 completed suicides were observed. Attention-deficit/hyperactive disorder (ADHD) medication treatment, compared with its nonuse, was associated with a decrease in the risk of attempted or completed suicide (HR, 0.83; 95% CI, 0.73-0.95; false discovery rate [FDR]-corrected P = .001). Treatment with mood stabilizers did not have a statistically significant association with the main outcome (HR, 0.97; 95% CI, 0.87-1.08; FDR-corrected P = .99). Antidepressant (HR, 1.38; 95% CI, 1.25-1.53; FDR-corrected P < .001) and antipsychotic (HR, 1.18; 95% CI, 1.07-1.30; FDR-corrected P < .001) treatments were associated with an elevated risk of attempted or completed suicide. Of the investigated pharmacotherapies, treatment with benzodiazepines was associated with the highest risk of attempted or completed suicide (HR, 1.61; 95% CI, 1.45-

1.78; FDR-corrected  $P < .001$ ). These results remained similar when controlling for potential protopathic bias.

**Conclusions and relevance:** In this comparative effectiveness research study of a Swedish nationwide cohort, ADHD medication was the only pharmacological treatment associated with reduced risk of suicidal behavior among patients with BPD. Conversely, the findings suggest that benzodiazepines should be used with care among patients with BPD due to their association with increased risk of suicide.

## **Conflict of interest statement**

Conflict of Interest Disclosures: Dr Tiihonen reported receiving grants from Eli Lilly and Co (to his employing institution) and Janssen-Cilag (to his employing institution) and receiving personal fees from Eli Lilly and Co, Evidera, HLS Therapeutics, Janssen-Cilag, Lundbeck, Mediutiset, Orion, Otsuka, Sidera, Snovion, and WebMed Global outside the submitted work. Dr Lähteenvuo reported receiving noncommercial research grants from the Finnish Medical Foundation and the Emil Aaltonen Foundation and receiving honoraria from Sunovion, Orion Pharma, Camurus, Lundbeck, Otsuka Pharma, Recordati, Janssen, and Janssen-Cilag during the conduct of the study and serving on the board of Genomi Solutions and Springflux outside the submitted work. Dr Mittendorfer-Rutz reported receiving grants from The Swedish Research Council during the conduct of the study. Dr Tanskanen reported receiving fees paid to the institution from Eli Lilly and Co and Janssen outside the submitted work. Dr Taipale reported receiving grants from Janssen and Eli Lilly and Co and receiving personal fees from Gedeon Richter, Janssen-Cilag, Lundbeck, and Otsuka outside the submitted work. No other disclosures were reported.

- [32 references](#)
- [3 figures](#)

### **Full text links**

- 
87. [\*\*Gut Microbiota Signatures Are Associated With Psychopathological Profiles in Patients\*\*](#)

# [With Ulcerative Colitis: Results From an Italian Tertiary IBD Center](#)

Inflamm Bowel Dis. 2023 Jun 6;izad091. doi: 10.1093/ibd/izad091. Online ahead of print.

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- PMID: [37280117](#)
- DOI: [10.1093/ibd/izad091](#)

## Abstract

**Background:** Several patients with ulcerative colitis (UC) suffer from psychiatric disorders, such as major depressive disorder, anxiety, or bipolar disorder, and show specific personality traits. Despite this, there are few data about personality profiles' characterization in UC patients and about correlation of their psychopathological profile with their intestinal microbiota. The aim of our study is to analyze the psychopathological and personality profile of UC patients and correlate it with specific signatures of their gut microbiota.

**Methods:** This is a prospective interventional longitudinal cohort study. We enrolled consecutive patients affected by UC attending to the IBD Unit of Center for Digestive Disease of "A. Gemelli" IRCCS Hospital in Rome and a group of healthy subjects, matched for specific characteristics. Each patient was evaluated by a gastroenterologist and a psychiatrist. Moreover, all participants underwent psychological tests and a collection of stool samples.

**Results:** We recruited 39 UC patients and 37 healthy subjects. Most patients showed high level of alexithymia, anxiety symptoms, depressive symptoms, as well as neuroticism and hypochondria, with obsessive-compulsive features at the behavioral level, which significantly impaired their quality of life and abilities at work. Gut microbiota analysis in UC patients demonstrated an increase in actinobacteria, Proteobacteria and Saccharibacteria (TM7), with a reduction in verrucomicrobia, euryarchaeota and tenericutes.

**Conclusions:** Our study confirmed the presence of high levels of psycho-emotional distress in UC patients, alongside alterations of the intestinal microbiota, and highlighted some families and genera of bacteria (Enterobacteriaceae, Streptococcus, Veillonella, Klebsiella, and Clostridiaceae) as potential markers of an altered gut-brain axis in these patients.

**Keywords:** behavioral disorders; gut microbiota; psychopathology; ulcerative colitis.

## Plain language summary

Psychiatric disorders are more prevalent in IBD patients than in general population. In this prospective cohort study, we found a correlation between active UC, peculiar psychiatric distress (anxiety and depression above all), and specific taxonomic gut microbiota signatures.

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## Full text links

### 88. [Hierarchical fluctuation shapes a dynamic flow linked to states of consciousness](#)

Nat Commun. 2023 Jun 5;14(1):3238. doi: 10.1038/s41467-023-38972-x.

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- PMID: [37277338](#)
- PMCID: [PMC10241811](#)

- DOI: [10.1038/s41467-023-38972-x](https://doi.org/10.1038/s41467-023-38972-x)

## Free PMC article

## Abstract

Consciousness arises from the spatiotemporal neural dynamics, however, its relationship with neural flexibility and regional specialization remains elusive. We identified a consciousness-related signature marked by shifting spontaneous fluctuations along a unimodal-transmodal cortical axis. This simple signature is sensitive to altered states of consciousness in single individuals, exhibiting abnormal elevation under psychedelics and in psychosis. The hierarchical dynamic reflects brain state changes in global integration and connectome diversity under task-free conditions. Quasi-periodic pattern detection revealed that hierarchical heterogeneity as spatiotemporally propagating waves linking to arousal. A similar pattern can be observed in macaque electrocorticography. Furthermore, the spatial distribution of principal cortical gradient preferentially recapitulated the genetic transcription levels of the histaminergic system and that of the functional connectome mapping of the tuberomammillary nucleus, which promotes wakefulness. Combining behavioral, neuroimaging, electrophysiological, and transcriptomic evidence, we propose that global consciousness is supported by efficient hierarchical processing constrained along a low-dimensional macroscale gradient.

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## Conflict of interest statement

The authors declare no competing interests.

- [110 references](#)
- [8 figures](#)

## Full text links

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89. [\*\*The government's antisocial behaviour action plan risks exacerbating the homelessness crisis\*\*](#)

BMJ. 2023 Jun 5;381:1267. doi: 10.1136/bmj.p1267.

**Author**

[Rick Henderson](#)

- PMID: [37277139](#)
- DOI: [10.1136/bmj.p1267](#)

*No abstract available*

**Conflict of interest statement**

Competing interests: I have read and understood BMJ policy on declaration of interests and declare the following interests: none.

**Full text links**

90. [\*\*Proctological disorders: psychometrics assessment of personality features and clinical evaluation\*\*](#)

Updates Surg. 2023 Jun 3. doi: 10.1007/s13304-023-01548-x. Online ahead of print.

**Authors**

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- PMID: [37269423](https://pubmed.ncbi.nlm.nih.gov/37269423/)
- DOI: [10.1007/s13304-023-01548-x](https://doi.org/10.1007/s13304-023-01548-x)

## Abstract

Patients with gastrointestinal diseases have been shown to report greater stress, anxiety, depression and obsessive-compulsive characteristics. The aim of our study is to investigate personality characteristics and general distress of adult patients suffering from common coloproctological conditions. We conducted a retrospective observational study including patients aged 18 years or older, with diagnosis of haemorrhoidal disease (HD group) or anal fissure (AF group). The final sample was composed of 64 participants, who were asked to complete a battery of questionnaires. They were compared with a control group of healthy volunteers. In terms of general distress, HD group scored higher than both the CG and AF groups. The two proctological groups had higher scores in neuroticism/emotional lability compared to the CG group. In the MOCQ-R scale (obsessive-compulsive tendency), HD group had significantly higher scores compared to the CG group in the total score ( $p < 0.01$ ,) and also scored higher in the doubting/ruminating subscale compared to the AF group. We support the importance of taking a multidisciplinary perspective and incorporating psychometric tools to assess the psychological and personality dimensions of patients into proctological clinical practice. The correct early evaluation and management of these conditions may result in an improvement in patients' quality of life and better response to treatment.

**Keywords:** Anal fissure; Anxiety; Depression; Haemorrhoidal disease; Psychological assessment; Psychological distress.

© 2023. Italian Society of Surgery (SIC).

- [41 references](#)

## Full text links

91. [\*\*Psychological Normality or Abnormality: A Case Study on Salafi-Jihadists in the Middle-East\*\*](#)

Int J Offender Ther Comp Criminol. 2023 Jun 2;306624X231176008. doi: 10.1177/0306624X231176008. Online ahead of print.

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- PMID: [37269108](#)
- DOI: [10.1177/0306624X231176008](#)

## Abstract

The present study investigated Salafi-Jihadists in terms of mental health. The participants included 12 Salafi-Jihadists living in border areas of Iran, Kurdistan, selected using a purposeful sampling method. This primarily phenomenological case study gathered data, using open-ended interviews, field observations and in-depth clinical interviews. Results indicated that the participants reported no long-standing or acute mental or personality disorder. While they demonstrated abnormalities in their thought process and cognition, they were not severe enough to constitute symptoms of a mental disorder. The results indicate that situational and group factors, in conjunction with identifiable cognitive distortions, may play a more decisive role in fundamentalist radicalization than personality

characteristics and mental disorders. Due to discrimination, feelings of oppression, cognitive distortions, and wrong attitudes toward other religious schools, some Muslims have decided to join Salafi-Jihad groups in order to feel a sense of belonging and identity.

**Keywords:** Salafi-Jihadism; abnormality; fundamentalism; normality; religious extremism.

### Full text links

## 92. [A preliminary transcriptomic analysis of the orbitofrontal cortex of antisocial individuals](#)

CNS Neurosci Ther. 2023 Jun 2. doi: 10.1111/cns.14283. Online ahead of print.

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- PMID: [37269073](#)
- DOI: [10.1111/cns.14283](#)

### Abstract

**Aims:** Antisocial personality disorder (ASPD) and conduct disorder (CD) are characterized by a persistent pattern of violations of societal norms and others' rights. Ample evidence shows that the pathophysiology of these disorders is contributed by orbitofrontal cortex (OFC) alterations, yet the underlying molecular mechanisms remain elusive. To address this knowledge gap, we performed the first-ever RNA sequencing study of

postmortem OFC samples from subjects with a lifetime diagnosis of ASPD and/or CD.

**Methods:** The transcriptomic profiles of OFC samples from subjects with ASPD and/or CD were compared to those of unaffected age-matched controls (n = 9/group).

**Results:** The OFC of ASPD/CD-affected subjects displayed significant differences in the expression of 328 genes. Further gene-ontology analyses revealed an extensive downregulation of excitatory neuron transcripts and upregulation of astrocyte transcripts. These alterations were paralleled by significant modifications in synaptic regulation and glutamatergic neurotransmission pathways.

**Conclusion:** These preliminary findings suggest that ASPD and CD feature a complex array of functional deficits in the pyramidal neurons and astrocytes of the OFC. In turn, these aberrances may contribute to the reduced OFC connectivity observed in antisocial subjects. Future analyses on larger cohorts are needed to validate these results.

**Keywords:** antisocial personality disorder; conduct disorder; orbitofrontal cortex; transcriptomics.

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- [58 references](#)

**Full text links**

93. [\*\*Cannabis use, cannabis use disorder and mental health disorders among pregnant and postpartum women in the US: A nationally representative study\*\*](#)

Drug Alcohol Depend. 2023 Jul 1;248:109940. doi: 10.1016/j.drugalcdep.2023.109940. Epub 2023 May 22.

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- PMID: [37267745](#)
- DOI: [10.1016/j.drugalcdep.2023.109940](#)

## Abstract

**Background:** Cannabis use and cannabis use disorder (CUD) are associated with mental health disorders, however the extent of this matter among pregnant and recently postpartum (e.g., new moms) women in the US is unknown. Associations between cannabis use, DSM-5 CUD and DSM-5 mental health disorders (mood, anxiety, personality and post-traumatic stress disorders) were examined among a nationally representative sample of pregnant and postpartum women.

**Methods:** The 2012-2013 National Epidemiologic Survey on Alcohol and Related Conditions-III was used to examine associations between past-year cannabis use, CUD and mental health disorders. Weighted logistic regression models were used to estimate unadjusted and adjusted odds ratios (aORs). The sample (N=1316) included 414 pregnant and 902 postpartum women (pregnant in the past year), aged 18-44 years old.

**Results:** The prevalence of past-year cannabis use and CUD was 9.8% and 3.2%, respectively. The odds of cannabis use (aORs range 2.10-3.87, p-values<0.01) and CUD (aORs range 2.55-10.44, p-values< 0.01) were higher among women with versus without any past-year mood, anxiety or posttraumatic stress disorders or any lifetime personality disorder. aORs for the association of cannabis use with specific mood, anxiety or personality disorders ranged from 1.95 to 6.00 (p-values<0.05). aORs for the association of CUD with specific mood, anxiety or personality disorders ranged from 2.36 to 11.60 (p-values<0.05).

**Conclusions:** From pregnancy up to one year postpartum is a critical period where women may be particularly vulnerable to mental health disorders, cannabis use and CUD. Treatment and prevention are essential.

**Keywords:** Anxiety; Anxiety disorders; Cannabis use; Cannabis use disorder; DSM-5; Depression; Epidemiology; Mental health; Mood disorders; NESARC-III; Nationally representative; PTSD; Personality disorders; Postpartum; Pregnancy; Pregnant; US.

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## **Conflict of interest statement**

Declaration of Competing Interest No conflict declared.

## **Full text links**

94. [\*\*Clinicians', patients' and carers' perspectives on borderline personality disorder in Pakistan: A mixed methods study protocol\*\*](#)

PLoS One. 2023 Jun 2;18(6):e0286459. doi: 10.1371/journal.pone.0286459. eCollection 2023.

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- PMID: [37267274](#)
- PMCID: [PMC10237402](#)
- DOI: [10.1371/journal.pone.0286459](#)

## Free PMC article

## Abstract

Borderline Personality Disorder (BPD) is a condition characterised by significant social and occupational impairment and high rates of suicide. In high income countries, mental health professionals carry negative attitudes towards patients with BPD, find it difficult to work with patients with BPD, and even avoid seeing these patients. Negative attitudes and stigma can cause patients to fear mistreatment by health care providers and create additional barriers to care. Patients' self-stigma and illness understanding BPD also affects treatment engagement and outcomes; better knowledge about mental illness predicts intentions to seek care. The perspectives of mental health clinicians and patients on BPD have not been researched in the Pakistani setting and likely differ from other settings due to economic, cultural, and health care system differences. Our study aims to understand the attitudes of mental health clinicians towards patients with BPD in Pakistan using a self-report survey. We also aim to explore explanatory models of illness in individuals with BPD and their family members/carers using a Short Explanatory Model Interview (SEMI). The results of this study are important as we know attitudes and

illness understanding greatly impact care. Results of this study will help guide BPD-specific training for mental health clinicians who care for patients with BPD and help inform approaches to interventions for patients with BPD in Pakistan.

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## **Conflict of interest statement**

MIH has provided consultancy to Mindset Pharma, PsychEd Therapeutics, and Wake Network. He currently receives research support from the Brain and Behavior Research Foundation, Canadian Institutes of Health Research, CAMH Foundation, Grand Challenges Canada, and the University of Toronto. He has previously been appointed Member, Board of Trustees, Pakistan Institute of Living and Learning. This does not alter our adherence to PLOS ONE policies on sharing data and materials. The other authors have no conflicts of interest.

- [27 references](#)

### **Full text links**

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95. [\*\*Role of Personality and Psychiatric Disorders in the Perception of Pain\*\*](#)

Psychiatr Q. 2023 Jun 2. doi: 10.1007/s11126-023-10026-x. Online ahead of print.

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- PMID: [37266830](#)
- DOI: [10.1007/s11126-023-10026-x](#)

## Abstract

Although previous studies have shown that psychiatric and personality disorders are more prevalent in chronic pain than in pain-free groups, few studies have investigated the prevalence of personality disorders (PerDs) in patients with chronic pain with and without a psychiatric comorbidity. The aim of the present study was therefore designed to investigate the burden of PerDs on the prevalence and perception of chronic pain in patients with and without psychiatric comorbidity. 232 patients from the Gift Institute for Integrative Medicine in Pisa, Italy, of which n = 161 (69.4%) were patients with chronic pain, were administered the SCID II for personality disorders and MINI for DSM IV-TR criteria. Both psychiatric and personality disorders were more prevalent in the chronic pain group than in the pain-free group ( $\chi^2 = 5.9$ ,  $p = .015$ ,  $\phi = .16$ ;  $\chi^2 = 7.2$ ,  $p = .007$ ,  $\phi = .18$ ). Cluster A and C PerDs were more prevalent in patients with chronic pain than in subjects without pain ( $\chi^2 = 8.1$ ,  $p = .004$ ,  $\phi = .19$ ;  $\chi^2 = 4.7$ ,  $p = .030$ ,  $\phi = .14$ , respectively). Unlike Cluster C PerDs, however, Cluster A PerDs were more prevalent in the absence of psychiatric comorbidity ( $\chi^2 = 5.0$ ,  $p = .024$ ,  $\phi = .29$ ), and by themselves worsened the pain perceived. An appropriate PerD diagnosis can be helpful in the treatment of patients with chronic pain.

**Keywords:** Chronic pain; Pain perception; Personality disorders; Psychiatric comorbidity; Psychiatric disorders.

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96. [Sex differences in the clinical presentation of early psychosis in a primary care setting](#)

Arch Womens Ment Health. 2023 Jun 2. doi: 10.1007/s00737-023-01329-w. Online ahead of print.

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- PMID: [37266694](https://pubmed.ncbi.nlm.nih.gov/37266694/)
- DOI: [10.1007/s00737-023-01329-w](https://doi.org/10.1007/s00737-023-01329-w)

## Abstract

Primary care is an important part of the help-seeking pathway for young people experiencing early psychosis, but sex differences in clinical presentation in these settings are unexplored. We aimed to identify sex differences in clinical presentation to primary care services in the 1-year period prior to a first diagnosis of psychotic disorder. We identified first-onset cases of non-affective psychotic disorder over a 10-year period (2005-2015) using health administrative data linked with electronic medical records (EMRs) from primary care (n = 465). Detailed information on encounters in the year prior to first diagnosis was abstracted, including psychiatric symptoms, other relevant behaviours, and diagnoses recorded by the family physician (FP). We used modified Poisson regression models to examine sex differences in the signs, symptoms, and diagnoses recorded by the FP, adjusting for various clinical and sociodemographic factors. Positive symptoms (PR = 0.76, 95%CI: 0.58, 0.98) and substance use (PR = 0.54, 95%CI: 0.40, 0.72) were less prevalent in the medical records of women. Visits by women were more likely to be assigned a diagnosis of depression or anxiety (PR = 1.18, 95%CI: 1.00, 1.38), personality disorder (PR = 5.49, 95%CI: 1.22, 24.62), psychological distress (PR = 11.29, 95%CI: 1.23, 103.91), and other mental or behavioral disorders (PR = 3.49, 95%CI: 1.14, 10.66) and less likely to be assigned a diagnosis of addiction (PR = 0.33, 95%CI: 0.13, 0.87). We identified evidence of sex differences in the clinical presentation of early psychosis and recorded diagnoses in the primary care EMR. Further research is needed to better understand sex differences in clinical presentation in the primary care context, which can facilitate better understanding, detection, and intervention for first-episode psychotic disorders.

**Keywords:** Electronic medical records; First-episode psychosis; Primary care; Sex differences; Symptoms.

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### Full text links

97. [\*\*How personality influences health outcomes and quality of life in adult patients with cystic fibrosis\*\*](#)

BMC Pulm Med. 2023 Jun 1;23(1):190. doi: 10.1186/s12890-023-02463-y.

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- PMID: [37264349](#)
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- DOI: [10.1186/s12890-023-02463-y](https://doi.org/10.1186/s12890-023-02463-y)

## Free PMC article

## Abstract

**Background:** The present study evaluates personality traits in adult patients with cystic fibrosis (CF) and correlates these results with health-related quality of life (HRQoL) and other clinical parameters indicative of disease severity.

**Methods:** Seventy adults completed the Cystic Fibrosis Questionnaire-Revised (CFQ-R 14+), a CF-specific measure of HRQoL, and a self-administered questionnaire about personality traits and disorders. Mean subscale scores and the prevalence of extreme personality traits on the 'Persönlichkeits-Stil- und Störungs-Inventar (PSSI)' were compared to the norming sample. Moreover, a cluster analysis was conducted to identify personality styles among people with cystic fibrosis (pwCF). The relationship between mean PSSI subscale scores and personality clusters with HRQoL and clinical outcomes, e.g., percent predicted forced expiratory volume in one second (ppFEV<sub>1</sub>), and body mass index (BMI), was studied by regression analysis considering important confounders.

**Results:** On several of the subscales of the personality questionnaire, people with cystic fibrosis (pwCF) showed either significantly higher or lower scores than the norm sample. In further analyses, two personality clusters could be identified. PwCF from the cluster with predominantly low scores on the subscales 'negativistic', 'schizoid', 'borderline', 'depressed', and 'paranoid' showed better HRQoL than pwCF from the other cluster with mainly high normal or elevated scores. The studied health outcomes proved to be independent of the respective personality clusters.

**Conclusions:** In pwCF, HRQoL is mainly determined by psychological factors, including personality. Since more recent personality theories assume that personality is modifiable, our findings imply that patients with accentuated personality traits may benefit from psychosocial support.

**Keywords:** Clinical outcomes; Cystic fibrosis; Health-related quality of life; Personality traits.

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## **Conflict of interest statement**

The authors declare no competing interests.

- [36 references](#)
- [2 figures](#)

## **Full text links**

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98. [\*\*Exploring Racial and Ethnic Differences in Parent-Reported Strengths in Children with Autism Spectrum Disorder\*\*](#)

J Racial Ethn Health Disparities. 2023 Jun 1. doi: 10.1007/s40615-023-01639-w. Online ahead of print.

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- PMID: [37261713](#)
- DOI: [10.1007/s40615-023-01639-w](#)

## Abstract

**Background:** Several studies have demonstrated racial/ethnic differences in parental concerns in children with autism spectrum disorder (ASD). However, no studies have investigated racial/ethnic differences in parent-reported strengths. The purpose of this study was to explore racial/ethnic differences in parent-reported strengths in children with ASD.

**Design and methods:** This was a retrospective cross-sectional study investigating the relationship between parent-reported strengths and race/ethnicity at the time of an ASD diagnosis. Parent-reported strengths were qualitatively clustered into themes, and theme frequencies were quantitatively examined for relationships to race/ethnicity.

**Results:** Parents of Caucasian children reported a mean of 5.00 (SD = 2.17) total strengths compared to 3.75 (SD = 2.32) among Hispanic/Latinx children, 3.36 (SD = 1.43) among Asian/PI children, and 3.91 (SD = 2.05) among children from other races/ethnicities. Bivariate linear regression analyses indicated that Asian/PI, Hispanic, and other child race/ethnicity, compared to Caucasian child race/ethnicity, were associated with significantly fewer parent-reported total strengths. Asian/PI and Hispanic child race/ethnicity were associated with significantly fewer personality strengths, while maternal education was associated with a greater number of personality strengths.

**Conclusion:** This study found racial and ethnic differences in parent-reported strengths in children with ASD. Further, higher levels of maternal education influenced total, personality, and behavioral strengths. Receipt of a greater number of child services was also associated with a greater number of behavioral strengths.

**Keywords:** Autism spectrum disorder; Children; Ethnicity differences; Parent-reported strengths; Race differences.

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- [35 references](#)

99. **[The Sound of Silence: Engaging the Quiet Adolescent](#)**

Psychodyn Psychiatry. 2023 Jun;51(2):185-205. doi: 10.1521/pdps.2023.51.2.185.

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- PMID: [37260246](#)
- DOI: [10.1521/pdps.2023.51.2.185](#)

**Abstract**

Engaging the silent adolescent is a major psychotherapeutic challenge. This article presents a comprehensive approach to this problem, illustrated with clinical material. This approach emphasizes a careful diagnostic assessment, including an assessment of the patient's level of personality organization and capacities to participate in psychodynamic psychotherapy. Three approaches to the silent teenager are explored in depth: a mostly supportive approach focused on containment of maladaptive behaviors; a psychodynamic approach with supportive elements focused on demonstrating safety through humor, play, normalization, and self-disclosure while exploring the patient's automatic relationship patterns; and a psychodynamic approach using transference-focused psychotherapy for adolescents (TFP-A), aimed at effecting long-lasting changes in the patient's views of self and others and their



characteristic ways of managing conflict and stress, with gradual movement from a tendency for controlling, protective silence to vulnerable, cooperative sharing.

**Keywords:** personality disorders; psychoanalytic psychotherapy; psychodynamic psychotherapy; transference focused psychotherapy.

#### Full text links

100. [Pharmacological Management of Borderline Personality Disorder and Common Comorbidities](#)

CNS Drugs. 2023 Jun;37(6):489-497. doi: 10.1007/s40263-023-01015-6. Epub 2023 May 31.

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- PMID: [37256484](https://pubmed.ncbi.nlm.nih.gov/37256484/)

- PMID: [PMC10276775](#)
- DOI: [10.1007/s40263-023-01015-6](#)

## Free PMC article

## Abstract

Comorbidity between borderline personality disorder (BPD) and other mental disorders is common. Although no specific pharmacological treatments have been approved for the treatment of BPD, many drugs, including antidepressants such as selective serotonin reuptake inhibitors (SSRIs), mood stabilizers, second-generation antipsychotics, and even benzodiazepines, are routinely prescribed off label. Nonetheless, recommendations for off-label drugs in these patients are highly varied, with a notable lack of agreement among clinical guidelines. The most common reason for pharmacological treatment and polypharmacy in these patients is comorbidity with other psychiatric disorders. In this context, we reviewed major clinical guidelines and the available data on pharmacotherapy in patients with BPD to develop practical recommendations to facilitate decision-making in routine clinical practice, thus helping clinicians to select the optimal therapeutic approach in patients with BPD who have comorbid disorders. This review confirmed that no clear recommendations for the pharmacological treatment are available in clinical guidelines. Therefore, based on the available evidence, we have developed a series of recommendations for pharmacotherapy in patients with BPD who present the four most common comorbidities (affective, anxiety, eating, and drug use disorders). Here, we discuss the recommended treatment approach for each of these comorbid disorders. The prescription of medications should be considered only as an adjunct to BPD-specific psychotherapy. Polypharmacy and the use of unsafe drugs (i.e., with a risk of overdose) should be avoided. Our review highlights the need for more research to provide more definitive guidance and to develop treatment algorithms.

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## Conflict of interest statement

Juan C. Pascual, Laia Arias, and Joaquim Soler declare they have no conflicts of interest.

- [48 references](#)
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1. **[Defining severity of personality disorder using electronic health records: short report](#)**

BJPsych Open. 2023 Aug 1;9(5):e137. doi: 10.1192/bjo.2023.509.

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- PMID: [37524373](#)
- DOI: [10.1192/bjo.2023.509](#)

## Abstract

Severity of personality disorder is an important determinant of future health. However, this key prognostic variable is not captured in routine clinical practice. Using a large clinical data-set, we explored the predictive validity of items from the Health of Nation Outcome Scales (HoNOS) as potential indicators of personality disorder severity. For 6912 patients with a personality disorder diagnosis, we examined associations between HoNOS items relating to core personality disorder symptoms (self-harm, difficulty in interpersonal relationships, performance of occupational and social roles, and agitation and aggression) and future health service use. Compared with those with no self-harm problem, the total healthcare cost was 2.74 times higher (95% CI 1.66-4.52;  $P < 0.001$ ) for individuals with severe to very severe self-harm problems. Other HoNOS items did not demonstrate clear patterns of association with service costs. Self-harm may be a robust indicator of the severity of personality disorder, but further replication work is required.

**Keywords:** Economics; epidemiology; personality disorders; physical health; rating scales.

## 2. [A validation of the Swedish self-concept and Identity Measure \(SCIM\) and its association with mental health problems](#)

Heliyon. 2023 Jul 11;9(7):e18151. doi:  
10.1016/j.heliyon.2023.e18151. eCollection 2023 Jul.

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- PMID: [37519721](#)
- PMCID: [PMC10372226](#)
- DOI: [10.1016/j.heliyon.2023.e18151](#)

## Abstract

Pathological disturbance to one's identity is closely linked with mental illness and in particular personality disorders. Current measures of identity pathology within clinical research are nevertheless inconsistently used and present with substantial limitations such as disproportionate focus on adolescence. The Self-Concept and Identity Measure (SCIM) identifies pathological and non-pathological identity disturbance by implementing a measurement for clinical components of identity, as well as introducing the Lack of Identity concept. This study thus explores the psychometric properties (factor structure, internal consistency, and criterion validity) of the Swedish SCIM in a large sample of Swedish university students (N = 1500). Model fit indices for the three-dimension model of identity pathology consisting of consolidated-, disturbed-, and lack of identity subscales were deemed acceptable and the Swedish SCIM scores correlated with measures of psychopathology in the expected direction, together concluding that the Swedish SCIM was satisfactorily valid and reliable. The results further reveal a significant positive correlation between identity pathology and non-suicidal self-injury, two concepts that co-occur in psychopathologies, such as borderline personality disorder, but have not yet been studied in a Western population with this tool. The potential clinical use of this translated dimensional tool needs to be tested in a Swedish clinical population, however, we conclude that it already offers insight into the complexities of identity functioning and correlations with clinical symptoms.

**Keywords:** Anxiety; Borderline personality disorder; Clinical identity disturbance; Confirmatory factor analysis; Depression; Non-suicidal self-injury; Validation.

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## Conflict of interest statement

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

- [48 references](#)
- [1 figure](#)

### 3. [\*\*Association Between Personality Traits and Functional Limitations in Older Adults with Affective Disorders: A Cross Sectional Study\*\*](#)

Clin Gerontol. 2023 Jul 29;1-12. doi:  
10.1080/07317115.2023.2240317. Online ahead of print.

#### **Authors**

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- PMID: [37515583](#)
- DOI: [10.1080/07317115.2023.2240317](#)

## Abstract

**Objectives:** Personality traits and affective disorders are both related to functional limitations. It is unknown whether personality traits have an additional effect on functioning in older adults with affective disorders. We studied the association between personality traits and functioning within this group.

**Methods:** We performed a cross-sectional study of 180 older patients referred to outpatient specialized geriatric mental health care centers with a depressive, anxiety and/or somatic symptom disorder according to DSM-criteria. We studied the association between the Big Five personality traits and functional limitations assessed with the WHO-DAS II, adjusting for potential confounders, including the severity of various affective disorders.

**Results:** The 180 patients (57.1% female, mean age 69.2 years) had an average WHO-DAS II score of 31.3 (SD 15.1). Lower scores on Conscientiousness were associated with more overall functional limitations ( $p = .001$ ), particularly limitations in self-care ( $p = .001$ ) and household activities ( $p = .001$ ). Lower Extraversion scores were associated with more limitations in getting along with others ( $p = .001$ ).

**Conclusions:** Personality traits are related to functional limitations independent of the severity of affective disorders in older adults.

**Clinical implications:** Personality traits may be used as predictive factors for functioning in older adults with affective disorders.

**Keywords:** Affective disorders; functional limitations; older adults; personality.

## 4. [Impaired Personality Functioning in Children and Adolescents Assessed with the LoPF-Q 6-](#)



# [18 PR in Parent-Report and Convergence with Maladaptive Personality Traits and Personality Structure in School and Clinic Samples](#)

Children (Basel). 2023 Jul 8;10(7):1186. doi: 10.3390/children10071186.

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- PMCID: [PMC10378110](#)
- DOI: [10.3390/children10071186](#)

## Free PMC article

## Abstract

To investigate if the Personality Disorder (PD) severity concept (Criterion A) of the ICD-11 and DSM-5 AMPD is applicable to children and adolescents, following the ICD-11 lifespan perspective of mental disorders, age-specific and informant-adapted assessment tools are needed. The *LoPF-Q 6-18 PR* (Levels of Personality Functioning Questionnaire Parent Rating) was developed to assess Impaired Personality Functioning (IPF) in children aged 6-18 in parent-reported form. It is based on the

established self-report questionnaire *LoPF-Q 12-18*. Psychometric properties were investigated in a German-speaking clinical and school sample containing 599 subjects. The final 36-item version of *LoPF-Q 6-18 PR* showed good scale reliabilities with 0.96 for the total scale IPF and 0.90-0.87 for the domain scales Identity, Self-direction, Empathy, and Intimacy/Attachment and an acceptable model fit in a hierarchical CFA with CFI = 0.936, RMSEA = 0.078, and SRMR = 0.068. The total score discriminated significantly and with large effect sizes between the school population and (a) adolescent PD patients ( $d = 2.7$  standard deviations) and (b) the younger patients (6-11-year-olds) with internalizing and externalizing disorders ( $d = 2.2$  standard deviations). Informant agreement between parent and self-report was good at 0.47. Good construct validity can be assumed given sound covariation with related measures of psychopathology (*CBCL 4-18*, *STiP-5.1*, *OPD-CA2-SQ PR*) and maladaptive traits (*PID5BF+ M CA IRF*) in line with theory and matching the result patterns obtained in older samples in self-report. The results suggest that parent-reported assessments of IPF and maladaptive traits are equivalent to self-reported measures for Criterion A and B. Assessing IPF as early as age six might be a valuable step to foster early detection of PD, or maladaptive personality development, respectively individuals at risk.

**Keywords:** Criterion A; Criterion B; adolescents; assessment; children; functioning; maladaptive traits; parent report; personality disorder; structure.

## Conflict of interest statement

The authors declare the following conflict of interest: Some of them are the authors of some of the questionnaires used in this study. All of these questionnaires are available free of charge for scientific purposes. For diagnostic purposes, the use of the questionnaires is fee-based, and the authors are receiving royalties.

- [77 references](#)
- [2 figures](#)

**Full text links**

5. [Psychometric properties of the Pride in Eating Pathology Scale in a Spanish population](#)

J Eat Disord. 2023 Jul 28;11(1):124. doi: 10.1186/s40337-023-00847-3.

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- DOI: [10.1186/s40337-023-00847-3](#)

### Free PMC article

### Abstract

**Background:** In its relation to eating disorders, pride is one of the self-conscious emotions least analyzed, and requires valid and reliable instruments for its measurement. This study aimed to examine the factor structure and the psychometric properties of the Pride in Eating Pathology Scale (PEP-S), in the Spanish general population, as well as between-sex differences in PEP-S scores.

**Methods:** Of the 1483 participants aged 18 to 34 (M = 21.99; SD = 3.09), 954 were women (65.2%) and the majority were university students (78.8%). Psychometric properties of the scale were tested in a cross-

sectional design using cross-validation, i.e., exploratory and confirmatory factor analysis, and estimation of invariance (sex).

**Results:** The four-factor structure found was similar to the original scale with invariance across sex and internal consistency (ordinal alpha .99) and stability (.85). Evidence of convergent validity and differences between sexes were found. Specifically, women scored higher on all the factors, including the healthier sense of pride.

**Conclusions:** The PEP-S scale is an instrument with evidence of validity and reliability in the Spanish population. Although it still has to be tested in a clinical population, it constitutes a promising instrument for the evaluation of the self-conscious emotion, pride.

**Keywords:** Assessment; Cross-validation; Eating disorders; General population; Pride; Self-conscious emotion.

## **Plain language summary**

The study of eating disorders emphasizes the role of certain emotions, such as pride, for example, in achieving a low weight or controlling eating behavior. We propose the Spanish validation of the Pride in Eating Pathology Scale (PEP-S), developed by Faija et al. (2017), to measure this type of complex or self-conscious emotions. This article confirms the usefulness of the PEP-S in the context of the general population, different from the context of the clinical population in which it was validated, which implies a generalization of its possibilities. In addition, as a novelty, it includes male participants, who are also subjected to the social pressure on body and appearance. This validation of the PEP-S was carried out in a large sample of men and women aged 18 to 34, a time of life when concerns about the body and eating behavior acquire importance. It is worth special mention that the results of its designers were confirmed, with psychometric indicators guaranteeing that the instrument can be used with consistency of measurement (reliability) and usefulness (validity) in the general population. Men and women respond to the instrument the same, that is, they understand the scale the same way. The scores of women on the PEP-S are higher in terms of pride about the body and eating behavior. Future studies should test these promising results in a clinical population.

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## Conflict of interest statement

The authors declare that they have no competing interests.

- [46 references](#)

### Full text links

## 6. [Neuroticism and white matter hyperintensities](#)

J Psychiatr Res. 2023 Jul 21;165:174-179. doi: 10.1016/j.jpsychires.2023.07.026. Online ahead of print.

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- PMID: [37506413](#)
- DOI: [10.1016/j.jpsychires.2023.07.026](#)

## Abstract

Neuroticism is a major risk factor for neurodegenerative disorders, such as Alzheimer's disease and related dementias. This study investigates whether neuroticism is associated with white matter hyperintensities and whether this measure of brain integrity is a mediator between neuroticism and cognitive function. Middle-aged and older adults from the UK Biobank (N = 40,602; aged 45-82 years, M = 63.97, SD = 7.66) provided information on demographic and health covariates, completed measures of neuroticism and cognition, and underwent magnetic resonance imaging from which the volume of white matter hyperintensities was derived. Regression analyses that included age and sex as covariates found that participants who scored higher on neuroticism had more white matter hyperintensities ( $\beta = 0.024$ , 95% CI 0.015 to 0.032;  $p < .001$ ), an association that was consistent across peri-ventricular and deep brain regions. The association was reduced by about 40% when accounting for vascular risk factors (smoking, obesity, diabetes, high blood pressure, heart attack, angina, and stroke). The association was not moderated by age, sex, college education, deprivation index, or APOE e4 genotype, and remained unchanged in sensitivity analyses that excluded individuals with dementia or those younger than 65. The mediation analysis revealed that white matter hyperintensities partly mediated the association between neuroticism and cognitive function. These findings identify white matter integrity as a potential neurobiological pathway that accounts for a small proportion of the association between neuroticism and cognitive health.

**Keywords:** Cognition; Leukoaraiosis; Neuroticism; Personality; Risk factor; White matter hyperintensities.

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## Conflict of interest statement

Declaration of competing interest None.

### Full text links

7. [Anxiety and depression among caregivers of pediatric patients with tic disorder in western China: A cross-sectional study](#)

PLoS One. 2023 Jul 28;18(7):e0289381. doi: 10.1371/journal.pone.0289381. eCollection 2023.

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- PMID: [37506090](#)
- PMCID: [PMC10381038](#)
- DOI: [10.1371/journal.pone.0289381](#)

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## Abstract

**Background:** Caregivers of pediatric patients with tic disorders (TD) are at high risk for anxiety and depression, but the situation of this disorder was rarely reported based on the Chinese population. The purpose of this study was to investigate the prevalence and potential contributing factors of anxiety and depression among caregivers of Chinese pediatric patients with TD.

**Methods:** A cross-sectional study was carried out on caregivers of pediatric patients with TD at a women's and children's hospital in western China from January to June 2020. A structured questionnaire was designed to collect data, including socio-demographic information, disease and medication status, family situation and social relationship, cognition and attitude towards TD and treatment. Anxiety and depression were assessed using the self-rating anxiety scale (SAS) and self-rating depression scale (SDS), respectively. The univariate analysis and multivariate logistic regression were used to analyze the cross-sectional data.

**Results:** A total of 318 participants were included in this study, with a response rate of 89.58% (318/355). The average age of pediatric patients with TD was  $8.38 \pm 2.54$  years, and 78.30% (249/318) of caregivers were aged between 30-50 years old. Overall, 14.78% (47/318) of caregivers presented the symptom of anxiety, with a mean SAS score of  $54.81 \pm 5.26$ , and 19.81% (63/318) of caregivers presented the symptom of depression, with a mean SDS score of  $59.64 \pm 5.83$ . Logistic regression analysis revealed that the common family relationship (OR = 2.512,  $p = 0.024$ ), and pediatric patients with unharmonious social relationships (OR = 5.759,  $p = 0.043$ )



and with introverted personality (OR = 2.402, p = 0.023) were significantly associated with anxiety in caregivers of pediatric patients with TD, as well as the single-parent family (OR = 4.805, p = 0.011), mistaken cognition of TD (OR = 0.357, p = 0.031), and pediatric patients with fewer friends (OR = 3.377, p = 0.006) were significantly associated with depression.

**Conclusions:** Anxiety and depression are prevalent among caregivers of TD pediatric patients, which brings up the importance of psychiatric support for this group. Longitudinal studies need to be conducted to further confirm the causality before interventions to improve mental health are developed.

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## **Conflict of interest statement**

The authors have declared that no competing interests exist.

- [30 references](#)

## **Full text links**

8. [\*\*Reactive Psychosis: Discrepancy Between Nosological Concepts and Descriptive Categories\*\*](#)

J Nerv Ment Dis. 2023 Aug 1;211(8):627-633. doi: 10.1097/NMD.0000000000001677.

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- DOI: [10.1097/NMD.0000000000001677](#)

## Abstract

Reactive psychosis (RP) is a trauma-induced category whose meaning has varied in relation to the role attributed to lived experiences or vulnerable personality. It has long been described in different countries, but seldom investigated under the influence of symptom-based psychiatric classifications. This article aims to examine the development of RP since the early 20th century, outline how it has been incorporated in modern diagnostic classifications, and set out empirical findings. It is likely that variations in terminology and diagnostic practice have affected estimates of the frequency and hampered the validity of RP in earlier studies. To enhance reliability, RP underwent several changes in successive Diagnostic and Statistical Manual of Mental Disorders and ICD versions and was eventually replaced with descriptive categories for short-lived psychotic disorders. Clinical observations during the COVID-19 pandemic attest the durability of RP, but the current categories prove unhelpful in identifying it and have failed to encourage research.

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- [117 references](#)

### Full text links

9. [\*\*Mental Health Literacy about Personality Disorders: A Multicultural Study\*\*](#)

Behav Sci (Basel). 2023 Jul 21;13(7):605. doi: 10.3390/bs13070605.

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- PMCID: [PMC10376649](#)
- DOI: [10.3390/bs13070605](#)

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## Abstract

Mental health literacy (MHL) refers to lay people's knowledge and beliefs about the diagnosis and treatment of mental illness. The current study aimed at investigating MHL regarding personality disorders (PDs) multiculturally, comparing Turkish and Italian populations. In total, 262 participants responded to an online vignette identification task that required them to label the PDs of seven hypothetical subjects and rate various dimensions of their disorders. Narcissistic (25%), obsessive-compulsive (13%), and paranoid (12%) PDs were the most correctly labeled, while the average accuracy values for other PDs were below 0.04%. Compared to Turkish participants, Italian participants were more accurate in labeling narcissistic PD. Additionally, of the seven PDs, narcissistic PD was associated with the most happiness and success at work. Subjects with borderline and avoidant PDs were the most recognized as having psychological problems (>90%), yet their PDs were

among the least correctly identified. Overall, participants from both cultures were generally successful at recognizing the presence of a mental illness, but they rarely labeled it correctly. Only limited cultural differences emerged. The present findings may inform the design of outreach programs to promote MHL regarding PDs, thereby facilitating early recognition of PDs and help-seeking behaviors for affected individuals.

**Keywords:** cultural factors; mental health literacy; personality disorders.

## Conflict of interest statement

The authors declare no conflict of interest.

- [46 references](#)
- [5 figures](#)

## Full text links

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10. [Parental burnout and borderline personality stand out to predict child maltreatment](#)

Sci Rep. 2023 Jul 27;13(1):12153. doi: 10.1038/s41598-023-39310-3.

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- PMCID: [PMC10374633](#)
- DOI: [10.1038/s41598-023-39310-3](#)

**Free PMC article**

## Abstract

Parental burnout is a severe disorder resulting from the exposure to chronic stress in the parental role, that can translate into neglectful and violent parental behaviors towards the offspring. This study (N = 1003 parents) aims to examine the relative weight of parental burnout, job burnout, depression, generalized anxiety disorder, borderline personality, sadism, psychopathy, Machiavellianism, narcissism, and child abuse potential, in predicting violence and neglect towards the offspring. Social desirability was controlled. When all predictors are entered together in the model, violence and neglect towards the offspring are best predicted by borderline personality and parental burnout. Our results also indicate that sadism is a robust predictor of violence, however weaker than parental burnout and borderline personality. These results emphasize the importance of preventing parental burnout and supporting parents with borderline personality.

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## Conflict of interest statement

The authors declare no competing interests.

- [30 references](#)

## Full text links

11. [Agreement and discrepancies in patient-clinician reports of DSM-5-TR section III maladaptive personality traits: A study on a mixed outpatient sample](#)

Personal Disord. 2023 Jul 27. doi: 10.1037/per0000639. Online ahead of print.

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- DOI: [10.1037/per0000639](#)

## Abstract

The assessment of personality pathology based on dimensional models may improve self-other agreement, but previous research mainly adopted a categorical approach and overlooked the role of the person of the therapist. Our study examined patient-clinician agreement in a mixed sample of Italian outpatients using the Personality Inventory for DSM-5 (PID-5) and the PID-5-Informant Form (PID-5-IRF). Moreover, the role of clinician personality traits on agreement was preliminary explored. Sixty-eight outpatients (51.4% male,  $M = 30.30$ ,  $SD = 12.05$  years) and their treating clinicians ( $N = 22$ ; 77.3% female,  $M = 43.77 \pm 8.45$  years) entered the study. Patients completed the PID-5, whereas clinicians filled-in the PID-5-Brief Form (PID-5-BF) and the PID-5-IRF for each patient they involved. A multilevel Bayesian analysis showed that rank-order agreement was large for domains (mean  $r = .60$ ) and moderate for facets (mean  $r = .44$ ). As regards mean-level agreement, patient ratings on cognitive/perceptual dysregulation, distractibility, eccentricity, and emotional lability were higher than clinician ratings, whereas patients' scores on depressivity were lower than clinicians' ones. Scores on the PID-

5-BF detachment positively predicted agreement on anhedonia, anxiousness, depressivity, distractibility, separation insecurity, and suspiciousness, while scores on the PID-5-BF negative affectivity, antagonism, and disinhibition negatively predicted agreement on few specific facets. Current findings suggest that clinician personality traits may contribute to agreement on maladaptive personality traits, but areas of discrepancies remain in case of low observable internal ones. Since patient-clinician agreement is crucially involved in therapeutic alliance, further research on this issue is highly encouraged. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

12. **[Connecting loneliness with pathological personality traits: Evidence for genetic and environmental mediation from a study of older twins](#)**

Personal Disord. 2023 Jul 27. doi: 10.1037/per0000635. Online ahead of print.

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### **Abstract**

Loneliness has broad public health importance, especially in older adulthood, and there is some evidence suggesting it is associated with several personality disorders (PDs). The etiology of these PD-loneliness associations, however, has rarely been studied, especially in the context of the maladaptive traits of the DSM-5 alternative model of personality

disorder (AMPD). To address these limitations, we estimated phenotypic, genetic, and unique environmental associations between loneliness and maladaptive personality traits in a sample of older adults from the Minnesota Twin Registry ( $n = 1,356$ ,  $M_{age} = 70.4$ ). Loneliness was moderately to strongly associated with each of the AMPD domains of negative affect, detachment, antagonism, disinhibition, and psychoticism ( $r = .22-.58$ ), with evidence of both genetic ( $r_g = .45-.75$ ) and unique environmental ( $r_e = .10-.48$ ) influences explaining the associations to varying degrees. We argue that loneliness may be an underappreciated concomitant of personality pathology, with PD traits perhaps underlying its development. Indeed, these findings suggest that loneliness may be a manifestation of the genetic and environmental forces that also lead to pathological personality variation. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

13. [\*\*Common genetic and environmental risk for personality disorders and psychotic-like experiences in young adult twins\*\*](#)

Acta Psychiatr Scand. 2023 Jul 27. doi: 10.1111/acps.13596. Online ahead of print.

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## Abstract

**Introduction:** Psychotic-like experiences (PLE) have been associated with the subsequent emergence of psychotic disorders as well as several other domains of psychopathology. In this twin study, we estimated the genetic and environmental correlations between PLE and 10 personality disorders (PD).

**Methods:** Diagnoses of 10 PDs according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) and PLE from the Composite International Diagnostic Interview (CIDI) were retrieved for 2793 young adult twins from the Norwegian Twin Registry. Risk for having a PD and PLEs was modeled using item response theory. Biometric twin models were fitted to estimate the genetic and environmental correlations between PDs and PLEs. Co-twin control analysis was performed to estimate additional within-family risk for PLEs when having a PD.

**Results:** Phenotypic overlap between PDs and PLEs ranged from 14% to 44% in males and from 11% to 39% in females, with the highest overlap for borderline PD in both sexes. In general, we found higher genetic correlations ( $r = 0.14-0.72$ ) than environmental correlations ( $r = 0.06-0.28$ ) between PDs and PLEs. The highest genetic correlations between PLE and PDs were found for borderline ( $r = 0.72$ ), paranoid ( $r = 0.56$ ), schizotypal ( $r = 0.56$ ) and antisocial PD ( $r = 0.49$ ).

**Conclusion:** We found that the co-occurrence between PDs and PLE is the best explained by shared genetic determinants, with minor contributions

from environmental factors. Interestingly, borderline PD was highly genetically correlated with PLE, warranting molecular genetic studies of this association.

**Keywords:** genetic; personality disorders; psychosis; twin study.

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- [42 references](#)

#### Full text links

14. [\*\*Are migrants diagnosed with a trauma-related disorder at risk of premature mortality? A register-based cohort study in Denmark\*\*](#)

J Migr Health. 2023 Jul 12;8:100197. doi: 10.1016/j.jmh.2023.100197. eCollection 2023.

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- PMID: [37496744](#)

- PMID: [PMC10365948](#)
- DOI: [10.1016/j.jmh.2023.100197](#)

## Free PMC article

## Abstract

**Background:** Mental illness is common among refugees displaced by conflict and war. While evidence points to the relatively good health in terms of longevity of migrants resettled in the destination country, less is known about the mortality of the most vulnerable migrants with a trauma-related diagnosis alone and those with an additional comorbid psychotic disorder. This study aimed to provide an overview of the number and mortality of foreign-born individuals diagnosed with Post-Traumatic Stress Disorder or Enduring Personality Change after a Catastrophic Event (PTSD/EPCACE), a psychotic disorder or both.

**Methods:** A nationwide register-based cohort study, including residents in Denmark, followed from 1 January 1995 to 31 December 2016. The exposure was PTSD/EPCACE and psychotic disorders as well as region of origin. Relative all-cause mortality was estimated using Cox proportional hazards regression models and calculated for migrants with one or both groups of disorders compared to those from the same region without the disorder.

**Results:** During the study period, 6,580,000 individuals (50.4% women) were included in the cohort. Of these 1,249,654 (50.5% women) died during follow-up. For men and women from the former Yugoslavia, the Middle East and Northern Africa, a PTSD/EPCACE diagnosis alone or with comorbid psychotic disorder was not associated with increased mortality after adjusting for region of origin. A psychotic disorder alone, however, was associated with an increased mortality rate.

**Conclusion:** Despite the severity of many refugees' traumatic experiences, a diagnosis of a trauma-related psychiatric disorder did not appear to increase the mortality rates.

**Keywords:** Migrants; Mortality; Psychosis; Refugees; Traumatic stress disorders.

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## Conflict of interest statement

The authors confirm that they have no conflict of interest to report.

- [43 references](#)

## Full text links

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15. [Encephalitis: diagnosis, management and recent advances in the field of encephalitides](#)

Postgrad Med J. 2023 Jul 21;99(1174):815-825. doi: 10.1136/postgradmedj-2022-141812.

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## Abstract

Encephalitis describes inflammation of the brain parenchyma, typically caused by either an infectious agent or through an autoimmune process which may be postinfectious, paraneoplastic or idiopathic. Patients can present with a combination of fever, alterations in behaviour, personality, cognition and consciousness. They may also exhibit focal neurological deficits, seizures, movement disorders and/or autonomic instability. However, it can sometimes present non-specifically, and this combined with its many causes make it a difficult to manage neurological syndrome. Despite improved treatments in some forms of encephalitis, encephalitis remains a global concern due to its high mortality and morbidity. Prompt diagnosis and administration of specific and supportive management options can lead to better outcomes. Over the last decade, research in encephalitis has led to marked developments in the understanding, diagnosis and management of encephalitis. In parallel, the number of autoimmune encephalitis syndromes has rapidly expanded and clinically characteristic syndromes in association with pathogenic autoantibodies have been defined. By focusing on findings presented at the Encephalitis Society's conference in December 2021, this article reviews the causes, clinical manifestations and management of encephalitis and integrate recent advances and challenges of research into encephalitis.

**Keywords:** adult neurology; infectious disease/HIV; neuropathology.

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16. [\*\*Spontaneous brain microstates correlate with impaired inhibitory control in internet addiction disorder\*\*](#)

Psychiatry Res Neuroimaging. 2023 Jul 19;334:111686. doi: 10.1016/j.psychresns.2023.111686. Online ahead of print.

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- PMID: [37487311](#)
- DOI: [10.1016/j.psychresns.2023.111686](#)

## Abstract

The prevalence of the Internet addiction disorder (IAD) has been on the rise, making it increasingly imperative to explore the neurophysiological markers of it. Using the whole-brain imaging approach of EEG microstate analysis, which treats multichannel EEG recordings as a series of quasi-steady states, similar as the resting-state networks found by fMRI, the present study aimed to investigate the specificity of the IAD in class C of the four canonical microstates. The existing EEG data of 40 participants (N = 20 for each group) was used, and correlation between the time parameters of microstate C and the performance of the Go/NoGo task was analyzed. Results suggested that the duration and coverage of class C were significantly reduced in the IAD group as compared to the healthy control (HC) group. Furthermore, the duration of class C had a significant inverse correlation with Go RTs in the IAD group. These results implied that class

C might serve as a neurophysiological marker of IAD, helping to understand the underlying neural mechanism of inhibitory control in IAD.

**Keywords:** Electroencephalogram (EEG); Inhibitory control; Internet addiction disorders (IAD); Microstate analysis; Resting-state.

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## Conflict of interest statement

Declaration of Competing Interest All the authors declare that there were no conflicts of interest.

## Full text links

17. [Personality construct as a biomarker in fibromyalgia: A narrative review from an autonomic rehabilitation perspective](#)

J Back Musculoskelet Rehabil. 2023 Jul 8. doi: 10.3233/BMR-220353. Online ahead of print.

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- PMID: [37482976](#)
- DOI: [10.3233/BMR-220353](#)

## Abstract

**Background:** The heterogeneity of symptoms and ineffective treatment raise questions about the current diagnostic criteria of fibromyalgia (FM).

Misdiagnosis of FM often leads to less than efficacious treatment and poor quality of life.

**Objective:** This article reviews relevant evidence-based literature on personality traits in FM patients with an autonomic dysfunction perspective based on a hierarchical model to explain the utility of considering the personality trait in FM diagnosis.

**Methods:** A narrative review of articles concerning chronic pain, FM, and personality traits with respect to autonomic dysfunction in FM was conducted after extensive relevant literature searches.

**Results:** Reports discussing the predisposing factors, including coping styles, anger, suicide risk, a lack of physical activity and social support, in maintaining persistent pain in FM exist. Relationships between pain duration and severity and personality traits like neuroticism and extraversion have been reported. Coexisting clinical manifestations of FM like sleep disorders, anxiety, and intestinal irritability indicate autonomic dysfunction.

**Conclusions:** This article lays out a constructive framework for individualized and personalized medicine for the effective rehabilitation of FM patients. The quest to find a definitive diagnosis of FM should include personality biomarkers that might translate into personalized medicine. An individualistic approach may bank upon artificial intelligence algorithms for both diagnostic as well as prognostic purposes in FM.

**Keywords:** Artificial intelligence; autonomic nervous system; biomarkers; chronic pain; diagnosis; personality.

**Full text links**

18. [\*\*Psychiatric disorders among adult deliberate self-harm patients and subsequent risk of dying by suicide, mental and behavioural disorders and other external causes\*\*](#)



J Psychiatr Res. 2023 Jul 17;165:83-90. doi:  
10.1016/j.jpsychires.2023.07.011. Online ahead of print.

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- PMID: [37481790](#)
- DOI: [10.1016/j.jpsychires.2023.07.011](#)

## Free article

## Abstract

**Introduction:** Deliberate self-harm (DSH) treated in general hospital is a well-established risk factor for suicide and other cause mortality. However, few studies have used population data to investigate the differential impact of specific psychiatric disorders on the risk of subsequent suicide, by sex and age of the patient in the context of previous DSH episodes.

**Method:** All patients aged 18 and older treated for DSH in general hospitals during the period 2008-2018 were identified through national registers. Cox proportional hazards regression was used to ascertain the

associated risk of death by suicide, mental and behavioural disorder and other external causes.

**Results:** The cohort consisted of 39 479 patients of which 878 died by suicide, 461 by mental and behavioural disorders and 1037 by other external causes. Overall, schizophrenia spectrum disorders, affective disorders and personality disorders increased the risk of suicide. Large gender and age differences were identified in the risk of suicide associated with personality disorders and affective disorders. Alcohol use disorders and dementia increased the risk of dying by mental and behavioural disorders and alcohol use disorders and other substance use disorders increased the risk of death by external causes.

**Conclusion:** Schizophrenia spectrum disorders, affective disorders and personality disorders increased the risk of suicide among DSH patients, but the effect varied by gender, age and history of previous DSH. Psychiatric evaluation of all DSH patients and treatment tailored to the patient's specific needs is essential to reduce the risk of premature death.

**Keywords:** Deliberate self-harm; Patient registry; Population study; Psychiatric disorders; Suicide.

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## **Conflict of interest statement**

Declaration of competing interest Declaration of interest: none.

### **Full text links**

19. [\*\*COVID-19 vaccine uptake in mental healthcare users: Czech nationwide register study\*\*](#)

Vaccine. 2023 Jul 19;S0264-410X(23)00840-X. doi: 10.1016/j.vaccine.2023.07.028. Online ahead of print.

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- PMID: [37479611](#)
- DOI: [10.1016/j.vaccine.2023.07.028](#)

## Abstract

**Background:** The excessive covid-related mortality of psychiatric patients was reduced by vaccination. The vaccine uptake in patients diagnosed with different mental health disorders is, however, not fully described.

**Aims:** A nationwide, record-based retrospective cross-sectional study examines the effect of substance use, psychotic, affective, anxiety, and personality disorders on COVID-19 vaccination rates in August and December 2021. Further, it quantifies the effect of receiving mental healthcare on vaccine uptake.

**Methods:** The COVID-19 vaccine rates of mental healthcare users in August and December 2021 were examined using logistic regression models adjusted for sex and age on a sample of 7,235,690 adult inhabitants of the Czech Republic. The probability of vaccine uptake in the week following mental healthcare appointment or hospitalization on any day in the fall 2021 was compared to the general probability of getting vaccinated during that week.

**Results:** The vaccination rate in August 2021 was related to history of hospitalization due to substance use (OR = 0.71), personality (OR = 0.87), psychotic (OR = 0.92), and anxiety (OR = 1.15) disorders, while mood disorders had no effect (OR = 1.00). Compared to general population, mental healthcare users were undervaccinated in August but not in

December 2021. Vaccine uptake was low in those with history of psychiatric hospitalizations but higher in those utilizing inpatient or outpatient mental healthcare recently, predominantly for affective disorders. Increased vaccine uptake was observed following utilization of mental healthcare as well as in those with repeated psychiatric hospitalizations.

**Conclusions:** The vaccination rates of mental healthcare users relative to general population largely differ across nosological categories and during the vaccination campaign. Psychiatrists were successful in promoting vaccination against COVID-19.

**Keywords:** Anxiety; COVID-19; Mental disorders; Psychosis; Substance use disorders; Vaccine uptake.

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## **Conflict of interest statement**

Declaration of Competing Interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

## **Full text links**

## 20. [\*\*Grammatical comprehension in language and communication disorders\*\*](#)

Clin Linguist Phon. 2023 Jul 21;1-19. doi: 10.1080/02699206.2023.2237647. Online ahead of print.

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- PMID: [37477233](#)
- DOI: [10.1080/02699206.2023.2237647](#)

## Abstract

Autism Spectrum Disorder (ASD) and Developmental Language Disorder (DLD) have traditionally been considered separate disorders, although some similarities and overlaps in certain aspects of language have been detected. In this paper, we compare the deficits in receptive grammar in these two disorders. We analyse the proportion of grammatical errors in relation to semantic complexity in 84 children divided into four groups: children with autism language impairment (ALI), with autism language normal (ALN), with DLD, and with typical development (TD), all groups with the same age of receptive vocabulary. The results show significant differences in the comprehension of grammatical structures, both simple (canonical and non-reversible) and complex (non-canonical and reversible). Children with ASD and DLD show different language profiles depending on the syntactic complexity. In the simplest structures, no differences are found between the groups, starting at an equivalent vocabulary age of 7:8 years. However, there are differences between the ALI and DLD groups with respect to the TD group in the more complex structures, starting at an equivalent vocabulary age of 3 years. Therefore, both groups ALI and DLD present the greatest difficulties compared to ALN and TD. The paper discusses the importance of attending to these differences, since the repercussion of comprehension difficulties increases as children grow.

**Keywords:** Autism spectrum disorder; developmental language disorder; grammatical comprehension; simple and complex language structures.

**Full text links**

21. [Real-world effectiveness and safety of direct-acting antivirals in hepatitis C virus patients with mental disorders](#)

World J Gastroenterol. 2023 Jul 7;29(25):4085-4098. doi: 10.3748/wjg.v29.i25.4085.

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- PMID: [37476581](#)
- PMCID: [PMC10354581](#)
- DOI: [10.3748/wjg.v29.i25.4085](#)

### Free PMC article

## Abstract

**Background:** It is estimated that 58 million people worldwide are infected with the hepatitis C virus (HCV). Patients with severe psychiatric disorders could not be treated with previously available interferon-based therapies due to their unfavorable side effect profile. This has changed with the introduction of direct-acting antivirals (DAA), although their real-life tolerance and effectiveness in patients with different psychiatric disorders remain to be demonstrated.

**Aim:** To evaluate the effectiveness and safety of DAA in patients with various mental illnesses.

**Methods:** This was a retrospective observational study encompassing 14272 patients treated with DAA for chronic hepatitis C in 22 Polish

hepatology centers, including 942 individuals diagnosed with a mental disorder (anxiety disorder, bipolar affective disorder, depression, anxiety-depressive disorder, personality disorder, schizophrenia, sleep disorder, substance abuse disorder, and mental illness without a specific diagnosis). The safety and effectiveness of DAA in this group were compared to those in a group without psychiatric illness ( $n = 13330$ ). Antiviral therapy was considered successful if serum ribonucleic acid (RNA) of HCV was undetectable 12 wk after its completion [sustained virologic response (SVR)]. Safety data, including the incidence of adverse events (AEs), serious AEs (SAEs), and deaths, and the frequency of treatment modification and discontinuation, were collected during therapy and up to 12 wk after treatment completion. The entire study population was included in the intent-to-treat (ITT) analysis. Per-protocol (PP) analysis concerned patients who underwent HCV RNA evaluation 12 wk after completing treatment.

**Results:** Among patients with mental illness, there was a significantly higher percentage of men, treatment-naïve patients, obese, human immunodeficiency virus and hepatitis B virus-coinfected, patients with cirrhosis, and those infected with genotype 3 (GT3) while infection with GT1b was more frequent in the population without psychiatric disorders. The cure rate calculated PP was not significantly different in the two groups analyzed, with a SVR of 96.9% and 97.7%, respectively. Although patients with bipolar disorder achieved a significantly lower SVR, the multivariate analysis excluded it as an independent predictor of treatment non-response. Male sex, GT3 infection, cirrhosis, and failure of previous therapy were identified as independent negative predictors. The percentage of patients who completed the planned therapy did not differ between groups with and without mental disorders. In six patients, symptoms of mental illness (depression, schizophrenia) worsened, of which two discontinued treatments for this reason. New episodes of sleep disorders occurred significantly more often in patients with mental disorders. Patients with mental illness were more frequently lost to follow-up (4.2% vs 2.5%).

**Conclusion:** DAA treatment is safe and effective in HCV-infected patients with mental disorders. No specific psychiatric diagnosis lowered the chance of successful antiviral treatment.

**Keywords:** Direct-acting antivirals; Hepatitis C; Mental disorders.



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## Conflict of interest statement

Conflict-of-interest statement: All the authors report no relevant conflicts of interest for this article.

- [47 references](#)
- [1 figure](#)

### Full text links

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22. [\*\*The Suicidal Intrusions Attributes Scale \(SINAS\): a new tool measuring suicidal intrusions\*\*](#)

Front Psychiatry. 2023 Jul 5;14:1158340. doi: 10.3389/fpsy.2023.1158340. eCollection 2023.

### Authors

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- PMID: [37476542](#)
- PMCID: [PMC10354241](#)
- DOI: [10.3389/fpsy.2023.1158340](#)

### Free PMC article

## Abstract

**Introduction:** Suicidal intrusions are uncontrollable, intrusive mental images (e. g., visualizing a future suicidal act). They may also be called suicidal "flash-forwards." Despite the importance of integrating the assessment of suicidal intrusions into a clinical routine assessment, quick self-report screening instruments are lacking. This study describes the development of a new instrument-Suicidal Intrusions Attributes Scale (SINAS)-to assess the severity and characteristics of suicidal intrusions and examines its psychometric properties.

**Method:** The sample included currently suicidal outpatients with elevated levels of depression recruited across mental health institutions in the Netherlands ( $N = 168$ ). Instruments administered were 10-item SINAS, the Suicidal Ideation Attributes Scale (SIDAS), the Prospective Imagery Task (PIT), four-item Suicidal Cognitions Interview (SCI), and the Beck Depression Inventory (BDI-II).

**Results:** An exploratory factor analysis identified a one-factor structure. The resulting SINAS demonstrated good internal consistency (Cronbach's  $\alpha = 0.91$ ) and convergent validity, as expected.

**Discussion:** Overall, this study demonstrated acceptable levels of reliability and validity of the measure in a depressed clinical population with suicidal ideation. The SINAS may be a useful screening tool for suicidal intrusions in both research and clinical settings.

**Keywords:** Suicidal Intrusions Attributes Scale; intrusions; intrusiveness; mental imagery; suicidal imagery; suicide; validation study.

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## Conflict of interest statement

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

- [35 references](#)
- [2 figures](#)

### Full text links

23. ["Danmu" preference, problematic online video watching, loneliness and personality: An eye-tracking study and survey study](#)

BMC Psychiatry. 2023 Jul 20;23(1):523. doi: 10.1186/s12888-023-05018-x.

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- PMID: [37474903](#)
  - PMCID: [PMC10360313](#)

- DOI: [10.1186/s12888-023-05018-x](https://doi.org/10.1186/s12888-023-05018-x)

## Free PMC article

## Abstract

'Danmu' (i.e., comments that scroll across online videos), has become popular on several Asian online video platforms. Two studies were conducted to investigate the relationships between Danmu preference, problematic online video watching, loneliness and personality. Study 1 collected self-report data on the study variables from 316 participants. Study 2 collected eye-tracking data of Danmu fixation (duration, count, and the percentages) from 87 participants who watched videos. Results show that fixation on Danmu was significantly correlated with problematic online video watching, loneliness, and neuroticism. Self-reported Danmu preference was positively associated with extraversion, openness, problematic online video watching, and loneliness. The studies indicate the potential negative effects of Danmu preference (e.g., problematic watching and loneliness) during online video watching. The study is one of the first empirical investigations of Danmu and problematic online video watching using eye-tracking software. Online video platforms could consider adding more responsible use messaging relating to Danmu in videos. Such messages may help users to develop healthier online video watching habits.

**Keywords:** Danmu; Eye-tracking; Loneliness; Personality; Problematic online video watching.

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## Conflict of interest statement

The authors declare no competing interests.

- [46 references](#)
- [4 figures](#)

## Full text links

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24. [Persistent thinness and anorexia nervosa differ on a genomic level](#)

Eur J Hum Genet. 2023 Jul 20. doi: 10.1038/s41431-023-01431-8. Online ahead of print.

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- PMID: [37474786](#)
- DOI: [10.1038/s41431-023-01431-8](#)

## Abstract

Thinness and anorexia nervosa are both characterised by persistent low weight. Individuals with anorexia nervosa concurrently report distorted perceptions of their body and engage in weight-loss behaviours, whereas individuals with thinness often wish to gain weight. Both conditions are heritable and share genomics with BMI, but are not genetically correlated with each other. Based on their pattern of genetic associations with other traits, we explored differences between thinness and anorexia nervosa on a genomic level. In Part 1, using publicly available data, we compared genetic correlations of persistent thinness/anorexia nervosa with eleven psychiatric disorders. In Part 2, we identified individuals with adolescent persistent thinness in the Avon Longitudinal Study of Parents and Children (ALSPAC) by latent class growth analysis of measured BMI from 10 to 24 years ( $n = 6594$ ) and evaluated associations with psychiatric and anthropometric polygenic scores. In Part 1, in contrast to the positive genetic correlations of anorexia nervosa with various psychiatric disorders, persistent thinness showed negative genetic correlations with

attention deficit hyperactivity disorder ( $r_{gAN} = 0.08$  vs.  $r_{gPT} = -0.30$ ), alcohol dependence ( $r_{gAN} = 0.07$  vs.  $r_{gPT} = -0.44$ ), major depressive disorder ( $r_{gAN} = 0.27$  vs.  $r_{gPT} = -0.18$ ) and post-traumatic stress disorder ( $r_{gAN} = 0.26$  vs.  $r_{gPT} = -0.20$ ). In Part 2, individuals with adolescent persistent thinness in the ALSPAC had lower borderline personality disorder polygenic scores (OR = 0.77; Q = 0.01). Overall, results suggest that genetic variants associated with thinness are negatively associated with psychiatric disorders and therefore thinness may be differentiable from anorexia nervosa on a genomic level.

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- [53 references](#)

#### Full text links

25. [\*\*Efficacy of high-intensity versus low-intensity psychoanalytically oriented long-term treatments and determinants of outcome: individual participant data Meta-analysis of Long-term Analytic treatment Studies \(MeLAS\)\*\*](#)

BMJ Open. 2023 Jul 19;13(7):e069332. doi: 10.1136/bmjopen-2022-069332.

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- PMID: [37474167](#)
- PMCID: [PMC10357799](#)
- DOI: [10.1136/bmjopen-2022-069332](#)

**Free PMC article**

## Abstract

**Introduction:** Long-term psychodynamic/psychoanalytic psychotherapy (LTPP) is a prevalent treatment option for complex mental disorders. Yet, little is known about the role of treatment intensity in LTPP. We present a study protocol for a systematic review and individual participant data (IPD) meta-analysis aggregating and analysing individual data from randomised and quasi-experimental trials by meta-analysis. The purpose is to (1) determine the treatment effectiveness of LTPP with low versus



high intensity (up to 2 weekly sessions vs three or more), (2) compare their joint effectiveness to shorter therapies and treatments as usual, (3) identify predictors and moderators of treatment outcomes and (4) determine reciprocal relationships between different outcome domains (symptomatic and structural/personality change) over the courses of LTPP.

**Methods and analysis:** We include studies from (randomised controlled trial, RCT) and quasi-experimental trials, where at least one condition was LTPP of high or low frequency. Long-term treatment is defined as  $\geq 1$  year or  $\geq 50$  sessions. To be eligible studies must include a standardised outcome measure of symptoms (global or disorder specific) with at least one proof of reliability. The primary outcome is symptom reduction (global or specific), secondary outcome criteria are reliable change, remission, functional capacities, personality, personality functioning and interpersonal pathology. Relevant studies will mainly be identified by searching relevant databases: PubMed, PsycINFO (via EBSCO), Web of Science (via Elsevier), Cochrane's Central Register of Controlled Trials (via Wiley). Risk of bias will be evaluated in line with the Cochrane assessments tools for quasi-experimental trials and RCTs, respectively.

**Ethics and dissemination:** Aggregation of data from primary trials collected based on ethics votes. Dissemination into clinical practice via open access publications of findings.

**Prospero registration number:** CRD42022304982; Pre-results.

**Keywords:** Adult psychiatry; Anxiety disorders; Clinical trials; Depression & mood disorders; Personality disorders.

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## **Conflict of interest statement**

Competing interests: MEB, FL, ML-B and HL-S are state-licensed psychoanalysts, involved in the training of psychodynamic therapists/psychoanalysts. JB, DH, GK, TJ, HR-S, FR and SS are state-licensed psychoanalysts/psychodynamic psychotherapists. ME and LK are training as a psychodynamic/psychoanalytic psychotherapists. They have conceived and/or performed trials that will serve as a data source for the

proposed study (FH Study, JB; Göttingen Study, FL; HB Study, TJ); Munich Psychotherapy Study, DH, GK; LAC Study, ML-B, MEB, ME; Tavistock Adult Depression Study, FR; Viennese Psychoanalytic Process and Outcome Study, HL-S and HR-S).

- [81 references](#)

### Full text links

26. [Deliberate foreign body ingestion in patients with underlying mental illness: A retrospective multicentre study](#)

Australas Psychiatry. 2023 Jul 20;10398562231189431. doi: 10.1177/10398562231189431. Online ahead of print.

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- PMID: [37473424](#)
- DOI: [10.1177/10398562231189431](#)

## Free article

## Abstract

**Objective:** Deliberate foreign body ingestion (DFBI) is characterised by recurrent presentations among patients with mental health conditions, intellectual disabilities and in prisoners. We aimed to profile the characteristics and evaluate the care of such patients in this study.

**Methods:** Adult patients with an endoscopic record of attempted foreign body retrieval between January 2013 and September 2020 were identified at three Australian hospitals. Those with a documented mental health diagnosis were included and their standard medical records reviewed. Presentation history, demographics, comorbidities and endoscopic findings were recorded and described.

**Results:** A total of 166 admissions were accounted for by 35 patients, 2/3 of which had borderline personality disorder (BPD). Repetitive presentations occurred in more than half of the cohort. There was an increased trend of hospital admissions throughout the years. At least half of the cohort had a documented mental health review during their admission. An average of 3.3 (2.9) foreign bodies were ingested per single episode. Endoscopic intervention was performed in 76.5% of incidents. The combined Length of stay for all patients was 680 days.

**Conclusion:** Deliberate foreign body ingestion in mental health patients is a common, recurring and challenging problem that is increasing in

frequency and requires collaborative research to further guide holistic management.

**Keywords:** Borderline personality disorder; Personality disorders; foreign body.

**Full text links**

27. [\*\*Borderline personality disorder: Key information for nurses\*\*](#)

Nursing. 2023 Aug 1;53(8):10-12. doi:  
10.1097/01.NURSE.0000942812.63800.e3.

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- PMID: [37471358](#)
- DOI: [10.1097/01.NURSE.0000942812.63800.e3](#)

*No abstract available*

- [13 references](#)

**Full text links**

28. **[Measurement invariance of the Personality Inventory for the DSM-5 \(PID-5\) for Nigerian and White American university students](#)**

Psychol Assess. 2023 Aug;35(8):715-720. doi: 10.1037/pas0001251.

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- PMID: [37470995](#)
- DOI: [10.1037/pas0001251](#)

**Abstract**

In a previous study, it was reported that the typically replicable factor structure of the Personality Inventory for Diagnostic and Statistical Manual of Mental Disorders, fifth edition (PID-5) was noninvariant across samples of Black American and White American university students. The investigators of that study attributed this noninvariance across these two racial groups to Black American racialization, defined as Black individuals living in a predominantly non-Black society. In the current investigation, we examined further the effects of Black racialization by examining PID-5 factor structure invariance using a sample of nonracialized Black (Nigerian) university students (i.e., Black people living in a primarily Black society) and a sample of White American students. The factor structure of the PID-5 across the samples indicated overall configural invariance, suggesting that the same PID-5 facet traits, for the most part, load on the same factors for the nonracialized Black people and White Americans. This result is consistent with the view that Black racialization likely contributes to PID-5 factor structure noninvariance across White and Black

Americans. There were some differences, however, between the Nigerian and White American students with respect to metric invariance and scalar invariance, suggesting the facet-to-factor loadings have different magnitudes of association across groups and that domain scale score elevations in Nigerian and White American students are not comparable; this was particularly prominent for the disinhibition domain. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

### Full text links

29. [Characteristics of single vs. multiple suicide attempters among adolescents: a systematic review and meta-analysis](#)

Eur Child Adolesc Psychiatry. 2023 Jul 20. doi: 10.1007/s00787-023-02260-2. Online ahead of print.

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- PMID: [37470845](https://pubmed.ncbi.nlm.nih.gov/37470845/)
- DOI: [10.1007/s00787-023-02260-2](https://doi.org/10.1007/s00787-023-02260-2)

## Abstract

There might be differential characteristics between those who have attempted suicide once in their lifetime (single attempters) and those who have attempted suicide two or more times (multiple attempters). We aimed to identify the factors that differentiate single and multiple attempters in child and adolescents. This study was conducted following the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) guidelines, and the review protocol was registered in PROSPERO. We conducted a systematic literature search in three databases to identify original studies exploring the characteristics of single attempters vs. multiple attempters among adolescents. We considered a wide range for the definition of adolescent, following most recent recommendations: 10-24 years. We carried out a meta-analysis. Fourteen studies were included in the systematic review and 13 in the meta-analysis with a total sample of with a total of 4286 participants. The

factors statistically significantly associated with being a multiple attempter in the meta-analysis were: anxiety disorders, depression severity, alcohol abuse, substance abuse, aggressiveness, and hopelessness. Multiple attempters have a more severe clinical profile, with greater severity of symptoms. Knowledge of the risk factors associated with being a multiple attempter could help us to predict which patients are more likely to reattempt suicide and need further monitoring and a tailored treatment. Prevention programs tailored for the adolescent population, along with identification of early risk factors, could help to prevent suicidal behavior among this vulnerable population.

**Keywords:** Adolescents; Meta-analysis; Suicide; Suicide attempt; Suicide ideation.

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- [52 references](#)

#### **Full text links**

30. [\*\*The benefits of prosocial power motivation in leadership: Action orientation fosters a win-win\*\*](#)

PLoS One. 2023 Jul 19;18(7):e0287394. doi: 10.1371/journal.pone.0287394. eCollection 2023.

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- PMID: [PMC10355387](#)
- DOI: [10.1371/journal.pone.0287394](#)

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## Abstract

Power motivation is considered a key component of successful leadership. Based on its dualistic nature, the need for power (nPower) can be expressed in a dominant or a prosocial manner. Whereas dominant motivation is associated with antisocial behaviors, prosocial motivation is characterized by more benevolent actions (e.g., helping, guiding). Prosocial enactment of the power motive has been linked to a wide range of beneficial outcomes, yet less has been investigated what determines a prosocial enactment of the power motive. According to Personality Systems Interactions (PSI) theory, action orientation (i.e., the ability to self-regulate affect) promotes prosocial enactment of the implicit power motive and initial findings within student samples verify this assumption. In the present study, we verified the role of action orientation as an antecedent for prosocial power enactment in a leadership sample (N = 383). Additionally, we found that leaders personally benefited from a prosocial enactment strategy. Results show that action orientation through prosocial power motivation leads to reduced power-related anxiety and, in turn, to greater leader well-being. The integration of motivation and self-regulation research reveals why leaders enact their power motive in a certain way and helps to understand how to establish a win-win situation for both followers and leaders.

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## Conflict of interest statement

The authors have declared that no competing interests exist.

- [117 references](#)
- [3 figures](#)

## Full text links

31. [Construct validation of Minnesota Multiphasic Personality Inventory-3 \(MMPI-3\) scales relevant to the assessment of bipolar spectrum disorders](#)

J Clin Psychol. 2023 Jul 19. doi: 10.1002/jclp.23568. Online ahead of print.

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## Abstract

**Background:** The Minnesota Multiphasic Personality Inventory-3 (MMPI-3) is a commonly used psychological test that includes several scales relevant to measuring manic and depressive symptoms of bipolar spectrum disorders.

**Aims:** The goal of the present study was to evaluate the construct validity of MMPI-3 scale scores with respect to self-report measures of bipolar psychopathology.

**Materials & methods:** Using a sample of 644 university students in New Zealand, we calculated correlations between scores on the MMPI-3 and the

Hypomanic Personality Scale-Short Form (HPS-SF) total and factor scores and the Altman Self-Report Mania Scale (ASRM) total and item scores.

**Results:** For associations against the HPS-SF, almost all of the hypotheses were supported, whereas for the ASRM scale, several were not. We also estimated a series of regression models predicting HPS-SF and ASRM scores from meaningfully associated MMPI-3 scores. Hypomanic Activation (RC9), Activation (ACT), and Self-Importance (SFI) scores emerged as the most consistent and substantial predictors of criteria, with SFI scores being more specifically associated with total scores and criteria related to Social Vitality. Several internalizing and thought dysfunction MMPI-3 scales were also meaningfully associated with scores on the HPS-SF and ASRM.

**Discussion & conclusion:** Implications and limitations, such as the use of a university student convenience sample, are discussed.

**Keywords:** MMPI-3; bipolar spectrum disorders; construct validity; mania.

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- [33 references](#)

**Full text links**

32. [\*\*Attachment as a predictor of dropout in mentalization-based treatment\*\*](#)

Psychol Psychother. 2023 Jul 19. doi: 10.1111/papt.12478. Online ahead of print.

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## Abstract

**Objectives:** Although treatments of patients with borderline personality disorder (BPD) were historically associated with relatively high dropout rates, dropout rates in contemporary evidence-based treatments for BPD are typically substantially lower. However, only a few studies have investigated dropout rates in mentalization-based treatment (MBT), and even fewer have investigated predictors of dropout in this type of treatment. In this study, we investigated dropout rates in two types of MBT (day hospital MBT [MBT-DH] and intensive outpatient MBT [MBT-IOP]) using data from a recent multicenter randomized clinical trial. Given the central importance of attachment considerations in MBT, we also investigated the relationship between dropout in these two treatments and attachment dimensions.

**Design:** Within a multicenter randomized clinical trial, 114 BPD patients were randomized to MBT-DH (n = 70) or MBT-IOP (n = 44).

**Methods:** Dropout in both types of MBT was investigated using descriptive analyses, and its association with attachment anxiety and attachment avoidance, as measured by the Experiences in Close

Relationships questionnaire at baseline, was investigated using regression analyses.

**Results:** Dropout rates were relatively low (10.5% across both types of MBT) and did not significantly differ between groups (11.4% in MBT-DH, 9.1% in MBT-IOP). Attachment avoidance and attachment anxiety did not impact dropout, nor did their interaction or the interaction with the type of MBT.

**Conclusions:** Low dropout rates in both types of MBT indicate a high level of engagement of patients in both programmes. Attachment dimensions were not associated with dropout, consistent with the principle that MBT is tailored to each individual's needs. More research is needed, however, to investigate to what extent attachment is a dynamic context-bound adaptive process rather than a static personality feature.

**Keywords:** attachment; borderline personality disorder; dropout; mentalization-based treatment.

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- [53 references](#)

#### Full text links

33. [\*\*Drug use and suicidal ideation in the daily lives of individuals in a dialectical behavior therapy program\*\*](#)

J Clin Psychol. 2023 Jul 18. doi: 10.1002/jclp.23564. Online ahead of print.

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- DOI: [10.1002/jclp.23564](#)

## Abstract

**Objectives:** Substance use disorders and borderline personality disorders (BPD) often co-occur and may be concurrently treated by Dialectical Behavior Therapy (DBT). However, there is limited information on how drug use and suicidal ideation may interact in the daily lives of individuals receiving DBT treatment.

**Methods:** This study examined the DBT diary cards of 47 individuals in a community mental health center's partial hospital and intensive outpatient program. Multilevel modeling techniques were used to examine the moderating effects of BPD symptom severity on the relationship between same day, 1-, 2-, and 3-day lagged drug use and suicidal ideation.

**Results:** Results indicated a significant relationship between same-day, 1-day lagged, 2-day lagged drug use and suicidal ideation. BPD was a moderator for the relationship between 1-day lagged drug use and suicidal ideation.

**Conclusion:** Limitations of the study include the measure for BPD symptom severity was only collected pretreatment and the results are likely limited to the effects of cannabis use on suicidal ideation. Clinicians may need to consider the prolonged effects of drug use on suicidal ideation when conducting chain analyses on suicidal behaviors.

**Keywords:** Dialectical Behavior Therapy; cannabis use; drug use; suicidal ideation.

- [46 references](#)

### Full text links

34. [\*\*Examining associations, moderators and mediators between childhood maltreatment, social functioning, and social cognition in psychotic disorders: a systematic review and meta-analysis\*\*](#)

Psychol Med. 2023 Jul 17;1-24. doi: 10.1017/S0033291723001678. Online ahead of print.

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- PMID: [37458216](#)
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## Abstract

Childhood maltreatment (CM) has been related to social functioning and social cognition impairment in people with psychotic disorders (PD); however, evidence across different CM subtypes and social domains remains less clear. We conducted a systematic review and meta-analysis to quantify associations between CM, overall and its different subtypes (physical/emotional/sexual abuse, physical/emotional neglect), and domains of social functioning and social cognition in adults with PD. We also examined moderators and mediators of these associations. A PRISMA-compliant systematic search was performed on 24 November 2022 (PROSPERO CRD42020175244). Fifty-three studies ( $N = 13\,635$  individuals with PD) were included in qualitative synthesis, of which 51 studies ( $N = 13\,260$ ) with 125 effects sizes were pooled in meta-analyses. We found that CM was negatively associated with global social functioning and interpersonal relations, and positively associated with aggressive behaviour, but unrelated to independent living or occupational functioning. There was no meta-analytic evidence of associations between CM and social cognition. Meta-regression analyses did not identify any consistent moderation pattern. Narrative synthesis identified sex and timing of CM as potential moderators, and depressive symptoms and maladaptive personality traits as possible mediators between CM and social outcomes. Associations were of small magnitude and limited number of studies assessing CM subtypes and social cognition are available. Nevertheless, adults with PD are at risk of social functioning problems after CM exposure, an effect observed across multiple CM subtypes, social domains, diagnoses and illness stages. Maltreated adults



with PD may thus benefit from trauma-related and psychosocial interventions targeting social relationships and functioning.

**Keywords:** aggression; child abuse; childhood trauma; emotion processing; neglect; psychosis; social behaviour; social interactions; social relationships; theory of mind.

### Full text links

35. [\*\*Attachment and parental bond: impact on psychopathology, mental health and quality of life of hemodialysis patients: a cross-sectional study\*\*](#)

BMC Psychol. 2023 Jul 15;11(1):210. doi: 10.1186/s40359-023-01246-8.

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### Free PMC article

## Abstract

**Background:** Attachment theory represents a reference model for understanding better how pre-existing personality factors can influence the coping with some chronic conditions. The onset of a chronic disease can represent a "threat" to the relationships between the subject and parental figures according to the type of bond that already exists. The aim of our study was to explore attachment styles in a sample of hemodialysis patients, hypothesizing that a secure attachment bond can constitute a protective factor for the quality of life and mental health in this type of patients.

**Design:** We used a cross-sectional design.

**Methods:** Fifty hemodialysis patients were given the following tests: Attachment Style Questionnaire (ASQ) to assess attachment styles, Parental Bonding Instrument (PBI) to assess parental bonding, Short Form Health Survey-36 (SF-36) for perceived quality of life and Middlesex Hospital Questionnaire (MHQ) to detect key psychological symptoms and relevant traits.

**Results:** The results showed that secure attachment style correlated with good general health ( $r = 0.339$ ;  $p < 0.05$ ), good mental health ( $r = 0.547$ ;  $p < 0.001$ ) and mental component scale ( $r = 0.373$ ;  $p < 0.05$ ) of SF-36. Secure attachment was also significantly associated with mental health ( $B = 1.104$ ;  $p = .002$ ) of the SF-36.

**Conclusions:** The results confirmed the positive role of a secure attachment style for adequate psychological health. Early identification of patients with dysfunctional attachment styles will make it possible to offer

them targeted interventions to improve their ability to accept, adapt and manage the disease and to maintain adequate psychological well-being.

**Keywords:** Attachment; Hemodialysis; Mental health; Parental bond; Psychopathology; Quality of life.

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## Conflict of interest statement

The authors declare that they have no competing interests.

- [40 references](#)

## Full text links

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36. [\*\*The eleven-item Alcohol, Smoking and Substance Involvement Screening Test \(ASSIST-11\): Cross-cultural psychometric evaluation across 42 countries\*\*](#)

J Psychiatr Res. 2023 Jul 6;165:16-27. doi: 10.1016/j.jpsychires.2023.06.033. Online ahead of print.

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## Abstract

The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) is an instrument to screen substance-use-related health risks. However, little is known whether the ASSIST could be further shortened while remaining psychometrically sound across different countries, languages, gender identities, and sexual-orientation-based groups. The study aimed to validate a shortened 11-item ASSIST (ASSIST-11). Using the International Sex Survey data, 82,243 participants ( $M_{\text{age}} = 32.39$  years) across 42 countries and 26 languages completed questions from the ASSIST-11 regarding gender identity, sexual orientation, and other information. Confirmatory factor analysis (CFA) and multigroup CFA (MGCFA) evaluated the ASSIST-11's structure and tested measurement invariance across groups. Cronbach's  $\alpha$  and McDonald's  $\omega$  were used to

examine the internal consistency. Cohen's  $d$  and independent  $t$ -tests were used to examine known-group validity. The ASSIST-11 was unidimensional across countries, languages, age groups, gender identities (i.e., men, women, and gender-diverse individuals), and sexual orientations (i.e., heterosexual and sexual minority individuals). Cronbach's  $\alpha$  was 0.63 and McDonald's  $\omega$  was 0.68 for the ASSIST-11. Known-group validity was supported by Cohen's  $d$  (range between 0.23 and 0.40) with significant differences ( $p$ -values $<0.001$ ). The ASSIST-11 is a modified instrument with a unidimensional factor structure across different languages, age groups, countries, gender identities, and sexual orientations. The low internal consistency of the ASSIST-11 might be acceptable as it assesses a broad concept (i.e., use of several different substances). Healthcare providers and researchers may use the ASSIST-11 to quickly assess substance-use information from general populations and evaluate the need to follow up with more detailed questions about substance use.

**Keywords:** Addictive behaviors; Cross-cultural study; Factor structure; Measurement invariance; Psychometrics.

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## **Conflict of interest statement**

Declaration of competing interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

### **Full text links**

37. [\*\*Comparison of childhood trauma between depressive disorders and personality disorders\*\*](#)

Personal Ment Health. 2023 Jul 15. doi: 10.1002/pmh.1589. Online ahead of print.



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- PMID: [37452642](#)
- DOI: [10.1002/pmh.1589](#)

## Abstract

The relationship between childhood trauma with major depressive disorder (MDD) and personality disorders is complex. We explored the differences in the subjective reporting of childhood trauma to determine whether there were differences between those with a diagnosis of personality disorder and those with MDD. Adult patients with depressive symptoms were recruited from three adult psychiatry inpatient wards. Sixty inpatients fulfilled the study criteria and were requested to complete the childhood trauma questionnaire (CTQ). At discharge, diagnosis was determined and was allocated mainly to two groups: those with MDD and those with personality disorder. Those with MDD, dysthymia and subsyndromal depressive symptoms were included in the Depression Broad Definition (DBD) group (secondary analysis). Significantly higher subjective reporting of childhood trauma was observed in the personality disorder group compared with MDD in three CTQ domains. Similarly, significantly higher reporting of childhood trauma was observed in all five CTQ domains in those with a personality disorder compared with the DBD group. In conclusion, the presence of personality disorder was associated with greater subjective reporting of childhood trauma compared with those with MDD, and further research is required to explore the differences in objective experience of childhood trauma between the diagnoses using objective measures.

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- [51 references](#)

### Full text links

## 38. [Retrograde amnesia abolishes the self-reference effect in anterograde memory](#)

Exp Brain Res. 2023 Aug;241(8):2057-2067. doi: 10.1007/s00221-023-06661-2. Epub 2023 Jul 14.

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- PMID: [37450003](#)
- PMCID: [PMC10386963](#)
- DOI: [10.1007/s00221-023-06661-2](#)

### Free PMC article

## Abstract

Is retrograde amnesia associated with an ability to know who we are and imagine what we will be like in the future? To answer this question, we had S.G., a patient with focal retrograde amnesia following hypoxia, two brain-damaged (control) patients with no retrograde memory deficits, and

healthy controls judge whether each of a series of trait adjectives was descriptive of their present self, future self, another person, and that person in the future, and later recognize studied traits among distractors. Healthy controls and control patients were more accurate in recognizing self-related compared to other-related traits, a phenomenon known as the self-reference effect (SRE). This held for both present and future self-views. By contrast, no evidence of (present or future) SRE was observed in SG, who concomitantly showed reduced certainty about his personality traits. These findings indicate that retrograde amnesia can weaken the self-schema and preclude its instantiation during self-related processing.

**Keywords:** Focal retrograde amnesia; Self; Self-reference effect.

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## **Conflict of interest statement**

The authors declare that they have no conflict of interest.

- [106 references](#)
- [4 figures](#)

## **Full text links**

39. [\*\*Borderline personality disorder and depression severity predict suicidal outcomes: A six-month prospective cohort study of depression, bipolar depression, and borderline personality disorder\*\*](#)

Acta Psychiatr Scand. 2023 Jul 12. doi: 10.1111/acps.13586. Online ahead of print.

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- PMID: [37438939](#)
- DOI: [10.1111/acps.13586](#)

## Abstract

**Background:** Suicide risk is high in patients with major depressive disorder (MDD), bipolar disorder (BD) and borderline personality disorder (BPD). Whether risk levels of and risk factors for suicidal ideation (SI) and suicide attempts (SA) are similar or different in these disorders remains unclear, as few directly comparative studies exist. The relationship of short-term changes in depression severity and SI is underinvestigated, and might differ across groups, for example, between BPD and non-BPD patients.

**Methods:** We followed, for 6 months, a cohort of treatment-seeking, major depressive episode (MDE) patients in psychiatric care (original n = 124), stratified into MDE/MDD, MDE/BD and MDE/BPD subcohorts. We examined risks of suicide-related outcomes and their risk factors prospectively. We examined the covariation of SI and depression over time with biweekly online modified Patient Health Questionnaire 9 surveys and analysed this relationship through multi-level modelling.

**Results:** Risk of SA in BPD (22.2%) was higher than non-BPD (4.23%) patients. In regression models, BPD severity was correlated with risk of SA and clinically significant SI. During follow-up, mean depression severity and changes in depression symptoms were associated with SI risk regardless of diagnosis.

**Conclusions:** Concurrent BPD in depression seems predictive for high risk of SA. Severity of BPD features is relevant for assessing risk of SA and SI in MDE. Changes in depressive symptoms indicate concurrent changes in risk

of SI. BPD status at intake can index risk for future SA, whereas depressive symptoms appear a useful continuously monitored risk index.

**Keywords:** bipolar disorder; borderline personality disorder; depression; major depressive disorder; suicide.

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- [50 references](#)

### Full text links

40. [\*\*Characterization of different types of anxiety disorders in relation to structural integration of personality and adverse and protective childhood experiences in psychotherapy outpatients - a cross-sectional study\*\*](#)

BMC Psychiatry. 2023 Jul 12;23(1):501. doi: 10.1186/s12888-023-04988-2.

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- PMID: [37438712](#)
- PMCID: [PMC10339566](#)
- DOI: [10.1186/s12888-023-04988-2](#)

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## Abstract

**Background:** Current research has emphasized the role of structural integration of personality and childhood experiences for the understanding of anxiety disorders. In this study, we examined the relationship between anxiety disorders (generalized anxiety disorder vs. panic disorder vs. phobic disorders), the level of structural integration of personality, and negative and protective childhood experiences at the beginning of outpatient psychodynamic psychotherapy treatment. Differences were characterized in comparison to patients with no anxiety disorders.

**Methods:** The sample included a total of 1646 outpatient psychodynamic psychotherapy treatments, of which 695 treatments included the diagnosis of at least one anxiety disorder. Levels of structural integration of personality were assessed according to the Operationalized Psychodynamic Diagnosis (OPD-2) system. Self-reported negative and protective childhood experiences were examined by using the Questionnaire for the Assessment of Adverse and Protective Childhood Experiences (APC). Associations were tested using single factor ANOVAs.

**Results:** Patients with anxiety disorders showed lower levels of structural integration of personality and reported more adverse childhood experiences than patients with no anxiety disorders. Regarding the subscales of structural integration of personality, phobic disorders were associated with impaired external communication, whereas for generalized anxiety disorder, an (uncorrected) association with impaired self-regulation was found. Also, generalized anxiety disorder was associated with sexual abuse and other traumatization (accidents etc.) during childhood, while panic disorder and phobic disorders were associated with emotional neglect, abuse, and fewer protective childhood experiences.

**Conclusions:** Our findings emphasize the need of considering structural integration of personality and childhood experiences in order to understand and treat various types of anxiety disorders.

**Keywords:** Adverse childhood experiences; Generalized anxiety disorder; Panic disorder; Phobia; Protective childhood experiences; Structural integration of personality.

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## **Conflict of interest statement**

No conflicts of interest are declared.

The authors declare that they have no competing interests.

- [72 references](#)
- [3 figures](#)

## **Full text links**

41. [\*\*LungElast-an open-source, flexible, low-cost, microprocessor-controlled mouse lung elastometer\*\*](#)

Sci Rep. 2023 Jul 12;13(1):11246. doi: 10.1038/s41598-023-38310-7.

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- PMID: [37438462](#)
- PMCID: [PMC10338507](#)
- DOI: [10.1038/s41598-023-38310-7](#)

## Free PMC article

## Abstract

The study of mouse lung mechanics provides essential insights into the physiological mechanisms of pulmonary disease. Consequently, investigators assemble custom systems comprising infusion-withdrawal syringe pumps and analog pressure sensors to investigate the lung function of these animals. But these systems are expensive and require ongoing regulation, making them challenging to use. Here I introduce LungElast, an open-source, inexpensive, and self-contained instrument that can experimentally determine lung elasticity and volumes even in immature mice. It is assembled using custom 3D printed parts and readily available or easily constructed components. In this device, a microprocessor-controlled stepper motor automatically regulates lung volume by precisely driving a syringe piston whose position is determined using time-of-flight LIDAR technology. The airway pressures associated with the lung volumes are determined using compact sensor-on-chip technology, retrieved in a digital format, and stored by the microcontroller. The instrument software is modular, which eases device testing, calibration, and use. Data are also provided here that specify the accuracy and precision of the elastometer's sensors and volume delivery and demonstrate its use with lung models and mouse pups. This instrument has excellent potential for research and educational work.

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## Conflict of interest statement

The author declares no competing interests.

- [58 references](#)
- [6 figures](#)



## Full text links

42. [\*\*Introduction and behavioral validation of the climate change distress and impairment scale\*\*](#)

Sci Rep. 2023 Jul 12;13(1):11272. doi: 10.1038/s41598-023-37573-4.

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- PMID: [37438436](#)
- PMCID: [PMC10338517](#)
- DOI: [10.1038/s41598-023-37573-4](#)

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## Abstract

Governmental agencies and the medical and psychological professions are calling for a greater focus on the negative mental health effects of climate change (CC). As a first step, the field needs measures to distinguish affective/emotional distress due to CC from impairment that requires further scientific and diagnostic attention and that may require treatment in the future. To this end, we constructed the climate change distress and impairment scale, which distinguishes CC distress (spanning anger, anxiety, and sadness) from impairment. In four studies (N = 1699), we developed and validated English and German versions of the scale. Across samples, spanning 2021-2022, CC distress was at least moderate, while we observed general moderate to high levels of distress and low to moderate levels of impairment. In three English-speaking samples, younger individuals and women were most affected by CC distress, whereas this was not the case in a German-speaking sample, suggesting sociopolitical influencing factors. We demonstrate convergent validity with previous measures and discriminant validity for general negative affectivity and depressive and generalized anxiety disorder symptoms, which underlines that CC distress is not in itself pathological. Employing a fully incentivized social dilemma paradigm, we demonstrate that CC distress and (to a lesser degree) CC impairment predict pro-environmental behavior, underscoring them as possible drivers, and targets, of climate-change mitigation efforts.

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## **Conflict of interest statement**

The authors declare no competing interests.

- [55 references](#)
- [4 figures](#)

## **Full text links**

- 
43. [\*\*Predictors of PTSD and Psychological Distress Symptoms of Ukraine Civilians During war\*\*](#)

Disaster Med Public Health Prep. 2023 Jul 12;17:e429. doi: 10.1017/dmp.2023.69.

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- PMID: [37435730](#)
- DOI: [10.1017/dmp.2023.69](#)

## Abstract

**Objective:** War may raise the level of distress and post-traumatic stress disorder (PTSD). The study explores the extent to which 4 factors determine levels of PTSD and distress symptoms of Ukraine civilians (without developing PTSD) during the current war.

**Method:** The data were collected via a Ukrainian internet panel company. 1001 participants responded to a structured online questionnaire. Path analysis was conducted to identify predictive indicators of PTSD scores.

**Results:** PTSD symptoms positively correlated with respondents' level of exposure to the war and their sense of danger, and negatively correlated with well-being, family income, and age. Females scored higher on PTSD symptoms. Path analysis showed that higher exposure to war and higher sense of danger increase PTSD and distress symptoms, whereas higher well-being, higher individual resilience, and being a man, as well as older age decrease their level. Despite the strong effects of the coping

suppressing factors, most respondents did not reach the critical level of PTSD or distress symptoms.

**Conclusion:** At least 4 positive and negative factors account for people's coping with stressful experiences: previous traumatic experiences, individual level of pathology, personality attributes, and socio-demographic characteristics. The balance of these factors protects most people from PTSD symptoms despite their being affected by war traumas.

**Keywords:** PTSD symptoms; Ukraine; distress; war.

**Full text links**

44. [\*\*Massive inguinal herniation of the bladder with bilateral hydronephrosis, complicated by psychosis\*\*](#)

BMJ Case Rep. 2023 Jul 11;16(7):e256040. doi: 10.1136/bcr-2023-256040.

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- PMID: [37433687](#)
- PMCID: **PMC10347516** (available on 2025-07-11)
- DOI: [10.1136/bcr-2023-256040](#)

**Abstract**

Massive inguinal herniation of the bladder is rare. This case was made more dramatic by the late presentation and simultaneous psychiatric condition. A man in his 70s was found in his burning house and admitted for smoke inhalation. Initially refusing examination or investigation, on the third day, he was found to have massive inguinal bladder herniation, bilateral hydronephrosis and acute renal failure. After urethral catheterisation, bilateral ureteric stent insertion and resolution of postobstructive diuresis, the patient underwent open right inguinal hernia repair and return of the bladder to its orthotopic position. He also diagnosed with schizotypal personality disorder with psychosis, malnutrition, iron deficiency anaemia, heart failure and chronic lower limb ulcers. Four months later and after multiple failed trial of voids, the patient underwent transurethral resection of prostate with successful resumption of spontaneous voiding.

**Keywords:** Acute renal failure; Delusional disorder; Malnutrition; Prehospital; Urology.

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## **Conflict of interest statement**

Competing interests: None declared.

## **Full text links**

### 45. [Childhood trauma and anger in adults with and without depressive and anxiety disorders](#)

Acta Psychiatr Scand. 2023 Jul 10. doi: 10.1111/acps.13589. Online ahead of print.

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- PMID: [37430486](#)
- DOI: [10.1111/acps.13589](#)

## Abstract

**Background:** Childhood trauma (CT) is associated with severe sequelae, including stress-related mental health disorders that can perpetuate long into adulthood. A key mechanism in this relationship seems to be emotion regulation. We aimed to investigate (1) whether childhood trauma is associated with anger in adulthood, and, if so, (2) to explore which types of childhood trauma predominate in the prediction of anger in a cohort that included participants with and without current affective disorders.

**Methods:** In the Netherlands Study of Depression and Anxiety (NESDA), childhood trauma was assessed with a semi-structured Childhood Trauma Interview (CTI) at baseline, and analyzed in relation to anger as measured at a 4-year follow-up with the Spielberger Trait Anger Subscale (STAS), the Anger Attacks Questionnaire, and cluster B personality traits (i.e., borderline, antisocial) of the Personality Disorder Questionnaire 4 (PDQ-4), using analysis of covariance (ANCOVA) and multivariable logistic regression analyses. Post hoc analyses comprised cross-sectional regression analyses, using the Childhood Trauma Questionnaire-Short Form (CTQ-SF) also obtained at a 4-year follow-up.

**Results:** Participants (n = 2271) were on average 42.1 years (SD = 13.1), and 66.2% were female. Childhood trauma showed a dose-response association with all anger constructs. All types of childhood trauma were significantly associated with borderline personality traits, independently

of depression and anxiety. Additionally, all types of childhood trauma except for sexual abuse were associated with higher levels of trait anger, and a higher prevalence of anger attacks and antisocial personality traits in adulthood. Cross-sectionally, the effect sizes were larger compared with the analyses with the childhood trauma measured 4 years prior to the anger measures.

**Conclusions:** Childhood trauma is linked with anger in adulthood, which could be of particular interest in the context of psychopathology. Focus on childhood traumatic experiences and adulthood anger may help to enhance the effectiveness of treatment for patients with depressive and anxiety disorders. Trauma-focused interventions should be implemented when appropriate.

**Keywords:** anger; anxiety; childhood trauma; depression.

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- [70 references](#)

**Full text links**

46. [\*\*How ambient temperature affects mood: an ecological momentary assessment study in Switzerland\*\*](#)

Environ Health. 2023 Jul 11;22(1):52. doi: 10.1186/s12940-023-01003-9.

**Authors**

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- PMID: [37430261](https://pubmed.ncbi.nlm.nih.gov/37430261/)
- PMCID: [PMC10334623](https://pubmed.ncbi.nlm.nih.gov/PMC10334623/)
- DOI: [10.1186/s12940-023-01003-9](https://doi.org/10.1186/s12940-023-01003-9)

**Free PMC article**

## Abstract

**Background:** Recent research has suggested that an increase in temperature can negatively affect mental health and increase hospitalization for mental illness. It is not clear, however, what factors or



mechanisms mediate this association. We aimed to (1) investigate the associations between ambient temperatures and bad daily mood, and (2) identify variables affecting the strength of these associations (modifiers) including the time, the day of the week and the year of the mood rating, socio-demographic characteristics, sleep quality, psychiatric disorders and the personality trait neuroticism in the community.

**Methods:** Data stemmed from the second follow-up evaluation of CoLaus|PsyCoLaus, a prospective cohort study conducted in the general population of Lausanne (Switzerland). The 906 participants rated their mood level four times a day during seven days using a cell phone app. Mixed-effects logistic regression was used to determine the association between daily maximum temperature and mood level. Participant ID was inserted as a random effect in the model, whereas the time of the day, the day of the week and the year were inserted as fixed effects. Models were controlled for several confounders (socio-demographic characteristics, sleep quality, weather parameters and air pollutants). Stratified analyses were conducted based on socio-demographic characteristics, sleep quality, presence of psychiatric disorders or a high neuroticism.

**Results:** Overall, the probability of having a bad mood for the entire day decreased by 7.0% (OR: 0.93; 95% CI 0.88, 0.99) for each 5 °C increase in maximum temperature. A smaller and less precise effect (-3%; OR: 0.97; 95% CI 0.91, 1.03) was found when controlling for sunshine duration. A higher association was found in participants with bipolar disorder (-23%; OR: 0.77; 95% CI 0.51, 1.17) and in participants with a high neuroticism (-13%; OR: 0.87 95% CI 0.80, 0.95), whereas the association was reversed for participants with anxiety (20%; OR: 1.20; 95% CI 0.90, 1.59), depression (18%; OR: 1.18 95% CI 0.94, 1.48) and schizophrenia (193%; OR: 2.93 95% CI 1.17, 7.73).

**Conclusions:** According to our findings, rising temperatures may positively affect mood in the general population. However, individuals with certain psychiatric disorders, such as anxiety, depression, and schizophrenia, may exhibit altered responses to heat, which may explain their increased morbidity when exposed to high temperatures. This suggests that tailored public health policies are required to protect this vulnerable population.

**Keywords:** Ambient temperature; Climate change; Ecological momentary assessment; Mental health; Mood.

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- [60 references](#)
- [2 figures](#)

### Full text links

47. [\*\*Eating disorders in weight-related therapy \(EDIT\): Protocol for a systematic review with individual participant data meta-analysis of eating disorder risk in behavioural weight management\*\*](#)

PLoS One. 2023 Jul 10;18(7):e0282401. doi: 10.1371/journal.pone.0282401. eCollection 2023.

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## Abstract

The Eating Disorders In weight-related Therapy (EDIT) Collaboration brings together data from randomised controlled trials of behavioural weight management interventions to identify individual participant risk factors and intervention strategies that contribute to eating disorder risk. We present a protocol for a systematic review and individual participant data (IPD) meta-analysis which aims to identify participants at risk of developing eating disorders, or related symptoms, during or after weight management interventions conducted in adolescents or adults with overweight or obesity. We systematically searched four databases up to March 2022 and clinical trials registries to May 2022 to identify randomised controlled trials of weight management interventions conducted in adolescents or adults with overweight or obesity that measured eating disorder risk at pre- and post-intervention or follow-up. Authors from eligible trials have been invited to share their deidentified IPD. Two IPD meta-analyses will be conducted. The first IPD meta-analysis aims to examine participant level factors associated with a change in eating disorder scores during and following a weight management

intervention. To do this we will examine baseline variables that predict change in eating disorder risk within intervention arms. The second IPD meta-analysis aims to assess whether there are participant level factors that predict whether participation in an intervention is more or less likely than no intervention to lead to a change in eating disorder risk. To do this, we will examine if there are differences in predictors of eating disorder risk between intervention and no-treatment control arms. The primary outcome will be a standardised mean difference in global eating disorder score from baseline to immediately post-intervention and at 6- and 12-months follow-up. Identifying participant level risk factors predicting eating disorder risk will inform screening and monitoring protocols to allow early identification and intervention for those at risk.

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## **Conflict of interest statement**

I have read the journal's policy and the authors of this manuscript have the following competing interests: AS owns 50% of the shares in Zuman International, which receives royalties for books AS has written and payments for presentations. AS additionally reports receiving presentation fees and travel reimbursements from Eli Lilly and Co, the Pharmacy Guild of Australia, Novo Nordisk, the Dietitians Association of Australia, Shoalhaven Family Medical Centres, the Pharmaceutical Society of Australia, and Metagenics, and serving on the Nestlé Health Science Optifast VLCD advisory board from 2016 to 2018. ALA is Principal Investigator on two publicly funded trials where the intervention is provided by WW (formerly Weight Watchers) at no cost. KS has received in kind support as meals from 'Lite and Easy' for a clinical trial of weight stigma in young women in the last 5 years. ER has previously received research funding from Unilever and the American Beverage Association for unrelated work. JAY reports unrelated grant funds to NICHD supporting his research from Soleno Therapeutics, Rhythm Pharmaceuticals, and Hikma Pharmaceuticals. HFS has previously received a salary from Novo Nordisk unrelated to the present work. YSD has previously received a salary from Novo Nordisk unrelated to the present work. HAR has received funding from the National Institutes of Health in

the area of adult and pediatric weight management. HAR is a committee member for the evidence-based practice guidelines for pediatric weight management for the American Psychological Association and for the Evidence Analysis Library for the Academy of Nutrition and Dietetics for the topic of adult weight management and the prevention of type 2 diabetes. MIC is an employee and shareholder at WW International, Inc. TKK has received professional fees from Novo Nordisk, Nutrisystem, Gelesis and Johnson & Johnson. CKM has received research grants and research agreements from Commission on Dietetic Registration, Academy of Nutrition and Dietetics, Ohio State University (InFACT), Novartis, University of Michigan's Michigan Institute for Clinical and Health Research, Elizabeth Blackwell Institute for Health Research, Egg Board, PCORI, Department of Defense, Access Business Group International LLC, IDEA Public Schools, Louisiana LIFT Fund, WW, Pack Health, American Society for Nutrition, RAND Corporation, Richard King Mellon Foundation (RKMf), The Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc., Evidation Health, Leona M. and Harry B. Helmsley Charitable Trust, State of Louisiana- Federal American Rescue Plan (ARP), United States Department of Agriculture (USDA), National Institute for Health Research (NIHR), National Science Foundation (NSF), Lilly, National Institutes of Health (NIH). CKM has served on advisory boards for EHE Health, Wondr Health, and the Nutrition Obesity Research Center at the University of Alabama Birmingham and consulted to Kitchry, Metagenics, WW, Florida Hospital, Gila Therapeutics, Zafgen, OpenFit/MXCXM Health Inc. CKM developed intellectual property (IP) to quantify dietary adherence and his institution has licensed this IP, resulting in receiving royalties via the institution from the licensing fees. CKM is part of US and European patent applications for a weight loss approach called the Body weight Management and activity tracking system and also occasionally gives lectures and talks where he is provided with an honorarium, including talks to the Obesity Action Coalition and Indiana University Bloomington. Finally, CKM serves as a developer and facilitator for continuing education events sponsored by the Commission on Dietetic Registration, and is a Planning Committee Member for the Bray Course. The opinions and assertions expressed herein are those of the authors and are not to be construed as reflecting the views of the Public Health Service, the Department of Health and Human Services, USUHS, or the U.S. Department of Defense.

- [75 references](#)



- [1 figure](#)

### Full text links

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48. [\*\*The effect of environmental change, planned and unplanned life events on the long-term outcome of common mental disorders\*\*](#)

Soc Psychiatry Psychiatr Epidemiol. 2023 Jul 10. doi: 10.1007/s00127-023-02520-1. Online ahead of print.

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### Abstract

**Purpose:** To examine the nature of positive and negative environmental change on clinical outcome in 210 patients presenting with anxiety and depression and followed up over 30 years.

**Methods:** In addition to clinical assessments, major environmental changes, particularly after 12 and 30 years, were recorded in all patients by a combination of self-report and taped interviews. Environmental

changes were separated into two major groups, positive or negative, determined by patient opinion.

**Results:** In all analyses positive changes were found to be associated with better outcome at 12 years with respect to accommodation ( $P = 0.009$ ), relationships ( $P = 0.007$ ), and substance misuse ( $P = 0.003$ ), with fewer psychiatric admissions ( $P = 0.011$ ) and fewer social work contacts at 30 years ( $P = 0.043$ ). Using a consolidated outcome measure positive changes were more likely than negative ones to be associated with a good outcome at 12 and 30 years (39% v 3.6% and 30.2% v 9.1%, respectively). Those with personality disorder at baseline had fewer positive changes ( $P = 0.018$ ) than others at 12 years and fewer positive occupational changes at 30 years ( $P = 0.041$ ). Service use was greatly reduced in those with positive events with 50-80% more time free of all psychotropic drug treatment ( $P < 0.001$ ). Instrumental positive change had greater effects than imposed changes.

**Conclusions:** Positive environmental change has a favourable impact on clinical outcome in common mental disorders. Although studied naturalistically in this study the findings suggest that if harnessed as a therapeutic intervention, as in nidothrapy and social prescribing, it would yield therapeutic dividends.

**Keywords:** Common mental disorders; Environmental interventions; Nidothrapy; Personality disorder; Social prescribing.

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- [69 references](#)

**Full text links**

49. [\*\*Determinants and mediating mechanisms of quality of life and disease-specific symptoms among thyroid cancer patients: the design of the WaTCh study\*\*](#)

Thyroid Res. 2023 Jul 10;16(1):23. doi: 10.1186/s13044-023-00165-5.

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**Free PMC article**

## Abstract

**Background:** Thyroid cancer (TC) patients are understudied but appear to be at risk for poor physical and psychosocial outcomes. Knowledge of the course and determinants of these deteriorated outcomes is lacking. Furthermore, little is known about mediating biological mechanisms.

**Objectives:** The WaTCh-study aims to; 1. Examine the course of physical and psychosocial outcomes. 2. Examine the association of demographic, environmental, clinical, physiological, and personality characteristics to those outcomes. In other words, who is at risk? 3. Reveal the association of mediating biological mechanisms (inflammation, kynurenine pathway) with poor physical and psychological outcomes. In other words, why is a person at risk?

**Design and methods:** Newly diagnosed TC patients from 13 Dutch hospitals will be invited. Data collection will take place before treatment, and at 6, 12 and 24 months after diagnosis. Sociodemographic and clinical information is available from the Netherlands Cancer Registry. Patients fill-out validated questionnaires at each time-point to assess quality of life, TC-specific symptoms, physical activity, anxiety, depression, health care use, and employment. Patients are asked to donate blood three times to assess inflammation and kynurenine pathway. Optionally, at each occasion, patients can use a weighing scale with bioelectrical impedance analysis (BIA) system to assess body composition; can register food intake

using an online food diary; and can wear an activity tracker to assess physical activity and sleep duration/quality. Representative Dutch normative data on the studied physical and psychosocial outcomes is already available.

**Impact:** WaTCh will reveal the course of physical and psychosocial outcomes among TC patients over time and answers the question who is at risk for poor outcomes, and why. This knowledge can be used to provide personalized information, to improve screening, to develop and provide tailored treatment strategies and supportive care, to optimize outcomes, and ultimately increase the number of TC survivors that live in good health.

**Keywords:** Activity trackers; BIA weighing scales; Food diaries; Inflammation; Kynurenine pathway; PROFILES registry; Patient reported outcomes; Thyroid cancer.

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## **Conflict of interest statement**

The authors declare that they have no competing interests.

- [87 references](#)
- [2 figures](#)

## **Full text links**

- 
50. [\*\*The DS-14 questionnaire: psychometric characteristics and utility in patients with obstructive sleep apnea\*\*](#)

Sleep Breath. 2023 Jul 7. doi: 10.1007/s11325-023-02859-4. Online ahead of print.

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## Abstract

Little is known about type D personality in patients with obstructive sleep apnea (OSA). The DS-14 questionnaire is the standard tool to assess this personality type, but it has not been properly validated in patients with OSA, nor has it been correlated with clinical features in these patients.

**Purpose:** To determine the internal consistency and test-retest reliability of the DS-14 questionnaire, as well as the prevalence of type D personality in the overall OSA sample and subgroups. We assessed the influence of type D on perceived symptoms and its congruence with self-reported measures of personality, depression, fatigue, anxiety, quality of life, and quality of sleep.

**Methods:** Patients with OSA completed the DS-14 questionnaire, Big Five Inventory-2 questionnaire, Hospital Anxiety and Depression Scale, SF-36 Health Survey Questionnaire, Epworth Sleepiness Scale and Stanford Sleepiness Scale, Pittsburgh Sleep Quality Index and Insomnia Severity Index, Fatigue Assessment Scale, and Checklist Individual Strength. After 1 month, the DS-14 questionnaire was repeated.

**Results:** The overall prevalence of type D personality was 32%. Internal consistency (negative affectivity:  $\alpha = 0.880$ , social inhibition:  $\alpha = 0.851$ ) and diagnostic test-retest reliability (kappa value = 0.664) of the DS-14 questionnaire were high. Significantly more symptoms of anxiety, depression, poor sleep quality, fatigue, and a worse health perception were found in OSA with type D. Neither OSA severity nor REM predominance altered these observations.

**Conclusion:** The DS-14 questionnaire showed excellent psychometric properties in patients with OSA. The prevalence of type D personality in patients with OSA was higher than in the general population. The presence of type D personality was associated with higher symptom burden.

**Keywords:** Apnea; DS-14; Depression; Fatigue; OSA; Personality; Prevalence; Psychometrics; Type D.

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- [44 references](#)

#### Full text links

51. [\*\*Development of an Evidence-based Violence Rehabilitation Program for Offenders With Intellectual Disability\*\*](#)

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- DOI: [10.1177/0306624X231176005](#)

## Abstract

A review of the current literature on evidence-based violence prevention programs developed for individuals with an intellectual disability (ID) reveals a paucity of direct evidence for this population. In addition, the existing offence-specific programs are primarily grounded in adapted cognitive behaviour therapy (CBT) programs designed for the mainstream offender population, which may not be suitable for offenders with co-morbid mental health and personality disorders. The current paper discusses the development of a violence rehabilitation program for offenders with an ID. The focus of the article is on the exploration of the empirically supported risk factors associated with violent offending and the incorporation of these dynamic risk factors into the program modules. A case study example was utilized to examine the process of VRP-ID and how the modules targeted the offenders' treatment needs. Responsivity issues are addressed by identifying cognitive difficulties experienced by this cohort and the implications for treatment. The Risk/Need/Responsivity (RNR) model and the good lives Model (GLM) are widely used offender rehabilitation models that can be considered the guiding principles in developing this program. Furthermore, it utilizes contemporary therapeutic frameworks such as motivational interviewing (MI), cognitive behavior therapy (CBT), dialectical behavior therapy (DBT), and GLM reconceptualization and skills. The program is grounded in trauma-informed principles, which acknowledge this client group's high prevalence of victimization.

**Keywords:** cognitively impaired offenders; intellectual disability; offender treatment; violence prevention program; violent offender.

### Full text links

52. [\*\*Moderators of the relationship between callous-unemotional traits and externalizing problems in youth\*\*](#)



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- DOI: [10.1037/per0000636](#)

## Abstract

Callous-unemotional (CU) traits (i.e., tendencies to experience low levels of guilt and empathy) are associated with severe and persistent conduct problems in youth. However, some youth with elevated CU traits do not exhibit severe externalizing problems, and further research is needed to identify conditions under which CU traits are more versus less strongly associated with higher levels of externalizing behavior. To this end, the current preregistered study examined whether internalizing problems, five-factor model personality traits, and parenting practices moderated associations between CU traits and externalizing problems. Caregivers of 1,232 youth ages 6-18 ( $M_{\text{age}} = 11.46$ ) reported on youths' CU traits, externalizing, internalizing, and five-factor model traits as well as on their own parenting practices. We found that the relationship between CU traits and externalizing was robust to the moderating effects of internalizing problems and parenting practices, but CU traits were more strongly related to externalizing problems at higher levels of neuroticism and at lower levels of agreeableness and conscientiousness. Results contribute to a more comprehensive understanding of externalizing problems among youth high in CU traits and may inform future longitudinal and intervention research seeking to identify factors that reduce externalizing behavior among high-CU youth. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

53. **[Prevalence of the alternative model of personality disorders diagnoses in populational and at-risk samples, gender and age groups comparisons, and normative data for the LPFS-SR and PID-5](#)**

Personal Disord. 2023 Jul 6. doi: 10.1037/per0000632. Online ahead of print.

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### **Abstract**

The Alternative Model of Personality Disorders (AMPD), introduced in Section III of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013), was proposed as a new operationalization of personality disorders (PDs) aiming to overcome the several limitations of the traditional symptom-based model (Waugh et al., 2017; Zimmerman et al., 2019). In the AMPD, PDs are defined by two-dimensional criteria (the level of personality functioning and maladaptive personality traits), but as a hybrid model, it also allows for categorical assessment of PDs (i.e., "hybrid types") to facilitate continuity with clinical practice. The present study aimed to provide normative data for two widely used instruments assessing Criterion A (Level of Personality

Functioning Scale-Self-Report; Morey, 2017) and B (Personality Inventory for DSM-5; Krueger et al., 2012) in a large populational French-Canadian sample. Regarding the categorical assessment, Gamache et al. (2022) recently tested scoring approaches for extracting the PD hybrid types from dimensional measures of the AMPD. In the present study, these approaches were used to estimate prevalence rates for these PD hybrid types in two samples. In the populational sample, results showed that prevalence rates varied from 0.2% (antisocial PDs) to 3.0% (trait-specified PDs), with an overall prevalence of 5.9% to 6.1% for any PD hybrid type. Prevalence was higher in men than in women in the populational sample, but the contrary was observed in the at-risk sample. Prevalence was higher in younger adults than in middle-aged and older adults. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

54. **[Impact of Stress on Brain Morphology: Insights into Structural Biomarkers of Stress-related Disorders](#)**

Curr Neuropharmacol. 2023 Jul 3. doi: 10.2174/1570159X21666230703091435. Online ahead of print.

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## Abstract

Exposure to acute and chronic stress has a broad range of structural effects on the brain. The brain areas commonly targeted in the stress response models include the hippocampus, the amygdala, and the prefrontal cortex. Studies in patients suffering from the so-called stress-related disorders -embracing post-traumatic stress, major depressive and anxiety disorders- have fairly replicated animal models of stress response -particularly the neuroendocrine and the inflammatory models- by finding alterations in different brain areas, even in the early neurodevelopment. Therefore, this narrative review aims to provide an overview of structural neuroimaging findings and to discuss how these studies have contributed to our knowledge of variability in response to stress and the ulterior development of stress-related disorders. There are a gross number of studies available but neuroimaging research of stress-related disorders as a single category is still in its infancy. Although the available studies point at particular brain circuitries involved in stress and emotion regulation, the pathophysiology of these abnormalities -involving genetics, epigenetics and molecular pathways-, their relation to intraindividual stress responses -including personality characteristics, self-perception of stress conditions...-, and their potential involvement as biomarkers in diagnosis, treatment prescription and prognosis are discussed.

**Keywords:** Brain morphology; HPA.; PTSD; basolateral amygdala; stress response systems.

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### Full text links

55. [\*\*The efficacy of schema therapy for personality disorders: a systematic review and meta-analysis\*\*](#)

Nord J Psychiatry. 2023 Jul 4;1-10. doi: 10.1080/08039488.2023.2228304. Online ahead of print.

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- PMID: [37402124](#)
- DOI: [10.1080/08039488.2023.2228304](#)

## Abstract

**Objective:** Personality disorders (PDs) are prevalent and associated with functional impairment and psychological disability. Studies suggest that schema therapy (ST) may be an effective treatment for PDs. This review aimed to evaluate the efficacy of ST in treating PDs.

**Method:** We conducted a comprehensive literature search using PubMed, Embase, Web of Science, CENTRAL, PsycInfo, and Ovid Medline. We identified eight randomized controlled trials (587 participants) and seven single-group trials (163 participants).

**Results:** Meta-analyses revealed that ST had a moderate effect size ( $g = 0.359$ ) compared to control conditions in reducing symptoms of PDs. Subgroup analysis indicated that the effect of ST on different types of PDs varied slightly, and that group ST ( $g = 0.859$ ) was more effective than individual ST ( $g = 0.163$ ) in treating PDs. Secondary outcome analysis revealed a moderate effect size ( $g = 0.256$ ) for ST compared to control conditions in improving quality of life, and ST was found to reduce early maladaptive schema ( $g = 0.590$ ). Single-group trials analysis showed that ST had a positive effect on PDs (OR = 0.241).

**Conclusion:** ST appears to be an effective treatment for PDs, as it reduces symptoms and improves quality of life. This review provides support for the use of ST in the treatment of PDs.

**Keywords:** Personality disorders; meta-analysis; schema therapy; systematic review.

### Full text links

56. [Effectiveness of dialectical behavior therapy as a transdiagnostic treatment for improving cognitive functions: a systematic review](#)

Res Psychother. 2023 Jul 4;26(2). doi: 10.4081/ripppo.2023.662.

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## Free article

## Abstract

Dialectical behavior therapy (DBT) has been found to be an efficacious treatment for disorders characterized by high levels of emotional instability. In view of the multifaceted applications of DBT and the extent to which mental disorders can incapacitate cognitive functions, the current systematic review aimed to investigate the effect of DBT in strengthening cognitive functions across various mental health conditions. Original research studies employing both experimental and quasi-experimental designs were included in the review. The literature search was done using different electronic databases, from the first available literature until June 2022, that covered an approximate period of ten years. Joanna Briggs Institute checklist was used to assess the methodological rigor of the studies. Twelve studies conducted on adolescents with emotional dysregulation, and adults with borderline personality disorder, bipolar disorder, attention deficit hyperactivity disorder, and multiple sclerosis were selected. Results indicate that DBT has the potential to improve key cognitive functions such as attention, memory, fluency, response inhibition, planning, set shifting, tolerance for delayed rewards and time perception, as assessed by neuropsychological tests, self-report of cognitive functions, and neuroimaging techniques. Considering the review's findings that showcase the effectiveness of DBT in fostering improvements in cognitive functions, DBT may possibly be chosen as a preferred treatment to ensure that patients reach optimal levels of

cognitive functioning. Limitations include lack of sufficient studies encompassing all the common mental health conditions, usage of neuroimaging techniques as only an indirect measure of cognitive functioning and nuances related to the quality of individual studies.

### Full text links

57. [\*\*Protective factors in borderline personality disorder: A multi-study analysis of conscientiousness, distress tolerance, and self-compassion\*\*](#)

J Affect Disord. 2023 Oct 1;338:589-598. doi: 10.1016/j.jad.2023.06.067. Epub 2023 Jun 29.

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- PMID: [37392944](#)
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### Abstract



**Background:** Despite a growing literature characterizing risk factors associated with the development and maintenance of borderline personality disorder (BPD), substantially less is known about potentially protective factors in BPD.

**Methods:** In a sample of online (N = 272) participants with likely BPD, major depressive disorder (MDD), or no disorder (ND) and an independent sample of in-person (N = 90) participants diagnosed with BPD, MDD, or ND, we tested the cross-sectional and longitudinal associations among BPD features and three putatively protective personality, cognitive, and affective-behavioral factors: conscientiousness, self-compassion, and distress tolerance.

**Results:** Only conscientiousness was significantly lower in BPD than MDD (ds: .67-.73) across both studies and more strongly related to BPD features (rs: -.68 to -.59) than MDD symptoms (rs: -.49 to -.43) in dimensional analyses across both studies. However, in a multiple regression analysis including all three factors in Study 1, only self-compassion predicted decreases in BPD features ( $\beta = -.28$ ) and MDD symptoms ( $\beta = -.21$ ) over one month.

**Limitations:** Study 1 participants completed all measures online and exhibited some differential attrition at one month follow-up. Study 2 participants were all diagnosed by one trained assessor and the smaller sample size limited our power to detect effects.

**Conclusions:** Low conscientiousness may be most strongly related to BPD, whereas self-compassion may be a prospective transdiagnostic protective factor.

**Keywords:** Borderline personality disorder; Conscientiousness; Depression; Distress tolerance; Self-compassion.

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## **Conflict of interest statement**

Declaration of competing interest The authors declare no conflicts of interest.

## Full text links

58. [\*\*The comorbidity between Borderline Personality Disorder \(BPD\) and Generalized Anxiety Disorder \(GAD\): A systematic review and meta-analysis\*\*](#)

J Psychiatr Res. 2023 Aug;164:304-314. doi: 10.1016/j.jpsychires.2023.06.009. Epub 2023 Jun 16.

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## Abstract

Borderline personality disorder (BPD) is a psychiatric condition characterized by severe instability in affect, impulse control, and interpersonal functioning. Existing literature has confirmed that BPD is highly comorbid with other psychiatric conditions, including anxiety disorders. Despite this, little research has investigated the nature of the relationship between generalized anxiety disorder (GAD) and BPD. The aim of this systematic review and meta-analysis is to synthesize the literature concerning the prevalence and clinical outcomes of BPD and GAD comorbidity in adults. The following three databases were searched on October 27, 2021: PsycINFO, PubMed, and Embase. Twenty-four studies were included (n = 21 reporting on prevalence of the comorbidity, n = 4 reporting on clinical outcomes associated with the comorbidity), 9 of which were included in a meta-analysis. The meta-analysis showed that the pooled prevalence for current GAD in individuals with BPD was 16.4% (CI 95%: 1.9%; 66.1%) in inpatient samples, and 30.6% (CI 95%: 21.9%; 41.1%) in outpatient or community samples. The pooled lifetime prevalence of GAD in individuals with BPD was 11.3% (CI 95%: 8.9%; 14.3%) in inpatient samples, and 13.7% (CI 95%: 3.4%; 41.4%) in outpatient or community samples. Comorbidity between BPD and GAD was associated with worse outcomes on measures of BPD severity, impulsivity, anger, and hopelessness. In conclusion, this systematic review and meta-analysis indicate that comorbid GAD and BPD is highly prevalent, although the pooled prevalence rates should be interpreted with caution considering the large and overlapping confidence intervals. Further, this comorbidity is associated with worse BPD symptom severity.

**Keywords:** Borderline Personality Disorder; Comorbidity; Generalized anxiety Disorder; Meta-analysis; Systematic review.

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## Conflict of interest statement

Declaration of competing interest None.

## Full text links

59. **Parental criticism affects adolescents' mood and ruminative state: Self-perception appears to influence their mood response**

J Exp Child Psychol. 2023 Nov;235:105728. doi: 10.1016/j.jecp.2023.105728. Epub 2023 Jun 28.

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- PMID: [37390784](#)
- DOI: [10.1016/j.jecp.2023.105728](#)

**Abstract**

Feeling and/or being criticized is a known risk factor for various psychiatric disorders in adolescents. However, the link between the experience of social stressors and the development of psychopathological symptoms is not yet fully understood. Identifying which adolescent subgroups are more vulnerable to parental criticism could be of great clinical relevance. In this study, 90 nondepressed 14- to 17-year-old adolescents were exposed to a sequence of auditory segments with a positive, neutral, and finally negative valence, mirroring parental criticism. Their mood and ruminative states were assessed before and after exposure to criticism. We observed an overall increase in mood disturbance and ruminative thoughts. Self-perception appeared to influence these mood changes, whereas no significant influence by perceived criticism, self-worth, or the general tendency to ruminate was found. Emotional awareness seemed to account for some of the variance in positive mood state changes. These findings point to the importance of adolescent self-perception (and emotional awareness) in dealing with parental criticism.

**Keywords:** Adolescents; Emotional awareness; Parental criticism; Perceived criticism; Ruminative coping; Self-worth.

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**Full text links**

60. [\*\*The 3-year effects of a personality-targeted prevention program on general and specific dimensions of psychopathology\*\*](#)

Prev Med. 2023 Aug;173:107595. doi:  
10.1016/j.ypped.2023.107595. Epub 2023 Jun 28.

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## Free article

## Abstract

This study aimed to examine the effect of a personality-targeted prevention program (Preventure) on trajectories of general and specific dimensions of psychopathology from early- to mid-adolescence. Australian adolescents (N = 2190) from 26 schools participated in a cluster randomized controlled substance use prevention trial. This study compared schools allocated to deliver Preventure (n = 13 schools; n = 466 students; M<sub>age</sub> = 13.42 years), a personality-targeted selective intervention, with a control group (n = 7 schools; n = 235 students, M<sub>age</sub> = 13.47 years). All participants were assessed for psychopathology symptoms at baseline, 6-, 12-, 24- and 36-months post-baseline. Outcomes were a general psychopathology factor and four specific factors: fear, distress, alcohol use/harms and conduct/inattention), extracted from a higher-order model. Participants who screened as 'high-risk' on at least one of four personality traits (negative thinking, anxiety sensitivity, impulsivity and sensation seeking) were included in intention-to-treat analyses. Intervention effects were examined using multi-level mixed models accounting for school-level clustering. Among high-risk adolescents, growth in general psychopathology was slower in the Preventure group compared to the control group (b = -0.07, p = 0.038) across the three years. After controlling for effects on general psychopathology, there were no significant, additional effects on the lower order factors. This study provides evidence for the effectiveness of a selective personality-targeted intervention in altering trajectories of

general psychopathology during adolescence. This finding represents impacts on multiple symptom domains and highlights the potential for general psychopathology as an intervention target.

**Keywords:** Adolescence; General psychopathology; Higher-order model; Personality; Prevention.

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## **Conflict of interest statement**

Declaration of Competing Interest The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: One of the authors, Patricia J Conrod, is a developer of the Preventure program. Preventure is distributed not for profit. Prof Newton and Teesson are directors of CLIMATESchools PTY LTD a company established to distribute education resources to schools. The other authors do not have any conflicts of interests to disclose.

## **Full text links**

61. [\*\*Facial emotion recognition processes according to schizotypal personality traits: An eye-tracking study\*\*](#)

Int J Psychophysiol. 2023 Aug;190:60-68. doi: 10.1016/j.ijpsycho.2023.06.006. Epub 2023 Jun 27.

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## Abstract

Facial emotion recognition has been shown to be impaired among patients with schizophrenia and, to a lesser extent, among individuals with high levels of schizotypal personality traits. However, aspects of gaze behavior during facial emotion recognition among the latter are still unclear. This study therefore investigated the relations between eye movements and facial emotion recognition among nonclinical individuals with schizotypal personality traits. A total of 83 nonclinical participants completed the Schizotypal Personality Questionnaire (SPQ) and performed a facial emotion recognition task. Their gaze behavior was recorded by an eye-tracker. Self-report questionnaires measuring anxiety, depressive symptoms, and alexithymia were administered. At the behavioral level, correlation analyses showed that higher SPQ scores were associated with lower surprise recognition accuracy scores. Eye-tracking data revealed that higher SPQ scores were associated with shorter dwell time on relevant facial features during sadness recognition. Regression analyses revealed that the total SPQ score was the only significant predictor of eye movements during sadness recognition, and depressive symptoms were the only significant predictor of surprise recognition accuracy. Furthermore, dwell time predicted response times for sadness recognition in that shorter dwell time on relevant facial features was associated with longer response times. Schizotypal traits may be associated with decreased attentional engagement in relevant facial features during sadness recognition and impede participants' response times. Slower processing and altered gaze patterns during the processing of sad faces could lead to difficulties in everyday social situations in which information must be rapidly processed to enable the successful interpretation of other people's behavior.

**Keywords:** Eye movements; Facial emotion recognition; Personality disorders; Schizotypal Personality Questionnaire; Schizotypy.

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## Conflict of interest statement

Declaration of competing interest The authors declare that they have no conflicts of interest affecting this article.

### Full text links

## 62. [A matter of measure? Assessing the three dimensions of narcissism](#)

Psychol Assess. 2023 Aug;35(8):692-705. doi: 10.1037/pas0001249. Epub 2023 Jun 29.

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- DOI: [10.1037/pas0001249](#)

### Abstract

The Trifurcated Model of Narcissism (TriMN) has received growing attention in the scientific study of narcissistic traits, as it provides a clear and clinically useful distinction of the three core elements of narcissistic personalities: agentic extraversion (AE), narcissistic antagonism (NA), and narcissistic neuroticism (NN). So far, the Five-Factor Narcissism Inventory (FFNI) and its abbreviations-for example, the recently introduced brief form (FFNI-BF)-represent the only measures that allow for a direct and simultaneous assessment of these traits. Distinct parts of the TriMN have also been measured by other narcissism scales, however, including the Narcissistic Admiration and Rivalry Questionnaire (NARQ) or the Hypersensitive Narcissism Scale (HSNS). It remains unclear to what extent trait estimates provided by these alternative measures overlap and under which circumstances they can be used interchangeably. Here, we present a

model-driven combination of NARQ and HSNS items that may serve as a valuable, economic tool to assess the three narcissism dimensions. In two studies (accumulated  $N = 2,266$ , 1,673 female, 580 male, 13 diverse), we show that the NARQ/HSNS and the FFNI-BF assess virtually the same presentations of AE, NA, and NN, whereby the combined NARQ/HSNS outperforms the FFNI-BF in terms of structure, theory-consistent relations among (latent) narcissistic traits, and predictive validity with respect to personality pathology. Our research provides new insights on the assessment of narcissistic traits according to the increasingly popular TriMN and can inform future research on its dimensions. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

### Full text links

63. [Further validation of the Personality Disorder Severity for ICD-11 \(PDS-ICD-11\) scale in a community mental health sample](#)

Psychol Assess. 2023 Aug;35(8):706-714. doi: 10.1037/pas0001253. Epub 2023 Jun 29.

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### Abstract

The *International Classification of Diseases, 11th Edition (ICD-11)* has reconceptualized personality disorders (PD), and measures are therefore being developed to aid the assessment of *ICD-11* PD. The present study examined the validity of the recently developed self-report inventory the

Personality Disorder Severity for *ICD-11* (PDS-*ICD-11*), and its utility in differentiating across *ICD-11* PD severity levels in a community mental health sample ( $n = 232$ ). We examined the associations between the PDS-*ICD-11* with various clinician ratings, self-report questionnaires, and informant-report measures of dimensional personality impairment and traditional *Diagnostic and Statistical Manual of Mental Disorders, fifth edition* PDs. Further, we examined mean group differences in PDS-*ICD-11* scores between levels of *ICD-11* PD clinician diagnosis. The PDS-*ICD-11* exhibited moderate-to-large associations with all clinician ratings, and more variable associations with self-report and informant-report measures. PDS-*ICD-11* mean scores were significantly different across all levels of *ICD-11* PD clinician-rated diagnostic levels. These findings provide additional promising evidence for the validity and utility of the PDS-*ICD-11* for the assessment of *ICD-11* PD in community mental health patients. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

#### Full text links

64. [\*\*Psychopathic traits and social brain responses during moral evaluation in adolescence\*\*](#)

Psychiatry Res Neuroimaging. 2023 Aug;333:111672. doi: 10.1016/j.psychresns.2023.111672. Epub 2023 Jun 10.

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## Abstract

Brain functioning underlying moral decision-making in adolescents with psychopathic traits is relatively less understood. This fMRI study examined the neural correlates of moral decision-making in relation to psychopathic traits, as measured by the Youth Psychopathic Traits Inventory (YPI), in a sample of 16 community-recruited youth (mean age=13.94) with reported behavior problems. Participants viewed images that depicted a moral violation, a conflict with no moral violation, and a neutral scenario. We analyzed activation, seed-to-voxel, and seed-to-seed functional connectivity using a social brain mask during moral reasoning and decision-making. Results indicated: a) greater activity in social brain regions while assessing acts of moral, compared to nonmoral, violations; b) positive correlations between activation of several social brain regions and YPI subscale scores; c) a positive association between YPI and functional connectivity between the social brain network and the bilateral middle cingulate cortices; d) significant effects of YPI on connectivity between social brain regions and the rest of the brain; and e) decreased connectivity between several ROIs during moral reasoning: the left temporoparietal junction (ITPJ) and dorsomedial prefrontal cortex (DMPFC), the precuneus (PREC) and left amygdala (lAMYG), and the PREC and rAMYG. Clinical and developmental implications of these findings are discussed.

**Keywords:** Adolescence; Functional connectivity; Moral reasoning; Psychopathy; fMRI.

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## Conflict of interest statement

Declaration of Competing Interest This study was supported by the University of Alabama College of Arts & Sciences Faculty funds. Special thanks to Rishi Deshpande for providing computational support for this project. We also appreciate Dr. Thomas DeRamus and Dr. Jose Omar Maximo for their help during data collection for this project. The authors have no conflict of interest to declare.

## Full text links

65. [\*\*The association between anger rumination and emotional dysregulation in borderline personality disorder: A review\*\*](#)

J Affect Disord. 2023 Oct 1;338:546-553. doi: 10.1016/j.jad.2023.06.036. Epub 2023 Jun 20.

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- DOI: [10.1016/j.jad.2023.06.036](https://doi.org/10.1016/j.jad.2023.06.036)

## Abstract

**Introduction:** Borderline Personality Disorder (BPD) is characterized by impulsiveness, interpersonal difficulties, emotional instability and dysfunctional cognitive processes. In addition to these symptoms, anger rumination is a cognitive mechanism often prominent in BPD patients and it has been found to be associated with maladaptive outcomes, such as increasing anger feelings, aggressive and impulsive behaviors. In this context, the aim of our review is to synthesize results on the relationship between emotional dysregulation and anger rumination in BPD with the final goal to get more information about possible psychotherapeutic methods in the treatment of BPD.

**Methods:** A comprehensive search on BPD and anger rumination was performed on PubMed, Embase and Scopus. The search identified 8 articles meeting our inclusion criteria.

**Results:** Most of the studies reported a correlation between BPD emotional instability and dyscontrolled behaviors, anger and depressive rumination. Specifically, from the reviewed studies, it emerged that the tendency to use dysfunctional cognitive strategies, such as anger rumination, predicted aggressive behavior above and beyond emotion dysregulation, ultimately suggesting that anger rumination mediates the relationship between emotional dysregulation and aggression proneness.

**Limitations:** The cross-sectional design and the inclusion of subjects without a definite diagnosis of BPD (e.g., university students), may have decreased the generalizability of the results to the clinical populations and limited the possibility to explore the effect of anger rumination over time in BPD.

**Conclusions:** From the reviewed studies emerged that the identification of anger rumination as a proximal process with respect to BPD may have the potential to expand and support psychotherapeutic treatment.

**Keywords:** Anger rumination; Borderline personality disorder; Emotional dysregulation.

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**Conflict of interest statement**

Declaration of competing interest None.

### Full text links

66. [Transactional effects between personality and religiosity](#)

J Pers Soc Psychol. 2023 Aug;125(2):421-436. doi: 10.1037/pspp0000466. Epub 2023 Jun 19.

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### Abstract

Do changes in religiosity beget changes in personality, or do changes in personality precede changes in religiosity? Existing evidence supports longitudinal associations between personality and religiosity at the between-person level, such that individual differences in personality predict subsequent individual differences in change in religiosity. However, no research to date has examined whether within-person changes in personality lead to subsequent changes in religiosity. Using random intercept cross-lagged panel models (RI-CLPM), we investigated between- and within-person associations between the Big Five personality traits and three aspects of religiosity-belief in God, service attendance, and prayer-in a sample of over 12,000 Dutch individuals across 11 annual



assessments. We found between-person associations between all Big Five traits and religiosity, yet within-person associations only between agreeableness as well as extraversion and belief in God. Specifically, individuals who increased in agreeableness or extraversion reported subsequent increases in their belief in God and, in addition, individuals who increased in their belief in God showed subsequent increases in agreeableness. We further identified significant moderating effects of gender, religious upbringing, and religious affiliation. Overall, the present findings suggest that the associations between personality traits and religiosity primarily occur at the between-person level. However, the evidence for intraindividual associations between agreeableness, extraversion, and religious belief highlights the importance of distinguishing between-person from within-person effects to broaden the understanding of the temporal dynamics between variables. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

#### **Full text links**

67. [\*\*Worry, rumination and negative metacognitive beliefs as moderators of outcomes of Transdiagnostic group cognitive-behavioural therapy in emotional disorders\*\*](#)

J Affect Disord. 2023 Oct 1;338:349-357. doi: 10.1016/j.jad.2023.06.032. Epub 2023 Jun 17.

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## Free article

## Abstract

**Background:** Despite the relevance of cognitive processes such as rumination, worry, negative metacognitive beliefs in emotional disorders, the existing literature about how these cognitive processes moderate the effect of treatment in treatment outcomes is limited. The aim of the present study was to explore the potential moderator effect of baseline cognitive processes-worry, rumination and negative metacognitive beliefs- on the relationship between treatment allocation (transdiagnostic cognitive-behavioural therapy -TD-CBT plus treatment as usual-TAU vs. TAU alone) and treatment outcomes (anxiety and depressive symptoms, quality of life [QoL], and functioning) in primary care patients with emotional disorders.

**Methods:** A total of 631 participants completed scales to evaluate worry, rumination, negative metacognitive beliefs, QoL, functioning, and anxiety and depressive symptoms.

**Results:** Worry and rumination acted as moderators on the effect of treatment for anxiety ( $b = -1.25, p = .003$ ;  $b = -0.98, p = .048$  respectively) and depressive symptoms ( $b = -1.21, p = .017$ ;  $b = -1.34, p = .024$  respectively). Individuals with higher baseline levels of worry and rumination obtained a greater reduction in emotional symptoms from the addition TD-CBT to TAU. Negative metacognitive beliefs were not a significant moderator of any treatment outcome.

**Limitations:** The study assesses cognitive processes over a relatively short period of time and uses self-reported instruments. In addition, it only includes individuals with mild or moderate anxiety or depressive disorders, which limits generalization to other populations.

**Conclusions:** These results underscore the generalization of the TD-CBT to individuals with emotional disorders in primary care with different cognitive profiles, especially those with high levels of worry and rumination.

**Keywords:** Cognitive processes; Emotional symptoms; Moderator; Performance.

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## **Conflict of interest statement**

Declaration of competing interest None.

**Full text links**

68. [\*\*Treatment outcomes of Veteran men in a comprehensive dialectical behavior therapy\*\*](#)

# [program: Characterizing sex differences in symptom trajectories](#)

J Psychiatr Res. 2023 Aug;164:90-97. doi:  
10.1016/j.jpsychires.2023.05.065. Epub 2023 Jun 8.

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## Abstract

Dialectical Behavior Therapy (DBT) is one of the primary psychosocial treatments for reducing suicidal behaviors and improving psychosocial outcomes among patients with borderline personality disorder (BPD) and has been shown to reduce BPD symptoms when delivered in a Veteran Affairs medical center setting. Despite evidence of similar rates of BPD in both men and women, the vast majority of treatment outcome research in BPD has focused on women. We sought to characterize sex differences in symptom trajectories among Veterans participating in a comprehensive DBT program. We found that Veteran men and women who entered the DBT program were diagnostically and demographically similar. Participants exhibited reductions in BPD symptoms and improvements in emotion regulation over the course of treatment. Moreover, Veteran men reported BPD symptom reductions that were not statistically inferior to those of Veteran women and exhibited a sharper reduction in these

symptoms. This research provides support for the use of DBT as a psychosocial treatment for Veteran men with BPD symptoms.

**Keywords:** Borderline personality disorder; Dialectical behavior therapy; Gender; Sex; Veterans.

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## Conflict of interest statement

Declaration of competing interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

## Full text links

69. [\*\*Glucagon-like peptide 1 \(GLP-1\) receptor agonists as a protective factor for incident depression in patients with diabetes mellitus: A systematic review\*\*](#)

J Psychiatr Res. 2023 Aug;164:80-89. doi: 10.1016/j.jpsychires.2023.05.041. Epub 2023 Jun 5.

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## Abstract

Glucagon-like peptide 1 (GLP-1) receptor agonists are widely used for glycemic control in patients with diabetes mellitus (DM) and are primarily indicated for type 2 diabetes mellitus (T2DM). GLP-1 receptor agonists have also been shown to have neuroprotective and antidepressant properties. Replicated evidence suggests that individuals with DM are significantly more likely to develop depression. Herein, we aim to investigate whether GLP-1 receptor agonists can be used prophylactically on patients with DM to lower the risk of incident depression. We conducted a systematic search for English-language articles published on

the PubMed/MEDLINE, Scopus, Embase, APA, PsycInfo, Ovid and Google Scholar databases from inception to June 6, 2022. Four retrospective observational studies were identified that evaluated the neuroprotective effects of GLP-1 receptor agonists on incident depression in patients with DM. We found mixed results with regards to lowering the risk of incident depression, with two studies demonstrating a significant reduction in risk and two studies showing no such effect. A single study found that dulaglutide may lower susceptibility to depression. Our results were limited by high interstudy heterogeneity, paucity of literature, and lack of controlled trials. While we did not find evidence of GLP-1 receptor agonists significantly lowering risk of incident depression in patients with DM, promising neuroprotective data presented in two of the included papers, specifically on dulaglutide where information is scarce, provide the impetus for further investigation. Future research should focus on better elucidating the neuroprotective potential of different classes and doses of GLP-1 receptor agonists using controlled trials.

**Keywords:** Depression; Diabetes mellitus; GLP-1; GLP-1 receptor agonist; Incretin; Neuroprotective.

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## **Conflict of interest statement**

Declaration of competing interest R.S.M has received research grant support from CIHR/GACD/National Natural Science Foundation of China (NSFC); speaker/consultation fees from Lundbeck, Janssen, Alkermes, Neumora Therapeutics, Boehringer Ingelheim, Sage, Biogen, Mitsubishi Tanabe, Purdue, Pfizer, Otsuka, Takeda, Neurocrine, Sunovion, Bausch Health, Axsome, Novo Nordisk, Kris, Sanofi, Eisai, Intra-Cellular, NewBridge Pharmaceuticals, Abbvie, Atai Life Sciences. R.S.M is a CEO of Braxia Scientific Corp. T.G.R was supported in part by the National Institute on Aging (NIA) through Yale School of Medicine (#T32AG019134) in the past 3 years. T.G.R has also been funded by the NIA (#R21AG070666), National Institute of Mental Health (#R21MH117438) and Institute for Collaboration on Health, Intervention, and Policy (InCHIP) of the University of Connecticut. T.G.R serves as a review committee member for Patient-Centered Outcomes Research Institute (PCORI) and Substance Abuse and Mental Health Services Administration (SAMHSA) and has received honoraria payments from



PCORI and SAMHSA. T.G.R has also served as a stakeholder/consultant for PCORI and received consulting fees from PCORI. TGR is currently a co-editor-in-chief of Mental Health Science and has received honorarium payments from the publisher, John Wiley & Sons, Inc. R.H has received research grant support from NUS iHeathtech Other Operating Expenses (R-722-000-004-731). L.M.W.L has received personal fees from Braxia Scientific Corp and honoraria from Medscape. All other authors have no conflicts of interest to declare. K.M.T has received personal fees from Braxia Scientific Corp.

### Full text links

70. [Posttraumatic stress symptoms, posttraumatic growth, and personality factors: A network analysis](#)

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## Abstract

**Background:** After experiencing a traumatic event, two possible outcomes are experiencing positive changes, such as posttraumatic growth (PTG), and/or experiencing distress in the form of posttraumatic stress symptoms (PTSS). These constructs are not mutually exclusive; those who experience PTSS may concurrently or at a later date likewise undergo PTG. Pretrauma factors, such as personality as measured by the Big Five Inventory (BFI), can interact with both PTSS and PTG.

**Methods:** The present study utilized Network theory to examine the interactions between PTSS, PTG, and personality in 1310 participants. Three networks were computed (PTSS, PTSS/BFI, PTSS/PTG/BFI).

**Results:** Within the PTSS network, strong negative emotions emerged as the strongest influence on the network. Again, in the PTSS and BFI network, strong negative emotions exerted the strongest overall influence in addition to bridging the PTSS and personality domains. In the network with all variables of interest, the PTG domain of new possibilities was the strongest overall influence on the network. Specific relationships between constructs were identified.

**Limitations:** Limitations of this study include the cross-sectional design and utilization of a sub-threshold PTSD, non-treatment seeking sample.

**Conclusions:** Overall, nuanced relationships between variables of interest were identified, informing personalized treatment and furthers our understanding of both positive and negative responses to trauma. As the primary influence across two networks, the experience of strong negative emotions appears to be central to the subjective experience of PTSD. This may indicate a need to modify present treatments for PTSD, which conceptualize PTSD as a primarily fear-based disorder.

**Keywords:** Network theory; PTSD; Personality; Posttraumatic growth.

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## Conflict of interest statement

Declaration of competing interest The authors have no conflicts of interest to disclose.

### Full text links

71. [Resilience and well-being among persons with spinal cord injury/disorders](#)

Rehabil Psychol. 2023 Aug;68(3):324-337. doi: 10.1037/rep0000509. Epub 2023 Jun 8.

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- DOI: [10.1037/rep0000509](#)

### Abstract

**Purpose:** We examined positive behavioral resources and characteristics that might distinguish resilient personality prototypes among persons with chronic spinal cord injury/disorder (SCID). Positive psychology variables with clear linkages to existing psychological interventions were examined as potential mediators of the resilience-well-being relationship. Research Method and Design: A cross-sectional, self-report study was conducted. Two hundred and ninety-eight consenting members of the Paralyzed Veterans of America (268 male; 236 self-identified as white) provided useable survey data for analysis (including 161 veterans with tetraplegia, 107 with paraplegia, 30 with cauda equina). Cluster analysis of Big Five personality traits identified resilient and nonresilient personality profiles. Tests of mean differences between resilient and nonresilient participants on behavioral resources and characteristics were performed.

Path models predicting well-being and health-related quality of life (HRQL) were conducted.

**Results:** One hundred and sixty-three respondents had resilient personality profiles and 135 had nonresilient profiles. Resilient individuals reported significantly more optimal scores on every positive psychology variable, and greater well-being and HRQL than nonresilient respondents. Path models found the relationship of resilience to well-being was explained through its beneficial associations with psychological flexibility, use of personal strengths, meaning in life (MIL), and gratitude. Psychological flexibility also mediated the resilience-HRQL relationship. Cauda equina was significantly associated with higher pain interference and lower HRQL.

**Conclusions:** Higher gratitude, MIL, use of personal strengths, and psychological flexibility appear to characterize resilience and well-being among persons with chronic SCID. Further studies are needed to understand the impact of pain interference on HRQL among individuals with cauda equina. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

#### Full text links

## 72. [Sex differences in the clinical presentation of early psychosis in a primary care setting](#)

Arch Womens Ment Health. 2023 Aug;26(4):485-493. doi: 10.1007/s00737-023-01329-w. Epub 2023 Jun 2.

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- DOI: [10.1007/s00737-023-01329-w](https://doi.org/10.1007/s00737-023-01329-w)

## Abstract

Primary care is an important part of the help-seeking pathway for young people experiencing early psychosis, but sex differences in clinical presentation in these settings are unexplored. We aimed to identify sex differences in clinical presentation to primary care services in the 1-year period prior to a first diagnosis of psychotic disorder. We identified first-onset cases of non-affective psychotic disorder over a 10-year period (2005-2015) using health administrative data linked with electronic medical records (EMRs) from primary care (n = 465). Detailed information on encounters in the year prior to first diagnosis was abstracted, including psychiatric symptoms, other relevant behaviours, and diagnoses recorded

by the family physician (FP). We used modified Poisson regression models to examine sex differences in the signs, symptoms, and diagnoses recorded by the FP, adjusting for various clinical and sociodemographic factors. Positive symptoms (PR = 0.76, 95%CI: 0.58, 0.98) and substance use (PR = 0.54, 95%CI: 0.40, 0.72) were less prevalent in the medical records of women. Visits by women were more likely to be assigned a diagnosis of depression or anxiety (PR = 1.18, 95%CI: 1.00, 1.38), personality disorder (PR = 5.49, 95%CI: 1.22, 24.62), psychological distress (PR = 11.29, 95%CI: 1.23, 103.91), and other mental or behavioral disorders (PR = 3.49, 95%CI: 1.14, 10.66) and less likely to be assigned a diagnosis of addiction (PR = 0.33, 95%CI: 0.13, 0.87). We identified evidence of sex differences in the clinical presentation of early psychosis and recorded diagnoses in the primary care EMR. Further research is needed to better understand sex differences in clinical presentation in the primary care context, which can facilitate better understanding, detection, and intervention for first-episode psychotic disorders.

**Keywords:** Electronic medical records; First-episode psychosis; Primary care; Sex differences; Symptoms.

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- [37 references](#)

#### Full text links

73. [\*\*The use of MMPI-3 scales to assess personality-based vulnerabilities for alcohol use and problems\*\*](#)

Psychol Assess. 2023 Aug;35(8):633-645. doi: 10.1037/pas0001245. Epub 2023 Jun 1.

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- PMID: [37261757](https://pubmed.ncbi.nlm.nih.gov/37261757/)
- DOI: [10.1037/pas0001245](https://doi.org/10.1037/pas0001245)

## Abstract

Impulsivity and excitement seeking are distinctly associated with alcohol use and related problems in emerging adulthood. Specifically, impulsivity is associated with alcohol problems, while excitement seeking is associated with quantity and frequency of alcohol use (Finn, 2002; Gunn et al., 2013). Given how critical these traits are to alcohol use disorder, such that they play central roles in prominent theories such as Finn's (2002) cognitive motivational theory (CMT), we examined how impulsivity, excitement seeking, and related constructs were captured by an instrument used in clinical practice, the Minnesota Multiphasic Personality Inventory-3 (MMPI-3; Ben-Porath & Tellegen, 2020a, 2020b). In a sample of 401 college students, we investigated MMPI-3 scales representing the CMT constructs-impulsivity/novelty seeking, excitement seeking, and low harm avoidance-by examining correlations between MMPI-3 Specific Problem scales and theoretically relevant criterion measures. Then, we used these scales to predict alcohol-related outcomes. Impulsivity (IMP), Social Avoidance (SAV), and Anxiety-Related Experiences (ARX) scales captured the core CMT constructs that are said to reflect personality-based vulnerabilities to alcohol-related problems. Further, Impulsivity and Social Avoidance scales incremented the Substance Abuse (SUB) scale in predicting risky drinking outcomes (alcohol problems and quantity and frequency of use). Overall, results support the use of select MMPI-3 scales in providing a nuanced assessment of personality-based vulnerabilities in college-aged drinkers. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

## Full text links

74. [Schizophrenia spectrum disorders in Denmark between 2000 and 2018: Incidence and early diagnostic transition](#)

Acta Psychiatr Scand. 2023 Aug;148(2):190-198. doi: 10.1111/acps.13565. Epub 2023 May 26.

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- PMID: [37237326](#)
- DOI: [10.1111/acps.13565](#)

### Abstract

**Background:** Schizophrenia spectrum disorders (SSD) comprise a group of related mental disorders, which share clinical features and common genetic disposition, but it is unknown if there is a diagnostic transition between these disorders over time. We aimed to study the incidence at the



first SSD diagnosis between 2000 and 2018, defined as schizophrenia, schizotypal or schizoaffective disorder, and the early diagnostic transition between these disorders.

**Methods:** Using Danish nationwide healthcare registers, we identified all individuals aged 15-64 years during the period from 2000 to 2018 in Denmark and calculated the yearly incidence rates for the specific SSDs. We studied the diagnostic pathways from the first ever diagnosis of an SSD across the subsequent two treatment courses with an SSD diagnosis to evaluate early diagnostic stability, and explore potential changes over time.

**Results:** Among 21,538 patients, yearly incidence rates per 10,000 individuals were similar during the observation period for schizophrenia (2000: 1.8; 2018: 1.6), lower for schizoaffective disorder (2000: 0.3; 2018: 0.1) and increasing for schizotypal disorder (2000: 0.7; 2018: 1.3). Among the subgroup of 13,417 individuals with three separate treatment courses, early diagnostic stability was present among 89.9% which differed between the disorders (schizophrenia: 95.4%; schizotypal disorder: 78.0%; schizoaffective disorder: 80.5%). Among 1352 (10.1%) experiencing an early diagnostic transition, 398 (3.0%) were diagnosed with schizotypal disorder after a schizophrenia or schizoaffective disorder diagnosis.

**Conclusion:** This study provides comprehensive incidence rates for SSDs. The majority of patients experienced early diagnostic stability, but sizable proportions of people with initial schizophrenia or schizoaffective disorder are subsequently diagnosed with schizotypal disorder.

**Keywords:** early diagnosis; geographical differences; schizophrenia; schizophrenia-spectrum disorder; schizotypal disorder.

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- [21 references](#)

**Full text links**

75. [Long-term mental health consequences of female- versus male-perpetrated child sexual abuse](#)

Child Abuse Negl. 2023 Sep;143:106240. doi: 10.1016/j.chiabu.2023.106240. Epub 2023 May 24.

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- PMID: [37235997](#)
- DOI: [10.1016/j.chiabu.2023.106240](#)

### Free article

### Abstract

**Background:** Research on child sexual abuse increasingly focuses on sexually offending females; however, there is a lack of research that focuses on the individuals being affected. Studies have suggested that the consequences for those affected by sexually offending males and females are comparable.

**Objective:** The aim is to compare mental health consequences of sexual abuse perpetrated by women versus men in quantity and type.

**Participants and setting:** Data was anonymously retrieved from the German-wide contact point "help line sexual abuse" from 2016 to 2021. Details of abuse cases, gender of the offending individuals, and reported mental disorders of the person affected were analyzed. The sample consisted of N = 3351 callers with experiences of child sexual abuse.

**Method:** The relationship between gender of the perpetrating person and mental disorders of the victimized person was computed using logistic regression models. To account for rare events data, Firth's logistics regression model was used.

**Results:** The consequences were similar in quantity, albeit different in type. Callers with experiences of female-perpetrated abuse were more likely to report suicidality, non-suicidal self-injury behavior, personality disorders, dissociative identity disorders, alcohol/ drug addiction, and schizophrenia, while people with experiences of male-perpetrated abuse rather reported post-traumatic stress disorder, affective disorders, anxiety disorders, dissociative disorders, eating disorders, externalized disorders, and psychosomatic disorders.

**Conclusions:** The differences may be due to stigmatization leading to dysfunctional coping mechanisms. Societal gender stereotypes must be reduced, especially within the professional helping system to ensure support for people who have experienced sexual abuse, regardless of gender.

**Keywords:** Child sexual abuse; Female perpetrator; Female-perpetrated child sexual abuse; Gender; Mental health consequences.

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## **Conflict of interest statement**

Declaration of competing interest None.

**Full text links**

76. **[Editorial: The Paradox of Reward Processing in the Association Between Irritability and Depression](#)**

J Am Acad Child Adolesc Psychiatry. 2023 Aug;62(8):853-855. doi: 10.1016/j.jaac.2023.05.001. Epub 2023 May 9.

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- PMID: [37169148](#)
- DOI: [10.1016/j.jaac.2023.05.001](#)

**Abstract**

Irritability as part of depression has been studied for a long time; it was a cardinal symptom in Burton's concept of melancholia and an underlying mechanism toward oneself in Freud's description of melancholia. Today, irritability is considered a cardinal symptom of depression in children and adolescents by DSM-5, along with depressed mood and anhedonia, and is present in about 40% of youth with depression. Longitudinally, irritability has been shown to be a specific predictor of depression across development in several studies.<sup>1</sup> The mechanisms underlying the close relationship between irritability and depression are unclear, but most evidence points to shared risk factors, including genetic risk, family history of depression, early temperament and personality, and parenting styles.<sup>2</sup> However, other plausible shared mechanisms, especially those involving neural circuits, have been undertested.

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## Comment on

- [How Obstructed Action Efficacy Impacts Reward-Based Decision Making in Adolescent Depression: An fMRI Study.](#)

Harlé KM, Ho TC, Connolly CG, Simmons A, Yang TT.

J Am Acad Child Adolesc Psychiatry. 2023 Aug;62(8):874-884. doi: 10.1016/j.jaac.2023.01.024. Epub 2023 Mar 20.

PMID: 36948392

## Full text links

77. [\*\*The Proposed Specifiers for Conduct Disorder - Parent \(PSCD-P\): Convergent Validity, Incremental Validity, and Reactions to Unfamiliar Peer Confederates\*\*](#)

Res Child Adolesc Psychopathol. 2023 Aug;51(8):1097-1113. doi: 10.1007/s10802-023-01056-x. Epub 2023 Apr 25.

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- PMID: [37097378](#)
- DOI: [10.1007/s10802-023-01056-x](#)

## Abstract

Youth who experience psychopathy display multiple impairments across interpersonal (grandiose-manipulative [GM]), affective (callous-unemotional [CU]), lifestyle (daring-impulsive [DI]), and potentially antisocial and behavioral features. Recently, it has been acknowledged that the inclusion of psychopathic features can offer valuable information in relation to the etiology of Conduct Disorder (CD). Yet, prior work largely focuses on the affective component of psychopathy, namely CU. This focus creates uncertainty in the literature on the incremental value of a multicomponent approach to understanding CD-linked domains. Consequently, researchers developed the Proposed Specifiers for Conduct Disorder (PSCD; Salekin & Hare, 2016) as a multicomponent approach to assess GM, CU, and DI features in combination with CD symptoms. The notion of considering the wider set of psychopathic features for CD specification requires testing whether multiple personality dimensions predict domain-relevant criterion outcomes above-and-beyond a CU-based approach. Thus, we tested the psychometric properties of parents' reports on the PSCD (PSCD-P) in a mixed clinical/community sample of 134 adolescents ( $M_{\text{age}} = 14.49$ , 66.4% female). Confirmatory factor analyses resulted in a 19-item PSCD-P displaying acceptable reliability estimates and a bifactor solution consisting of GM, CU, DI, and CD factors. Findings supported the incremental validity of scores taken from the PSCD-P across multiple criterion variables, including (a) an established survey measure of parent-adolescent conflict; and (b) trained independent observers' ratings of adolescents' behavioral reactions to laboratory controlled tasks designed to simulate social interactions with unfamiliar peers. These findings have important implications for future research on the PSCD and links to adolescents' interpersonal functioning.

**Keywords:** Adolescents; Conduct Disorder (CD); GM traits; PSCD; Psychometric properties; Psychopathy.

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- [Cited by 1 article](#)
- [92 references](#)

78. **[Personality Traits Interact With Sleep and Biological Rhythm in Patients With Bipolar Disorder](#)**

J Nerv Ment Dis. 2023 Aug 1;211(8):579-584. doi: 10.1097/NMD.0000000000001658. Epub 2023 Apr 22.

**Authors**

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- PMID: [37094578](#)
  - DOI: [10.1097/NMD.0000000000001658](#)

**Abstract**

Sleep disturbances and circadian rhythm changes in bipolar disorder (BD) may have behavioral components as well as biological components. This

study aimed to examine the relationship between personality traits, sleep and circadian rhythm in BD. A total of 150 participants with BD, and 150 healthy controls completed the Big Five Personality Test-50 (B5PT-50-TR), Biological Rhythm Interview of Assessment in Neuropsychiatry (BRIAN), Functioning Assessment Short Test (FAST), Pittsburgh Sleep Quality Index (PSQI), Young Mania Rating Scale and Beck Depression Inventory. In the BD group, B5PT-50-TR emotional stability and openness subscale scores were significantly lower in comparison with the healthy control group. Agreeableness and emotional stability subscales were covariates for the BRIAN sleep subscale and emotional stability was a covariate for PSQI total score. Emotional instability might be a vulnerability factor for sleep disorders and biological rhythm abnormalities in BD. Improvement in emotional instability may relieve sleep disorders and biological rhythm, thereby leading to better treatment outcomes in BD.

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- [60 references](#)

#### **Full text links**

### 79. [\*\*Potential Prion Involvement in Long COVID-19 Neuropathology, Including Behavior\*\*](#)

Cell Mol Neurobiol. 2023 Aug;43(6):2621-2626. doi: 10.1007/s10571-023-01342-8. Epub 2023 Mar 28.

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- PMID: [36977809](#)
- PMCID: [PMC10047479](#)
- DOI: [10.1007/s10571-023-01342-8](#)

**Free PMC article**

## **Abstract**

Prion' is a term used to describe a protein infectious particle responsible for several neurodegenerative diseases in mammals, e.g., Creutzfeldt-Jakob disease. The novelty is that it is protein based infectious agent not involving a nucleic acid genome as found in viruses and bacteria. Prion disorders exhibit, in part, incubation periods, neuronal loss, and induce abnormal folding of specific normal cellular proteins due to enhancing reactive oxygen species associated with mitochondria energy metabolism. These agents may also induce memory, personality and movement abnormalities as well as depression, confusion and disorientation. Interestingly, some of these behavioral changes also occur in COVID-19 and mechanistically include mitochondrial damage caused by SARS-CoV-2 and subsequent production of reactive oxygen species. Taken together, we surmise, in part, long COVID may involve the induction of spontaneous prion emergence, especially in individuals susceptible to its origin may thus explain some of its manifestations post-acute viral infection.

**Keywords:** COVID-19; Confusion; Depression; Long COVID; Mitochondria; Prion; Prion disorders; SARS-CoV-2.

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## **Conflict of interest statement**

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

- [33 references](#)
- [1 figure](#)

#### Full text links

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80. [\*\*Psychopathic Traits and Parental Practices in Greek-Cypriot Community and Dutch Clinical Referred Samples\*\*](#)

Res Child Adolesc Psychopathol. 2023 Aug;51(8):1129-1141. doi: 10.1007/s10802-023-01060-1. Epub 2023 Mar 24.

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- PMID: [36961595](#)
- DOI: [10.1007/s10802-023-01060-1](#)

#### Abstract

Parental practices are associated with psychopathic traits across several developmental stages. However, the majority of available studies focused mainly on the affective dimension of psychopathy, namely callous-

unemotional traits, disregarding the grandiose-deceitful and impulsivity-need for stimulation dimensions. The current study examines the distinct associations between all three dimensions with parental practices (parental involvement, poor monitoring, inconsistent discipline, and corporal punishment) after considering the effect of conduct problems (CPs) and sex in a Greek-Cypriot primary school sample (N = 792, Mage = 6.93, SD = 0.72) and a Dutch clinical-referred sample (N = 217, Mage = 9.55, SD = 1.79) of children. In the community sample, hierarchical multiple regression analysis revealed that parents of children with high levels of callous-unemotional traits were more likely to engage in inconsistent discipline but less in positive parental practices. In contrast, high levels of impulsivity-need for stimulation were related to inconsistent discipline. In the clinical sample, callous-unemotional traits were associated with less parental involvement and grandiose-deceitful dimension with high levels of inconsistent discipline. These findings suggest that the three psychopathy dimensions have unique relations with parental practices above and beyond CPs, proposing that parental practices may be influenced more strongly by psychopathic traits than by antisocial behavior.

**Keywords:** Callous Unemotional traits; Grandiosity; Impulsivity; Parental practices; Psychopathic traits.

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- [72 references](#)

81. [\*\*Correlates of chronic depression in the general population: results from the CoLaus|PsyCoLaus study\*\*](#)

Soc Psychiatry Psychiatr Epidemiol. 2023 Aug;58(8):1179-1191. doi: 10.1007/s00127-023-02462-8. Epub 2023 Mar 23.

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- PMCID: [PMC10366283](#)
- DOI: [10.1007/s00127-023-02462-8](#)

## Free PMC article

## Abstract

**Purpose:** Previous population-based studies have partially provided inconsistent results regarding the co-variates of chronic depression, which were likely to be attributable to methodological limitations. The present paper that compared people with chronic major depressive disorder (MDD), non-chronic MDD and no mood disorder in the community focused on specific atypical and melancholic depression symptoms and subtypes of MDD, family history (FH) of mood disorders, measured physical cardiovascular risk factors (CVRF), personality traits, coping style and adverse life-events.

**Methods:** Data stemmed from a population-based cohort including 3618 participants (female 53%, n=1918; mean age 50.9 years, s.d. 8.8 years). Among them 563 had a lifetime history of chronic MDD, 1060 of non-chronic MDD and 1995 of no mood disorder. Diagnostic and FH information were elicited through semi-structured interviews, CVRF were assessed through physical investigations.

**Results:** The major findings were that chronic MDD was associated with increase in appetite/weight and suicidal ideation/attempts during the most severe episode, higher exposure to life-events in adulthood, higher levels of neuroticism, lower levels of extraversion and lower levels of

informal help-seeking behavior but less frequent FH of MDD compared to non-chronic MDD.

**Conclusion:** Chronic MDD is associated with a series of potential modifiable risk factors which are accessible via psychotherapeutic approaches that may improve the course of chronic MDD.

**Keywords:** Adverse life-events; Cardiovascular risk factors; Chronic depression; Community study; Coping styles; Depression subtypes; Personality traits.

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## Conflict of interest statement

The authors declare no conflict of interest.

- [31 references](#)

## Full text links

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## 82. [Different personality profiles in patients with cluster headache: a data-driven approach](#)

Neurol Sci. 2023 Aug;44(8):2853-2861. doi: 10.1007/s10072-023-06713-z. Epub 2023 Mar 21.

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- PMID: [36941517](#)
- DOI: [10.1007/s10072-023-06713-z](#)

## Abstract

**Introduction:** Cluster headache (CH) is usually comorbid to mood spectrum disorders, but the psychopathological aspects are poorly explored. We aimed at identifying discrete profiles of personality traits and their association with clinical features.

**Methods:** Based on the personality scales of the Millon Clinical Multiaxial Inventory-III, principal component analysis (PCA) identified psychological patterns of functioning of 56 CH patients. PCA outcomes were used for hierarchical cluster analysis (HCA) for sub-groups classification.

**Results:** Eighty-seven percent of patients had personality dysfunctions. PCA found two bipolar patterns: (i) negativistic, sadic-aggressive, borderline, and compulsive traits were distinctive of the psychological dysregulation (PD) dimension, and (ii) narcissistic, histrionic, avoidant, and schizoid traits loaded under the social engagement (SE) component. PD was associated with disease duration and psychopathology. SE was related to educational level and young age. HCA found three groups of patients, and the one with high PD and low SE had the worst psychological profile.

**Conclusions:** Personality disorders are common in CH. Our data-driven approach revealed distinct personality patterns which can appear differently among patients. The worst combination arguing against mental health is low SE and high PD. Linking this information with medical history may help clinicians to identify tailored-based therapeutic interventions for CH patients.

**Keywords:** Cluster headache; Pain; Personality; Psychological functioning; Psychopathology.

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- [31 references](#)

### Full text links

83. [\*\*Societal costs of personality disorders: A cross-sectional multicenter study of treatment-seeking patients in mental health services in Norway\*\*](#)

J Clin Psychol. 2023 Aug;79(8):1752-1769. doi: 10.1002/jclp.23504. Epub 2023 Mar 14.

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- PMID: [36916214](#)
- DOI: [10.1002/jclp.23504](#)

## Abstract

**Objective:** There is a relatively small body of research on the cost-of-illness of personality disorders (PDs). Most studies only include borderline PD. The aim of this study was to investigate mean societal costs, including its components, (direct) health service costs and (indirect) productivity loss, among treatment-seeking patients with the broad range of all PDs according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).

**Methods:** Cross-sectional data from 911 patients diagnosed with at least 1 PD were retrieved from the quality register of the Norwegian Network for Personality Disorders—a collaboration of PD treatment units within specialist mental health services. The patients were referred in the time period 2017-2020. Estimation of costs was based on a bottom-up approach, using information from a structured interview covering the 6-month period before assessment, whereas unit costs were retrieved from public reports, public records, or public agencies. The human capital approach was used to calculate productivity loss. Diagnoses were determined by semi-structured diagnostic interviews (Structured Clinical Interview for DSM-5-PD [SCID-5-PD]).

**Results:** The mean societal costs were €20.260 during the 6-month period before specialized treatment. The largest cost component was productivity loss (65%), whereas health service costs constituted 35%. The main contributors to societal costs from the underlying health service cost components were inpatient treatment (20.5%) and individual outpatient treatment (10.5%).



**Conclusion:** Societal costs were substantial among treatment-seeking patients with the broad range of DSM-5 PDs, comparable to the societal costs of schizophrenia, and significantly higher than the societal costs of both depression and anxiety disorders. The cost estimates converged with recent, register-based cost-of-illness studies of different PDs but exceeded previous findings from other bottom-up studies. Furthermore, the results underscore the importance of implementing effective and specialized treatment for patients with a broad range of PDs, not only to alleviate individual suffering but also to reduce the level of societal costs. The emphasis on productivity loss as a main contributor to the overall societal costs is substantiated, hence underlining the relevance of interventions focusing on improving occupational functioning.

**Keywords:** personality disorders; societal costs.

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- [Cited by 1 article](#)
- [58 references](#)

**Full text links**

84. [\*\*Prejudice toward people with borderline personality disorder: Application of the prejudice toward people with mental illness framework\*\*](#)

Int J Soc Psychiatry. 2023 Aug;69(5):1213-1222. doi: 10.1177/00207640231155056. Epub 2023 Feb 16.

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- PMCID: [PMC10338706](#)
- DOI: [10.1177/00207640231155056](#)

### Free PMC article

## Abstract

**Background:** People living with borderline personality disorder (BPD) face high levels of prejudice and discrimination from both the community and medical professionals, but no measure of prejudice toward people living with BPD exists.

**Aims:** The current study aimed to adapt an existing Prejudice toward People with Mental Illness (PPMI) scale and investigate the structure and nomological network of prejudice toward people with BPD.

**Methods:** The original 28-item PPMI scale was adapted to create the Prejudice toward People with Borderline Personality Disorder (PPBPD) scale. The scale and related measures were completed by three samples: 217 medical or clinical psychology students, 303 psychology undergraduate students, and 314 adults from the general population.

**Results:** The original four-factor structure of the PPMI was supported in the PPBPD scale. Reported prejudice toward people with BPD was more negative than prejudice toward people with mental illness in general. The association of the PPBPD scale with antecedents and consequences was assessed, including social dominance orientation, right-wing authoritarianism, ethnocentrism, personality traits, empathy, prior contact, and feelings toward other stigmatized groups and mental illnesses.

**Conclusions:** This study provided evidence for the validity and psychometric properties of the PPBPD scale across three samples and investigated anticipated relationships with theoretically related antecedents and consequences. This research will help improve

understanding of the expressions underlying prejudice toward people with BPD.

**Keywords:** Prejudice; borderline personality disorder; scale construction; stigma.

- [39 references](#)
- [1 figure](#)

### Full text links

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85. [\*\*A stenography of empathy: Toward a consensual model of the empathic process\*\*](#)

Encephale. 2023 Aug;49(4):399-407. doi: 10.1016/j.encep.2022.12.002. Epub 2023 Feb 10.

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- PMID: [36775761](#)
- DOI: [10.1016/j.encep.2022.12.002](https://doi.org/10.1016/j.encep.2022.12.002)

### Abstract

Empathy has gained popularity in the general population and the scientific world during the past decade. Recently, several researchers found a

significant decrease in empathy scores of healthcare students (notably medical students) and recommend promoting empathy skills in several fields of education. The current paper presents a new model of the empathic process: a stenography of empathy compelling scientific data and contemporary conceptions. Indeed, we combined all pioneer researchers' conceptions of empathy (Davis, Decety, Batson, Preston & de Waal) into an integrative model. This model is centered on the empathizer (i.e., a person observing a target experiencing emotions) and displays how all empathy components are articulated, explaining the individuals' general functioning and how the process might become dysfunctional. We illustrated applications of the model with three clinical examples (i.e., burnout, psychopathy, and borderline personality disorders) to display how empathy is related to psychopathological symptoms. We believe this new dynamic and sequential model would be helpful in explaining how empathy works, which is of great interest to healthcare students, clinicians, researchers, and academics.

**Keywords:** Contagion émotionnelle; Education; Emotion regulation; Emotional contagion; Empathie; Empathy; Formation académique; Psychopathologie; Psychopathology; Régulation émotionnelle.

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**Full text links**

86. [\*\*Personality as a Predictor of Disability in Multiple Sclerosis\*\*](#)

Arch Clin Neuropsychol. 2023 Jul 25;38(5):657-666. doi: 10.1093/arclin/acad010.

**Authors**

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- PMID: [36764662](#)
- PMCID: [PMC10369360](#)
- DOI: [10.1093/arclin/acad010](#)

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## Abstract

**Objective:** As personality changes and personality disorders are frequently observed in multiple sclerosis (MS), personality may be a prognostic factor for this disease. The present study investigated the influence of personality on disability, progression, and treatment adherence in MS.

**Method:** Personality was assessed in 41 patients with Relapsing-Remitting MS (30 females; mean age = 42.63 years) using the NEO Personality Inventory-3rd edition. Disability was measured with the Expanded Disability Status Scale, and treatment adherence information was collected from the Swiss MS Cohort. Correlation, multiple linear and partial least square regressions were performed to examine relations between personality, disability, and treatment adherence in MS.

**Results:** After accounting for age and time since disease onset, our analysis revealed that Neuroticism ( $\beta = 0.32$ ,  $p = 0.01$ ) and its Vulnerability facet ( $\beta = 0.28$ ,  $p < 0.05$ ) predicted greater disability, whereas Extraversion ( $\beta = -0.25$ ,  $p = 0.04$ ) and its Activity facet ( $\beta = -0.23$ ,  $p < 0.05$ ) predicted milder disability. Regarding disability progression, correlational analysis revealed that it was negatively correlated with Extraversion ( $r = -0.44$ ,  $p = 0.02$ ) and the Feelings facet of Openness ( $r = -$

0.41,  $p = 0.03$ ), but regressions failed to highlight any predictive links. No significant results could be demonstrated for treatment adherence.

**Conclusions:** Overall, our study showed that some personality traits can impact disability in MS, indicating that these should be considered in clinical practice, as they could be used to adapt and improve patients' clinical support.

**Keywords:** Disability/handicaps; Multiple sclerosis; Personality and personality disorders.

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## Conflict of interest statement

None declared.

- [37 references](#)
- [4 figures](#)

## Full text links

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87. [How well can an AI chatbot infer personality? Examining psychometric properties of machine-inferred personality scores](#)

J Appl Psychol. 2023 Aug;108(8):1277-1299. doi: 10.1037/apl0001082. Epub 2023 Feb 6.

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- PMID: [36745068](#)
- DOI: [10.1037/apl0001082](#)

## Abstract

The present study explores the plausibility of measuring personality indirectly through an artificial intelligence (AI) chatbot. This chatbot mines various textual features from users' free text responses collected during an online conversation/interview and then uses machine learning algorithms to infer personality scores. We comprehensively examine the psychometric properties of the machine-inferred personality scores, including reliability (internal consistency, split-half, and test-retest), factorial validity, convergent and discriminant validity, and criterion-related validity. Participants were undergraduate students ( $n = 1,444$ ) enrolled in a large southeastern public university in the United States who completed a self-report Big Five personality measure (IPIP-300) and engaged with an AI chatbot for approximately 20-30 min. In a subsample ( $n = 407$ ), we obtained participants' cumulative grade point averages from the University Registrar and had their peers rate their college adjustment. In an additional sample ( $n = 61$ ), we obtained test-retest data. Results indicated that machine-inferred personality scores (a) had overall acceptable reliability at both the domain and facet levels, (b) yielded a comparable factor structure to self-reported questionnaire-derived personality scores, (c) displayed good convergent validity but relatively poor discriminant validity (averaged convergent correlations = .48 vs. averaged machine-score correlations = .35 in the test sample), (d) showed low criterion-related validity, and (e) exhibited incremental validity over self-reported questionnaire-derived personality scores in some analyses. In addition, there was strong evidence for cross-sample generalizability of psychometric properties of machine scores. Theoretical implications,

future research directions, and practical considerations are discussed.  
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### Full text links

88. [Trait continuity: Can parent-rated infant temperament predict HEXACO personality in early adulthood?](#)

Scand J Psychol. 2023 Aug;64(4):512-526. doi: 10.1111/sjop.12898. Epub 2023 Feb 6.

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- PMID: [36744852](#)
- DOI: [10.1111/sjop.12898](#)

### Abstract

Examining the Raine cohort study, we tested the trait continuity hypothesis by examining the extent that young adults' (25-29 years old) self-reported HEXACO personality can be statistically predicted from multi-dimensional parental temperament ratings collected in infancy (1-2 years old). The study incorporated a lagged design (two waves), a large sample size (n = 563), and examined both temperament and personality as both dimensions and profiles. Overall, we found very limited evidence of trait continuity, with generally very weak and few statistically significant observed associations of infant temperament with early adulthood personality. Relations were weak whether profile or dimension-based operationalizations of both phenomena were adopted. Additionally,



controlling for sex affected the relations of temperament and personality only to a small extent for most of the traits, and moderation effects of sex were generally zero-to-trivial in size. Altogether, parent-rated temperament in infancy seems to provide little information about HEXACO personality in early adulthood.

**Keywords:** HEXACO; Infant temperament; development; personality; trait continuity.

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- [113 references](#)

### Full text links

89. [\*\*Psychiatric comorbidity in individuals with bipolar disorder: relation with clinical outcomes and functioning\*\*](#)

Eur Arch Psychiatry Clin Neurosci. 2023 Aug;273(5):1175-1181. doi: 10.1007/s00406-023-01562-5. Epub 2023 Feb 1.

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- PMID: [36725737](#)
- DOI: [10.1007/s00406-023-01562-5](#)

## Abstract

The aim was to assess the lifetime prevalence of psychiatric comorbidity (PC) in Brazilian euthymic individuals with bipolar disorder type I, and investigate its effects on clinical outcomes and functioning. A group of 179 outpatients with BD-I in the recuperation phase were assessed, of whom 75 (41.9%) had PC and 104 (58.1%) had not. Both groups were compared using sociodemographic/clinical questionnaire, Structured Clinical Interview for DSM-IV axis I and II, Sheehan Disability and Barratt Impulsiveness Scales. Patients with PC presented less religious affiliation, more history of lifetime psychotic symptoms, rapid cycling, suicide attempts, worse scores of functioning, and higher prevalence of personality disorders. Ordinal logistic regression indicated that PC was associated with increased odds of worse levels of disability. Therefore, it could be observed that patients with BD evaluated only in euthymia presented a high mental disorders comorbidity. Considering their burdensome impact, appropriate management is a challenging reality and a crucial factor in reducing morbidity and mortality associated with BD. Further longitudinal studies on their relationship may broaden interventions to reduce patient's suffering.

**Keywords:** Bipolar disorder; Euthymia; Functioning; Personality disorder; Psychiatric comorbidity.

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- [45 references](#)

**Full text links**

90. [Survival of patients with severe mental disorders: Influence of social functioning](#)

Int J Soc Psychiatry. 2023 Aug;69(5):1157-1165. doi: 10.1177/00207640231152201. Epub 2023 Jan 28.

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- PMID: [36708399](#)
- DOI: [10.1177/00207640231152201](#)

**Abstract**

**Background:** Patients with severe mental disorders have a high risk of premature death due to the interaction of various factors. Social functioning is a strategic functional factor in understanding the course of psychotic disorders.

**Aim:** Analyze the relationship between social functioning and its various dimensions and survival during a 10-year follow-up.

**Method:** The Social Functioning Scale (SFS) was administered to 163 close relatives of patients under treatment at a Community Mental Health Unit. Survival was described by Kaplan-Meier analysis and any differences in survival by level of social functioning were found by long-rank analysis. Finally, Cox regression was used to predict premature mortality.

**Results:** Significant differences in mortality were identified in the interpersonal behavior dimension of social functioning, while there were

no significant gender or diagnostic differences in the rest of the dimensions. The interpersonal behavior dimension and age were found to be factors predicting premature death.

**Conclusion:** These findings show the protective effect of social functioning retained by patients with psychotic disorders on their survival, and the need to apply evidence-based psychotherapy focused on recovery of social functioning in the early stages of the disorder.

**Keywords:** Schizophrenia; bipolar disorder; course; premature death; psychotic disorders.

### Full text links

91. [\*\*Autism spectrum disorder and personality disorders: How do clinicians carry out a differential diagnosis?\*\*](#)

Autism. 2023 Aug;27(6):1847-1850. doi: 10.1177/13623613231151356. Epub 2023 Jan 28.

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- PMCID: [PMC10374990](#)
- DOI: [10.1177/13623613231151356](#)

**Free PMC article**

## Abstract

It is now recognised that autism spectrum disorder (ASD) and personality disorders (PDs) have a variety of factors in common. However, the exact nature of the relationship between ASD and the PDs remains unclear. The overlapping symptom profiles of ASD and PDs can lead to diagnostic uncertainty - features of ASD and PD can be misattributed and easily lead to misdiagnosis of ASD patients. Since differentiating between ASD and PD is such a complex task, it has been argued that there is a need for additional understanding and markers for facilitating diagnostic procedures. There is an urgent need to explore, first, how clinicians make diagnostic decisions and, second, how to effectively deal with the challenges and difficulties they face when making decisions. Also, where there are clear overlaps, how do clinicians choose how to attribute labels in order to understand the person.

**Keywords:** ASD; autism spectrum disorder; personality disorders.

- [20 references](#)

### Full text links

92. [\*\*The relationship between chronotype, dispositional mindfulness and suicidal ideation among medical students: mediating role of anxiety, insomnia and social dysfunction\*\*](#)

J Sleep Res. 2023 Aug;32(4):e13823. doi: 10.1111/jsr.13823. Epub 2023 Jan 22.

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- PMID: [36682738](#)
- DOI: [10.1111/jsr.13823](#)

## Abstract

The aim of the study was to assess whether chronotype and subjective amplitude may predict suicidal ideation independently of mindfulness, and whether anxiety/insomnia and social dysfunction may be mediators of the relationship between chronotype and suicidal thoughts among medical students. The study group comprised 600 students of the medical faculties (191 men and 409 women), with a mean (SD, range) age of 21.94 (1.81, 18-31) years. The participants completed the Chronotype Questionnaire, the Five Facet Mindfulness Questionnaire (FFMQ) and the General Health Questionnaire (GHQ-28). Two items from GHQ-28 depression scale were extracted to measure suicidal ideation. The FFMQ score correlated negatively with the suicidal ideation score. The total effect of chronotype was insignificant when controlled for FFMQ. In the case of indirect effects, subjective amplitude score predicted suicidal ideation via both anxiety/insomnia and social dysfunction scores. The FFMQ score predicted suicidal ideation only via the social dysfunction scale. The direct effect of subjective amplitude was insignificant. Our findings indicate that the flexibility (or rigidity) of circadian rhythm may be linked to the intensity of experienced suicidal ideation, but only via anxiety/insomnia and social dysfunction, independently of mindfulness and morningness-eveningness.

**Keywords:** Morningness-eveningness; subjective amplitude of the rhythm; suicidal thoughts; traits mindfulness.

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- [59 references](#)

### Full text links

93. [\*\*A systematic review of the efficacy of psychological treatments for people detained under the Mental Health Act\*\*](#)

J Psychiatr Ment Health Nurs. 2023 Aug;30(4):600-619. doi: 10.1111/jpm.12897. Epub 2023 Feb 5.

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- PMID: [36655589](#)
- DOI: [10.1111/jpm.12897](#)

### Abstract

WHAT IS KNOWN ON THE SUBJECT?: International reviews have looked at therapy outcomes for patients on mental health wards, showing it is associated with reduced emotional distress and readmission. Reviews have not looked at which specific treatments are most effective. No review has been done in England and Wales for patients detained specifically under the Mental Health Act.

**What the paper adds to existing knowledge:** The paper gives an overview of the limited evidence in England and Wales. The paper shows which therapies have been measured. WHAT ARE THE IMPLICATIONS

**FOR PRACTICE?:** Larger studies are needed across all types of patient wards in England and Wales with random allocation to types of therapy and longer-term follow-up. More studies are needed where researchers are not aware of the therapy being delivered. More studies need to use a mixture of patient and clinician outcome measures. Outcomes should also measure incident, readmission and reoffending rates. More evidence is needed from patients who are female, non-white and who are diagnosed with depression and anxiety.

**Abstract:** **INTRODUCTION:** The efficacy of psychological interventions delivered under the Mental Health Act (1983) (MHA) in England and Wales is unclear. While meta-analyses have reviewed acute and forensic psychological interventions in wider geographical areas, there has been no review specifically in the unique MHA context.

**Aim:** A systematic review was conducted of psychological outcomes for inpatients detained under the MHA in England and Wales.

**Method:** Diagnoses and type of psychological intervention were not restricted, provided a psychological outcome measure was used. Studies were identified through APA PsychInfo, MEDLINE, CINAHL and Academic Search using a combination of key terms. Data extraction included effect direction, statistical significance, intervention type, format and duration, study size, inpatient setting, control group and study quality.

**Results:** High-quality evidence was sparse. Some improvements were found in overall well-being, self-esteem, social functioning, problem-solving, substance use, anger, offending attitudes, fire-setting, violence, anxiety, depression, personality disorder and psychosis. However, the overall evidence base is lacking.

**Discussion:** Larger-scale randomized controlled trials are needed across secure, acute and learning disability inpatient settings in England and Wales with longer term follow-up, blind assessors and both self-report and clinician-rated measures, as well as incident, readmission and reoffending rates. Greater representation is needed of females, non-white groups and affective disorders.

**Clinical implications:** The efficacy of psychological interventions for inpatients detained under the MHA in England and Wales remains unclear. Clinicians are encouraged to use relevant outcome measures in relation to



treatment goals, to monitor the efficacy of interventions being offered to this client group.

**Relevance to mental health nursing:** This paper highlights the current body of evidence for psychological interventions in inpatient settings within England and Wales, which is an environment in which mental health nursing plays an important role in patients' recovery. This evidence is also particularly important as there is a shift in clinical practice to training nursing staff to deliver some of the low-intensity psychological interventions, such as behavioural activation, solution-focussed therapy and motivational interviewing.

**Keywords:** clinical psychology; inpatient psychology; mental health act; psychological outcomes; psychological therapies.

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- [78 references](#)

#### Full text links

94. [\*\*Predictors of suicidal ideation severity among treatment-seeking young people with major depressive disorder: The role of state and trait anxiety\*\*](#)

Aust N Z J Psychiatry. 2023 Aug;57(8):1150-1162. doi: 10.1177/00048674221144262. Epub 2023 Jan 11.

#### Authors

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- PMID: [36629043](#)
- DOI: [10.1177/00048674221144262](#)

## Abstract

**Objective:** Depression and suicidal ideation are closely intertwined. Yet, among young people with depression, the specific factors that contribute to changes in suicidal ideation over time are uncertain. Factors other than depressive symptom severity, such as comorbid psychopathology and personality traits, might be important contributors. Our aim was to identify contributors to fluctuations in suicidal ideation severity over a 12-week period in young people with major depressive disorder receiving cognitive behavioural therapy.

**Methods:** Data were drawn from two 12-week randomised, placebo-controlled treatment trials. Participants ( $N = 283$ ) were 15-25 years old, with moderate to severe major depressive disorder. The primary outcome measure was the Suicidal Ideation Questionnaire, administered at baseline and weeks 4, 8 and 12. A series of linear mixed models was conducted to examine the relationship between Suicidal Ideation Questionnaire score and demographic characteristics, comorbid psychopathology, personality traits and alcohol use.

**Results:** Depression and anxiety symptom severity, and trait anxiety, independently predicted higher suicidal ideation, after adjusting for the effects of time, demographics, affective instability, non-suicidal self-injury and alcohol use.

**Conclusions:** Both state and trait anxiety are important longitudinal correlates of suicidal ideation in depressed young people receiving cognitive behavioural therapy, independent of depression severity. Reducing acute psychological distress, through reducing depression and anxiety symptom severity, is important, but interventions aimed at treating trait anxiety could also potentially be an effective intervention approach for suicidal ideation in young people with depression.

**Keywords:** Depression; anxiety; personality; suicide; youth.

#### Full text links

95. [\*\*Alcohol use disorder criteria exhibit different comorbidity patterns\*\*](#)

Addiction. 2023 Aug;118(8):1457-1468. doi: 10.1111/add.16121. Epub 2023 Feb 8.

#### Authors

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- PMID: [36606740](#)
- DOI: [10.1111/add.16121](#)

## Abstract

**Background and aims:** Alcohol use disorder is comorbid with numerous other forms of psychopathology, including externalizing disorders (e.g. conduct disorder) and, to a lesser extent, internalizing conditions (e.g. depression, anxiety). Much of the time, overlap among alcohol use disorder and other conditions is explored at the disorder level, assuming that criteria are co-equal indicators of other psychopathology, even though alcohol use disorder criteria span numerous varied domains. Emerging evidence suggests that there are symptom clusters within the construct of alcohol use disorder that relate differentially with important external criteria, including psychopathology and allied personality traits (e.g. impulsivity, novelty-seeking). The present study mapped individual alcohol use disorder criteria onto internalizing and externalizing dimensions.

**Design and participants:** We used multivariate and factor analytical modeling and data from two large nationally representative samples of past year drinkers (n = 25 604; 19 454).

**Setting:** United States.

**Measurements:** Psychopathology was assessed using the Alcohol Use Disorder and Associated Disabilities Interview Schedule, yielding alcohol use disorder criteria, internalizing diagnoses (i.e. major depressive disorder, dysthymia, social anxiety disorder, generalized anxiety disorder, specific phobia, agoraphobia and panic disorder) and externalizing diagnoses and symptoms (i.e. antisocial personality disorder, conduct disorder and three impulsivity items drawn from borderline personality disorder criteria). Alcohol consumption was assessed in terms of past-year drinking frequency, usual amount of alcohol consumed on drinking days, binge drinking frequency, intoxication frequency, and maximum number of drinks in a 24-hour period.

**Findings:** Four different patterns emerged. First, several alcohol use disorder criteria were relatively weakly associated with externalizing and internalizing. Secondly, withdrawal was associated with internalizing, but this association was not specific to distress. Thirdly, there was a general lack of specificity between alcohol use disorder criteria and narrower forms of internalizing, despite what might be predicted by modern models

of addiction. Fourthly, recurrent use in hazardous situations reflected higher degrees of externalizing and lower internalizing liability.

**Conclusions:** Different symptom combinations appear to yield differential expressions of alcohol use disorder that are disorder-specific, or reflect broader tendencies toward externalizing, internalizing or both.

**Keywords:** alcohol use disorder; comorbidity; externalizing; heterogeneity; internalizing; symptoms.

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## Comment in

- [Commentary on Watts et al.: What can comorbidity teach us about the nature of alcohol problems?](#)

Baillie AJ.

Addiction. 2023 Aug;118(8):1469-1470. doi: 10.1111/add.16263.  
Epub 2023 Jun 12.

PMID: 37308085No abstract available.

- [Cited by 1 article](#)
- [52 references](#)

## Full text links

96. [\*\*Prevalence and prediction of dropout during depression treatment in routine outpatient care: an observational study\*\*](#)

Eur Arch Psychiatry Clin Neurosci. 2023 Aug;273(5):1151-1161. doi: 10.1007/s00406-022-01499-1. Epub 2022 Oct 17.

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- PMID: [36253582](#)
- PMCID: [PMC10359217](#)
- DOI: [10.1007/s00406-022-01499-1](#)

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## Abstract

Efficacious treatments are available for major depressive disorder (MDD), but treatment dropout is common and decreases their effectiveness. However, knowledge about prevalence of treatment dropout and its risk factors in routine care is limited. The objective of this study was to determine the prevalence of and risk factors for dropout in a large

outpatient sample. In this retrospective cohort analysis, routinely collected data from 2235 outpatients with MDD who had a diagnostic work-up between 2014 and 2016 were examined. Dropout was defined as treatment termination without achieving remission before the fourth session within six months after its start. Total and item scores on the Dutch Measure for Quantification of Treatment Resistance in Depression (DM-TRD) at baseline, and demographic variables were analyzed for their association with dropout using logistic regression and elastic net analyses. Data of 987 subjects who started routine outpatient depression treatment were included in the analyses of which 143 (14.5%) dropped out. Higher DM-TRD-scores were predictive for lower dropout odds [OR = 0.78, 95% CI = (0.70-0.86),  $p < 0.001$ ]. The elastic net analysis revealed several clinical variables predictive for dropout. Higher SES, higher depression severity, comorbid personality pathology and a comorbid anxiety disorder were significantly associated with less dropout in the sample. In this observational study, treatment dropout was relatively low. The DM-TRD, an easy-to-use clinical instrument, revealed several variables associated with less dropout. When applied in daily practice and combined with demographical information, this instrument may help to reduce dropout and increase treatment effectiveness.

**Keywords:** Cohort studies; Depressive disorder, major; Dropout; Outpatients; Treatment outcome.

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## **Conflict of interest statement**

Dr. Ruhé had received speaking fees from Janssen and Lundbeck and grants from ZonMW, Horizon 2020 and Hersenstichting. Prof. Peeters receives book royalties from Boom Publishers, Bohn Stafleu van Loghum, and Hogrefe Publishing Group, receives research grants from Zon-MW and the Mitalto Foundation, and received financial compensation as an independent symposium speaker for Janssen-Cilag, and SCEM. The other authors declare that they have no conflict of interest.

- [68 references](#)
- [2 figures](#)

**Full text links**

97. [Psychometric Properties, Factor Structure, and Validity of the Sensitivity to Threat and Affiliative Reward Scale in Children and Adults](#)

Assessment. 2023 Sep;30(6):1914-1934. doi: 10.1177/10731911221128946. Epub 2022 Oct 17.

### Authors

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- PMID: [36245403](#)
- DOI: [10.1177/10731911221128946](#)

### Abstract

Callous-Unemotional (CU) traits identify children at high risk of antisocial behavior. A recent theoretical model proposed that CU traits arise from low sensitivity to threat and affiliation. To assess these dimensions, we developed the parent- and self-reported Sensitivity to Threat and Affiliative Reward Scale (STARS) and tested its psychometric properties, factor structure, and construct validity. Samples 1 ( $N = 303$ ; age 3-10; United States) and 2 ( $N = 854$  age 5-9; Spain) were children and Sample 3 was 514 young adults ( $M_{age} = 19.89$ ; United States). In Sample 1, differential item functioning and item response theory techniques were used to identify the best-performing items from a 64-item pool, resulting in 28 items that functioned equivalently across age and gender. Factor analysis indicated acceptable fit for the theorized two-factor structure



with separate threat and affiliation factors in all three samples, which showed predictive validity in relation to CU traits in children and psychopathic traits in young adults.

**Keywords:** affiliation; callous-unemotional; item response theory; psychopathy; threat.

**Full text links**

98. [\*\*Concurrent, Convergent, and Discriminant Validity of the \*DSM-5\* Section III Psychopathy Specifier\*\*](#)

Assessment. 2023 Sep;30(6):1790-1810. doi: 10.1177/10731911221124344. Epub 2022 Sep 19.

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- PMID: [36124389](#)
- PMCID: [PMC10363948](#)
- DOI: [10.1177/10731911221124344](#)

**Free PMC article**

**Abstract**

Section III of the fifth iteration of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* includes an alternative model of personality

disorder diagnosis that conceptualizes antisocial personality disorder as an interpersonal, rather than behavioral, construct. However, the diagnostic specifier for psychopathy has been met with recent controversy due to its conceptual and empirical overlap with triarchic boldness, which has been debated as a necessary and sufficient domain of psychopathy. This study examined the concurrent, convergent, and discriminant validity of the specifier using canonical correlation analysis in samples of undergraduate students ( $N = 224$ ) and community adults with prior criminal involvement ( $N = 306$ ). Findings highlight the specifier as a multidimensional construct with divergent associations across its three facets. There was limited validity evidence for two of the three facets, raising concerns regarding the clinical utility of the psychopathy specifier.

**Keywords:** DSM-5 alternative model for personality disorders; antisocial personality disorder; boldness; psychopathy; psychopathy specifier; triarchic model of psychopathy.

## **Conflict of interest statement**

The author(s) declared the following potential conflicts of interest with respect to the research, authorship, and/or publication of this article: Portions of this article are based on studies comprising the first author's Master's thesis (Fuller, 2019), which were also presented at the 2020 American Psychology-Law Society (AP-LS) annual conference in New Orleans, Louisiana (Fuller et al., 2020).

- [103 references](#)
- [6 figures](#)

## **Full text links**

99. [Levels of Personality Functioning Questionnaire 12-18 \(LoPF-Q 12-18\): Factor Structure, Validity, and Clinical Cut-Offs](#)

Assessment. 2023 Sep;30(6):1764-1776. doi: 10.1177/10731911221124340. Epub 2022 Sep 19.

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- PMID: [36124366](#)
- PMCID: [PMC10200067](#) (available on 2023-09-01)
- DOI: [10.1177/10731911221124340](#)

## Abstract

The Levels of Personality Functioning Questionnaire 12-18 (LoPF-Q 12-18) is the only self-report measure informed by the Level of Personality Functioning (*Diagnostic and Statistical Manual of Mental Disorders* [5th ed.; *DSM-5*; American Psychiatric Association, 2013]) Alternative Model of Personality Disorders developed for adolescents. The present investigation includes two studies evaluating the English LoPF-Q 12-18. In Study 1, single-factor and bifactor structures (unidimensional severity criterion and four specific factors: identity, self-direction, empathy, intimacy) were evaluated in an ethnically diverse community sample ( $N = 453$ ; age 10-18; 57% female). Study 2 used a community control ( $n = 298$ ; age 10-18; 54.4% female) and clinical sample ( $n = 94$ ; age 11-18; 58.5% female) to examine reliability, validity, and clinical utility. Study 1 results supported the bifactor model, with a robust general factor and little multidimensionality caused by the group factors, suggesting an essentially unidimensional structure. Study 2 revealed good internal consistency and construct validity and provided clinical cut-offs, supporting the use of the LoPF-Q 12-18 total score in research and clinical applications.

**Keywords:** adolescents; alternative model of personality disorder; personality functioning.

## Conflict of interest statement

## Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

- [Cited by 4 articles](#)

## Full text links

100. [\*\*The network structure of psychopathic personality traits in a community sample of young adult females\*\*](#)

Encephale. 2023 Aug;49(4):342-349. doi: 10.1016/j.encep.2022.02.004. Epub 2022 Aug 18.

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- PMID: [35989106](#)
- DOI: [10.1016/j.encep.2022.02.004](#)

## Abstract

Despite the growing body of research on the core characteristics of psychopathy, the potential gender differences in the expression and structuration of psychopathic traits have not received adequate attention. Aimed at testing the tacit supposition that the behavioral manifestations and structural architecture of this personality type as it can be observed in men are transposable to women, the present study investigated the network organization of psychopathic traits in a general population sample of young adult women (n=789; 18-20years old) who completed the Youth Psychopathic Traits Inventory - Short Version (YPI-S). We first estimated a network model based on the facets of the YPI-S. We then calculated centrality indices (i.e., strength, expected influence, closeness, and betweenness) in order to identify central and peripheral features of female psychopathy, and finally we performed a bootstrapping procedure to evaluate the accuracy of edge weights as well as the stability of the centrality indices. These last were quite stable and highlighted that unemotionality was the most central trait in the network, followed by manipulation, callousness, and dishonest charm. Our findings therefore corroborate previous results regarding the key contribution of affective characteristics and suggest that the so-called callous-unemotional traits are at the heart of psychopathy regardless of gender. But this research also emphasizes the cardinal role of interpersonal features (and especially manipulation tendencies) in female psychopathy. The centrality of the unemotionality facet-which is not found in male and/or mixed samples - lead us to discuss the links, in women, between psychopathic traits and emotional experience.

**Keywords:** Analyses par réseau; Callous-Unemotional traits; Female psychopathy; Manipulation; Network analysis; Psychopathic traits; Psychopathie féminine; Traits Callous-Unemotional; Traits psychopathiques.

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## What's new for 'personality disorders' in PubMed



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1. **[Emotional overeating affected nine in ten female students during the COVID-19 university closure: A cross-sectional study in France](#)**

PLoS One. 2023 Aug 31;18(8):e0286439. doi: 10.1371/journal.pone.0286439. eCollection 2023.

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- PMID: [37651411](#)
- DOI: [10.1371/journal.pone.0286439](#)

### Abstract

**Objectives:** To estimate the proportion of female university students reporting overeating (EO) in response to emotions during the COVID-19 university closures, and to investigate social and psychological factors associated with this response to stress.

**Design:** Online survey gathered sociodemographic data, alcohol/drugs use disorders, boredom proneness and impulsivity using validated

questionnaires, and EO using the Emotional Overeating Questionnaire (EOQ) assessing eating in response to six emotions (anxiety, sadness, loneliness, anger, fatigue, happiness), whose structure remains to be determined.

**Participants:** Sample of 302 female students from Rennes University, France.

**Main outcome measure:** Frequencies of emotional overeating.

**Analysis:** The frequency of emotional overeating was expressed for each emotion as percentages. Exploratory Factor analyses (EFA) were used to determine EOQ structure and provide an index of all EOQ items used for further analysis. Linear regression models were used to explore relationships between EO and others covariates.

**Results:** Nine in ten participants reported intermittent EO in the last 28 days, mostly during 6 to 12 days, in response to Anxiety (75.5%), Sadness (64.5%), Happiness (59.9%), Loneliness (57.9%), Tiredness (51.7%), and to a lesser extent to Anger (31.1%). EFA evidenced a one-factor latent variable reflecting "Distress-Induced Overeating" positively correlated with internal boredom proneness, tobacco use, attentional impulsivity, inability to resist emotional cues, and loss of control over food intake, and negatively with age and well-being. EO was unrelated to body mass index or substance abuse.

**Conclusion and implications:** Nine in ten female students reported emotional overeating during the COVID-19 university closure. This response to stress was related to eating tendencies typical of young women, but also to personality/behavioral patterns such as boredom and impulsivity proneness. Better understanding of the mechanisms underlying EO in response to stress and lack of external/social stimulation would improve preventive interventions.

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**Conflict of interest statement**



The authors have declared that no competing interests exist.

2. **[Editorial: Neuroimaging of brain structure-function coupling mechanism in neuropsychiatric disorders](#)**

Front Neurosci. 2023 Aug 14;17:1270645. doi: 10.3389/fnins.2023.1270645. eCollection 2023.

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- PMID: [37650107](#)
- PMCID: [PMC10462484](#)
- DOI: [10.3389/fnins.2023.1270645](#)

*No abstract available*

**Keywords:** function impairment; multimodal MRI; neuropsychiatric disorders; neurovascular coupling; structure-function coupling.

## Conflict of interest statement

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

## Comment on

- Editorial on the Research Topic Neuroimaging of brain structure-function coupling mechanism in neuropsychiatric disorders
- [3 references](#)

### 3. [Who bought a gun during the COVID-19 pandemic in the United States?: Associations with QAnon beliefs, right-wing political attitudes, intimate partner violence, antisocial behavior, suicidality, and mental health and substance use problems](#)

PLoS One. 2023 Aug 29;18(8):e0290770. doi: 10.1371/journal.pone.0290770. eCollection 2023.

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- PMID: [37643192](#)

- PMID: [PMC10464976](#)
- DOI: [10.1371/journal.pone.0290770](#)

## Free PMC article

## Abstract

There was a large spike in gun purchases and gun violence during the first year of the COVID-19 pandemic in the United States. We used an online U.S. national survey (N = 1036) to examine the characteristics of people who purchased a gun between March 2020 and October 2021 (n = 103) and compared them to non-gun owners (n = 763) and people who own a gun but did not purchase a gun during the COVID-19 pandemic (n = 170). Compared to non-gun owners, pandemic gun buyers were younger and more likely to be male, White race, and to affiliate with the Republican party. Compared to non-gun owners and pre-pandemic gun owners, pandemic gun buyers exhibited extreme elevations on a constellation of political (QAnon beliefs, pro-gun attitudes, Christian Nationalism, approval of former President Donald Trump, anti-vax beliefs, COVID-19 skepticism; mean Cohen's d = 1.15), behavioral (intimate partner violence, antisocial behavior; mean d = 1.38), mental health (suicidality, depression, anxiety, substance use; mean d = 1.21), and personality (desire for power, belief in a dangerous world, low agreeableness, low conscientiousness; mean d = 0.95) characteristics. In contrast, pre-pandemic gun owners only endorsed more pro-gun attitudes (d = 0.67), lower approval of President Joe Biden (d = -0.41) and were more likely to be male and affiliate with the Republican party relative to non-gun owners. Pandemic gun buyers represent an extreme group in terms of political and psychological characteristics including several risk-factors for violence and self-harm.

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## Conflict of interest statement

No. The authors have declared that no competing interests exist.

- [50 references](#)

## Full text links

### 4. [\*\*Suicide Risk in Personality Disorders: A Systematic Review\*\*](#)

Curr Psychiatry Rep. 2023 Aug 29. doi: 10.1007/s11920-023-01440-w. Online ahead of print.

#### Authors

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- PMID: [37642809](#)
- DOI: [10.1007/s11920-023-01440-w](#)

## Abstract

**Purpose of review:** This systematic review aimed to distil recent literature investigating psychosocial factors which may account for the association between personality disorder (PD) and suicide attempt or suicide death.

**Recent findings:** Suicide risk is particularly elevated in people with PD compared to those with no, or many other, mental health diagnoses. Despite this, suicide prevention strategies for PD populations have not progressed markedly in recent years. It is critical, therefore, to identify additional factors associated with suicide in PD populations. Of the 34 studies included in this review, most identified a relationship between personality disorder and suicide attempt and/or death. Historical interpersonal factors (e.g., childhood trauma), drug and alcohol use, and ideation-to-enaction factors were commonly associated with suicide-

related outcomes. Interventions that provide interpersonal support may reduce suicide attempts. Limitations of the review include the heterogeneity of studies and small sample sizes.

**Keywords:** Interventions; Personality Disorders; Psychosocial factors; Review; Suicide.

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- [58 references](#)

### Full text links

## 5. [Developmental pathway for first onset of depressive disorders in females: from adolescence to emerging adulthood](#)

Psychol Med. 2023 Aug 29;1-10. doi: 10.1017/S0033291723002441. Online ahead of print.

### Authors

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- DOI: [10.1017/S0033291723002441](#)

## Abstract

**Background:** Although risk markers for depressive disorders (DD) are dynamic, especially during adolescence, few studies have examined how change in risk levels during adolescence predict DD onset during transition to adulthood. We compared two competing hypotheses of the dynamic effects of risk. The risk escalation hypothesis posits that worsening of risk predicts DD onset beyond risk level. The chronic risk hypothesis posits that persistently elevated risk level, rather than risk change, predicts DD onset.

**Methods:** Our sample included 393 girls (baseline age 13.5-15.5 years) from the adolescent development of emotions and personality traits project. Participants underwent five diagnostic interviews and assessments of risk markers for DD at 9-month intervals and were re-interviewed at a 6-year follow-up. We focused on 17 well-established risk markers. For each risk marker, we examined the prospective effects of risk level and change on first DD onset at wave six, estimated by growth curve modeling using data from the first five waves.

**Results:** For 13 of the 17 depression risk markers, elevated levels of risk during adolescence, but not change in risk, predicted first DD onset during transition to adulthood, supporting the chronic risk hypothesis. Minimal evidence was found for the risk escalation hypothesis.

**Conclusions:** Participants who had a first DD onset during transition to adulthood have exhibited elevated levels of risk throughout adolescence. Researchers and practitioners should administer multiple assessments and focus on persistently elevated levels of risk to identify individuals who are most likely to develop DD and to provide targeted DD prevention.

**Keywords:** chronic risk; dynamic risk; first-onset depression; prediction; risk change.

## Full text links

### 6. [The effectiveness of individual schema therapy in older adults with borderline personality disorder: A multiple-baseline case series design](#)

Clin Psychol Psychother. 2023 Aug 29. doi: 10.1002/cpp.2900. Online ahead of print.

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- PMID: [37641578](#)
- DOI: [10.1002/cpp.2900](#)

#### Abstract

**Objective:** The aim of this study was to explore the effectiveness of schema therapy (ST) in older adults with borderline personality disorder (BPD).

**Methods:** Multiple baseline case series design with five BPD patients, with a mean age of 66. After a baseline phase with random length, patients received weekly ST sessions for a year, followed by follow-up sessions during 6 months. Participants rated the credibility of negative core beliefs weekly; various secondary outcome measures were assessed every 6 months (severity of BPD, early maladaptive schemas, schema modes, personality functioning, maladaptive personality traits, psychological distress and quality of life), and BPD diagnosis was assessed before baseline and after follow-up. Data were analysed with mixed regression analyses and paired t-tests.

**Results:** Results revealed that ST led to a significant decrease in credibility of negative core beliefs, with high effect sizes. All participants remitted from their BPD diagnosis.

**Conclusion:** This is the first study exploring the effectiveness of ST for BPD in older adults, and it suggests that ST can be a powerful intervention for this group of patients.

**Keywords:** borderline personality disorder; multiple baseline design; older adults; psychotherapy; schema therapy.

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- [59 references](#)

**Full text links**

7. [\*\*Relationships Between Personality Traits and Perceived Stress in Surrogate Decision-Makers of Intensive Care Unit Patients\*\*](#)



Am J Hosp Palliat Care. 2023 Aug 28;10499091231197662. doi: 10.1177/10499091231197662. Online ahead of print.

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- PMID: [37641412](#)
- DOI: [10.1177/10499091231197662](#)

## Abstract

**Introduction:** Personality traits, specifically neuroticism, are related to stress in surrogate decision-makers (SDMs) in outpatient settings. We hypothesized that intrinsic traits are related to SDM stress in the intensive care unit (ICU) to determine if personality considerations should be included in interventions to support SDMs.

**Methods:** Eligible participants (adult SDMs of non-capacitated ICU patients) completed validated questionnaires including stress (Impact of Events Scale-Revised, IES-R) and personality (Big Five Inventory, BFI) within 72 hours of ICU admission and again at 3 months post-ICU discharge (in addition to a qualitative interview). Bivariate Pearson correlations explored the relationship between BFI and IES-R at each time point (95% CI) and t-tests explored the relationship between stress and COVID-19. Mixed-methods analysis integrated qualitative and quantitative data.

**Results:** Of 32 SDMs, 71.9% were female, 93.8% white, and 97.0% were family members. Neuroticism was not significantly correlated to IES-R at 72 hours ( $r = 0.09$ ;  $p = 0.64$ ), but  $r$  increased 3 months post-discharge ( $r =$

0.32;  $p = 0.07$ ). Other BFI traits did not show similar patterns. Total stress was greater in surrogates of COVID-19-positive patients (COVID-19-positive: 60.6; COVID-19-negative: 49.8;  $p = 0.025$ ). Mixed-methods analysis demonstrated that participants with high neuroticism scores had poorer emotional regulation than those with low neuroticism scores.

**Conclusions:** This study supports that personality, particularly neuroticism, influences the stress of SDMs in the ICU. Further study of personality traits may identify surrogates who are at higher risk of stress-related disorders, which can guide future interventions.

**Keywords:** advance care planning; critical care; decision-making; mixed methods; neuroticism; personality traits; stress; surrogates.

**Full text links**

8. [Self-disgust in patients with borderline personality disorder. The associations with alexithymia, emotion dysregulation, and comorbid psychopathology](#)

Borderline Personal Disord Emot Dysregul. 2023 Aug 29;10(1):24. doi: 10.1186/s40479-023-00232-1.

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- DOI: [10.1186/s40479-023-00232-1](#)

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## Abstract

**Background:** Self-disgust is a negative self-conscious emotion, which has been linked with borderline personality disorder (BPD). However, it has not yet been investigated in relation to both emotion dysregulation and alexithymia, which are recognized as crucial to BPD. Therefore, the aim of our study was to measure these variables and examine the possible mediational role of emotional alterations and comorbid anxiety and depression symptoms in shaping self-disgust in patients with BPD and healthy controls (HCs).

**Methods:** In total, the study included 100 inpatients with BPD and 104 HCs. Participants completed: the Self-Disgust Scale (SDS), Disgust Scale - Revised (DS-R), Toronto Alexithymia Scale (TAS-20), Emotion Dysregulation Scale short version (EDS-short), Borderline Personality Disorder Checklist (BPD Checklist), State-Trait Anxiety Inventory (STAI), and Center for Epidemiologic Studies Depression Scale (CESD-R).

**Results:** Inpatients with BPD showed higher self-disgust, alexithymia, emotion dysregulation, core and comorbid symptoms levels, and lower disgust sensitivity. Alexithymia, emotion dysregulation, and trait anxiety partially mediated between BPD diagnosis and self-disgust. The relationship between the severity of BPD symptoms and self-disgust was fully mediated by alexithymia, emotion dysregulation, depressive symptoms, and trait anxiety.

**Conclusions:** The results of our study may imply the contribution of emotion dysregulation, alexithymia, and comorbid psychopathology to self-referenced disgust in BPD.

**Keywords:** Anxiety; Depression; Disgust; Emotion regulation; Personality disorders; Self-conscious emotions.

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## Conflict of interest statement

The authors declare no competing interests.

- [84 references](#)

## Full text links

9. [\*\*The Prevalence and Clinical Characteristics of Borderline Personality Disorder in South Korea Using National Health Insurance Service Customized Database\*\*](#)

Yonsei Med J. 2023 Sep;64(9):566-572. doi: 10.3349/ymj.2023.0071.

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- DOI: [10.3349/ymj.2023.0071](#)

## Abstract

**Purpose:** The purpose of the present study was to identify the prevalence and clinical characteristics of borderline personality disorder (BPD) in South Korea using the Korean National Health Insurance database (DB).

**Materials and methods:** We used the National Health Insurance Service (NHIS)'s research DB (NHIS-2021-1-790) from January 1, 2010 to December 31, 2019, to make customized DB including sociodemographic information and absence or presence of BPD and other psychiatric disorders. The prevalence and the age of onset of BPD was estimated. To compare medical service utilization between the BPD group and the control group, a 1:1:1 propensity score matching was employed, and the regression analysis was conducted.

**Results:** The prevalence of BPD per 10000 people was 0.96 in 2010 and 1.06 in 2019. The prevalence ratio of males to females was 1:1.38 in 2010 and 1:1.65 in 2019, showing that BPD was more prevalent in females. The patients' overall average age of onset was  $33.19 \pm 14.6$  years, with the highest prevalence shown in 8503 people in their 20s. By administrative district, the highest prevalence of BPD per 10000 people was shown in Seoul with 8.71 and the lowest in Jeollanam-do with 2.35. The BPD patients showed a pattern of extensive use of general and mental healthcare services.

**Conclusion:** This study identified the prevalence of BPD on a national DB set in South Korea. Although the prevalence of BPD in South Korea was relatively low compared to other countries, there was a steady increase in the number of BPD patients over a decade, which may be possibly due to an increased awareness of mental health and campaigns among healthcare providers and users in the country.

**Keywords:** Borderline personality disorder; incidence; population study; prevalence.

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## **Conflict of interest statement**

The authors have no potential conflicts of interest to disclose.

- [29 references](#)
- [3 figures](#)

### **Full text links**

10. [\*\*The Association between Pesticide Exposure and the Development of Fronto-Temporal Dementia-Cum-Dissociative Disorders: A Review\*\*](#)

Brain Sci. 2023 Aug 12;13(8):1194. doi: 10.3390/brainsci13081194.

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- DOI: [10.3390/brainsci13081194](#)

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## Abstract

Pesticides are chemicals used in agricultural fields for the prevention or destruction of pests. Inappropriate use of these substances, as well as handling them without using personal protective equipment, may result in serious health problems such as neurodegenerative diseases and mental disorders. Previous studies have demonstrated the adverse effects of pesticides on brain function. However, some researchers have associated pesticide poisoning with the development of disorders such as dissociative amnesia, multiple personality disorders, and depersonalization disorder. The objective of this work was to perform a bibliographic review of the relationship between pesticide poisoning and the development of dissociative disorders. Previous studies suggest that the duration of pesticide exposure is a major determinant in the development of dissociative diseases and disorders. The information obtained in this review suggests that there is no specific relationship between dissociative disorders and pesticide poisoning. However, these results point to associating the most representative symptoms of dissociative disorder (such as amnesia and memory loss) with pesticide exposure. Based on the bibliographic search, possible mechanisms of action were suggested in an attempt to explain a possible association between exposure to pesticides and the appearance of dissociative disorders.

**Keywords:** Parkinson's disease; acetylcholinesterase; dissociative disorders; free radicals; oxidative stress; pesticides.

## Conflict of interest statement

The authors declare no conflict of interest.

- [74 references](#)

- [2 figures](#)

### Full text links

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11. [\*\*Autistic and Catatonic Spectrum Symptoms in Patients with Borderline Personality Disorder\*\*](#)

Brain Sci. 2023 Aug 7;13(8):1175. doi: 10.3390/brainsci13081175.

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- DOI: [10.3390/brainsci13081175](https://doi.org/10.3390/brainsci13081175)

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## Abstract

**Background:** Recent literature has shown that a considerable percentage of patients with severe mental disorders can develop, over time, full-blown or subthreshold catatonia. Some studies corroborate the model of an illness trajectory in which different mental disorders would be arranged along a continuum of severity until the development of catatonia. In such an illness pathway, autistic traits (AT) and borderline personality disorder (BPD) may represent important steps. In order to further explore the association between AT, BPD, and catatonia, the aim of this study was to compare catatonic spectrum symptoms and AT among patients with major depressive disorder (MDD), BPD, and healthy controls (CTL), also evaluating possible predictive dimensions of the different diagnoses.

**Methods:** A total of 90 adults affected by BPD, 90 adults with a diagnosis of MDD, and 90 CTL, homogeneous in terms of gender and age, were recruited from six Italian university departments of psychiatry and assessed with the SCID-5-RV, the Catatonia Spectrum (CS), and the Adult Autism Subthreshold Autism Spectrum (AdAS Spectrum).

**Results:** The total CS score was significantly higher in the BPD and MDD groups than in the CTL group, while the majority of CS domain scores were significantly higher in the BPD group than in the MDD group, which scored significantly higher than the CTL group. The total AdAS Spectrum score and the AdAS Spectrum domain scores were significantly higher in the BPD group than in the MDD group, which in turn scored significantly higher than the CTL group. The CS domains "psychomotor activity" and "impulsivity", and AdAS Spectrum domains "verbal communication", "empathy", and "hyper-/hyporeactivity to sensory input" were associated with the risk of presenting a diagnosis of BPD.

**Keywords:** autism spectrum; autism spectrum disorder; borderline personality disorder; catatonia; catatonia spectrum.

## Conflict of interest statement

The authors declare no conflict of interest.

- [37 references](#)
- [1 figure](#)

### Full text links

12. [\*\*Gulliksen's pool: A quick tool for preliminary detection of problematic items in item factor analysis\*\*](#)

PLoS One. 2023 Aug 25;18(8):e0290611. doi: 10.1371/journal.pone.0290611. eCollection 2023.

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- DOI: [10.1371/journal.pone.0290611](#)

### Free PMC article

## Abstract

Exploratory factor analysis is widely used for item analysis in the earlier stages of scale development, usually with large pools of items. In this scenario, the presence of inappropriate or ineffective items can hamper the process of analysis, making it very difficult to correctly assess dimensionality and structure. To minimize, this (quite frequent) problem, we propose and implement a simple procedure designed to flag potentially problematic items before we specify any particular factorial solution. The

procedure defines regions of item appropriateness and efficiency based on the combined impact of two prior item features: extremeness and consistency. The general proposal is related to the most widely used frameworks for item analysis. The limits of the appropriateness regions are obtained by extensive simulation in conditions that mimic those found in applications. An Item Response Theory index of prior item efficiency is then defined, and a combined approach for selecting the most effective and problem-free item sub-set is proposed. The proposal is useful to normal-range measures, such as questionnaire surveys that elicit reports about non-extreme attitudes, facts, beliefs or states, or personality questionnaires that measure normal-range constructs. The procedure is implemented in a freeware software.

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## **Conflict of interest statement**

The authors have declared that no competing interests exist.

- [39 references](#)
- [7 figures](#)

### **Full text links**

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13. [\*\*Metabolic Syndrome in Affective Disorders: Associations with Dark Triad Personality Traits\*\*](#)

Metabolites. 2023 Aug 18;13(8):956. doi: 10.3390/metabo13080956.

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- DOI: [10.3390/metabo13080956](#)

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## Abstract

Previous research has focused on the relationship between affective disorders (AD) and metabolic syndrome (MetS). Aside from biological and lifestyle factors, personality traits were identified as influencing aspects. In particular, the Dark Triad personality traits (DT; Machiavellianism, narcissism, psychopathy) were connected to both AD and worse somatic health, thus possibly resulting in MetS. This observational study aimed to investigate the associations between DT and anthropometric parameters and differences in the DT traits concerning the presence of MetS in individuals with AD. A total of 112 individuals (females = 59, males = 51, diverse = 2,  $M_{age} = 47.5$ ,  $SD_{age} = 11.5$ ) with AD filled out the Short Dark Triad questionnaire. Body Mass Index (BMI) and MetS criteria, including blood pressure, waist circumference, lipid, and glucose levels, were assessed. For Machiavellianism, a positive association with BMI ( $r = 0.29$ ,  $p < 0.05$ ) and a negative association with systolic blood pressure ( $r = -0.23$ ,  $p < 0.05$ ) were found. No relationship between the overall MetS and DT score ( $r = 0.08$ ,  $p = 0.409$ ) was observed. The results were limited by the lack of a control group and the cross-sectional study design, which does not allow for the determination of causality. Machiavellianism was associated with a higher BMI and lower systolic blood pressure, indicating a deteriorating health effect of this trait. Possibly, the higher prevalence of MetS in AD stems from aspects such as lifestyle or medication intake, which might also be influenced by DT. Further research is needed to disentangle underlying mechanisms.

**Keywords:** Body Mass Index; Dark Triad; affective disorders; blood pressure; metabolic syndrome.

## Conflict of interest statement

The authors declare no conflict of interest.

- [39 references](#)

## Full text links

14. [Assessing the Efficacy of a Brief Universal Family Skills Programme on Violence and Substance-Use Indicators in Youth in Trentino and Parma, Italy: Study Protocol for a Multi-Centre, Non-Blinded, Cluster-Randomised Controlled Trial \(cRCT\) of Family UNITED](#)

Int J Environ Res Public Health. 2023 Aug 8;20(16):6548. doi: 10.3390/ijerph20166548.

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- PMID: [37623134](#)
- PMCID: [PMC10454720](#)
- DOI: [10.3390/ijerph20166548](#)

### Free PMC article

## Abstract

Homes in which families are experiencing stressful and challenging circumstances can foster a social space that engenders violent behaviours in parents, inadequate childcare, and the exposure of children to criminal and antisocial behaviours at an early age in addition to many other negative social and health consequences throughout their development. Family Skills Training offers a combination of parenting knowledge, skill building, competency enhancement, and support to strengthen family protective factors, such as communication, trust, problem-solving skills, and conflict resolution. Through over a decade-long experience piloting evidence-based family skills packages globally, we developed a universal open-source family skills package, "Family UNited" (FU), designed for families with children aged 8 to 15 years living in low- and middle-income countries (LMIC). The current study aims to explore the efficacy, fidelity, and acceptability of FU in Trentino and Parma, Italy. We plan to conduct a multi-site, non-blinded, two-armed, cluster-randomised controlled trial to assess efficacy in 160 families: the intervention group receiving FU and the waitlist/control group only receiving FU after the completion of all data collection points. We will prospectively collect outcome data, assessing changes in parenting skills and family adjustment in caregivers, children's behaviour, resilience capacities, and attitudes towards peer violence. To assess programme delivery, fidelity, feasibility, and acceptability we will include an embedded process evaluation. This study aims to evaluate the improvement in parenting skills, child well-being, and family mental health after participation in FU, compared to no intervention. Even though this trial is to be conducted in a high-income country, such results complement the existing piloting experience in LMIC. with impact-related

measures encouraging the adoption of such approaches globally and beyond the EU borders.

**Keywords:** Italy; cluster-randomised controlled trial (cRCT); family skills programme; parenting skills; study protocol; violence and substance use in youth.

## **Conflict of interest statement**

All authors and investigators for the overall trial and each study site confirm that they have no financial, or other, competing interests.

All authors declare that they have no competing interest and no relevant financial or non-financial interest to disclose. The views expressed in this article do not necessarily reflect the views of the United Nations (UN) or its officials or the member states.

- [35 references](#)
- [3 figures](#)

## **Full text links**

15. [\*\*TANK-Binding Kinase 1 Mutation as a Rare Cause of Frontotemporal Dementia in a Mexican Patient: The First Case Report in a Tertiary Referral Hospital in Mexico\*\*](#)

Cureus. 2023 Aug 23;15(8):e43954. doi:  
10.7759/cureus.43954. eCollection 2023 Aug.

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- PMID: [37622054](#)
- PMCID: [PMC10445049](#)
- DOI: [10.7759/cureus.43954](#)

### Free PMC article

## Abstract

Frontotemporal dementia (FTD) is a heterogeneous condition characterized by changes in behavior, personality, and language resulting from degeneration of the frontal and/or temporal lobes. A wide spectrum of clinical syndromes and an overlap with different motor disorders make this entity challenging for clinicians, both in achieving a correct diagnosis and providing proper treatment. Despite the majority of cases being sporadic, FTD has a hereditary component, and more than 10 disease-causing genes have been identified. We present the case of a Mexican patient with a positive family history of neurocognitive disorders who developed early-onset behavioral symptoms, cognitive alterations, and motor disturbances. After a comprehensive study and multiple assessments by various medical services, a molecular diagnosis was achieved by documenting a loss-of-function mutation in the TANK-binding kinase 1 (TBK1) gene, an extremely rare cause of FTD. Genetic diagnosis is crucial in these situations, as this mutation has been associated with rapid disease progression and the potential development of motor syndromes during its course. Our case underscores the challenges involved in reaching an accurate diagnosis, highlighting the importance of molecular testing. A thorough family history, past medical records, and a detailed description of symptom onset and progression are imperative, as they can significantly influence both treatment approaches and prognosis. Diagnostic errors, combined with their subsequent inappropriate treatment, can further deteriorate patients' quality of life.



**Keywords:** early-onset dementia; frontotemporal dementia; gene; motor neuron disease; neurocognitive syndrome; parkinsonian disorder; progressive supranuclear palsy (psp); tbk1.

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## Conflict of interest statement

The authors have declared that no competing interests exist.

- [14 references](#)
- [3 figures](#)

## Full text links

16. [\*\*Autism Spectrum Disorders in forensic psychiatric investigations-patterns of comorbidity and criminality\*\*](#)

Front Psychiatry. 2023 Aug 9;14:1168572. doi: 10.3389/fpsyt.2023.1168572. eCollection 2023.

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- PMID: [37621970](#)
- PMCID: [PMC10444990](#)
- DOI: [10.3389/fpsy.2023.1168572](#)

### Free PMC article

## Abstract

**Background:** There are contradictory research findings regarding whether individuals with Autism Spectrum Disorders (ASDs) are more or less likely to commit crimes. The aims of the current study were to: (1) Describe psychiatric and crime-related characteristics of a large group of offenders with ASD who had undergone a Forensic Psychiatric Investigation (FPI). (2) Identify clinical subgroups among this group of offenders. (3) Investigate associations between the identified clinical subgroups and (a) psychiatric comorbidity (b) types of crimes and (c) criminal responsibility.

**Methods:** The study cohort consists of all subjects ( $n = 831$ ) who received an ASD-diagnosis at an FPI between 2002 and 2018 in Sweden. Descriptive and clinical, as well as crime related variables were obtained from the FPIs. Non-parametric (Pearson  $\chi^2$ , Fisher's exact and Mann-Whitney  $U$ -test) inferential statistics were used for analyses of between-group differences and effect sizes were reported. A Latent Class Analysis was used to identify homogeneous subgroups (or classes) from categorical characteristics.

**Results:** The cohort consisted of 708 men and 123 women, aged 18 to 74 yrs. Two-thirds (66.7%) of the cohort had at least one other psychiatric diagnosis, the most prevalent was substance use disorder (SUD). A severe mental disorder, equivalent to lack of criminal responsibility, was most often reported among offenders with a comorbid diagnosis of schizophrenia spectrum disorder. The most common type of crime was violent crime. Three person-oriented clinical subgroups were identified; (1) ASD with few other diagnoses; (2) ASD and very high levels of SUDs, plus moderate levels of other externalizing disorders and psychotic

psychopathology and (3) ASD and moderate to high levels of personality disorders (other than ASPD) and SUDs.

**Conclusion:** Our results highlight the importance of all parts of the CJS to be prepared to handle offenders with ASD, often with high levels of additional psychiatric problems. Traditional approaches in treatment or other psychosocial interventions for ASD may need to be adapted to at least three general clinical profiles- one with mainly neurodevelopmental problems, one with a spectrum of externalizing problems and one with complex personality related difficulties.

**Keywords:** Autism Spectrum Disorders; clinical subgroups; crime; criminal responsibility; forensic psychiatric investigation.

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## **Conflict of interest statement**

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

- [52 references](#)
- [1 figure](#)

### **Full text links**

17. [\*\*The relationship between non-suicidal self-injury and childhood abuse in transgender people: a cross-sectional cohort study\*\*](#)

Front Psychol. 2023 Aug 9;14:1062601. doi: 10.3389/fpsyg.2023.1062601. eCollection 2023.

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- PMCID: [PMC10445944](#)
- DOI: [10.3389/fpsyg.2023.1062601](#)

## Free PMC article

## Abstract

**Objective:** To explore the relationship between non-suicidal self-injury (NSSI) and childhood abuse in transgender people and the mediating effect of emotional dysregulation traits in the association between childhood abuse and non-suicidal self-injury.

**Patients and methods:** From May to October 2021, 296 female-to-male (FTM) and 675 male-to-females (MTF), with age of  $24.5 \pm 6.4$  years, were recruited using peer-driven sampling and anonymous questionnaires in Guangdong Province. The Childhood Abuse Questionnaire (CTQ-SF), the Personality Diagnostic Questionnaire (PDQ-4+) emotion regulation ability scale and the DSM-5 Clinical Examination of Stereotypic Disorders were used to measure childhood abuse experiences, emotional dysregulation traits and self-injurious behaviour, respectively.

**Results:** Childhood abuse scores were positively correlated with both emotional dysregulation traits scores and non-suicidal self-injury (NSSI) behaviours ( $p < 0.01$ ), and emotional dysregulation traits scores were

positively correlated with NSSI behaviours ( $p < 0.01$ ); emotional dysregulation traits partially mediated the association between childhood abuse and NSSI behaviours, with the mediating effect accounting for 23.23% of the total effect. In addition, among the factors of childhood abuse, emotional dysregulation traits mediated the association between emotional abuse, emotional neglect, sexual abuse, physical abuse, physical neglect and NSSI behaviour significantly, with the mediating effect accounting for 22.48%-32.58% of the total effect.

**Conclusion:** Transgender NSSI behaviours are associated with childhood abuse and emotional dysregulation traits, and emotional dysregulation traits partially mediates the association between childhood abuse and NSSI behaviours, and screening for emotional dysregulation traits in transgender people and timely interventions are needed to improve the current situation of discrimination against transgender people.

**Keywords:** childhood abuse; intermediary effect; mental health; non-suicidal self-inflicted injury; transgender.

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## **Conflict of interest statement**

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

- [44 references](#)
- [1 figure](#)

## **Full text links**

18. [\*\*Gender differences in the management of acute psychiatric episodes in the emergency department: a cross-sectional analysis of the 2017-2019 triennium\*\*](#)

Arch Womens Ment Health. 2023 Aug 25. doi: 10.1007/s00737-023-01360-x. Online ahead of print.

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- PMID: [37620657](#)
- DOI: [10.1007/s00737-023-01360-x](https://doi.org/10.1007/s00737-023-01360-x)

## Abstract

There is growing evidence that gender is an important determinant of mental health and well-being. In this sense, both biological and socio-economic factors play a key role in how people experience psychological disturbances. This study examine whether there were sex- and gender-based differences in the management of psychiatric disorders in the

emergency department (ED). A cross-sectional retrospective study was conducted in the ED over the 2017-2019 period. Sex was codified as female/male and socio-economic deprivation index was compiled to address the impact of social determinants. Episodes were reclassified according to four major clusters. Psychotropic drug prescription was categorized according to the ATC classification. Poisson regression models, adjusted for age and socioeconomic status, were used. A total of 9789 episodes (53.9% females) of individuals who required an acute-related psychiatric intervention were retrieved. Age distribution and socioeconomic quintiles revealed gender differences. Anxiety-related consultations accounted for up to 50% of all episodes. Female gender was found to be overrepresented in anxiety and stress-related disorders, mood disorders, and personality disorders. In contrast, Males accounted for 70% of all psychoactive substance use disorders. Considering main clinical syndromic clusters, analysis showed that female patients were more likely to be prescribed with anxiolytic treatment in ED treatment than men in the categories of "Common mental disorders" (PR = 1.122 [1.014-1.242; p = 0.025), "Severe Mental Disorders" (PR = 1.217[1.054-1.406] p = 0.007) and "Personality disorders" (PR = 1.398 (1.038 - 1.884); p = 0.028). This study highlights the relevance of considering sex and gender as potential determinants in both the clinical presentation and management of psychiatric emergencies.

**Keywords:** Antidepressants; Anxiety Disorders; Benzodiazepines; Emergency Department; Gender; Psychopathology.

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- [24 references](#)

**Full text links**

19. [Comparison of knowledge and awareness of epilepsy between medical students of two universities in Poland](#)

Epilepsy Behav. 2023 Aug 22;147:109386. doi:  
10.1016/j.yebeh.2023.109386. Online ahead of print.

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- PMID: [37619463](#)
- DOI: [10.1016/j.yebeh.2023.109386](#)

## Abstract

**Background:** Epilepsy is one of the most common neurological disorders. As a chronic disease, associated with long-term treatment with antiseizure medication, it can have a negative impact on patients' quality of life. Moreover, patients are faced with a significant psychosocial burden associated with the stigma surrounding epilepsy. Medical professionals should be well educated and free of prejudices in order to provide adequate care for patients with epilepsy. The aim of the study was to evaluate the knowledge and awareness of epilepsy among medical students of years 1-6 in Poland and examine if certain personality traits influence students' view of epilepsy.

**Methods:** The study was conducted using snowball sampling of 166 Polish medical students from Medical University of Gdansk and Medical University of Warsaw. Participants completed a survey which consisted of



their subjective assessment of knowledge of epileptology, actual knowledge of epileptology, and their view of stereotypes about epilepsy. In addition, students completed the IPIP-BFM-20 personality questionnaire.

**Results:** Polish medical students have sufficient basic knowledge about epilepsy (mean scores of students from both universities is 14 out of 25 points). There is still room for improvement, especially in the field of epidemiology, semiology, factors provoking seizures, antiseizure medications, and most importantly about first aid during seizure (e.g., 7% of respondents believed it is necessary to put something between teeth of a patient during seizure). Age and the year of study were well correlated with knowledge score ( $p = 0.008$ ) and level of awareness of the stereotypes. We found that most personality traits do not have a strong impact on the level of knowledge about epilepsy.

**Conclusions:** Most students have a satisfying level of knowledge about epilepsy. Academic teachers should put more emphasis on first aid during seizures and awareness of psychosocial challenges associated with the disease. It is crucial for future physicians to not only possess sufficient theoretical knowledge, but also establish an empathetic doctor-patient relationship in order to provide better care for patients with epilepsy and other chronic diseases.

**Keywords:** Attitude; Awareness; Epilepsy; Knowledge; Medical students; Poland.

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## **Conflict of interest statement**

Declaration of Competing Interest The authors declare that they have no known competing financial interests or personal relationships that could have seemed to influence the work reported in this paper.

## **Full text links**

20. [\*\*Prevalence and predictors of mental distress among Italian Red Cross auxiliary corps: A\*\*](#)

# [cross-sectional evaluation after deployment in anti-COVID-19 operations](#)

Mil Psychol. 2023 Sep-Oct;35(5):394-407. doi:  
10.1080/08995605.2022.2069983. Epub 2022 May 10.

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- PMID: [37615558](#)
- PMCID: [PMC10453978](#)
- DOI: [10.1080/08995605.2022.2069983](#)

## Free PMC article

## Abstract

The aim of the present study is to describe the prevalence and individual predictors of mental distress (anxiety, depression, and burnout) in a sample of volunteers engaged in emergency services. A total of 823 volunteers enrolled in the Red Cross auxiliary corps were surveyed between 28 June 2021 and 28 August 2021 (299 men and 524 women). After deployment in anti-COVID-19 operations, participants completed the Patient Health Questionnaire, Generalized Anxiety Disorder Questionnaire, Maslach Burnout Inventory, and Big Five Inventory through an online platform. A moderately severe risk of depression was found in 1.70% of the sample. A severe risk for anxiety disorders was found in 1.82%. A high risk for emotional exhaustion was found in 3.40%, depersonalization in 12.88%, and low personal accomplishment in 7.53%. Women showed a higher risk of both depression and anxiety in comparison to males. Personality factors were significant predictors for all dimensions. In contrast to the current literature, openness was found to be a predisposing

personality factor in developing burnout dimensions. The relevance of the current findings for the development of effective screening tools before the deployment of reserve forces during medical crises is discussed.

**Keywords:** COVID-19; Depression; anxiety; burnout; personality.

## **Conflict of interest statement**

No potential conflict of interest was reported by the author(s).

- [2 figures](#)

## **Full text links**

21. [\*\*Common genetic and environmental bases of the mental disorders and personality traits: Special focus on the hierarchical model of psychopathology and NEO-PI-R facets\*\*](#)

J Pers. 2023 Aug 24. doi: 10.1111/jopy.12878. Online ahead of print.

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- DOI: [10.1111/jopy.12878](#)

## **Abstract**

**Objective:** This study examined whether phenotypic correlations between psychopathological dimensions and personality traits of different hierarchical levels originate from common genetic and environmental sources of variance.

**Method:** Participants were 386 monozygotic and 204 dizygotic twins. The Psychiatric Diagnostic Screening Questionnaire (PDSQ) was applied along with the Revised NEO Personality Inventory (NEO-PI-R). The results of the CFA confirmed the hypothesis of the internalizing and externalizing dimensions underlying PDSQ scales.

**Results:** The results indicated a significantly greater role of genetic compared to environmental factors in the relationship between internalizing psychopathology and personality traits. Facets of neuroticism showed positive genetic links with internalizing disorders, while negative genetic links were shown for all facets of extraversion except excitement-seeking, competence, self-discipline, achievement striving, actions, and trust. Lower-order personality traits were shown to be associated with internalizing disorders more intensively than the broader domains to which they belong, both at the phenotypic and genetic levels.

**Conclusions:** High neuroticism, together with several facets from the domain of extraversion and conscientiousness seems to represent an increased genetic susceptibility to the disorders from the internalizing spectrum. Results also suggest that specific environmental factors which are not shared with personality traits contribute to the internalizing symptoms.

**Keywords:** FFM; lower-order facets; personality traits; psychopathology; twin study.

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- [72 references](#)

**Full text links**

22. [\*\*A multi-study examination of the relevance of the metacognitive beliefs about uncontrollability in emotion regulation and clinical symptoms\*\*](#)

J Affect Disord. 2023 Aug 21;340:812-819. doi: 10.1016/j.jad.2023.08.090. Online ahead of print.

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- PMID: [37611642](#)
- DOI: [10.1016/j.jad.2023.08.090](#)

**Free article**

**Abstract**

Transdiagnostic approaches to psychopathology have postulated that factors related to perceived control are particularly relevant to mental health. Here we focused on a specific perceived control-related construct: metacognitive beliefs about uncontrollability. Evidence suggests that dysfunctional metacognitive beliefs play a role in the activation and maintenance of maladaptive emotion regulation strategies and emotional distress. Metacognitive beliefs about the uncontrollability and danger of worry are the most strongly associated with psychopathology. In this multi-study research, we hypothesized that metacognitive beliefs about uncontrollability make a specific contribution to emotion regulation strategies and clinical symptoms. We tested our hypotheses in four different studies, both cross-sectionally and longitudinally (N = 2224). Participants completed measures of metacognitive beliefs, maladaptive

strategies (e.g., worry, thought suppression), and clinical symptoms (e.g., generalized anxiety, emotional distress, depressive and anxiety symptoms). Our results showed that uncontrollability beliefs were the strongest variable associated with maladaptive emotion regulation strategies and clinical symptoms (cross-sectionally), and the only ones that predicted them in the long term. We discuss the theoretical and clinical implications of these results in the light of the metacognitive model and control-related theories.

**Keywords:** Emotion regulation; Emotional disorders; Metacognitive beliefs; Perceived control.

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## **Conflict of interest statement**

Declaration of competing interest The authors declared that there were no conflicts of interest with respect to the authorship or the publication of this article.

## **Full text links**

23. [\*\*The multicenter effectiveness study of inpatient and day hospital treatment in departments of psychosomatic medicine and psychotherapy in Germany\*\*](#)

Front Psychiatry. 2023 Aug 7;14:1155582. doi: 10.3389/fpsy.2023.1155582. eCollection 2023.

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## Abstract

**Background:** Reliable outcome data of psychosomatic inpatient and day hospital treatment with a focus on psychotherapy are important to strengthen ecological validity by assessing the reality of mental health care in the field. This study aims to evaluate the effectiveness of inpatient and day hospital treatment in German university departments of Psychosomatic Medicine and Psychotherapy in a prospective, naturalistic, multicenter design including structured assessments.

**Methods:** Structured interviews were used to diagnose mental disorders according to ICD-10 and DSM-IV at baseline. Depression, anxiety, somatization, eating disorder and posttraumatic stress disorder (PTSD) symptoms, as well as personality functioning were assessed by means of questionnaires on admission and at discharge.

**Results:** 2,094 patients recruited by 19 participating university hospitals consented to participation in the study. Effect sizes for each of the outcome criteria were calculated for 4-5 sub-groups per outcome domain with differing severity at baseline. Pre-post effect sizes for patients with moderate and high symptom severity at baseline ranged from  $d = 0.78$  to  $d = 3.61$  with symptoms of PTSD, depression, and anxiety showing the largest and somatization as well as personality functioning showing somewhat smaller effects.

**Conclusions:** Inpatient and day hospital treatment in German university departments of Psychosomatic Medicine and Psychotherapy is effective under field conditions.

### Clinical trial

**registration:** <https://drks.de/search/de/trial/DRKS00016412>, identifier: DRKS00016412.

**Keywords:** eating disorders; inpatient; personality functioning; psychosomatic treatment; somatoform disorders.

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Beutel, Sattel, Henningsen, Stein, Waller, Hake, Spitzer, Stengel, Zipfel, Weimer, Gündel and Kessler.

## Conflict of interest statement

CH-L declares that he is receiving royalties from Hogrefe Publishers for the German version of the Hospital Anxiety and Depression Scale. During the last 3 years, he has received a lecture honorarium from Pfizer. His research is funded by the German Ministry of Education and Research, the German Research Foundation, and the EU Commission. None of the other authors has any financial conflicts of interest to declare. Regarding nonfinancial aspects, it is pointed out that all authors, except for SD, are working at one of the German University Departments of Psychosomatic Medicine and Psychotherapy. The remaining authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

- [52 references](#)
- [1 figure](#)

### Full text links

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24. [Three-level containment model of hospitalized adolescents with borderline pathology: a holistic therapeutic perspective](#)

Front Psychiatry. 2023 Aug 7;14:1110788. doi: 10.3389/fpsy.2023.1110788. eCollection 2023.

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- PMCID: [PMC10441123](#)
- DOI: [10.3389/fpsy.2023.1110788](#)

### Free PMC article

## Abstract

Borderline personality disorders account for 50% of adolescent hospitalization cases in psychiatry. The severity and psychopathological complexity of these symptoms indicate the need for inclusive models of understanding. Adopting a holistic approach allows for the consideration of not only the patient's environment, but also their position within that environment and their life history. In this article, a model based on the concept of therapeutic containment at three levels is presented. Global containment refers to the mindset and organization of the institution that provides care, which is itself a part of society at a specific time. Local containment focuses on understanding and therapeutic interventions within the immediate social environment of the individual. Lastly, individual containment encompasses the development of independent processes during the course of care. These three levels are integrated in the hospital treatment of borderline personality disorders, forming a trans-theoretical approach.

**Keywords:** adolescents; borderline personality; holistic model; hospitalization; three-level containing.

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## Conflict of interest statement

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

- [92 references](#)

### Full text links

25. [\*\*The influence of media use degree on public depressive symptoms: mediating role of big five personality\*\*](#)

BMC Psychiatry. 2023 Aug 22;23(1):616. doi: 10.1186/s12888-023-05097-w.

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- PMCID: [PMC10463842](#)
- DOI: [10.1186/s12888-023-05097-w](#)

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## Abstract

**Background:** Mixed results have been found regarding the relationship between media use degree and depressive symptoms. The purpose of this study is to explore the relationship between media use degree, big five personality and depressive symptoms with a mediation model.

**Method:** This was a cross-sectional study. With 9-item Patient Health Questionnaire (PHQ-9), 10-item Big Five Inventory (BFI-10) and self-designed media usage scale, 11,031 participants aged 12 and above in 120 cities in China were collected. Pearson correlation analysis and regression analysis were performed on the data. The Process plug-in was used to construct the mediation model and explore the relationship among media use degree, big five personality and depressive symptoms. The nonparametric percentile Bootstrap method was used to test the mediating effect of personality traits.

**Results:** The degree of media use was positively correlated with depressive symptoms ( $r = 0.20$ ,  $P < 0.001$ ), and big five personality played a mediating role between the degree of media use and depressive symptoms. Among five traits, extroversion ( $r = -0.12$ ,  $P < 0.001$ ), conscientiousness ( $r = -0.23$ ,  $P < 0.001$ ), openness ( $r = -0.03$ ,  $P < 0.01$ ) and agreeableness ( $r = -0.22$ ,  $P < 0.001$ ) were negatively correlated with depressive symptoms, and neuroticism ( $r = 0.25$ ,  $P < 0.001$ ) were positively correlated with depressive symptoms. In addition, extraversion ( $-0.004$ ,  $-0.001$ ), conscientiousness ( $-0.015$ ,  $-0.008$ ), agreeableness ( $-0.008$ ,  $-0.001$ ) and neuroticism ( $-0.015$ ,  $-0.007$ ) in big five personality played a mediating role between media use and depressive symptoms.

**Conclusion:** The degree of media use positively predicted depressive symptoms, and excessive media use may bring risks to mental health.

People with high neuroticism, low agreeableness, low conscientiousness and low extroversion are more likely to suffer from depressive symptoms.

**Keywords:** Big five personality; Depressive symptoms; Media use; Mediation model; Regression analysis.

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## Conflict of interest statement

The authors declare that they have no competing interests.

- [92 references](#)
- [2 figures](#)

### Full text links

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26. [Shared experiences among successful hearing aid users with high hearing aid self-efficacy](#)

Int J Audiol. 2023 Aug 22;1-8. doi: 10.1080/14992027.2023.2243541. Online ahead of print.

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- PMID: [37607212](#)
- DOI: [10.1080/14992027.2023.2243541](#)

## Abstract

**Objective:** While targeted rehabilitation can enhance hearing aid self-efficacy (HASE), little research has been done to determine the factors

contributing to its predictive value. By investigating the experiences of individuals who successfully use HAs and have high levels of HASE, we hoped to illuminate specific strategies and/or sources of support these individuals share that might explain why high HASE is often linked to successful outcomes.

**Design and study sample:** This qualitative study explored the experiences of five older adults who were successful HA users and reported having high HASE. Semi-structured interview guides were developed using the transtheoretical model of behavioral change as a framework. Interviews were analyzed thematically and holistically.

**Results:** Participants attributed their HA success to: intrinsic motivation to improve their hearing, confident self-reliance when making health decisions, willingness to act on advice from trusted others, pro-social personal attributes, positive expectations about HA outcomes, and actively pursuing an optimal HA outcome.

**Conclusions:** For these participants, internal factors related to emotional state and source of motivation, and, to a lesser extent, verbal persuasion played a crucial role in their long-term success. This suggests that external influencers might be less impactful in facilitating success for those with high HASE.

**Keywords:** Adult; amplification; audiology; hearing aid; hearing aid self-efficacy; hearing loss; interpretive phenomenology; motivation; personality; qualitative analysis; satisfaction; success.

**Full text links**

27. [\*\*Cognitive effort investment: Does disposition become action?\*\*](#)

PLoS One. 2023 Aug 22;18(8):e0289428. doi: 10.1371/journal.pone.0289428. eCollection 2023.

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- PMCID: [PMC10443884](#)
- DOI: [10.1371/journal.pone.0289428](#)

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## Abstract

Contrary to the law of less work, individuals with high levels of need for cognition and self-control tend to choose harder tasks more often. While both traits can be integrated into a core construct of dispositional cognitive effort investment, its relation to actual cognitive effort investment remains unclear. As individuals with high levels of cognitive effort investment are characterized by a high intrinsic motivation towards effortful cognition, they would be less likely to increase their effort based on expected payoff, but rather based on increasing demand. In the present study, we measured actual effort investment on multiple dimensions, i.e., subjective load, reaction time, accuracy, early and late frontal midline theta power, N2 and P3 amplitude, and pupil dilation. In a sample of N = 148 participants, we examined the relationship of dispositional cognitive effort investment and effort indices during a flanker and an n-back task with varying demand and payoff. Exploratorily, we examined this relationship for the two subdimensions cognitive motivation and effortful-self-control as well. In both tasks, effort indices were sensitive to demand and partly to payoff. The analyses revealed a main effect of cognitive effort investment for accuracy (n-back task), interaction effects with payoff for reaction time (n-back and flanker task) and P3 amplitude (n-back task) and demand for early frontal midline theta power (flanker task). Taken together, our results partly support the notion that individuals with high levels of cognitive effort investment exert effort more efficiently. Moreover, the notion that these individuals exert effort regardless of



payoff is partly supported, too. This may further our understanding of the conditions under which person-situation interactions occur, i.e. the conditions under which situations determine effort investment in goal-directed behavior more than personality, and vice versa.

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## Conflict of interest statement

The authors have declared that no competing interests exist.

- [77 references](#)
- [10 figures](#)

## Full text links

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28. [\*\*Psychopathology Associated with Chronic Pruritus: A Systematic Review\*\*](#)

Acta Derm Venereol. 2023 Aug 22;103:adv8488. doi: 10.2340/actadv.v103.8488.

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- PMID: [37606153](#)
- PMCID: [PMC10461306](#)

- DOI: [10.2340/actadv.v103.8488](https://doi.org/10.2340/actadv.v103.8488)

## Free PMC article

## Abstract

There are no previous studies of the psychopathology associated with different aetiologies of chronic pruritus. A systematic review was performed of cohort and case-control studies comparing healthy controls with patients with chronic pruritus related to primary dermatoses, systemic diseases, psychogenic pruritus, idiopathic pruritus, prurigo nodularis and/or lichen simplex chronicus. The review was registered in PROSPERO and performed according to the PRISMA statement, which allowed the inclusion of 26 studies. The quality of eligible studies was assessed using the modified Newcastle-Ottawa Scale. Most of the studies concern primary dermatoses and systemic diseases. Sleep disorders are a common comorbidity interrelated with pruritus, anxiety and depressive symptoms, in primary dermatoses. Sleep disorders are linked with pruritus and depressive symptoms in end-stage renal disease and hepatobiliary disease. Depressive and anxiety symptoms are associated with psychogenic pruritus. Psychogenic pruritus, lichen simplex chronicus and some primary dermatoses are linked with personality characteristics. Further studies are required to explore in depth the psychopathology linked with psychogenic pruritus and prurigo nodularis, as well as psychopathology linked with other primary dermatoses and systemic disorders associated with chronic pruritus, and to better differentiate psychogenic pruritus from psychopathological characteristics linked with other aetiologies of chronic pruritus, in order to improve the management of patients with chronic pruritus.

## Conflict of interest statement

The authors have no conflicts of interest to declare.

- [40 references](#)
- [1 figure](#)

## Full text links

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## 29. [Handedness and anxiety: a review](#)

Laterality. 2023 Aug 21;1-21. doi:  
10.1080/1357650X.2023.2250074. Online ahead of print.

### Authors

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- PMID: [37605527](#)
- DOI: [10.1080/1357650X.2023.2250074](#)

### Abstract

Handedness is a core phenotype in clinical laterality research and several different disorders such as schizophrenia and autism spectrum disorders have been linked to a higher prevalence of non-right-handedness. Moreover, subclinical personality traits like schizotypy have been linked to a higher prevalence of non-right-handedness. The association with handedness is poorly understood for generalized anxiety disorder and specific phobias, as well as for state and trait anxiety and fear of specific stimuli in nonclinical samples. Therefore, we performed a narrative review of studies investigating handedness in anxiety disorders patients and studies that compared anxiety scores between different handedness groups. Unlike schizophrenia and autism spectrum disorders, there seems to be no strong association between anxiety disorders and handedness in

adult patients, except for specific phobias. Studies often had small sample sizes and therefore a high risk to report spurious findings. Similar findings were reported in most non-clinical studies. Importantly, familial handedness affects phobia risk and antenatal maternal anxiety increased the probability of mixed-handedness. This suggests that a transgenerational, developmental perspective is essential to better understand the complex interrelations between handedness and anxiety. Familial and especially maternal handedness and anxiety disorders should be integrated into future studies on handedness and anxiety whenever possible.

**Keywords:** Anxiety disorders; handedness; hemispheric asymmetry; laterality; social phobia.

30. [\*\*Psychological characteristics of young adults with temporomandibular disorders, somatization and combined conditions: A multidimensional evaluation\*\*](#)

J Oral Rehabil. 2023 Aug 21. doi: 10.1111/joor.13570. Online ahead of print.

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- PMID: [37605293](#)
- DOI: [10.1111/joor.13570](#)

## Abstract

**Background:** Temporomandibular disorders and somatization have shown interrelation in many studies. The physical and psychological factors which contributed to the occurrence and relation of both conditions are yet to be determined.

**Objectives:** The personality traits, coping styles and psychological distress of young adults with temporomandibular disorder (TMD) and somatic symptoms were characterized together with the determination of psychological risk factors for TMDs, somatization and combined conditions.

**Methods:** Participants were recruited from university-attending young adults. TMD and somatic symptoms were appraised with the short-form Fonseca Anamnestic Index and Patient Health Questionnaire-15. Psychological variables were assessed with the Big Five Personality Inventory-10, Brief-COPE Inventory and Depression, Anxiety, and Stress Scales-21. Data were evaluated using chi-squared/non-parametric tests and logistic regression analyses ( $\alpha = .05$ ).

**Results:** Among the 507 participants (mean age  $22.2 \pm 1.5$  years), 46.4% reported no TMD/somatic symptoms (NS) while 7.5%, 34.5% and 11.6% had TMDs only (TS), somatization only (SS) and combined TMDs-somatization (CS), respectively. Significant differences in conscientiousness (NS > SS), agreeableness (NS, TS > CS; NS > SS), dysfunctional coping, general distress, depression, anxiety and stress (CS  $\geq$  SS > NS) were discerned. Multivariate analyses indicated that the odds of TS were increased by anxiety (OR = 1.10; 95% CI = 1.01-1.21), while the odds of SS/CS were affected by anxiety (OR = 1.15; 95% CI = 1.06-1.25/OR = 1.34; 95% CI = 0.19-1.52) and problem-focused coping (OR = 0.71; 95% CI = 0.56-0.89/OR = 0.55; 95% CI = 0.39-0.78).

**Conclusion:** Though individuals with TMDs and somatization have dissimilar psychological profiles, anxiety constantly increased their likelihood. Problem-focused coping strategies may help alleviate psychosocial and physical stressors associated with TMDs and somatization.

**Keywords:** coping; personality; psychological distress; somatic symptoms; temporomandibular disorders.

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- [61 references](#)

### Full text links

## 31. [\*\*A social inference model of idealization and devaluation\*\*](#)

Psychol Rev. 2023 Aug 21. doi: 10.1037/rev0000430. Online ahead of print.

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- PMID: [37602986](#)
- DOI: [10.1037/rev0000430](#)

### Abstract

People often form polarized beliefs, imbuing objects (e.g., themselves or others) with unambiguously positive or negative qualities. In clinical settings, this is referred to as dichotomous thinking or "splitting" and is a feature of several psychiatric disorders. Here, we introduce a Bayesian model of splitting that parameterizes a tendency to rigidly categorize objects as either entirely "Bad" or "Good," rather than to flexibly learn dispositions along a continuous scale. Distinct from the previous descriptive theories, the model makes quantitative predictions about how dichotomous beliefs emerge and are updated in light of new information. Specifically, the model addresses how splitting is context-dependent, yet exhibits stability across time. A key model feature is that phases of devaluation and/or idealization are consolidated by rationally attributing counter-evidence to *external* factors. For example, when another person is idealized, their less-than-perfect behavior is attributed to unfavorable external circumstances. However, sufficient counter-evidence can trigger switches of polarity, producing bistable dynamics. We show that the model can be fitted to empirical data, to measure individual susceptibility to relational instability. For example, we find that a latent categorical belief that others are "Good" accounts for less changeable, and more certain, character impressions of benevolent as opposed to malevolent others among healthy participants. By comparison, character impressions made by participants with borderline personality disorder reveal significantly higher and more symmetric splitting. The generative framework proposed invites applications for modeling oscillatory relational and affective dynamics in psychotherapeutic contexts. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

32. [\*\*Types of gambling: finnish gambling narratives under the lens of systems theory\*\*](#)

Front Sociol. 2023 Aug 2;8:1199474. doi:  
10.3389/fsoc.2023.1199474. eCollection 2023.

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- PMCID: [PMC10433772](#)
- DOI: [10.3389/fsoc.2023.1199474](#)

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## Abstract

There seems to be no shortage of gambling and problem gambling typologies. At a closer look, however, previous research identified types of problem gamblers and not of problem gambling. While correct typologies of gamblers are important for developing treatment, they are less useful for harm prevention. The current study uses a system theoretical approach to investigate gambling communication in order to develop a genuine typology of gambling. Snowball sampling of Finnish gamblers resulted in 56 participants, who wrote 48 narratives about their ordinary gambling, 43 narratives about their most remarkable gambling event, and 28 about their worst gambling experience. The approach is informed by systems theory: communication on gambling is understood as a result of the reduction of contingency. Rather than focusing on the meaning of gambling or why people gamble, the analysis investigates what is included and what is excluded to make gambling discussable, i.e., the contextures of gambling. Economic and family/intimate contexture were the most prominent. The latter appeared most often in the most memorable gambling experiences. The economic contexture was more common in narrating ordinary and worst gambling situations. In all, four types of gambling could be identified: genuine monetary gambling, resonating monetary gambling, commensal gambling, and liminal gambling. When comparing the previously identified types of gamblers with the types of gambling discovered in the present study, it becomes obvious that a shift from the gamblers, their background, their personality, and their motives to the gambling activity provides novel insights. The constant appearance of the familial/intimate dimension in the narratives indicates that, beside the financial harms, societal harms also need to be treated as a category of harm in its own right, not just as a consequence of personality disorders, psychological distress, or social deprivation.



**Keywords:** Finland; gambling; narratives; systems theory; typology.

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## **Conflict of interest statement**

ME has during the last 3 years received funding from the Finnish Foundation for Alcohol Studies (FFAS) based on §52 of the Finnish Lotteries Act to support conference travel and research. He is funded by the Finnish Ministry of Social Affairs and Health within the objectives of §52 of the Lotteries Act. The funds based on §52 stem from a mandatory levy on the Finnish gambling monopoly to support research and treatment. The funds are circulated via the Ministry and the monopoly has no influence on how the money is distributed. Neither the Ministry, the FFAS nor the gambling monopoly pose restrictions on publications.

- [65 references](#)
- [1 figure](#)

### **Full text links**

33. [\*\*The interplay of personality traits, anxiety, and depression in Chinese college students: a network analysis\*\*](#)

Front Public Health. 2023 Aug 3;11:1204285. doi: 10.3389/fpubh.2023.1204285. eCollection 2023.

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- DOI: [10.3389/fpubh.2023.1204285](#)

## Free PMC article

## Abstract

**Background:** Anxiety and depression are among the greatest contributors to the global burden of diseases. The close associations of personality traits with anxiety and depression have been widely described. However, the common practice of sum scores in previous studies limits the understanding of the fine-grained connections between different personality traits and anxiety and depression symptoms and cannot explore and compare the risk or protective effects of personality traits on anxiety and depression symptoms.

**Objective:** We aimed to determine the fine-grained connections between different personality traits and anxiety and depression symptoms and identify the detrimental or protective effects of different personality traits on anxiety and depression symptoms.

**Methods:** A total of 536 college students from China were recruited online, and the average age was  $19.98 \pm 1.11$ . The Chinese version of the Ten-Item Personality Inventory, Generalized Anxiety Disorder-7, and Patient Health Questionnaire-9 was used to investigate the personality traits and symptoms of anxiety and depression of participants after they understood the purpose and filling method of the survey and signed the informed consent. The demographic characteristics were summarized, and the scale scores were calculated. The network model of personality traits and symptoms of anxiety and depression was constructed, and bridge expected influence (BEI) was measured to evaluate the effect of personality traits on anxiety and depression. The edge accuracy and BEI stability were estimated, and the BEI difference and the edge weight difference were tested.

**Results:** In the network, 29 edges (indicating partial correlations between variables) bridged the personality community and the anxiety and

depression community, among which the strongest correlations were extraversion-fatigue, agreeableness-suicidal ideation, conscientiousness-uncontrollable worry, neuroticism-excessive worry, neuroticism-irritability, and openness-feelings of worthlessness. Neuroticism had the highest positive BEI value (0.32), agreeableness had the highest negative BEI value (-0.27), and the BEI values of neuroticism and agreeableness were significantly different from those of most other nodes ( $p < 0.05$ ).

**Conclusion:** There are intricate correlations between personality traits and the symptoms of anxiety and depression in college students. Neuroticism was identified as the most crucial risk trait for depression and anxiety symptoms, while agreeableness was the most central protective trait.

**Keywords:** anxiety; college students; depression; network analysis; personality.

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## **Conflict of interest statement**

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

- [96 references](#)
- [1 figure](#)

### **Full text links**

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34. [\*\*Impaired decision-making in borderline personality disorder\*\*](#)

Front Psychol. 2023 Aug 4;14:1109238. doi: 10.3389/fpsyg.2023.1109238. eCollection 2023.

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- DOI: [10.3389/fpsyg.2023.1109238](#)

## Free PMC article

## Abstract

**Introduction:** Borderline personality disorder (BPD) is a complex mental disorder with core symptoms like interpersonal instability, emotion dysregulation, self-harm, and impulsive decision-making. Previous neuropsychological studies have found impairment in the decision-making of patients with BPD related to impulsivity. In our study, we focus on a better, more nuanced understanding of impulsive decision-making in BPD with the help of Rogers' decision-making test that simulates a gambling situation.

**Methods:** A novelty of our study is that we excluded from further analysis non-compliant participants based on their performance. Outlier participants on the measures proportion of good choices and average of wager choice number were filtered out to represent the population that understood the basic premise of the task and showed minimal motivation to gain rewards. Thus participants often choosing the less likely color or frequently choosing the first bet amount available (to probably speed up the test) were omitted from further analysis. Another novelty is that we assessed and reported six variables that examine Deliberation Time, Quality of Decision, Risk-taking, Overall proportion bet, Delay aversion, and Risk adjustment. Forty-three women with BPD participated in the study, and 16 non-compliant were excluded. As for the healthy control group, 42 women participated in the study, and four non-compliant were

excluded. Thus, we compared the data of 27 patients with BPD with 38 healthy controls.

**Results:** Our results show that there are significant differences amongst the groups regarding the Quality of Decision Making ( $F(1,63) = 5.801, p = 0.019$ ) and Risk Adjustment ( $F(1,63) = 6.522, p = 0.013$ ). We also found significant interactions between group and winning probability regarding Risk Taking ( $F(4,252) = 4.765, p = 0.001$ ) and Overall proportion of bets, i.e., the average proportion of bets relative to the total score of the subject ( $F(4,252) = 4.505, p = 0.002$ ).

**Discussion:** Our results show that the two groups use different decision-making strategies that can have various associations with everyday life situations.

**Keywords:** borderline personality disorders; decision-making; exclusion criteria based on compliance with the test; impulsivity; neuropsychology; risk-taking.

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## Conflict of interest statement

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

- [34 references](#)
- [7 figures](#)

## Full text links

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35. [Association between gut microbiota and psychiatric disorders: a systematic review](#)

Front Psychol. 2023 Aug 3;14:1215674. doi:  
10.3389/fpsyg.2023.1215674. eCollection 2023.

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- DOI: [10.3389/fpsyg.2023.1215674](#)

## Free PMC article

## Abstract

**Introduction:** In recent years, it has been described that the dysbiosis of the intestinal microbiota plays a transcendental role in several pathologies. In this sense, the importance of the gut microbiota in the gut-brain axis, with a bidirectional communication, has been demonstrated. Furthermore, the gut microbiota has been linked with mood disorders and neuropsychiatric disorders.

**Methods:** A systematic review of two databases - PubMed and Scopus - was carried out following PRISMA guidelines. We included original studies in humans with a control group published in the last 11 years, which were assessed by the Critical Appraisal Skills Program (CASP) to confirm their quality. Eighteen articles met all the selection criteria.

**Results:** A review of the articles revealed an association between psychiatric disorders and different bacterial phyla. The studies we have reviewed have demonstrated differences between subjects with psychiatric disorders and controls and highlight a clear relationship

between depression, stress, autism spectrum disorder (ASD), psychotic episodes, eating disorders, anxiety and brain function and the gut microbiota composition.

**Conclusion:** A reduction of fermentative taxa has been observed in different psychiatric disorders, resulting in a decrease in the production of short-chain fatty acids (SCFAs) and an increase in pro-inflammatory taxa, both of which may be consequences of the exacerbation of these pathologies.

**Keywords:** dysbiosis; gut microbiota; gut-brain axis; human; psychiatric disorders.

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## Conflict of interest statement

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

- [98 references](#)
- [1 figure](#)

## Full text links

36. [\*\*Comparison of typical Thai and Hungarian personality profiles using the Zuckerman-Kuhlman-Aluja Personality Questionnaire\*\*](#)

Sci Rep. 2023 Aug 19;13(1):13508. doi: 10.1038/s41598-023-40654-z.

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- PMCID: [PMC10439948](https://pubmed.ncbi.nlm.nih.gov/PMC10439948/)
- DOI: [10.1038/s41598-023-40654-z](https://doi.org/10.1038/s41598-023-40654-z)

## Free PMC article

## Abstract

The aim of our study was to compare typical Thai and Hungarian personality profiles of the Zuckerman-Kuhlman-Aluja Personality Questionnaire (ZKA-PQ). 672 Thai and 647 Hungarian were included in our study. The distribution of age, gender and education level were matched. The ZKA-PQ was administered that measures Aggression, Extraversion, Activity, Sensation Seeking and Neuroticism. We tested reliability, the structural invariance and analyzed aggregated mean profiles for cultures as well as typical profiles by cluster analyses. Reliability of factors were acceptable in both cultures, but some facets (especially AC3 Restlessness) showed low reliability. The global Tucker's coefficient of congruence (TCC) for cross-cultural factorial invariance was



95. We have also run a Multigroup Confirmatory Factor Analysis, but fit indices were not adequate. Cross-cultural neural network invariance was not met either. Hungarians scored significantly higher on Extraversion, Sensation Seeking, Aggression and Activity. Cluster-analyses revealed six typical profiles: Introverted impulsive, Reserved, Resilients, Overcontrolled, Aggressive impulsive and Positive sensation seeker. Majority of first two clusters were Thai respondents, majority for last two clusters were Hungarians. In sum, there were some cross-cultural congruence in factor structure, but strict invariance was not fulfilled. Comparison of mean profiles remain tentative, but cluster analysis revealed cross-cultural differences in typical profiles.

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## Conflict of interest statement

Tinakon Wongpakaran and Nahathai Wongpakaran are the editorial board members of the Science Reports, the rest authors declare that they have no competing interests.

- [72 references](#)
- [7 figures](#)

### Full text links

37. [\*\*Societal costs of personality disorders among treatment-seeking patients in Norway: the relative contribution of specific DSM-5 categories\*\*](#)

Eur Arch Psychiatry Clin Neurosci. 2023 Aug 19. doi: 10.1007/s00406-023-01655-1. Online ahead of print.

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- DOI: [10.1007/s00406-023-01655-1](https://doi.org/10.1007/s00406-023-01655-1)

## Abstract

Personality disorders (PDs) are associated with high levels of societal costs, regardless of whether a single PD or a broad range of PDs have been studied. However, research on the relative contribution of specific PD-types on societal costs is limited. The aim of this study was to explore the possible contributions of the individual DSM-5 categories of PDs on the level of societal costs and its components (health service costs and productivity loss), while controlling for the impact of comorbid mental health and substance use disorders on these outcomes. Participants (n = 798) were retrieved from the quality register of the Norwegian Network

for Personality Disorders-a collaboration of PD-treatment units within specialist mental health services. The patients were referred to treatment in the time-period 2017-2020. Costs were assessed using a structured interview covering the 6-month period prior to assessment. Diagnoses were determined by semi-structured diagnostic interviews (SCID-5-PD and M.I.N.I.). Statistics included multiple regression analyses. The main result was that no specific PD had a unique contribution to the high level of societal costs generally found among treatment-seeking patients with PDs. Borderline PD (BPD) was the only PD with significantly higher health service costs than the other PDs, while BPD, avoidant PD, and unspecified PD were independently associated with enhanced productivity loss. The differential cost-effects of specific PDs on the cost components were small. Several comorbid mental health and substance use disorders were significant contributors to costs, irrespective of PD status. The results underscore the importance of developing and implementing effective treatments for a broader range of PDs, to reduce the high levels of societal costs associated with all PDs.

**Keywords:** Cost-of-illness; Personality disorders; Regression analyses; Societal costs.

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- [76 references](#)

**Full text links**

38. [\*\*Functional connectivity mediating passive coping style and perceived stress in predicting anxiety\*\*](#)

J Affect Disord. 2023 Aug 18;340:828-834. doi: 10.1016/j.jad.2023.08.079. Online ahead of print.

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- PMID: [37597785](https://pubmed.ncbi.nlm.nih.gov/37597785/)
- DOI: [10.1016/j.jad.2023.08.079](https://doi.org/10.1016/j.jad.2023.08.079)

## Abstract

**Background:** Passive coping style (CS) and perceived stress play significant roles as influencing factors in the development of anxiety. However, the underlying neurobiological mechanism linking passive CS and perceived stress to anxiety susceptibility remains elusive. Thus, we aimed to investigate the relationships among passive CS, brain functional connectivity, perceived stress, and anxiety in young adults.

**Methods:** Data from the longitudinal Gene-Brain-Behavior Project (GBB) and Southwest University Longitudinal Imaging Multimodal Project (SLIM) were used. We confirmed the relationship among anxiety, passive CS and perceived stress. Then, we investigated the mediated functional connectivity between passive CS and perceived stress, and used these functional connections to predict present anxiety and follow-up anxiety one year later.

**Results:** Anxiety scores were significantly positively correlated with passive CS and perceived stress. At the brain network level, connections within the default mode network (DMN) and between the somatomotor network (SMN) and subcortical network (SUN) mediated the relationship between passive CS and perceived stress. Furthermore, present anxiety and follow-up anxiety one year later could be predicted by these mediated functional connections. Nodes with greater predictive contribution were mainly located in the left anterior cingulate gyrus (ACC), left inferior parietal gyrus (IPG), right superior frontal gyrus (SFG), and left middle frontal gyrus (MFG), mainly distributed on the DMN.

**Conclusion:** These findings demonstrated that the mediated neurobiological mechanisms between passive CS and perceived stress could be used to predict present and future anxiety, which enhance understanding of the neurobiological basis of anxiety susceptibility in this passive CS and perceived stress and may have implications for early preventing and intervening mental disorders.

**Keywords:** Anxiety; Functional connectivity; Neurobiological mechanism; Passive coping style; Perceived stress.

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## **Conflict of interest statement**

Declaration of competing interest The authors declared no potential conflicts of interest with respect to the research, authorship, and publication of this article.

## **Full text links**

39. [\*\*Negative urgency, distress tolerance, and symptoms of substance use, eating, and borderline personality disorders in treatment-seeking young people\*\*](#)

J Clin Psychol. 2023 Aug 19. doi: 10.1002/jclp.23579. Online ahead of print.

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- DOI: [10.1002/jclp.23579](#)

## Abstract

**Objective:** Negative urgency (NU) and distress tolerance (DT) are two similar yet distinct constructs with putative transdiagnostic relevance, particularly across psychopathology characterized by impulsivity (e.g., substance use disorders [SUD], eating disorders featuring bingeing and/or purging ED-B/P, and borderline personality disorder [BPD]). Yet, there remains a lack of research into NU and DT across SUD, ED-B/P, and BPD symptomatology in clinical populations. The present study sought to elucidate the transdiagnostic utility of NU and DT across impulsive-type psychology by examining the unique and interactive roles of NU and DT across SUD, ED-B/P, and BPD symptomatology within a treatment-seeking sample of young people.

**Method:** Participants (N = 385; 62.3% female; aged 16-25 years) were recruited from youth health services across Melbourne, Australia. Participants completed an online survey including self-report measures of NU and DT as well as SUD, ED-B/P, and BPD symptoms. Mixed effects

logistic regression was used to explore unique and interactive associations of NU and DT with symptoms.

**Results:** Both NU (adjusted odds ratio [OR<sub>adj</sub>] = 1.22; 95% confidence interval [CI] = [1.16, 1.28]) and global DT (OR<sub>adj</sub> = 0.59; 95% CI = [0.47, 0.74]) uniquely predicted symptoms. However, associations with global DT and most of its components differed across psychopathology types. No significant interactions between NU and DT in predicting symptoms were found.

**Conclusions:** These results support the transdiagnostic utility of NU across SUD, ED-B/P, and BPD, while suggesting the role of DT across these disorders is more nuanced. These findings have important implications for NU and DT as potential intervention targets.

**Keywords:** borderline personality disorder; distress tolerance; dysregulated eating behaviors; negative urgency; substance use disorder.

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- [82 references](#)

40. [\*\*Predisposition to eating disorders in adults with type 1 diabetes: comparison between multiple daily injections and continuous subcutaneous insulin infusion\*\*](#)

Diabetes Res Clin Pract. 2023 Aug 16;110882. doi: 10.1016/j.diabres.2023.110882. Online ahead of print.

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- DOI: [10.1016/j.diabres.2023.110882](https://doi.org/10.1016/j.diabres.2023.110882)

## Abstract

**Aim:** To evaluate predisposition to eating disorders (ED) or body dissatisfaction in adults with type 1 diabetes mellitus (T1DM); to further investigate any differences in ED predisposition between subjects with T1DM on multiple daily injections (MDI) or insulin pumps (CSII) and in respect to control healthy subjects.

**Methods:** We conducted a monocentric, cross-sectional, observational study. We enrolled subjects with T1DM, aged  $\geq 18$  years, and healthy subjects (HS) as control group. All participants completed two questionnaires to detect possible predisposition to ED: 34-items Body Shape Questionnaire (BSQ) and Eating Disorder Inventory-3 (EDI-3). HS only filled BSQ. For subjects with T1DM data about glycated hemoglobin and duration of disease were also collected.

**Results:** 162 subjects with T1DM (age  $41 \pm 12$  years, 77 [47%] males) and 50 HS (age  $38 \pm 13$  years, 18 [36%] males) were enrolled. 87 subjects with



T1DM (54%) were on MDI and 75 (46%) were on CSII. No significant difference in the distribution of BSQ scores between subjects with T1DM and HS was observed ( $p = 0.551$ ), although 16% of subjects with T1DM scored BSQ class 1 points while 8% of HS scored a BSQ class 1 points. No significant difference in BSQ scores was observed between subjects with T1DM on MDI or CSII. Between these two groups, no differences in EDI-3 scores were observed except for perfectionism score: subjects on MDI present more frequently a predisposition for perfectionism ( $p < 0.05$ ) and, at a trend level, for bulimia.

**Conclusion:** A non-significant higher percentage of BSQ class 1 was detected in subjects T1DM compared to healthy controls. Among subjects with T1DM, no differences between MDI and CSII were observed in ED predisposition. A more perfectionist personality has been detected among subjects on MDI.

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## **Conflict of interest statement**

Declaration of Competing Interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

## **Full text links**

41. [\*\*Where a psychopathic personality matters at work: a cross-industry study of the relation of dark triad and psychological capital\*\*](#)

BMC Psychol. 2023 Aug 17;11(1):236. doi: 10.1186/s40359-023-01266-4.

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## Free PMC article

## Abstract

**Background:** The concepts of Dark Triad and Psychological Capital (PsyCap) have been extensively researched separately, but until one recent study, their interrelation has not been investigated. Purpose of this study was to uncover differences of the relationship of both concepts across work related industries.

**Methods:** In total, 2,109 German employees across 11 industries completed a questionnaire on Dark Triad (narcissism, psychopathy and Machiavellianism) and PsyCap. Multiple regression analyses were used to test the association of both concepts across industries.

**Results:** Values of narcissism, psychopathy and PsyCap generally differed between industries. No significant differences were found for Machiavellianism. While narcissism relates positively to PsyCap in all industry sectors, psychopathy only showed a negative relation to PsyCap in some sectors. For industries architecture, automotive and consulting, psychopathy did not significantly predict PsyCap.

**Conclusions:** We argue that different expectations of employees per industry make it easier or harder for different personalities to assimilate (homogeneity hypothesis) to the work context (measured by PsyCap).

Future studies should investigate this further with other variables such as person-organization-fit. This study was, however, the first to simultaneously investigate Dark Triad and PsyCap among employees and their respective industry. It extends previous findings by revealing differences of both concepts across and within industry sectors. The study can help to reconsider in which industries Dark Triad personality affects PsyCap as antecedent of workplace outcomes such as work satisfaction or job performance.

**Keywords:** Dark Triad; Gender differences; Homogeneity Hypothesis; Narcissism; Psychological Capital; person-environment fit.

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## Conflict of interest statement

The authors declare that they have no competing interests.

- [88 references](#)
- [1 figure](#)

## Full text links

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42. [\*\*Sex differences in the symptom network structure of depression: Findings from a nationwide sample of the Spanish adult population\*\*](#)

J Affect Disord. 2023 Aug 15;340:583-591. doi: 10.1016/j.jad.2023.08.081. Online ahead of print.

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- PMID: [37591351](https://pubmed.ncbi.nlm.nih.gov/37591351/)
- DOI: [10.1016/j.jad.2023.08.081](https://doi.org/10.1016/j.jad.2023.08.081)

## Abstract

**Background:** Sex differences in the prevalence and clinical features of depression have been widely described. However, some authors argue that categorical diagnostic systems do not adequately capture the complexity of depression. The aim of this study was to examine sex differences in the symptom network structure of depressive symptoms among individuals with a major depressive episode.

**Methods:** The study sample consisted of 510 participants (age  $62.17 \pm 14.43$ , 71.96 % women) from a nationwide study of the Spanish non-institutionalised adult population (Edad con Salud). To estimate the

presence of a 12-month major depressive episode according to DSM-IV criteria, participants were administered an adapted version of the Composite International Diagnostic Interview (CIDI 3.0). A network analysis was carried out to determine possible interrelationships between different depressive symptoms by sex.

**Results:** Men and women showed a similar overall structure and network strength. However, sex-specific variations emerged in relation to individual symptom associations and symptom centrality. Specifically, for individual symptom associations "loss of confidence" and "suicide attempts" were more strongly related in women, and "suicidal ideation" and "impaired thinking" in men. For symptom centrality, "anxiety" played a central role in men's symptomatology, whereas "hopelessness", "loss of confidence", "distress" and "slowness of movement" were the most central symptoms in the women's group.

**Limitations:** Reliance on cross-sectional data precludes us from determining the direction and temporality of the association between different symptoms.

**Conclusions:** This study suggests that specific symptoms should be prioritised in the prevention, diagnosis assessment and treatment of depressed patients based on sex.

**Keywords:** Depressive symptoms; Network analysis; Sex; Spain.

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## **Conflict of interest statement**

Declaration of competing interest None.

## **Full text links**

43. [\*\*Reported Use of Second-Language Speech Accommodation in Everyday Interactions: The Role of Individual Differences\*\*](#)

J Speech Lang Hear Res. 2023 Aug 17;1-21. doi: 10.1044/2023\_JSLHR-23-00167. Online ahead of print.

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## Abstract

**Background:** Proficient speakers of a language often accommodate less proficient speakers during conversation to facilitate comprehension, but information about factors such as personality and language experience that may shape how speakers perceive accommodation is limited.

**Purpose:** We developed an online questionnaire to clarify the use of speech accommodation in relation to individual differences in anxiety, personality, and English proficiency.

**Method:** Using Qualtrics Panels for recruitment, we surveyed a representative sample of second-language (L2) English speakers ( $n = 201$ ) and first-language (L1) English speakers ( $n = 192$ ) across the United States. We report descriptive results in addition to correlations and a factor analysis to assess the perception of accommodation in L2 and L1 speakers.

**Results:** Only a third of L2 participants reported that L1 speakers change their speech when talking to them, and more than half are frustrated when L1 speakers do not accommodate them. Indeed, a majority of our L1 participants reported that they do not change their speech when talking to

L2 speakers. For both groups, measures of anxiety, personality, and L2 proficiency modify results, providing novel evidence on factors that influence L2 accommodation.

**Conclusions:** Results suggest that L1 speakers accommodate L2 speakers less frequently than previously reported. The data are discussed under communication accommodation theory.

### Full text links

44. [Effects of borderline personality disorder symptoms on dialectical behavior therapy outcomes for eating disorders](#)

Personal Disord. 2023 Aug 17. doi: 10.1037/per0000641. Online ahead of print.

### Authors

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- DOI: [10.1037/per0000641](#)

### Abstract

Existing literature on the effects of borderline personality disorder (BPD) and eating disorder (ED) comorbidity in terms of clinical presentation and treatment outcome has been limited and inconclusive. The present study examined whether clients with EDs and varying levels of BPD symptoms presented with more severe ED symptoms at admission, and whether they responded to dialectical behavior therapy (DBT)-based treatment. Participants ( $N = 176$ ) were adults in a DBT-based partial hospitalization program for EDs at an academic medical center. Participants completed self-report measures at admission, 1-month postadmission, discharge, and 6-month follow-up. Results suggested that patients with elevated BPD symptoms at admission had greater ED symptoms during treatment, evidenced by small to moderate effect sizes. However, patients with high BPD symptoms demonstrated steeper declines in binge eating, fasting, and parasuicidal behavior early during treatment compared to patients with low BPD symptoms. Individuals with high BPD symptoms at admission (i.e., probable BPD diagnosis) were as likely to meet remission criteria and relapse as individuals with low BPD symptoms, though this null finding may be influenced by small cell sizes. Our findings also suggest that DBT skills use does not predict changes in symptoms. In sum, our findings suggest that while clients with higher BPD symptoms may improve during DBT-based partial hospitalization, their ED symptoms may remain more severe. Future studies are needed to determine whether adjunctive treatments improve outcomes for clients with EDs and comorbid BPD symptoms in DBT programs and whether skills use quality is a better predictor of ED symptom changes. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

45. [\*\*Trajectories, comorbidity, and risk factors for adolescent disordered eating and borderline personality disorder features\*\*](#)

Dev Psychopathol. 2023 Aug 17;1-12. doi: 10.1017/S0954579423000792. Online ahead of print.

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- DOI: [10.1017/S0954579423000792](#)

## Abstract

**Purpose:** Borderline personality disorder (BPD) and eating disorders are highly comorbid, but the shared course of symptoms and associated risks remain poorly understood. The aim of this study was to examine joint symptom trajectories, temporal precedence, risk factors, and population attributable fractions (PAFs) in a community sample of adolescents, using a developmental psychopathology and psychosocial framework.

**Methods:** Across five years (age 14-18 years), adolescents ( $n = 544$ , 56% girls) reported on BPD features and disordered eating behavior. Sociodemographic, interpersonal, and clinical risks were assessed in childhood (age 10-13 years). We used a person-centered approach to examine latent class growth analyses, joint trajectory models, and calculated PAFs.

**Results:** Three-class solutions were found for both disordered eating and BPD features (low, moderate, high), creating nine joint trajectories. High levels of disordered eating were a stronger indicator of high levels of BPD features than was the reverse. Girls and LGBTQ+ youth were most likely to be in a high symptom trajectory. Bullying perpetration and clinical hyperactivity were unique risks for BPD features. Bullying victimization contributed the largest PAF to disordered eating and BPD features.

**Conclusion:** We identified several novel and clinically relevant findings related to temporality, risks, screening, and the treatment of adolescent eating problems and BPD.

**Keywords:** Adolescents; borderline personality; disordered eating; longitudinal; risk factors.

## Full text links

46. [\*\*Association between Cannabis Use Disorder and Mental Health Disorders in the Adolescent Population: A Cohort Study\*\*](#)

Eur Addict Res. 2023 Aug 16;1-9. doi: 10.1159/000530331. Online ahead of print.

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- DOI: [10.1159/000530331](#)

### Free article

## Abstract

**Introduction:** According to the literature, early initiation to cannabis use and a dependent pattern of use are important risk factors for the development of mental health disorders. However, there are few cohort studies which look at the development of mental health disorders associated with cannabis use among young people with cannabis use disorder (CUD). The aim of the study was to determine the cumulative incidence of mental health disorders and the risk of developing mental health disorders among minors who commenced treatment for CUD in Catalonia during 2015-2019.

**Methods:** This was a retrospective fixed cohort study, matched for confounding variables, based on data from the Catalan Health Surveillance System. The exposed cohort comprised young people who entered treatment for CUD during 2015-2019 (n = 948) and who were minors on the date of commencing treatment. Matching was done with a paired cohort (n = 4,737), according to confounding variables. Individuals with a diagnosis of a mental health disorder prior to the study period were excluded. The cumulative incidence was calculated for mental health disorders for the exposed and the paired cohorts and stratified by type of mental disorder. Incidence rate ratios were estimated using the conditional Poisson model with robust variance, stratified by sex.

**Results:** The cumulative incidence for development of a mental health disorder was 19.6% in the exposed cohort and 3.1% in the paired cohort; with higher incidence among females (females 32.7%; males 15.8%). The exposed cohort had an 8.7 times increased risk of developing a mental health disorder than the paired cohort. The most frequent diagnoses were reaction to severe stress, adjustment disorder, and personality disorders.

**Conclusion:** This study confirmed that the exposed cohort was at increased risk of developing mental health disorders compared to the paired cohort. To date, few studies have analyzed the association between cannabis use and the development of mental health disorders, considering cannabis dependence. Further studies should be undertaken considering CUD. In addition, more studies are needed to understand the factors that determine the development of CUD. Further research in these areas would contribute to the design of prevention strategies aimed at those young individuals with a higher risk of developing cannabis dependence and suffering its consequences.

**Keywords:** Cannabis use disorder; Incidence; Mental health disorder; Minors; Retrospective cohort.

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**Full text links**

47. [\*\*Determinants and Outcomes of Suicidal Behavior Among Patients With Major Depressive Disorder\*\*](#)

JAMA Psychiatry. 2023 Aug 16;e232833. doi: 10.1001/jamapsychiatry.2023.2833. Online ahead of print.

### Authors

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- PMCID: [PMC10433143](#)
- DOI: [10.1001/jamapsychiatry.2023.2833](#)

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### Abstract

**Importance:** Major depressive disorder (MDD) is an important risk factor of suicidal behavior, but the added burden of suicidal behavior and MDD on the patient and societal level, including all-cause mortality, is not well

studied. Also, the contribution of various prognostic factors for suicidal behavior has not been quantified in larger samples.

**Objective:** To describe the clinical and societal outcomes, including all-cause mortality, of suicidal behavior in patients with MDD and to explore associated risk factors and clinical management to inform future research and guidelines.

**Design, setting, and participants:** This population-based cohort study used health care data from the Stockholm MDD Cohort. Patients aged 18 years or older with episodes of MDD diagnosed between January 1, 2012, and December 31, 2017, in any health care setting were included. The dates of the data analysis were February 1 to November 1, 2022.

**Exposures:** Patients with MDD with and without records of suicidal behavior.

**Main outcomes and measures:** The main outcome was all-cause mortality. Secondary outcomes were comorbid conditions, medications, health care resource utilization (HCRU), and work loss. Using Region Stockholm registry variables, a risk score for factors associated with suicidal behavior within 1 year after the start of an MDD episode was calculated.

**Results:** A total of 158 169 unipolar MDD episodes were identified in 145 577 patients; 2240 (1.4%) of these episodes, in 2219 patients, included records of suicidal behavior (mean [SD] patient age, 40.9 [18.6] years; 1415 episodes [63.2%] in women and 825 [36.8%] in men). A total of 11 109 MDD episodes in 9574 matched patients with MDD without records of suicidal behavior were included as controls (mean [SD] patient age, 40.8 [18.5] years; 7046 episodes [63.4%] in women and 4063 [36.6%] in men). The all-cause mortality rate was 2.5 per 100 person-years at risk for the MDD-SB group and 1.0 per 100 person-years at risk for the MDD-non-SB group, based on 466 deaths. Suicidal behavior was associated with higher all-cause mortality (hazard ratio, 2.62 [95% CI, 2.15-3.20]), as well as with HCRU and work loss, compared with the matched controls. Patients with MDD and suicidal behavior were younger and more prone to have psychiatric comorbid conditions, such as personality disorders, substance use, and anxiety, at the start of their episode. The most important factors associated with suicidal behavior within 1 year after the start of an MDD

episode were history of suicidal behavior and age, history of substance use and sleep disorders, and care setting in which MDD was diagnosed.

**Conclusions and relevance:** This cohort study's findings suggest that high mortality, morbidity, HCRU, and work loss associated with MDD may be substantially accentuated in patients with MDD and suicidal behavior. Use of medication aimed at decreasing the risk of all-cause mortality during MDD episodes should be systematically evaluated to improve long-term outcomes.

## **Conflict of interest statement**

Conflict of Interest Disclosures: Dr Car reported being a co-owner of Sence Research, which is an independent company in epidemiology and biostatistics; Janssen-Cilag AB has funded Sence Research for statistical analyses within this research project. Dr Lampa reported receiving consulting fees from Biogen outside of the submitted work. Dr Leval reported holding shares from Johnson and Johnson outside the submitted work. No other disclosures were reported.

- [29 references](#)
- [3 figures](#)

### **Full text links**

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48. [\*\*The moderating and mediating effects of personality on the association between morningness and well-being\*\*](#)

PeerJ. 2023 Aug 11;11:e15861. doi: 10.7717/peerj.15861. eCollection 2023.

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- PMCID: [PMC10424666](https://pubmed.ncbi.nlm.nih.gov/PMC10424666/)
- DOI: [10.7717/peerj.15861](https://doi.org/10.7717/peerj.15861)

## Free PMC article

## Abstract

**Background:** Morningness (morning-eveningness preference or chronotypes) and personality can be both associated with well-being, but few studies have directly compared these two constructs as correlates of well-being. Thus, the first purpose of this study was to test the effects of interactions between stable personality traits (temperaments) and morningness on well-being. Furthermore, personality factors are often composed of both stable biological factors (temperament) and socio-cultural factors (character), and little is known about personality interplay of temperament and character factors with respect to morningness and well-being. The second purpose of this study was therefore to examine the sequential mediating effects of temperament and character factors on the relationship between morningness and well-being.

**Methods:** The Composite Scale of Morningness, the Korean version of the Temperament and Character Inventory-Revised Short Version (TCI-RS), and the Satisfaction with Life Scale were used to measure morningness, personality dimensions, and well-being, respectively, in 287 Korean university students. Moderating and sequentially mediating effects of temperament and character traits were determined using Hayes' PROCESS macro in SPSS after controlling for sex and age.

**Results:** First, novelty-seeking (NS) and persistence (PS) temperaments have demonstrated the moderating effect in the association between morningness and well-being. The positive effects of morningness on life satisfaction increased with lower NS and PS, respectively. However, other temperaments such as harm avoidance (HA) and reward dependence (RD) have not shown the moderation in the relationship between morningness on well-being. Second, HA temperament and self-directedness (SD)

character sequentially mediated the relationship between morningness and well-being. The combination of low scores of HA and high scores of SD have shown the positive effect on the relationship between morningness and well-being.

**Discussion:** This study demonstrated that both the interactions between temperaments and morningness, and combination of specific TCI-RS temperament and character traits play important roles in influencing the association between morningness and well-being. The significance of the mature SD character and its implications for well-being are discussed with limitation of the present study.

**Keywords:** Moderation analysis; Morningness; Sequential mediation; Temperament and character; Well-being.

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## Conflict of interest statement

The authors declare that they have no competing interests.

- [52 references](#)
- [3 figures](#)

## Full text links

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49. [\*\*Association between affective temperaments and psychosomatic symptoms in women with Hashimoto's thyroiditis\*\*](#)

PLoS One. 2023 Aug 15;18(8):e0290066. doi: 10.1371/journal.pone.0290066. eCollection 2023.

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- PMID: [37582108](#)
- PMCID: [PMC10427010](#)
- DOI: [10.1371/journal.pone.0290066](#)

## Free PMC article

## Abstract

**Background:** Hashimoto's thyroiditis (HT) is a prevalent autoimmune disease of thyroid gland with a shared immunological mechanism with mood disorders. Affective temperament (AT) is a biologically determined personality trait that has been linked to mood disorders. The aim of this study was to examine the association between dominant AT and levels of psychosomatic symptoms in women newly diagnosed with HT in comparison to clinically healthy subjects.

**Methods:** The observational cross-sectional study with nested case control study was involving 146 consecutive participants, who were divided into three groups. The two study groups consisted of women with HT (73), including 49 with hypothyroid HT and 24 with euthyroid HT, and the third group was a control group of healthy participants (73). The Serbian version of the TEMPS-A was utilized to assess AT, while the 4DSQ was used to measure psychosomatic symptoms.

**Results:** The results showed that hyperthymic AT was dominant in all examined groups. The groups with HT differed from the control group in terms of depressive and cyclothymic AT. Furthermore, the study found higher levels of psychosomatic symptoms in the group with HT compared to the control group, with significant differences in distress ( $p = 0.005$ ) and somatization ( $p = 0.023$ ) levels. All AT was associated with levels of

psychosomatic symptoms in subjects with hypothyroid HT. In contrast, in subjects with euthyroid HT, the association was only found between depressive and cyclothymic AT with distress and depression levels, as well as between somatization and cyclothymic AT. No association was found between AT and anxiety levels in subjects with euthyroid HT.

**Conclusion:** The research found differences between study groups in the association between AT and levels of psychosomatic symptoms. Further research with a larger sample size is necessary to more clearly define the associations between affective temperaments and psychosomatic symptoms in women with euthyroid and hypothyroid HT.

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## **Conflict of interest statement**

The authors have declared that no competing interests exist.

- [41 references](#)

## **Full text links**

50. [\*\*Construct and criterion validity of the HiTOP spectra to predict dimensional and categorical somatization in a large non-western sample\*\*](#)

Sci Rep. 2023 Aug 14;13(1):13197. doi: 10.1038/s41598-023-40545-3.

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- PMCID: [PMC10425466](https://pubmed.ncbi.nlm.nih.gov/PMC10425466/)
- DOI: [10.1038/s41598-023-40545-3](https://doi.org/10.1038/s41598-023-40545-3)

### Free PMC article

## Abstract

The Hierarchical Taxonomy of Psychopathology (HiTOP) is a phenotypic data-driven framework for the classification of psychopathology. We tested the construct and criterion validity of the HiTOP spectra measured by the Personality Inventory for DSM-5 (PID-5) using exploratory structural equation modeling (ESEM) and hierarchical regressions both to predict somatic symptom and related disorders (SSRD) and a somatization factor. The case-control study used hierarchical logistic regressions to distinguish 257 cases with SSRD from 1007 healthy controls by both the maladaptive and the temperament factors. The extracted factors were also used in hierarchical linear regressions to predict the dimensional somatization factor. The seven temperament factors explained more variance above and beyond the five maladaptive factors when predicting SSRD (pseudo  $R^2 = 0.169$  to  $0.266$  versus  $0.125$  to  $0.196$ ; change in pseudo  $R^2 = 0.055$  to  $0.087$  versus  $0.011$  to  $0.017$ ). The temperament factors also explained more variance above and beyond the maladaptive factors when predicting the somatization factor ( $R^2 = 0.392$  versus  $0.269$ ; change in  $R^2 = 0.146$  versus  $0.023$ ). Although the HiTOP spectra measured by PID-5 are significant structures related to the categorical and dimensional measurements of somatoform, our findings highlight potential problems with both the construct and criterion validity of the HiTOP spectra.

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## Conflict of interest statement

The authors declare no competing interests.

- [68 references](#)

## Full text links

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### 51. [An update on Takotsubo syndrome](#)

J Cardiovasc Med (Hagerstown). 2023 Oct 1;24(10):691-699. doi: 10.2459/JCM.0000000000001528. Epub 2023 Jul 18.

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- DOI: [10.2459/JCM.0000000000001528](#)

## Abstract

Takotsubo syndrome (TTS) can be described as an acute, transiently occurring form of heart failure. It typically causes systolic dysfunction of the left ventricle (LV). Perhaps what is of most significance is the reversible nature of TTS, with many patients achieving recovery within a few weeks to months. TTS can be referred to by other names, attributed to its various precipitants, as well as the structural manifestations of the

syndrome. Physical and emotional stressors have been identified as the most common of causes, hence the terms 'stress cardiomyopathy' and 'broken heart syndrome'. Precipitants can range from psychological, and hormonal, to molecular mechanisms. The symptoms of TTS can coalesce with other conditions and hence give rise to many differential diagnoses. Most patients present with dyspnoea and chest pain. The latter also presents in acute coronary syndrome (ACS); thus, ACS is a common differential diagnosis for TTS. The coronavirus disease 2019 (COVID-19) pandemic saw a drastic increase in mental health concerns which have persisted beyond this period. Further studies into personality disorders and their potential predisposition to COVID-19 and thus TTS would advance our understanding of the neuropsychiatric triggers of TTS. There is also a need for a single sensitive and specific diagnostic test for TTS as its diagnosis relies on the culmination of clinical presentation, echocardiography, cardiac catheterization, and cardiovascular magnetic resonance imaging (CMR).

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- [64 references](#)

### **Full text links**

## 52. [\*\*Maladaptive \(dark-side\) and adaptive \(bright-side\) personality traits and defense styles\*\*](#)

Acta Psychol (Amst). 2023 Aug 11;239:104002. doi: 10.1016/j.actpsy.2023.104002. Online ahead of print.

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## Free article

## Abstract

This study explores the relationship between bright- and dark-side personality traits and four major styles of defense mechanisms (DMs) as this relationship remains unexplored and important in understanding the DMs. In all, 435 adult working participants (241 men; 194 women; Mean age 46.06 yrs) mainly in middle management jobs, completed a 78-item, six-trait measure of bright-side personality (HPTI: High Potential Type Indicator), a 25-item five-trait measure of the dark-side personality (PID-5;BF: DSM-5-Brief Form) and 88-item, four-styles measure of defense mechanisms (Defense Style Questionnaire). The aim was to examine demographic (sex, age, education), ideological and personality trait correlates of the DMs. It was hypothesized that the dark-side traits, particularly Detachment would be most strongly related to the DMs. Thereafter, a hierarchical linear regression was performed with each DM factor as criterion and predictors being demography, ideology, self-esteem as well as bright- and dark-side personality traits. Detachment was associated with all DMs, particularly Maladaptive ( $r = 0.68$ ) and Image Distorting Style ( $r = 0.38$ ) while Conscientiousness was associated with none. One implication concerns the assessment of DMs by standard tests. Limitations are acknowledged and include method invariance and sample homogeneity.

**Keywords:** Defense mechanisms; Personality disorders; Traits.

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## Conflict of interest statement

Declaration of competing interest There is no conflict of interest in this research or paper.

## Full text links

53. [\*\*Efficacy and Safety of Aripiprazole in Borderline Personality Disorder: A Systematic Review\*\*](#)

Psychiatr Q. 2023 Aug 11. doi: 10.1007/s11126-023-10045-8. Online ahead of print.

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- PMID: [37566261](#)
- DOI: [10.1007/s11126-023-10045-8](#)

## Abstract

Aripiprazole is an atypical antipsychotic medication, and its use in treating borderline personality disorder (BPD) is debatable because it is not FDA-approved for treating BPD. This study aimed to investigate the efficacy and safety of aripiprazole in patients with BPD. On July 2, 2021, the protocol (CRD42021256647) was registered in PROSPERO. PubMed, Scopus, Web of Science, Ovid-Medline, Embase, PsycINFO, and Cochrane (CENTRAL) were searched without regard for language or publication date. We also searched trial registries on ClinicalTrials.gov and the WHO International Clinical Trials Registry Platform. Randomized clinical trials with adult patients diagnosed with BPD met the inclusion criteria. The Cochrane risk of bias for randomized trials (RoB-2) method was used to assess the quality of the included studies. We included two previously published randomized clinical trials. There were 76 patients with BPD, with 38, 12, and 26 assigned to the aripiprazole, olanzapine, and placebo groups, respectively. Most patients (88.16%) were females, with ages ranging from 22.1 to 28.14 yr. Aripiprazole has been proven to reduce anxiety, depression, anger, hostility, clinical severity, and obsessive-compulsive behavior, insecurity, melancholy, anxiety, aggressiveness/hostility, phobic anxiety, paranoid thinking, psychoticism, and somatization. The adverse effects were headache, insomnia, restlessness, tremor, and akathisia. The risk of bias was considerable in both trials, which is somewhat problematic considering that prejudice can lead to incorrect outcomes and conclusions. Aripiprazole has demonstrated encouraging outcomes in the treatment of patients with BPD. More randomized controlled studies are needed.

**Keywords:** Aripiprazole; Borderline personality disorder; Systematic review (MeSH).

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- [38 references](#)

**Full text links**

54. [\*\*Prevalence and incidence of personality disorders among children and adolescents in\*\*](#)



# [Danish mental health services: a nationwide register study](#)

Eur Child Adolesc Psychiatry. 2023 Aug 11. doi: 10.1007/s00787-023-02274-w. Online ahead of print.

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- PMID: [37566164](#)
- DOI: [10.1007/s00787-023-02274-w](#)

## Abstract

A few epidemiological studies have examined personality disorders (PDs) among children and adolescents in secondary mental health services. This study aims to describe the prevalence and incidence of PDs among

children and adolescents who have attended Danish child and adolescent psychiatric services (CAPS). Using register-based data, we studied all patients under the age of 18 years who were admitted to in- and outpatient CAPS (N = 115,121) in Denmark from 2007 to 2017. A total of 4952 patients were diagnosed with a PD during the study period. The mean prevalence was 859 patients per year, and the mean incidence was 274 patients per year, including an increased incidence and prevalence of borderline, anxious, and unspecified PDs over the decade. The number of patients diagnosed with PDs increased from 700 to 851 per year, but the proportion of patients with PDs compared to all psychiatric diagnoses decreased from 4.2% to 2.8% over the study period. The PD population had an older age (14.8 years vs. 11.3 years;  $p < 0.001$ ), a higher likelihood of being female (74% vs. 44%;  $p < 0.001$ ), and four times more contacts with the psychiatric emergency departments than other patients with a psychiatric diagnosis. Future studies should focus on (a) implementing further epidemiological studies in different countries; (b) tracking diagnostic practices to facilitate comparisons and provide feedback for training clinicians and raising awareness; and (c) estimating trajectories of PDs, including costs within the CAPS, to facilitate informed decision-making regarding the future organization and provision of services to these children, adolescents, and their families.

**Keywords:** Adolescence; Borderline personality disorder; Childhood; Epidemiology; Mental health service; Service use.

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- [57 references](#)

**Full text links**

55. [Personality disorder traits, maladaptive schemas, modes and coping styles in participants with complex dissociative disorders, borderline personality disorder and avoidant personality disorder](#)

Clin Psychol Psychother. 2023 Aug 10. doi: 10.1002/cpp.2892. Online ahead of print.

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- DOI: [10.1002/cpp.2892](#)

## Abstract

**Objective:** The schema mode model offers a new conceptualisation of complex dissociative disorders (CDD) as it explains shifts between identities as shifts between schema modes. Furthermore, in this model CDD is conceived as personality pathology, incorporating core features of personality disorders. This study tested the assumptions of this schema mode model of CDD.

**Method:** Questionnaires measuring personality disorder traits, schemas, schema modes and coping styles were filled out by patients with CDD, borderline personality disorder and avoidant personality disorder (N = 210), and their scores on the various constructs were compared.

**Results:** Participants with CDD were characterised by specific schizoid, schizotypal, borderline and avoidant personality traits and early maladaptive schemas in the domains of disconnection and rejection and over-vigilance and inhibition. The most pronounced schema modes were the dysfunctional parent modes, avoidant coping modes and the

vulnerable child mode. For coping styles, no differences were found between the diagnostic groups.

**Conclusion and discussion:** On all outcome measures participants with CDD scored at the level of personality disorders and showed a unique pattern different from participants with borderline and avoidant personality disorder. This suggests that CDD shows features akin to a personality disorder. A clinical implication is that an adapted form of schema therapy might present a viable treatment option for CDD.

**Keywords:** coping styles; dissociative disorders; maladaptive schemas; modes; personality disorder traits.

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- [50 references](#)

#### Full text links

56. [\*\*Personality functioning and self-disorders in individuals at ultra-high risk for psychosis, with first-episode psychosis and with borderline personality disorder\*\*](#)

BJPsych Open. 2023 Aug 11;9(5):e150. doi: 10.1192/bjo.2023.530.

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- PMID: [37563768](#)
- DOI: [10.1192/bjo.2023.530](#)

## Free article

## Abstract

**Background:** Assessment of personality functioning in different stages of psychotic disorders could provide valuable information on psychopathology, course of illness and treatment planning, but empirical data are sparse.

**Aims:** To investigate personality functioning and sense of self in individuals at ultra-high risk (UHR) for psychosis and with first-episode psychosis (FEP) in comparison with a clinical control group of individuals with borderline personality disorder (BPD) and healthy controls.

**Method:** In a cross-sectional design, we investigated personality functioning (Structured Interview of Personality Organization, STIPO; Level of Personality Functioning Scale, LPFS) and disturbances of the basic self (Examination of Anomalous Self-Experience, EASE) in 107 participants, comprising 24 individuals at UHR, 29 individuals with FEP, 27 individuals with BPD and 27 healthy controls.

**Results:** The UHR, FEP and BPD groups had moderate to severe deficits in personality organisation (STIPO) compared with the healthy control group. Self-functioning with its subdomain (facet) 'self-direction' (LPFS) was significantly worse in participants with manifest psychosis (FEP) compared with those at-risk for psychosis (UHR). The FEP group showed significantly worse overall personality functioning than the UHR group and significantly higher levels of self-disturbance (EASE) than the BPD group, with the UHR group lying between these diagnostic groups. Hierarchical cluster analysis based on the seven STIPO domains yielded

three clusters differing in level of personality functioning and self-disturbances.

**Conclusions:** Our data demonstrate that psychotic disorders are associated with impaired personality functioning and self-disturbances. Assessment of personality functioning can inform treatment planning for patients at different stages of psychotic disorder.

**Keywords:** Personality functioning; Structured Interview for Personality Organization (STIPO); at-risk mental state for psychosis; psychotic personality organisation; self-disorders.

### Full text links

57. [How often does homelessness precede criminal arrest in veterans? Results from the U.S. survey of prison inmates](#)

Am J Orthopsychiatry. 2023 Aug 10. doi: 10.1037/ort0000693. Online ahead of print.

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- PMID: [37561476](#)
- DOI: [10.1037/ort0000693](#)

## Abstract

Research has shown links between homelessness and criminal legal involvement in military veterans. The present study aimed to determine the magnitude and directionality of this association by investigating the incidence of, and factors associated with, homelessness preceding criminal arrest among veterans. Data on incarcerated veterans ( $N = 1,602$ ) were analyzed from the 2016 Survey of Prison Inmates conducted by the U.S. Bureau of Justice Statistics. In this survey, 27% of incarcerated veterans reported homelessness 12 months before criminal arrest. In multivariable logistic regression analyses, higher odds of experiencing homelessness preceding criminal arrest were associated with younger age, non-White race, substance use disorder (with or without serious mental illness [SMI]), history of previous arrests, parental history of incarceration, and history of homelessness before age 18. These factors were found to be the same for nonveterans, as were rates of homelessness before arrest. However, incarcerated veterans were more likely to have mental disorders, including SMI, posttraumatic stress disorder (PTSD), and personality disorders. In contrast, incarcerated nonveterans were more likely to have a criminal history, including past arrests, parental incarceration, and juvenile detention. Although policymakers may be aware that some veterans they serve are at risk of criminal legal involvement, these national data reveal the magnitude and directionality of this problem: more than one in four incarcerated veterans experienced homelessness before criminal arrest. Identifying characteristics of veterans who experienced homelessness before criminal arrest directly informs service providers of demographic, historical, and clinical factors to evaluate and address to prevent criminal legal involvement. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

58. [\*\*Subtypes of borderline personality disorder in a day-clinic setting-Clinical and therapeutic differences\*\*](#)

Personal Disord. 2023 Sep;14(5):555-566. doi: 10.1037/per0000624. Epub 2023 Aug 10.

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- DOI: [10.1037/per0000624](#)

## Abstract

This preliminary study aims at extending existing empirical evidence on subtypes of borderline personality disorders (BPDs) by identifying subtypes among patients with BPD, comparing their characteristics to the trait domains of the dimensional model of the International Classification of Diseases, 11th Revision (ICD-11; World Health Organization [WHO], 2022), and examining differences in sociodemographic, clinical, and therapeutic outcome variables. Data of  $N = 109$  patients were subjected to cluster analysis based on the International Personality Disorder Examination variables for BPD and analyzed regarding differences in clinical and therapeutic variables. Clustering suggested a three-cluster solution, namely, *internalizing* ( $n = 35$ ), *externalizing* ( $n = 28$ ), and *mixed* subtype ( $n = 46$ ). Subtypes showed differences in clinical variables and therapeutic outcomes with the *internalizing* showing more affective disorders and the *mixed* subtype showing the lowest therapeutic change in borderline-specific symptoms. Together, the present results correspond to the model of the ICD-11 (WHO, 2022). Clinical and treatment implications are being discussed. (PsyInfo Database Record (c) 2023 APA, all rights reserved).

## Full text links



59. [Neuroanatomical and functional substrates of the hypomanic personality trait and its prediction on aggression](#)

Int J Clin Health Psychol. 2023 Oct-Dec;23(4):100397. doi: 10.1016/j.ijchp.2023.100397. Epub 2023 Jul 28.

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- PMCID: [PMC10407439](#)
- DOI: [10.1016/j.ijchp.2023.100397](#)

**Free PMC article**

## Abstract

Hypomanic personality manifests a close link with several psychiatric disorders and its abnormality is a risk indicator for developing bipolar disorders. We systematically investigated the potential neuroanatomical and functional substrates underlying hypomanic personality trait (HPT) and its sub-dimensions (i.e., Social Vitality, Mood Volatility, and Excitement) combined with structural and functional imaging data as well as their corresponding brain networks in a large non-clinical sample across two studies (n = 464). Behaviorally, HPT, specifically Mood Volatility and Excitement, was positively associated with aggressive behaviors in both studies. Structurally, sex-specific morphological characteristics were further observed in the motor and top-down control networks especially for Mood Volatility, although HPT was generally positively associated with grey matter volumes (GMVs) in the prefrontal, temporal, visual, and limbic systems. Functionally, brain activations related to immediate or delayed losses were found to predict individual variability in HPT, specifically Social Vitality and Excitement, on the motor and prefrontal-parietal cortices. Topologically, connectome-based prediction model analysis further revealed the predictive role of individual-level morphological and resting-state functional connectivity on HPT and its sub-dimensions, although it did not reveal any links with general brain topological properties. GMVs in the temporal, limbic (e.g., amygdala), and visual cortices mediated the effects of HPT on behavioral aggression. These findings suggest that the imbalance between motor and control circuits may be critical for HPT and provide novel insights into the neuroanatomical, functional, and topological mechanisms underlying the specific temperament and its impacts on aggression.

**Keywords:** Aggression; Connectome-based prediction model; Graph theory; Hypomanic personality trait; Voxel-based morphometry.

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## Conflict of interest statement

The authors declare no conflicts of interest.

- [87 references](#)

- [5 figures](#)

### Full text links

60. [\*\*Is adjustment disorder genetically correlated with depression, anxiety, or risk-tolerant personality trait?\*\*](#)

J Affect Disord. 2023 Aug 7;340:197-203. doi: 10.1016/j.jad.2023.08.019. Online ahead of print.

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- PMID: [37557993](#)
- DOI: [10.1016/j.jad.2023.08.019](#)

### Abstract

Adjustment disorder has three main subtypes: adjustment disorder with depressed mood, adjustment disorder with anxiety, and adjustment disorder with disturbance of conduct. The disorder is moderately heritable and has lifetime comorbidities with major depressive disorder (MDD), anxiety disorders, or risk-tolerant personality. However, it remains unclear whether the degrees of genetic correlations between adjustment disorder and other psychiatric disorders and intermediate phenotypes are similar or different to those between MDD, anxiety disorders or risk-

tolerant personality and these other psychiatric disorders and intermediate phenotypes. To compare patterns of genetic correlations, we utilized large-scale genome-wide association study summary statistics for adjustment disorder-related disorders and personality trait, eleven other psychiatric disorders and fifteen intermediate phenotypes. Adjustment disorder had highly positive genetic correlations with MDD, anxiety disorders, and risk-tolerant personality. Among other psychiatric disorders, adjustment disorder, MDD, anxiety disorders and risk-tolerant personality were positively correlated with risks for schizophrenia (SCZ), bipolar disorder (BD), SCZ + BD, attention-deficit/hyperactivity disorder, and cross disorders. In contrast, adjustment disorder was not significantly correlated with risks for obsessive-compulsive disorder, Tourette syndrome, or posttraumatic stress disorder despite significant genetic correlations of MDD or anxiety disorders with these disorders. Among intermediate phenotypes, adjustment disorder, MDD, anxiety disorders, and risk-tolerant personality commonly had a younger age at first sexual intercourse, first birth, and menopause, lower cognitive ability, and higher rate of smoking initiation. Adjustment disorder was not genetically correlated with extraversion, although the related disorder and personality were correlated with extraversion. Only adjustment disorder was correlated with a higher smoking quantity. These findings suggest that adjustment disorder could share a genetic etiology with MDD, anxiety disorders and risk-tolerant personality trait, as well as have a disorder-specific genetic etiology.

**Keywords:** Adjustment disorder; Anxiety; Depression; Genetic correlation; Risk tolerance; Subtype.

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## **Conflict of interest statement**

Declaration of competing interest None.

## **Full text links**

61. [\*\*Clinical efficacy and safety of Zuranolone \(SAGE-217\) in individuals with major depressive disorder\*\*](#)

J Affect Disord. 2023 Aug 7;340:893-898. doi: 10.1016/j.jad.2023.08.027. Online ahead of print.

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- DOI: [10.1016/j.jad.2023.08.027](#)

## Abstract

Major depressive disorder (MDD) is a common mental disorder with a high rate of morbidity and mortality. Dysfunctional signaling of gamma-aminobutyric acid (GABA) has been implicated in some studies in the etiology of MDD. Zuranolone (SAGE-217) is a novel, oral neuroactive steroid and an investigational positive allosteric modulator of synaptic and extrasynaptic GABAA receptors. Herein, we aimed to evaluate the efficacy and safety of Zuranolone in individuals with MDD. We reviewed seven studies including 1662 participants with MDD. Zuranolone was investigated as an oral, once-daily, 14-day treatment course. The results of our synthesis indicate that the antidepressant effects of Zuranolone are rapid, clinically meaningful, and replicated across multiple randomized clinical trials. In addition to replicated efficacy, Zuranolone is associated with an acceptable level of treatment-emergent adverse events and discontinuation without serious adverse events. It is believed that Zuranolone's antidepressant effects arise from its ability to enhance inhibitory GABAergic signaling by increasing synaptic and extrasynaptic GABAA activity and regulation of GABAA receptor expression. Taken together, preliminary evidence suggests the potential for antidepressant effects of Zuranolone. Zuranolone has been approved by FDA for postpartum depression, and is showing efficacy in major depressive disorder. Future research vistas should seek to determine the durability of this treatment approach as well as its effects on domain-specific outcomes (e.g., anhedonia, circadian rhythm, arousal systems) along with application in other diagnostic entities (e.g., bipolar depression).

**Keywords:** Antidepressant; Depression; GABA; Major depressive disorder; Neurosteroid; Pharmacokinetic; Positive allosteric modulation; SAGE-217; Treatment resistant depression; Zuranolone.

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## **Conflict of interest statement**

Declaration of competing interest Dr. Roger McIntyre has received research grant support from CIHR/GACD/National Natural Science Foundation of China (NSFC) and the Milken Institute; speaker/consultation fees from Lundbeck, Janssen, Alkermes, Neumora Therapeutics, Boehringer Ingelheim, Sage, Biogen, Mitsubishi Tanabe, Purdue, Pfizer, Otsuka, Takeda, Neurocrine, Sunovion, Bausch Health, Axsome, Novo Nordisk, Kris, Sanofi, Eisai, Intra-Cellular, NewBridge Pharmaceuticals, Viatrix, Abbvie, Atai Life Sciences. Dr. Roger McIntyre is a CEO of Braxia Scientific Corp. Dr. Joshua D Rosenblat has received research grant support from the Canadian Institute of Health Research (CIHR), Canadian Cancer Society, Canadian Psychiatric Association, Academic Scholars Award, American Psychiatric Association, American Society of Psychopharmacology, University of Toronto, University Health Network Centre for Mental Health, Joseph M. West Family Memorial Fund and Timeposters Fellowship and industry funding for speaker/consultation/research fees from Janssen, Allergan, Lundbeck, Sunovion and COMPASS. He is the Chief Medical and Scientific Officer of Braxia Scientific and the medical director of Braxia Health. Dr. Roger Ho has received research grant support from the National University of Singapore iHeattech Other Operating Expenses (A-0001415-09-00). Dr. Taeho Greg Rhee was supported in part by the National Institute on Aging (NIA) (#R21AG070666; R21AG078972), National Institute of Mental Health (#R21MH117438), National Institute on Drug Abuse (#R21DA057540) and Institute for Collaboration on Health, Intervention, and Policy (InCHIP) of the University of Connecticut. Dr. Rhee serves as a review committee member for Patient-Centered Outcomes Research Institute (PCORI) and Substance Abuse and Mental Health Services Administration (SAMHSA) and has received honoraria payments from PCORI and SAMHSA. Dr. Rhee has also served as a stakeholder/consultant for PCORI and received consulting fees from PCORI. Dr. Rhee serves as an advisory committee member for International Alliance of Mental Health Research Funders (IAMHRF). Dr. Rhee is currently a co-Editor-in-Chief of

Mental Health Science and has received honorarium payments annually from the publisher, John Wiley & Sons, Inc.

### Full text links

62. [Altered resting-state functional connectivity and its association with executive function in adolescents with borderline personality disorder](#)

Eur Child Adolesc Psychiatry. 2023 Aug 9. doi: 10.1007/s00787-023-02277-7. Online ahead of print.

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- PMID: [37555869](#)
- DOI: [10.1007/s00787-023-02277-7](#)

## Abstract

Adolescents with borderline personality disorder (BPD) may have impaired executive functions. There are few functional MRI (fMRI) studies in adolescents with BPD and the neuroimaging markers of this disorder are unknown. The aim of this study was to investigate the functional connectivity (FC) of BPD in adolescents, and to explore the relationship between FC changes and executive function in adolescents with BPD. 50 adolescents aged 12 to 17 years with BPD and 21 gender-and-age matched healthy controls (HC) were enrolled into the study. Brain MRI scan including a 3D-T1 weighted structural sequence and a resting-state fMRI was acquired. A seed-based FC analysis was performed. We used the Stroop color-word test (SCWT) and the trail making test (TMT) to evaluate the executive function of the participants. Correlative analysis of FC alterations with executive function and clinical symptoms was also performed. Compared to the HCs, adolescents with BPD showed increased FC in the limbic-cortical circuit, such as the FC between the left hippocampus and right parahippocampal gyrus, between the right middle occipital gyrus and the left middle temporal gyrus, and between the left medial superior frontal gyrus and the right inferior temporal gyrus. FC in the default mode network (DMN) was decreased between the left angular

gyrus and the left precuneus but increased between the left angular gyrus and the right anterior cingulate cortex (voxel  $P < 0.001$ , cluster  $P < 0.05$ , FWE corrected). The BPD group demonstrated significantly lower cognitive testing scores than the HC group on the SCWT-A ( $P < 0.001$ ), SCWT-B ( $P < 0.001$ ), and SCWT-C ( $P = 0.034$ ). The FC alterations between limbic system and cortical regions were associated with SCWT and TMT ( $P < 0.05$ ). FC alterations were noted in both limbic-cortical circuit and DMN in adolescents with BPD, which were associated with impaired executive function. This study implicated the FC alterations as the neural correlates of executive functioning in adolescents with BPD.

**Keywords:** Adolescent borderline personality disorder; Default Mode Network (DMN); Executive function; Functional connectivity; Limbic—cortical circuit; MRI.

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- [38 references](#)

#### Full text links

63. [\*\*Evidence-Based Assessment of \*DSM-5\* Disruptive, Impulse Control, and Conduct Disorders\*\*](#)

Assessment. 2023 Aug 8;10731911231188739. doi: 10.1177/10731911231188739. Online ahead of print.

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- DOI: [10.1177/10731911231188739](#)

## Abstract

The assessment of oppositional defiant disorder, conduct disorder, antisocial personality disorder, and intermittent explosive disorder-the Disruptive, Impulse Control and Conduct Disorders-can be affected by biases in clinical judgment, including overestimating concerns about distinguishing symptoms from normative behavior and stigma associated with diagnosing antisocial behavior. Recent nosological changes call for special attention during assessment to symptom dimensions of limited prosocial emotions and chronic irritability. The present review summarizes best practices for evidence-based assessment of these disorders and discusses tools to identify their symptoms. Despite the focus on disruptive behavior disorders, their high degree of overlap with disruptive mood dysregulation disorder can complicate assessment. Thus, the latter disorder is also included for discussion here. Good practice in the assessment of disruptive behavior disorders involves using several means of information gathering (e.g., clinical interview, standardized rating scales or checklists), ideally via multiple informants (e.g., parent-, teacher-, and self-report). A commitment to providing a full and accurate diagnostic assessment, with careful and attentive reference to diagnostic guidelines, will mitigate concerns regarding biases.

**Keywords:** assessment; conduct disorder; disruptive behavior; oppositional defiant disorder; rating scales.

### Full text links

64. [\*\*Preliminary psychometric properties of the Chinese version of the structured interview of personality organization \(STIPO-CH\)\*\*](#)

BMC Psychiatry. 2023 Aug 7;23(1):568. doi: 10.1186/s12888-023-05041-y.

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- PMID: [37550695](#)
- PMCID: [PMC10405419](#)
- DOI: [10.1186/s12888-023-05041-y](#)

## Free PMC article

## Abstract

**Background:** Kernberg originally proposed the psychoanalytic concept of personality organization (PO), which measures personality pathology from a dimensional approach with multiple scales and can be evaluated using the Structured Interview of Personality Organization (STIPO) from six domains: identity, object relations, primitive defenses, coping vs. rigidity, aggression, and moral values. The present study translated the original version into the Chinese STIPO (STIPO-CH) version and evaluated its reliability and validity.

**Methods:** The STIPO-CH was administered to 49 non-clinical subjects. They also completed the Chinese version of the Inventory of Personality Organization and the Millon Clinical Multiaxial Inventory to evaluate criterion-related reliability. Interrater reliability was assessed with

intraclass correlations. An item analysis was carried out to explore the structure and internal consistency.

**Results:** Interrater reliability (intraclass correlations) ranged from 0.98 to 0.99. Results suggested acceptable internal consistency for identity and moral values. The correlations between STIPO-CH domains and self-report questionnaires indicated that construct validity and criterion-related validity were acceptable to good.

**Conclusions:** Overall, this study presents preliminary psychometric properties of STIPO-CH. Limitations regarding the sample, interviewers, and cultural differences are discussed. Future research is highly recommended.

**Keywords:** Personality disorder; Personality organization; Reliability; Structured interview; Validity.

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## Conflict of interest statement

The authors declare no competing interests.

- [38 references](#)

## Full text links

65. [Association between increased anterior cingulate glutamate and psychotic-like experiences, but not autistic traits in healthy volunteers](#)

Sci Rep. 2023 Aug 7;13(1):12792. doi: 10.1038/s41598-023-39881-1.

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- PMID: [37550354](https://pubmed.ncbi.nlm.nih.gov/37550354/)
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## Free PMC article

## Abstract

Despite many differences, autism spectrum disorder and schizophrenia spectrum disorder share environmental risk factors, genetic predispositions as well as neuronal abnormalities, and show similar cognitive deficits in working memory, perspective taking, or response inhibition. These shared abnormalities are already present in subclinical traits of these disorders. The literature proposes that changes in the inhibitory GABAergic and the excitatory glutamatergic system could explain underlying neuronal commonalities and differences. Using magnetic resonance spectroscopy (<sup>1</sup>H-MRS), we investigated the associations between glutamate concentrations in the anterior cingulate cortex (ACC), the left/right putamen, and left/right dorsolateral prefrontal cortex and psychotic-like experiences (Schizotypal Personality Questionnaire) and autistic traits (Autism Spectrum Quotient) in 53 healthy individuals (26 women). To investigate the contributions of glutamate concentrations in different cortical regions to symptom expression and their interactions, we used linear regression analyses. We found that only glutamate concentration in the ACC predicted psychotic-like experiences, but not autistic traits. Supporting this finding, a binomial

logistic regression predicting median-split high and low risk groups for psychotic-like experiences revealed ACC glutamate levels as a significant predictor for group membership. Taken together, this study provides evidence that glutamate levels in the ACC are specifically linked to the expression of psychotic-like experiences, and may be a potential candidate in identifying early risk individuals prone to developing psychotic-like experiences.

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## Conflict of interest statement

The authors declare no competing interests.

- [89 references](#)
- [3 figures](#)

## Full text links

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66. [\*\*Opportunities for the Implementation of a Digital Mental Health Assessment Tool in the United Kingdom: Exploratory Survey Study\*\*](#)

JMIR Form Res. 2023 Aug 7;7:e43271. doi: 10.2196/43271.

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## Free PMC article

## Abstract

**Background:** Every year, one-fourth of the people in the United Kingdom experience diagnosable mental health concerns, yet only a proportion receive a timely diagnosis and treatment. With novel developments in digital technologies, the potential to increase access to mental health assessments and triage is promising.

**Objective:** This study aimed to investigate the current state of mental health provision in the United Kingdom and understand the utility of, and interest in, digital mental health technologies.

**Methods:** A web-based survey was generated using Qualtrics XM. Participants were recruited via social media. Data were explored using descriptive statistics.

**Results:** The majority of the respondents (555/618, 89.8%) had discussed their mental health with a general practitioner. More than three-fourths (503/618, 81.4%) of the respondents had been diagnosed with a mental health disorder, with the most common diagnoses being depression and generalized anxiety disorder. Diagnostic waiting times from first contact with a health care professional varied by diagnosis. Neurodevelopmental disorders (30/56, 54%), bipolar disorder (25/52, 48%), and personality disorders (48/101, 47.5%) had the longest waiting times, with almost half (103/209, 49.3%) of these diagnoses taking >6 months. Participants stated that waiting times resulted in symptoms worsening (262/353, 74.2%), lower quality of life (166/353, 47%), and the necessity to seek emergency care (109/353, 30.9%). Of the 618 participants, 386 (62.5%) stated that they felt that their mental health symptoms were not always taken seriously by their health care provider and 297 (48.1%) were not given any psychoeducational information. The majority of the respondents (416/595, 77.5%) did not have the chance to discuss mental health support and treatment options. Critically, 16.1% (96/595) did not find any treatment or support provided at all helpful, with 63% (48/76) having



discontinued treatment with no effective alternatives. Furthermore, 88.3% (545/617) of the respondents) had sought help on the web regarding mental health symptoms, and 44.4% (272/612) had used a web application or smartphone app for their mental health. Psychoeducation (364/596, 61.1%), referral to a health care professional (332/596, 55.7%), and symptom monitoring (314/596, 52.7%) were the most desired app features. Only 6.8% (40/590) of the participants said that they would not be interested in using a mental health assessment app. Respondents were the most interested to receive an overall severity score of their mental health symptoms (441/546, 80.8%) and an indication of whether they should seek mental health support (454/546, 83.2%).

**Conclusions:** Key gaps in current UK mental health care provision are highlighted. Assessment and treatment waiting times together with a lack of information regarding symptoms and treatment options translated into poor care experiences. The participants' responses provide proof-of-concept support for the development of a digital mental health assessment app and valuable recommendations regarding desirable app features.

**Keywords:** assessment; development; digital mental health; implementation; mental health; mobile phone; provision; support.

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## Conflict of interest statement

Conflicts of Interest: SB is the director and shareholder of Psynova Neurotech Ltd and Psyomics Ltd. EF is a consultant for and has financial interests in Psyomics Ltd. All other authors declare no other conflicts of interest.

- [53 references](#)

## Full text links

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67. [Associations of continuum beliefs with personality disorder stigma: correlational and experimental evidence](#)

Soc Psychiatry Psychiatr Epidemiol. 2023 Aug 7. doi: 10.1007/s00127-023-02543-8. Online ahead of print.

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- PMID: [37548924](#)
- DOI: [10.1007/s00127-023-02543-8](#)

**Abstract**

**Purpose:** A pervasive and deeply entrenched stigma of personality disorders exists. For other mental disorders, a large body of research suggests that continuum beliefs (i.e., the endorsement of continuum perspectives on mental health and psychopathology) stimulate more favorable attitudes toward affected persons. Additionally, mental disorder classification systems increasingly incorporate continuous personality disorder models. Yet, it is unclear how continuum beliefs are related to personality disorder stigma. This study evaluated the link of continuum beliefs with personality disorder stigma based on correlational and experimental data.

**Methods:** A large general population sample (N = 848) completed self-report measures of continuum beliefs regarding personality disorders, desired social distance, and prejudice toward persons with personality

disorders. Additionally, participants were randomly presented with information supporting a continuous or a dichotomous view of personality disorders.

**Results:** Continuum beliefs were associated with lower desired social distance ( $r = - 0.19$ ) and prejudice ( $r = - 0.22$ ). Additionally, the brief continuum intervention was associated with increased continuum beliefs ( $d = 0.99$ ) and decreased desired social distance ( $d = - 0.14$ ) and prejudice ( $d = - 0.17$ ). Finally, the intervention effects on desired social distance and prejudice were mediated by continuum beliefs.

**Conclusion:** This study suggests that highlighting continuum views on personality disorders in public communication and interventions might reduce personality disorder stigma.

**Keywords:** Continuum beliefs; Intervention; Personality disorder; Stigma.

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- [40 references](#)

**Full text links**

68. [\*\*Prevalence of psychiatric disorders among sentenced prisoners in a medium security prison in Ghana: Implications for mental health assessment and service\*\*](#)

Crim Behav Ment Health. 2023 Aug 7. doi: 10.1002/cbm.2307. Online ahead of print.

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- PMID: [37547935](#)
- DOI: [10.1002/cbm.2307](#)

## Abstract

**Background:** Extant literature has shown that there is a higher prevalence of mental disorders among prisoners compared to the general population. These findings have, however, mostly been from high-income and westernised cultures. In Ghana, little is known about the extent of psychiatric disorders among prisoners, as is consistent with the dearth of scholarly work in low and middle-income countries.

**Aims:** Our aim was to determine the prevalence of common mental disorders among sentenced prisoners in the second largest prison in Ghana.

**Methods:** A cross-sectional survey research design was used in one prison. The Mini International Neuro-Psychiatric Interview questionnaire was used to collect data from men and women serving prison sentences who volunteered for the study. Socio-demographic characteristics and criminal history data were collected using a questionnaire designed by the researchers.

**Results:** Five hundred prisoners participated. Nearly half (246, 49.8%) had at least one psychiatric disorder. The most prevalent disorders were major depression and a range of anxiety disorders (145, 29%, 132, 26% respectively). A smaller proportion recorded high scores on the antisocial personality disorder scale (13%); just 50 (10%) reported using substances in the 12 months before interview, but this is a minimum estimate of such problems as many were already in prison during that time. None of these prisoners, regardless of disorder, had been screened, diagnosed, or treated in prison.

**Conclusions:** This study contributes to the gap in scholarly literature in low- and middle-income countries on psychiatric disorders in the prison population. It will be important to explore further the extent to which the internationally recognised screening tools used led to under-estimation of psychiatric disorders. The findings are of immediate practical importance nationally as they highlight the need to implement reforms anticipated by the new mental health legislation of 2012 and strategies for interagency working to improve health services and their uptake in the criminal justice system.

**Keywords:** mental health; offenders; prevalence; prison; psychiatric disorders.

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- [47 references](#)

#### **Full text links**

69. [\*\*Convergence in patient and therapist alliance ratings early in treatment with Personality Assessment Inventory clinical scales and subscales\*\*](#)

Clin Psychol Psychother. 2023 Aug 6. doi: 10.1002/cpp.2891. Online ahead of print.

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- DOI: [10.1002/cpp.2891](#)

## Abstract

We examined discrepancies in 81 patient-therapist dyads' alliance ratings early in treatment (3rd or 4th session) in relation to Personality Assessment Inventory clinical scales, subscales and global psychopathology. Results indicated that PAI global psychopathology (mean clinical elevation) and the scales of Aggression [AGG], Somatization [SOM], and Anxiety-Related Disorders [ARD] were significantly, negatively associated with an absolute difference of patient and therapist alliance ratings at Session 3. Higher initial scores on these clinical scales at treatment onset are associated with less difference (i.e., more convergence) in patient/ therapist ratings of alliance at Session 3. Correlations between PAI clinical subscales and absolute differences of patient and therapist alliance ratings at Session 3 also demonstrated statistically significant inverse relationships for several PAI subscales of Aggression- Attitude [AGG-A], Aggression-Physical [AGG-P], Somatic-Health Concerns [SOM-H], Anxiety-Related Disorders-Traumatic Stress [ARD-T], Anxiety-Related Disorders- Obsessive Compulsive [ARD-O], Borderline Features-Affective Instability [BOR-A], Borderline- Self-Harm [BOR-S], Anxiety-Physiological [ANX-P], Depression-Physiological [DEP-P] and Antisocial-Stimulus Seeking [ANT-S]. Again, higher scores on these subscales at treatment onset are associated with less difference (i.e., more convergence) in patient/therapist ratings. We also examined group differences between patients rating alliance higher (Group 1) and therapists rating alliance higher (Group 2) and found that Group 1 had significantly lower scores on Mania-Activity Level [MAN-A]. Clinical implications of results are discussed.

**Keywords:** alliance differences; patient ratings; personality assessment; personality assessment inventory; therapeutic alliance; therapist ratings.

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- [37 references](#)

## Full text links

70. [Life years lost associated with mental illness: A cohort study of beneficiaries of a South African medical insurance scheme](#)

J Affect Disord. 2023 Aug 6;340:204-212. doi: 10.1016/j.jad.2023.08.013. Online ahead of print.

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### Free article

## Abstract

**Background:** People with mental illness have a reduced life expectancy, but the extent of the mortality gap and the contribution of natural and unnatural causes to excess mortality among people with mental illness in South Africa are unknown.

**Methods:** We analysed reimbursement claims from South African medical insurance scheme beneficiaries aged 15-85 years. We estimated excess life years lost (LYL) associated with organic, substance use, psychotic, mood, anxiety, eating, personality, developmental or any mental disorders.

**Results:** We followed 1,070,183 beneficiaries for a median of three years, of whom 282,926 (26.4 %) received mental health diagnoses. Men with a mental health diagnosis lost 3.83 life years (95 % CI 3.58-4.10) compared to men without. Women with a mental health diagnosis lost 2.19 life years (1.97-2.41) compared to women without. Excess mortality varied by sex and diagnosis, from 11.50 LYL (95 % CI 9.79-13.07) among men with alcohol use disorder to 0.87 LYL (0.40-1.43) among women with generalised anxiety disorder. Most LYL were attributable to natural causes (men: 3.42, women: 1.94). A considerable number of LYL were attributable to unnatural causes among men with bipolar (1.52) or substance use (2.45) disorder.



**Limitations:** Mental diagnoses are based on reimbursement claims.

**Conclusions:** Premature mortality among South African individuals with mental disorders is high. Our findings support interventions for the prevention, early detection, and treatment of physical comorbidities in this population. Targeted programs for suicide prevention and substance use treatment, particularly among men, can help reduce excess mortality from unnatural causes.

**Keywords:** Excess mortality; Life years lost; Mental disorders; South Africa.

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## **Conflict of interest statement**

Declaration of competing interest The authors declare no conflicts of interest.

## **Update of**

- [Life-years lost associated with mental illness: a cohort study of beneficiaries of a South African medical insurance scheme.](#)

Ruffieux Y, Wettstein A, Maartens G, Folb N, Vieira CM, Didden C, Tlali M, Williams C, Cornell M, Schomaker M, Johnson LF, Joska JA, Egger M, Haas AD.

medRxiv. 2023 Feb 2:2023.01.19.23284778. doi: 10.1101/2023.01.19.23284778. Preprint.

PMID: 36711937 **Free PMC article.** Updated.

## **Full text links**

71. **[Gender and addiction and other mental disorders comorbidity: sociodemographic, clinical, and treatment differences](#)**

Arch Womens Ment Health. 2023 Aug 4. doi: 10.1007/s00737-023-01353-w. Online ahead of print.

**Authors**

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- PMID: [37540344](#)
- DOI: [10.1007/s00737-023-01353-w](https://doi.org/10.1007/s00737-023-01353-w)

**Abstract**

The co-occurrence of substance use disorders (SUD) and other mental disorders (OMD) is assumed to be high, but the details are uncertain in

Spain. The objective of the present study was to know the prevalence of this comorbidity, as well as the pharmacological treatment, both in specific addiction treatment networks and in mental health networks, with a gender perspective. Observational, multicenter study, with a randomized sample, of patients under treatment for SUD or OMD in Spain (N = 1783). A specific questionnaire, collecting sociodemographic and clinical variables, diagnosed SUD and OMD, and prescribed psychotropic drugs, was completed by treating clinicians. Differences between females and males were searched. A high prevalence of OMD was found in those patients treated for their SUD (71%), and also of diagnoses of SUD (59%) in people treated for OMD. Significant relationships between addiction to certain substances and specific mental disorders were found (with no main differences between women and men). The treatments for OMD were very common in the addiction treatment networks, but that of SUDs in those patients treated in the mental health networks was less than expected. A high prescription of benzodiazepines was found. Women were less frequently diagnosed with cannabis, opioid, and especially cocaine use disorders, and they had fewer psychotic disorders and more affective, anxiety, sleep, and eating disorders, with the rest being the same, including personality disorders. Women had fewer treatments with agonists and more with antagonists, and more prescriptions of anxiolytics and antidepressants. This study provides preliminary information on the coexistence in routine clinical practice of addictive disorders and other mental disorders in Spain, and on the treatment provided, and shows differences in prevalence and clinical characteristics, and especially in treatment approaches between women and men. Thus, should be useful to adapt the treatment response with greater precision, and with a gender perspective.

**Keywords:** Comorbidity; Gender; Mental disorder; Prevalence; Substance use disorder; Treatment.

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- [64 references](#)

**Full text links**

72. [Head-to-head comparison of the alternative model for personality disorders and Section II personality disorder model in terms of predicting patient outcomes 1 year later](#)

Personal Disord. 2023 Aug 3. doi: 10.1037/per0000637. Online ahead of print.

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- PMID: [37535548](#)
- DOI: [10.1037/per0000637](#)

### Abstract

The present study investigated the predictive validity of Criterion A and B of the Alternative Model for Personality Disorders (AMPD) compared to the DSM-5 Section II personality disorder (PD) model in predicting patient outcomes 1 year after initial assessment, in a hetero-method longitudinal design. A clinical sample of 84 participants were administered both traditional Section II and AMPD interviews by two independent interviewers. One year after assessment, disability (World Health Organization Disability Assessment Schedule 2.0) and symptom severity (Brief Symptom Inventory) were assessed. The Section II PD model did not predict disability ( $R^2 = .01$ ) nor symptom severity ( $R^2 = .03$ ). The AMPD model, on the other hand, predicted both disability ( $R^2 = .23$ ) and symptom severity ( $R^2 = .29$ ) 1-year postinitial assessment. Both Criterion A and B were significant predictors, but when jointly combined only Criterion A remained significantly predictive of both disability and symptom severity while Criterion B did not. Criterion A thus appears to capture core vulnerabilities of personality-disordered patients that are related to future functioning and symptom severity. Implications for

clinical practice are discussed. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

73. [\*\*Personality Difficulties as a Predictor of Electroconvulsive Therapy Response in Depression\*\*](#)

J ECT. 2023 Sep 1;39(3):204-205. doi:  
10.1097/YCT.0000000000000945. Epub 2023 Jul 4.

**Authors**

[Martha Finnegan](#), [Toni Galligan](#), [Ana Jelovac](#), [Declan M McLoughlin](#)

- PMID: [37530750](#)
- DOI: [10.1097/YCT.0000000000000945](#)

*No abstract available*

- [5 references](#)

**Full text links**

74. [\*\*Evaluation of Renal Functions of Inpatients With Mental Disorders\*\*](#)

J Psychosoc Nurs Ment Health Serv. 2023 Aug 7;1-9. doi:  
10.3928/02793695-20230726-03. Online ahead of print.

**Authors**

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- PMID: [37527518](#)
- DOI: [10.3928/02793695-20230726-03](#)

**Abstract**

The current study aimed to investigate the renal functions of inpatients with mental disorders. Data for this retrospective and descriptive study were collected from January 2021 to April 2021 from the records of patients who were hospitalized in the psychiatry clinic of a training and research hospital between 2018 and 2020. The study sample comprised hospital records of 376 patients. A significant negative relationship was determined between patients' glomerular filtration rate (GFR) and glucose level, duration of mental disorder, number of hospitalizations, and duration of medication use ( $p < 0.05$ ). According to the analysis of patients' renal functions, mean GFR was statistically significantly lower in women with physical chronic diseases and diagnosed with personality disorders. Psychiatric-mental health nurses should evaluate and monitor renal functions of individuals with mental disorders and take precautions before kidney diseases develop. [*Journal of Psychosocial Nursing and Mental Health Services*, xx(x), xx-xx].

#### Full text links

75. [Spontaneous brain microstates correlate with impaired inhibitory control in internet addiction disorder](#)

Psychiatry Res Neuroimaging. 2023 Sep;334:111686. doi: 10.1016/j.psychresns.2023.111686. Epub 2023 Jul 19.

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- PMID: [37487311](https://pubmed.ncbi.nlm.nih.gov/37487311/)
- DOI: [10.1016/j.psychresns.2023.111686](https://doi.org/10.1016/j.psychresns.2023.111686)

## Abstract

The prevalence of the Internet addiction disorder (IAD) has been on the rise, making it increasingly imperative to explore the neurophysiological markers of it. Using the whole-brain imaging approach of EEG microstate analysis, which treats multichannel EEG recordings as a series of quasi-steady states, similar as the resting-state networks found by fMRI, the present study aimed to investigate the specificity of the IAD in class C of the four canonical microstates. The existing EEG data of 40 participants (N = 20 for each group) was used, and correlation between the time parameters of microstate C and the performance of the Go/NoGo task was analyzed. Results suggested that the duration and coverage of class C were significantly reduced in the IAD group as compared to the healthy control (HC) group. Furthermore, the duration of class C had a significant inverse correlation with Go RTs in the IAD group. These results implied that class C might serve as a neurophysiological marker of IAD, helping to understand the underlying neural mechanism of inhibitory control in IAD.

**Keywords:** Electroencephalogram (EEG); Inhibitory control; Internet addiction disorders (IAD); Microstate analysis; Resting-state.

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## Conflict of interest statement

Declaration of Competing Interest All the authors declare that there were no conflicts of interest.

## Full text links

76. [COVID-19 vaccine uptake in mental healthcare users: Czech nationwide register study](#)

Vaccine. 2023 Aug 23;41(37):5435-5440. doi: 10.1016/j.vaccine.2023.07.028. Epub 2023 Jul 20.

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- PMID: [37479611](#)
- DOI: [10.1016/j.vaccine.2023.07.028](#)

## Abstract

**Background:** The excessive covid-related mortality of psychiatric patients was reduced by vaccination. The vaccine uptake in patients diagnosed with different mental health disorders is, however, not fully described.

**Aims:** A nationwide, record-based retrospective cross-sectional study examines the effect of substance use, psychotic, affective, anxiety, and personality disorders on COVID-19 vaccination rates in August and December 2021. Further, it quantifies the effect of receiving mental healthcare on vaccine uptake.

**Methods:** The COVID-19 vaccine rates of mental healthcare users in August and December 2021 were examined using logistic regression



models adjusted for sex and age on a sample of 7,235,690 adult inhabitants of the Czech Republic. The probability of vaccine uptake in the week following mental healthcare appointment or hospitalization on any day in the fall 2021 was compared to the general probability of getting vaccinated during that week.

**Results:** The vaccination rate in August 2021 was related to history of hospitalization due to substance use (OR = 0.71), personality (OR = 0.87), psychotic (OR = 0.92), and anxiety (OR = 1.15) disorders, while mood disorders had no effect (OR = 1.00). Compared to general population, mental healthcare users were undervaccinated in August but not in December 2021. Vaccine uptake was low in those with history of psychiatric hospitalizations but higher in those utilizing inpatient or outpatient mental healthcare recently, predominantly for affective disorders. Increased vaccine uptake was observed following utilization of mental healthcare as well as in those with repeated psychiatric hospitalizations.

**Conclusions:** The vaccination rates of mental healthcare users relative to general population largely differ across nosological categories and during the vaccination campaign. Psychiatrists were successful in promoting vaccination against COVID-19.

**Keywords:** Anxiety; COVID-19; Mental disorders; Psychosis; Substance use disorders; Vaccine uptake.

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## **Conflict of interest statement**

Declaration of Competing Interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

## **Full text links**

77. [\*\*Investigation on the relationship between Eysenck personality type and the survival\*\*](#)

# [rate of traumatic amputated finger replantation based on preventive psychology](#)

Prev Med. 2023 Sep;174:107624. doi:  
10.1016/j.yjpm.2023.107624. Epub 2023 Jul 17.

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- PMID: [37468075](#)
- DOI: [10.1016/j.yjpm.2023.107624](https://doi.org/10.1016/j.yjpm.2023.107624)

## Abstract

This paper tried to observe the relationship between the personality of patients with different personalities and the survival rate of replantation of traumatic amputated finger, and analyzed the influencing factors. EPQ psychological quality scores of patients with different gender, average monthly family income and age were significantly different ( $P < 0.05$ ). In terms of the internal and external tendency score of EPQ, there were statistical requirements for differences in the mean monthly income of patients from different families ( $P < 0.05$ ). For the concealment degree of EPQ, there were statistical requirements for differences in gender, family income, education level and patient scores ( $P < 0.05$ ). In terms of mental state, the scores were higher than the standard, whether from the perspective of obsessive-compulsive symptoms, or from the perspective of interpersonal sensitivity, hostility, paranoia and other dimensions, the difference was statistically significant ( $P < 0.05$ ). Patients with different personality types have different psychological problems after accidental amputation and replantation, which is directly related to the survival rate of postoperative finger amputation. Therefore, in order to effectively

improve the survival rate of patients with finger amputation, the psychological condition of patients can be assessed, early detection and intervention of patients' psychological problems, and appropriate intervention measures can be taken according to the personality characteristics of patients.

**Keywords:** EPQ; Eysenck personality type; Replantation; Survival rate; Traumatic amputated fingers.

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## **Conflict of interest statement**

Declaration of Competing Interest The authors declare that they have no conflict of interests.

## **Full text links**

78. [\*\*Functional connectivity and glutamate levels of the medial prefrontal cortex in schizotypy are related to sensory amplification in a probabilistic reasoning task\*\*](#)

Neuroimage. 2023 Sep;278:120280. doi: 10.1016/j.neuroimage.2023.120280. Epub 2023 Jul 17.

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- PMID: [37460012](#)
  - DOI: [10.1016/j.neuroimage.2023.120280](#)

## Free article

## Abstract

The circular inference (CI) computational model assumes a corruption of sensory data by prior information and vice versa, leading at the extremes to 'see what we expect' (through prior amplification) and/or to 'expect what we see' (through sensory amplification). Although a CI mechanism has been reported in a schizophrenia population, it has not been investigated in individuals experiencing psychosis-like experiences, such as people with high schizotypy traits. Furthermore, the neurobiological basis of CI, such as the link between hierarchical amplifications, excitatory neurotransmission, and resting state functional connectivity (RSFC), remains untested. The participants included in the present study consisted of a subsample of those recruited in a study previously published by our

group, Kozuharova et al. (2021b). We included 36 participants with High (n=18) and Low (n=18) levels of schizotypy who completed a probabilistic reasoning task (the Fisher task) for which individual confidence levels were obtained and fitted to the CI model. Participants also underwent a 1H-Magnetic Resonance Spectroscopy (MRS) scan to measure medial prefrontal cortex (mPFC) glutamate metabolite levels, and a functional Magnetic Resonance Imaging (fMRI) scan to measure RSFC of the medial prefrontal cortex (mPFC). People with high levels of schizotypy exhibited changes in CI parameters, altered cortical excitatory neurotransmission and RSFC that were all associated with sensory amplification. Our findings capture a multimodal signature of CI that is observable in people early in the psychosis spectrum.

**Keywords:** Circular Inference; Neuroimaging; Psychosis spectrum disorders; Spectroscopy.

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## **Conflict of interest statement**

Declaration of Competing Interest PA has received enterprise funding from Opitibiotix Ltd UK, for work unrelated to the study reported here. RJ has been invited to expert boards by Lundbeck, Janssen, Rovi, and Otsuka. None of these links of interest are related to the present work. The other authors have no conflicts of interest to declare.

## **Full text links**

79. [\*\*Metacognitive monitoring in schizotypy: Systematic literature review and new empirical data\*\*](#)

J Behav Ther Exp Psychiatry. 2023 Dec;81:101891. doi: 10.1016/j.jbtep.2023.101891. Epub 2023 Jul 8.

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- PMID: [37453406](https://pubmed.ncbi.nlm.nih.gov/37453406/)
- DOI: [10.1016/j.jbtep.2023.101891](https://doi.org/10.1016/j.jbtep.2023.101891)

## Abstract

**Background and objectives:** Deficits in metacognition, the ability to monitor one's own mental states, are key elements of the functional pathology of schizophrenia spectrum disorders. Little is known, however, about the integrity of metacognitive processes in subclinical schizotypy. The purpose of the present investigation was two-fold: First, we conducted a preregistered, systematic literature review to synthesize previous research efforts on the role of metacognition in schizotypy. Second, we investigated the relationship between self-reported dimensions of schizotypy and psychometric as well as behavioral measures of metacognition in a preregistered online study.

**Methods:** A large sample (N = 330) completed a questionnaire battery and an episodic memory experiment; task-based metacognition was tapped via trial-by-trial confidence ratings.

**Results:** In keeping with findings from our literature review, higher schizotypy was associated with diminished introspective insight and an overly self-referential and maladaptive metacognitive style in metacognition questionnaires. Importantly, low task-based metacognitive efficiency was predictive of high levels of cognitive disorganization, whereas task-related overconfidence (i.e., increased metacognitive bias) was linked with positive schizotypy.

**Limitations:** Due to the comparatively small number of k = 20 studies meeting our inclusion criteria, the systematic literature review provides only preliminary indications for potential conclusions. Furthermore,

control over potential disturbing influences in the experimental study was limited due to its online format.

**Conclusions:** Overall, we provide evidence for specific metacognitive deficits in schizotypy and discuss a potential continuity of preserved and impaired aspects of metacognitive monitoring along the psychosis continuum.

**Keywords:** Confidence; Metacognition; Psychopathology; Psychosis; Schizophrenia; Self-monitoring.

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## **Conflict of interest statement**

Declaration of competing interest None.

## **Full text links**

80. [\*\*Implementation of a case formulation to reduce restrictive interventions on a psychiatric intensive care unit: quasi-experimental single case evaluation\*\*](#)

Behav Cogn Psychother. 2023 Sep;51(5):497-501. doi: 10.1017/S1352465823000309. Epub 2023 Jul 14.

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- PMID: [37449333](#)
- DOI: [10.1017/S1352465823000309](#)

## Erratum in

- [Implementation of a case formulation to reduce restrictive interventions on a psychiatric intensive care unit: quasi-experimental single case evaluation - CORRIGENDUM.](#)

Cox F, Kellett S.

Behav Cogn Psychother. 2023 Sep;51(5):507. doi: 10.1017/S1352465823000383. Epub 2023 Aug 8.

PMID: 37550305No abstract available.

## Abstract

**Background:** Despite the use of case formulation being encouraged for in-patient psychiatric care, there have been no previous examples and evaluations of this type of work on a psychiatric intensive care unit (PICU).

**Aims:** To evaluate whether a schema-informed formulation with a patient diagnosed with emotionally unstable personality disorder (EUPD), autism spectrum disorder (ASD) and mild learning difficulties was effective in reducing the use of restrictive interventions.

**Method:** A biphasic  $n = 1$  quasi-experimental design with an 8-week baseline versus an 8-week intervention phase. The restrictive outcomes measured were use of physical restraint, seclusion, and intramuscular rapid tranquilisation. The formulation was developed through eight one-to-one sessions during the baseline period, and was implemented via six one-to-one sessions during the intervention phase and discussion at the ward reflective practice group. The intervention encouraged better communication of schema modes from the patient and for staff to then respond with bespoke mode support.

**Results:** Incidents involving need for seclusion, restraint and rapid tranquilisation extinguished.



**Discussion:** The need for making access to psychological input a routine aspect of the care in PICUs and the necessity for developing a methodologically more robust evidence base for psychological interventions on these wards.

**Keywords:** aggression; formulation; in-patient CBT; schema modes.

**Full text links**

81. [\*\*Borderline personality disorder and depression severity predict suicidal outcomes: A six-month prospective cohort study of depression, bipolar depression, and borderline personality disorder\*\*](#)

Acta Psychiatr Scand. 2023 Sep;148(3):222-232. doi: 10.1111/acps.13586. Epub 2023 Jul 12.

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- PMID: [37438939](#)
- DOI: [10.1111/acps.13586](#)

**Abstract**

**Background:** Suicide risk is high in patients with major depressive disorder (MDD), bipolar disorder (BD) and borderline personality

disorder (BPD). Whether risk levels of and risk factors for suicidal ideation (SI) and suicide attempts (SA) are similar or different in these disorders remains unclear, as few directly comparative studies exist. The relationship of short-term changes in depression severity and SI is underinvestigated, and might differ across groups, for example, between BPD and non-BPD patients.

**Methods:** We followed, for 6 months, a cohort of treatment-seeking, major depressive episode (MDE) patients in psychiatric care (original n = 124), stratified into MDE/MDD, MDE/BD and MDE/BPD subcohorts. We examined risks of suicide-related outcomes and their risk factors prospectively. We examined the covariation of SI and depression over time with biweekly online modified Patient Health Questionnaire 9 surveys and analysed this relationship through multi-level modelling.

**Results:** Risk of SA in BPD (22.2%) was higher than non-BPD (4.23%) patients. In regression models, BPD severity was correlated with risk of SA and clinically significant SI. During follow-up, mean depression severity and changes in depression symptoms were associated with SI risk regardless of diagnosis.

**Conclusions:** Concurrent BPD in depression seems predictive for high risk of SA. Severity of BPD features is relevant for assessing risk of SA and SI in MDE. Changes in depressive symptoms indicate concurrent changes in risk of SI. BPD status at intake can index risk for future SA, whereas depressive symptoms appear a useful continuously monitored risk index.

**Keywords:** bipolar disorder; borderline personality disorder; depression; major depressive disorder; suicide.

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- [50 references](#)

**Full text links**

82. [\*\*Correlates of avoidance coping in trauma-exposed U.S. military veterans: Results from\*\*](#)

# [the National Health and Resilience in Veterans Study](#)

J Affect Disord. 2023 Oct 15;339:89-97. doi:  
10.1016/j.jad.2023.07.036. Epub 2023 Jul 11.

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- PMID: [37437721](#)
- DOI: [10.1016/j.jad.2023.07.036](#)

## Abstract

Avoidant coping strategies, which involve cognitions and behaviors aimed to avoid dealing with stressful experiences, are associated with adverse long-term mental and physical health outcomes. In response to traumatic events, these strategies can be maladaptive as they may interfere with the adaptive integration of traumatic events into consolidated memories. Using data from a nationally representative sample of more than 3000 trauma-exposed U.S. military veterans (mean time since trauma 30.9 years, SD = 19.9), we employed a network analytic approach to examine pairwise associations between key sociodemographic, personality, and psychosocial risk factors in relation to the endorsement of avoidant coping strategies. Results revealed that negative affect symptoms of posttraumatic stress disorder (PTSD) and adverse childhood experiences were positively associated with engagement in avoidance coping, and that greater emotional stability and conscientiousness were negatively associated with this measure. Secondary network analysis of individual negative affect symptoms of PTSD suggested that blaming oneself and/or others for the traumatic event, emotional neglect, and sexual abuse were most strongly linked to avoidance coping. Collectively, these results suggest that strong feelings of blame related to trauma, emotional neglect, and sexual abuse are associated with greater likelihood of engaging in avoidance coping, while emotional stability and conscientiousness are associated with a lower likelihood of engaging in such strategies.

**Keywords:** Avoidance; Coping; Network analysis; Relative importance; Trauma; Veterans.

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## Conflict of interest statement

Declaration of competing interest All authors declare that they have no conflicts of interest.

### Full text links

## 83. [Childhood trauma and anger in adults with and without depressive and anxiety disorders](#)

Acta Psychiatr Scand. 2023 Sep;148(3):288-301. doi: 10.1111/acps.13589. Epub 2023 Jul 10.

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- PMID: [37430486](#)
- DOI: [10.1111/acps.13589](#)

## Abstract

**Background:** Childhood trauma (CT) is associated with severe sequelae, including stress-related mental health disorders that can perpetuate long into adulthood. A key mechanism in this relationship seems to be emotion

regulation. We aimed to investigate (1) whether childhood trauma is associated with anger in adulthood, and, if so, (2) to explore which types of childhood trauma predominate in the prediction of anger in a cohort that included participants with and without current affective disorders.

**Methods:** In the Netherlands Study of Depression and Anxiety (NESDA), childhood trauma was assessed with a semi-structured Childhood Trauma Interview (CTI) at baseline, and analyzed in relation to anger as measured at a 4-year follow-up with the Spielberger Trait Anger Subscale (STAS), the Anger Attacks Questionnaire, and cluster B personality traits (i.e., borderline, antisocial) of the Personality Disorder Questionnaire 4 (PDQ-4), using analysis of covariance (ANCOVA) and multivariable logistic regression analyses. Post hoc analyses comprised cross-sectional regression analyses, using the Childhood Trauma Questionnaire-Short Form (CTQ-SF) also obtained at a 4-year follow-up.

**Results:** Participants ( $n = 2271$ ) were on average 42.1 years ( $SD = 13.1$ ), and 66.2% were female. Childhood trauma showed a dose-response association with all anger constructs. All types of childhood trauma were significantly associated with borderline personality traits, independently of depression and anxiety. Additionally, all types of childhood trauma except for sexual abuse were associated with higher levels of trait anger, and a higher prevalence of anger attacks and antisocial personality traits in adulthood. Cross-sectionally, the effect sizes were larger compared with the analyses with the childhood trauma measured 4 years prior to the anger measures.

**Conclusions:** Childhood trauma is linked with anger in adulthood, which could be of particular interest in the context of psychopathology. Focus on childhood traumatic experiences and adulthood anger may help to enhance the effectiveness of treatment for patients with depressive and anxiety disorders. Trauma-focused interventions should be implemented when appropriate.

**Keywords:** anger; anxiety; childhood trauma; depression.

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- [70 references](#)

## Full text links

84. [Impacts of psychopathic traits dimensions on the development of indirect aggression from childhood to adolescence](#)

Dev Psychol. 2023 Sep;59(9):1716-1726. doi: 10.1037/dev0001582. Epub 2023 Jul 10.

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- DOI: [10.1037/dev0001582](#)

### Abstract

Children who show elevated levels of indirect aggression (IA) from childhood to adolescence are at increased risks of experiencing detrimental outcomes. Some studies suggest that psychopathic traits could act as a predisposing vulnerability in the development of IA, but the contributions of all three dimensions of psychopathic traits in explaining developmental trajectories of IA from childhood to adolescence remain unclear. This study aimed to determine if the three dimensions of psychopathic traits during childhood (i.e., callous-unemotional, narcissism-grandiosity, and impulsivity-irresponsibility at 6-9 years old) increase the risk of following a high IA trajectory across preadolescence, and whether sex moderated these associations. Participants were 744 children (47% girls; 93% born in Quebec, Canada, and over 50% from low socioeconomic backgrounds) assessed annually over 5 years. Approximately half of them ( $n = 370$ ; 40.3% girls) were referred to school-based services for conduct problems (CP) at study intake. Latent class

growth analyses revealed four developmental trajectories of IA, which were regressed on psychopathic traits dimensions using a three-step approach. After adjusting for demographic confounders, CP, and other dimensions of psychopathic traits, only narcissism-grandiosity traits significantly predicted memberships to a high and stable trajectory of IA use. The associations between the other dimensions of psychopathic traits and IA trajectories were not significant when considering confounders. No moderating effects by child sex were observed. These results suggest that narcissism-grandiosity traits could be of use for clinicians aiming to detect children most at risk of showing high and persistent levels of IA. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

### **Full text links**

85. [\*\*The impact of childhood trauma on perceived stress and personality in patients with obsessive-compulsive disorder: A cross-sectional network analysis\*\*](#)

J Psychosom Res. 2023 Sep;172:111432. doi: 10.1016/j.jpsychores.2023.111432. Epub 2023 Jun 28.

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- PMID: [37406417](#)
- DOI: [10.1016/j.jpsychores.2023.111432](#)

## Abstract

**Objective:** Little is known about the role of childhood experiences in the development of obsessive-compulsive disorder (OCD). However, the influence of childhood experiences on personality, behavior, and perceived stress may vary between OCD patients and healthy individuals. The objective of this study was to use network analysis to explore the relationship between childhood trauma, personality, perceived stress, and symptom dimensions, thus finding the difference between patients' and healthy people's network.

**Methods:** 488 patients with OCD and 210 healthy volunteers were recruited. All of them were assessed with the Obsessive-Compulsive Inventory - Revised (OCI-R), the Perceived Stress Scale-10, the NEO Five-Factor Inventory and the Early Trauma Inventory Self-Report Short Form. Network analysis was conducted and the centrality indices were calculated. Network comparison test was performed.

**Results:** In patients' network, the Obsession and the Ordering behavior were the most important nodes among the OCI-R. The perceived stress showed the strongest strength centrality of all nodes and positive correlation with the Obsession and Neuroticism. Network comparison test results indicated a statistically significant difference between network structure, and post-hoc analysis found five edges significantly differed between patients and healthy controls, mainly on Obsession and Washing behaviors.

**Conclusions:** Emotional abuse was considered significant in both networks due to its higher strength centrality. Meanwhile, perceived stress was found to be more significant in the patient network and exhibited stronger associations with obsession. The obsessive thoughts and washing behavior were different among patients and healthy controls,

which brought new understanding to the pathopsychological mechanisms of OCD.

**Keywords:** Childhood trauma; Network analysis; Obsessive compulsive disorder; Perceived stress; Personality.

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## **Conflict of interest statement**

Declaration of Competing Interest All of the authors declare no conflict of interest.

## **Full text links**

86. [\*\*Central psychological symptoms from a network analysis of patients with anxiety, somatoform or personality disorders before psychotherapy\*\*](#)

J Affect Disord. 2023 Oct 15;339:1-21. doi: 10.1016/j.jad.2023.06.040. Epub 2023 Jul 1.

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- DOI: [10.1016/j.jad.2023.06.040](https://doi.org/10.1016/j.jad.2023.06.040)

## Abstract

**Background:** Cross-sectional network analysis examines the relationships between symptoms to explain how they constitute disorders. Up to now, research focuses mostly on depression, posttraumatic stress disorder, and rarely assesses larger networks of various symptoms measured with instruments independent of classifications. Studies on large groups of psychotherapy patients are also rare.

**Methods:** Analyzing triangulated maximally filtered graph (TMFG) networks of 62 psychological symptoms reported by 4616 consecutive nonpsychotic adults in 1980-2015.

**Results:** Case-dropping and nonparametric bootstrap proved the accuracy, stability and reliability of networks in patients' sex-, age-, and time of visit divided subgroups. Feeling that others are prejudiced against the patient was the most central symptom, followed by catastrophic fears, feeling inferior and underestimated. Sadness, panic, and sex-related complaints were less central than we expected. All analysed symptoms were connected, and we found only small sex-related differences between subsamples' networks. No differences were observed for time of visit and age of patients.

**Limitation:** Analyses were cross-sectional and retrospective, not allowing examination of directionality or causality. Further, data are at the between-person level; thus, it is unknown whether the network remains constant for any person over time. One self-report checklist and building binary network method may bias results. Our results indicate how symptoms co-occurred before psychotherapy, not longitudinally. Our sample included public university hospital patients, all White-Europeans, predominantly females and university students.

**Conclusions:** Hostile projection, catastrophic fears, feeling inferior and underestimated were the most important psychological phenomena reported before psychotherapy. Exploring these symptoms would possibly lead to enhancement of treatments.

**Keywords:** Bootstrap; Centrality; Hostile projection; Low self-esteem; Neurotic; Psychotherapy.

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## **Conflict of interest statement**

Declaration of competing interest The authors have no competing interests to declare.

## **Full text links**

87. [\*\*Assessing the measurement invariance of the Personality Inventory for DSM-5 across Black and White americans\*\*](#)

Psychol Assess. 2023 Sep;35(9):721-728. doi: 10.1037/pas0001255. Epub 2023 Jun 29.

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- PMID: [37384515](#)
- DOI: [10.1037/pas0001255](#)

## **Abstract**

The Personality Inventory for *DSM-5* (PID-5) is the primary tool for assessing maladaptive personality traits within the *DSM-5* alternative model for personality disorders. Evidence has begun to accumulate on the

replicability and measurement invariance of its five-domain factor structure across countries, clinical and community populations, and sex, but its equivalency across racial groups within a given country is largely unstudied. Attempting to replicate the evidence of noninvariance demonstrated by Bagby et al. (2022), we examined the factor structure of the PID-5 across White Americans ( $n = 612$ ) and Black Americans ( $n = 613$ ) within the United States. The five-domain structure emerged across both samples with reasonably congruent factor loadings. Therefore, we tested for measurement invariance using the 13-step framework advocated by Marsh et al. (2009) for personality data. We found support for the PID-5's comparability across racial groups, offering some preliminary backing for its use with Black Americans, though additional evidence is needed to clarify the conflicting results and further validate the instrument. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

### Full text links

88. [\*\*Daily manifestations of caregiver- and self-reported maladaptive personality traits in adolescent girls\*\*](#)

Personal Disord. 2023 Sep;14(5):490-500. doi: 10.1037/per0000625. Epub 2023 Jun 29.

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- DOI: [10.1037/per0000625](https://doi.org/10.1037/per0000625)

## **Abstract**

Establishing maladaptive personality traits at a younger age in a developmentally appropriate and clinically tangible way may alert clinicians to dysfunction earlier, and thus reduce the risk of significant impairment later in life. The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) Alternative Model for Personality Disorders (AMPD) provides a set of traits useful for organizing behavioral and experiential patterns central to daily personality functioning. The goal of the present study was to evaluate manifestations indicative of AMPD traits via ambulatory assessments in the daily lives of adolescent girls. Caregivers and girls ( $N = 129$ ; age:  $M = 12.27$ ,  $SD = 0.80$ ) provided baseline assessments of girls' trait vulnerabilities (negative affectivity, detachment, antagonism, disinhibition, psychoticism) and girls additionally completed a 16-day ecological momentary assessment protocol ( $N = 5,036$  observations), rating social behaviors and experiences in their daily lives. Multilevel structural equation models revealed that trait vulnerabilities were linked to more extreme shifts in interpersonal experiences and behaviors from one moment to the next, suggesting that maladaptive personality traits were linked to greater variability. Furthermore, AMPD traits were positively and strongly related to negative affect in daily interpersonal situations. More specifically, girls' trait ratings were associated with elevated mean-levels of boredom, as well as interpersonal tension. Caregiver-reports complemented this perspective of dissatisfying social interactions, suggesting that especially detachment and antagonism accounted for lower levels of social connectedness and more variability in social activities in girls' daily lives. Results are discussed in terms of the short-term dynamics and related intervention targets of developmental personality pathology. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

### **Full text links**

89. [\*\*Retrospective reports of perceived parental invalidation and borderline personality\*\*](#)

# traits: The indirect effect of personality functioning

Personal Disord. 2023 Sep;14(5):584-589. doi: 10.1037/per0000634. Epub 2023 Jun 26.

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- PMID: [37358547](#)
- DOI: [10.1037/per0000634](#)

## Abstract

This study examined the indirect effect via Criterion A (personality functioning) of the Alternative Model for Personality Disorders (AMPD) in the relationship between retrospective reports of perceived parental invalidation and borderline personality traits measured by Criterion B (pathological personality traits). A total of 3,019 college students completed self-report scales of the Chinese Invalidating Family Scale, Level of Personality Functioning Scale-Brief Form 2.0, and Personality Inventory for DSM-5. It was found that the indirect effect of personality functioning was significant for the association between levels of perceived overall- $B = 0.52$ , 95% CI [0.47, 0.57], maternal- $B = 0.83$ , [0.75, 0.91], and paternal- $B = 0.97$ , [0.87, 1.08] invalidation, and BPD traits. The outcomes of the research suggested the critical role of personality functioning as a potential mediator in the pathological effect of perceived parental invalidation on the development of borderline personality disorder features. While the study is limited by the use of self-report measurement,

retrospective responding, and cross-sectional design, significant implications on the biosocial model and AMPD were discussed. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

### Full text links

90. [\*\*CAMHS Clinician Attitudes to Borderline Personality Disorder in Adolescence Across Scotland\*\*](#)

J Nerv Ment Dis. 2023 Sep 1;211(9):664-669. doi: 10.1097/NMD.0000000000001684. Epub 2023 Jun 22.

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- DOI: [10.1097/NMD.0000000000001684](#)

### Abstract

Child and Adolescent Mental Health Service (CAMHS) clinicians have been reported to hold negative views toward the diagnosis of borderline personality disorder (BPD) in adolescence. We aimed to reevaluate with the expectation that recent advances have nurtured more positive attitudes. One hundred ninety clinicians working across CAMHS in Scotland completed a 16-item electronic survey of attitudes to BPD, derived from the Attitudes and Skills Questionnaire. Eighty-three percent of psychiatrists, 72% of nurses, and 37% of psychologists surveyed agreed that BPD is a valid diagnosis in adolescence, and 92%, 74%, and 44%,



respectively, were willing to make this diagnosis. CAMHS clinicians were more optimistic compared with clinicians working in adult mental health services. CAMHS clinicians' responses may indicate increased acceptance of BPD in the adolescent population. There is a thirst for workforce education and training. Consideration should be taken to actively move the focus of identification and diagnosis of BPD into CAMHS rather than the current culture of late diagnosis.

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- [42 references](#)

### Full text links

91. [\*\*Personality traits and health care use: A coordinated analysis of 15 international samples\*\*](#)

J Pers Soc Psychol. 2023 Sep;125(3):629-648. doi: 10.1037/pspp0000465. Epub 2023 Jun 19.

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- PMID: [37338439](#)
- DOI: [10.1037/pspp0000465](#)

## Abstract

Some people use health care services more than others. Identifying factors associated with health care use has the potential to improve the effectiveness, efficiency, and equity of health care. In line with the Andersen behavioral model of health care utilization and initial empirical findings, personality traits may be key predisposing factors associated with health care use. Across 15 samples, the present study examined cross-sectional and prospective associations between Big Five personality traits and the likelihood of dental visits, general medical practitioner visits, and hospitalizations. Using coordinated data analysis, we estimated models within each of 15 samples individually (sample *N*s ranged from 516 to 305,762), and then calculated weighted mean effect sizes using random-effects meta-analysis across samples (total *N* = 358,803). According to the synthesized results, people higher in conscientiousness, agreeableness, extraversion, and openness, and lower in neuroticism were more likely to visit the dentist; people higher in neuroticism were more likely to visit general medical practitioners; and people lower in conscientiousness and agreeableness and higher in neuroticism were more likely to be hospitalized. Associations tended to be small with odds ratios around 1.20 ( $r_s \approx .05$ ). These findings provide evidence across 15 international samples for small but consistent associations between personality traits and health care use and demonstrate that personality-health care associations differ by type of care. We discuss directions for future research, including examining more specific personality facets (e.g., productiveness vs. responsibility) as well as important dimensions of health care (e.g., preventative vs. reactive care; acute vs. chronic care). (PsycInfo Database Record (c) 2023 APA, all rights reserved).

- [Cited by 1 article](#)

## Full text links

92. **[What is the Best Source of Information for Psychopathic Traits in Youth? A Review and Meta-analysis of Self- and Other-Reported Psychopathic Traits and Their Association with Negative Outcomes](#)**

Clin Child Fam Psychol Rev. 2023 Sep;26(3):805-823. doi: 10.1007/s10567-023-00438-3. Epub 2023 May 29.

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- PMID: [37247025](#)
- DOI: [10.1007/s10567-023-00438-3](#)

**Abstract**

Child psychopathic traits appear to be associated with negative outcomes. Despite the study of youth psychopathy often relying on multiple reporters (e.g., child, caregivers, teachers), there is limited insight into how much information these various sources contribute and moreover, how this information is integrated. The present study sought to address this gap in the literature by examining the magnitude of relationships between self- and other-reported youth psychopathy and negative outcomes (e.g., delinquency, aggression) using a meta-analytic approach. Results revealed a moderate association between psychopathic traits and negative outcomes. Moderator analyses showed a greater relationship for other- than self-reported psychopathy, although not to a substantive extent. Results further indicated the magnitude of the overall

psychopathy-negative outcomes association was stronger for externalizing than internalizing outcomes. Study findings can inform improvements in the assessment of youth psychopathy across research and practice, in addition to advancing our understanding of the utility of psychopathic traits in the prediction of clinically relevant outcomes. This review also provides guidance for future multisource raters and source-specific information in the study of psychopathy in youth.

**Keywords:** Child-reported; Negative outcomes; Other-reported; Psychopathic traits; Youth.

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- [87 references](#)

#### Full text links

93. [\*\*Childhood maltreatment and homicidal ideation among Chinese early adolescents: The serial mediating role of borderline personality features and aggression\*\*](#)

Aggress Behav. 2023 Sep;49(5):536-546. doi: 10.1002/ab.22091. Epub 2023 May 27.

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- PMID: [37243977](#)
- DOI: [10.1002/ab.22091](#)

## Abstract

A large body of evidence linked childhood maltreatment (CM) to juvenile violence and delinquent behavior. However, little is known about the association between CM and homicidal ideation in early adolescents. This study aimed to examine that relationship and to explore the serial mediating role of borderline personality features (BPF) and aggression in that relationship in a large sample of early adolescents. A total of 5724 early adolescents (mean age: 13.5 years) were recruited from three middle schools in Anhui Province, China. The participants were invited to complete self-report questionnaires regarding their history of CM, BPF, aggression, and homicidal ideation. Mediation analyses were evaluated using structural equation modeling. A total of 669 participants (11.7%) reported homicidal ideation in the past 6 months. CM victimization was positively associated with homicidal ideation after adjusting for covariates. Furthermore, the serial mediation analysis showed a significant indirect effect of CM on homicidal ideation through BPF and subsequent aggression. Exposure to maltreatment in childhood is likely to manifest BPF and subsequently higher levels of aggression, which in turn are related to increased homicidal ideation. These findings suggest the need for early intervention for BPF and aggression in early adolescents exposed to CM to prevent the development of homicidal ideation.

**Keywords:** aggression borderline personality features; childhood maltreatment; early adolescents; homicidal ideation.

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- [61 references](#)

**Full text links**

94. **[Higher baseline emotion dysregulation predicts treatment dropout in outpatients with borderline personality disorder](#)**

Personal Disord. 2023 Sep;14(5):579-583. doi:  
10.1037/per0000627. Epub 2023 May 18.

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- PMID: [37199933](#)
- DOI: [10.1037/per0000627](#)

**Abstract**

Treatment dropout is high among outpatients with borderline personality disorder (BPD) and is associated with myriad negative therapeutic and psychosocial outcomes. Identifying predictors of treatment dropout can inform treatment provision for this population. The present study investigated whether symptom profiles of static and dynamic factors could predict treatment dropout. Treatment-seeking outpatients with BPD ( $N = 102$ ) completed pre-treatment measures of BPD symptom severity, emotion dysregulation, impulsivity, motivation, self-harm, and attachment style to determine their collective impact on dropout prior to 6 months of treatment. Discriminant function analysis was used to classify group membership (treatment dropout vs. nondropout) but did not produce a statistically significant function. Groups were distinguished by baseline levels of emotion dysregulation with higher dysregulation predicting premature treatment dropout. Clinicians working with outpatients with

BPD might benefit from optimizing emotion regulation and distress tolerance strategies earlier in treatment to reduce premature dropout. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

### Full text links

95. [\*\*A systematic review and meta-analysis of digital interventions targeted at individuals with borderline personality disorder \(BPD\), emotionally unstable personality disorder \(EUPD\), and related symptoms\*\*](#)

J Clin Psychol. 2023 Sep;79(9):2155-2185. doi: 10.1002/jclp.23523. Epub 2023 Apr 26.

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- PMID: [37185891](#)
- DOI: [10.1002/jclp.23523](#)

### Abstract

**Objectives:** The present review investigates the impact of digital interventions for individuals with features of borderline personality disorder (BPD)/emotional unstable personality disorder (EUPD) as digital interventions show promise as therapeutic tools in underserved groups. BPD/EUPD features are identified as clinically relevant, yet previous

reviews on the use of digital interventions fail to include subthreshold symptomatology.

**Methods:** Five online databases were searched for terminology in three categories: BPD/EUPD and related symptoms, mental-health interventions, and digital technology. Additionally, four relevant journals and two trial registers were searched for additional papers meeting the inclusion criteria.

**Results:** Twelve articles met all inclusion criteria. Meta-analyses revealed statistically significant differences in symptom measures between intervention and control groups at postintervention and decreases in BPD/EUPD symptomatology and well-being from pre- to postintervention. Service users' engagement, satisfaction, and acceptability of interventions were high. Results support the previous literature on the value of using digital interventions in populations with BPD/EUPD.

**Conclusion:** Overall, it was identified that digital interventions show promise for successful implementation with this population.

**Keywords:** borderline personality disorder; digital interventions; emotional unstable personality disorder; information and communication technology; mental health; online interventions.

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- [108 references](#)

**Full text links**

96. [\*\*No impaired integration in psychopathy: Evidence from an illusory conjunction paradigm\*\*](#)

Personal Disord. 2023 Sep;14(5):479-489. doi: 10.1037/per0000619. Epub 2023 May 11.



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- PMID: [37166836](#)
- DOI: [10.1037/per0000619](#)

## Abstract

Progress in psychopathy research has been hampered by ongoing contention about its fundamental cause. The Impaired Integration theory of psychopathy provides an attention-based account of information integration abnormalities. We set out to evaluate the suggested mechanism via an innovative application of the well-established illusory conjunction paradigm. Two hundred participants were recruited by utilizing a psychopathic-trait-maximization technique, sampling individuals from an ex-prisoner and a population sample. We found no support for information integration deficits in psychopathic individuals ( $BF_{10} = 0.156$ ), and the absence of a relationship between psychopathic traits and illusory conjunctions remained when accounting for confounding variables. These findings question the mechanism proposed by the Impaired Integration theory and pave the way for future research to advance our understanding of psychopathic trait etiology by assessing specific and falsifiable mechanisms thought to bring about the observed cognitive and behavioral deficits. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

## Full text links

97. [Prediction of the prognosis of somatoform disorders using the Minnesota Multiphasic Personality Inventory](#)

Fukushima J Med Sci. 2023 Aug 10;69(2):105-113. doi: 10.5387/fms.2022-04. Epub 2023 May 11.

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- PMID: [37164766](#)
- DOI: [10.5387/fms.2022-04](#)

### Free article

### Abstract

**Background:** Somatoform disorders are frequently resistant to treatment. This study aimed to determine the utility of the Minnesota Multifaceted Personality Inventory (MMPI) in predicting the prognosis of somatoform disorders.

**Methods:** Overall, 125 patients diagnosed with somatoform disorders between January 1, 2013 and December 31, 2017 in the psychiatric department of Fukushima Medical University Hospital were included. Patients with positive outcomes were identified based on a subjective estimation regarding (1) pain and (2) social functions, including activities of daily living. They were divided into the improved group (IG) and the non-improved group (NIG). Each factor was then descriptively compared

between the two groups, and the sensitivity and specificity were determined.

**Results:** The NIG had significantly higher scores but only on the Hy scale. Thus, the optimal Hy scale cutoff score was calculated. The cutoff point was 73.5, with a sensitivity of 55.7% and a specificity of 71.7%.

**Conclusion:** An MMPI Hy scale score higher than a cutoff value of 73.5 predicts a poor response to conventional supportive psychotherapy or drug therapy in patients with somatoform disorders. This cutoff point may be used as an important index for selecting treatment for somatoform disorders.

**Keywords:** Consultation-liaison psychiatry; Minnesota Multifaceted Personality Inventory (MMPI); Prognostic predictor; Somatoform disorders; Treatment-resistant.

#### Full text links

98. [Revisiting the ego-syntonic assumption: Investigating neuroticism and harmony with thoughts of negative emotions](#)

Personal Disord. 2023 Sep;14(5):501-511. doi: 10.1037/per0000620. Epub 2023 May 1.

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- PMID: [37126054](#)
- DOI: [10.1037/per0000620](#)

## Abstract

It has been assumed that personality disorders or constituent traits are ego-syntonic, but studies that have addressed this claim have revealed ego-dystonicity. Across three studies (two preregistered), we addressed some methodological weaknesses in these past studies that may conceal ego-syntonicity. Participants (total  $N = 1,331$ ) completed measures of neuroticism and then imagined experiences that predominantly induced either fear, sadness, or anger (Studies 1 and 2) or recalled past experiences that predominantly elicited each emotion (Study 3). Subsequently, participants judged their emotional reactions on the two ego-syntonicity dimensions of (a) consonance with the self and (b) acceptance (evaluation). Across the studies, neuroticism generally had positive and about moderate-sized relations to consonance judgments and between trivial-sized and small-sized relations to acceptance judgments that were most often positive (Studies 1 and 2) but sometimes negative (Study 3); mean-level analyses suggested that people with relatively higher neuroticism indicated their emotional experiences were, most often, somewhat consonant with the self and acceptable. Regardless, in Study 3, the sample, including those relatively higher in neuroticism, indicated their recalled emotions were too extreme. Broadly, the data suggest that people relatively higher (vs. lower) in neuroticism may regard their contextualized negative emotion as more consonant with the self but not necessarily as more acceptable. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

### Full text links

99. [\*\*Emotion dysregulation in young people with borderline personality disorder: One pattern or distinct subgroups?\*\*](#)

Personal Disord. 2023 Sep;14(5):567-578. doi: 10.1037/per0000617. Epub 2023 Apr 27.

### Authors

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- PMID: [37104769](#)
- DOI: [10.1037/per0000617](#)

## Abstract

Emotion dysregulation is a key feature of borderline personality disorder (BPD). Given the heterogeneity of BPD and emotion regulation, this study sought to define subgroups among a sample of young people with BPD based on their pattern of emotion regulation abilities. Baseline data from the Monitoring Outcomes of BPD in Youth (MOBY) clinical trial were used, in which 137 young people ( $M_{\text{age}} = 19.1$ ,  $SD_{\text{age}} = 2.8$ ; 81% female) completed the self-report Difficulties in Emotion Regulation Scale (DERS), as a measure of emotion regulation abilities. Latent profile analysis (LPA) was conducted to identify subgroups, based upon response patterns on the six DERS subscales. Subsequent analysis of variance and logistic regression models were used to characterize the identified subgroups. LPA revealed three subgroups. A "low and unaware" ( $n = 22$ ) subgroup, reporting the least emotion dysregulation, apart from high emotional unawareness. A "moderate and accepting" subgroup ( $n = 59$ ), reporting high emotional acceptance within its own pattern, and moderate emotion dysregulation compared with the other subgroups. A "high and aware" subgroup ( $n = 56$ ), reporting the highest level of emotion dysregulation, but with high emotional awareness. Some demographic, psychopathology, and functioning characteristics were associated with subgroup membership. The identification of distinct subgroups highlights the importance of considering the level of emotional awareness in the context of other regulatory abilities and suggests that therapies should not take a "one-size-fits-all" approach to emotion dysregulation. Future research should seek to replicate the identified subgroups given the relatively small sample size in the current study. In addition, examining the stability of

subgroup membership and the influence upon treatment outcome will be interesting avenues for further exploration. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

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100. [Psychiatric disorders, personality traits, and childhood traumatic events predicting incidence and persistence of chronic pain: results from the CoLaus|PsyCoLaus study](#)

Pain. 2023 Sep 1;164(9):2084-2092. doi: 10.1097/j.pain.0000000000002912. Epub 2023 Apr 27.

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- PMID: [37104705](#)

- DOI: [10.1097/j.pain.0000000000002912](https://doi.org/10.1097/j.pain.0000000000002912)

## Abstract

Chronic pain (CP) is often accompanied by mental disorders (MDs). However, little is known concerning the long-term effect of MDs, personality traits, and early-life traumatic events (ETEs) on CP course. Accordingly, we aimed to prospectively assess the associations of major depressive disorders (MDDs), anxiety disorders, personality traits, and ETEs with the incidence and the persistence of CP in middle-aged and older community dwellers. Data stemmed from the 3 first follow-up evaluations of CoLaus|PsyCoLaus, a prospective cohort conducted in the general population of Lausanne (Switzerland). Diagnostic criteria for MDs and ETEs were elicited using semistructured interviews. CP and personality traits were assessed by self-rating questionnaires. Follow-up intervals were subdivided into 2 groups: those without (n = 2280) and those with (n = 1841) CP initially. The associations between the psychological variables and the occurrence or persistence of CP 5 years later were assessed using serially adjusted logistic regression models. Higher neuroticism (odds ratio [95% confidence interval] 1.21 [1.08; 1.36]) and extraversion (1.18 [1.06; 1.32]) were associated with higher 5-year CP incidence, whereas current (2.14 [1.34; 3.44]) and remitted MDD (1.29 [1.00; 1.66]) as well as lower extraversion (0.83 [0.74; 0.94]) were associated with persistence of CP. By contrast, ETEs and anxiety disorders were not associated with the incidence or persistence of CP. Our results suggest that personality traits are associated with both CP occurrence and persistence, whereas the MDDs may be more associated with CP persistence. Both personality and MDD are accessible to psychotherapy, and MDD is also accessible to pharmacotherapy. Hence, these therapeutic measures might decrease the risk of CP and its persistence.

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1. **[Defining severity of personality disorder using electronic health records: short report](#)**

BJPsych Open. 2023 Aug 1;9(5):e137. doi: 10.1192/bjo.2023.509.

**Authors**

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PMID: [37524373](#)

DOI: [10.1192/bjo.2023.509](#)

**Abstract**

Severity of personality disorder is an important determinant of future health. However, this key prognostic variable is not captured in routine clinical practice. Using a large clinical data-set, we explored the predictive validity of items from the Health of Nation Outcome Scales (HoNOS) as potential indicators of personality disorder severity. For 6912 patients with a personality disorder diagnosis, we examined associations between HoNOS items relating to core personality disorder symptoms (self-harm, difficulty in interpersonal relationships, performance of occupational and social roles, and agitation and aggression) and future health service use.

Compared with those with no self-harm problem, the total healthcare cost was 2.74 times higher (95% CI 1.66-4.52;  $P < 0.001$ ) for individuals with severe to very severe self-harm problems. Other HoNOS items did not demonstrate clear patterns of association with service costs. Self-harm may be a robust indicator of the severity of personality disorder, but further replication work is required.

**Keywords:** Economics; epidemiology; personality disorders; physical health; rating scales.

## 2. [\*\*A validation of the Swedish self-concept and Identity Measure \(SCIM\) and its association with mental health problems\*\*](#)

Heliyon. 2023 Jul 11;9(7):e18151. doi:  
10.1016/j.heliyon.2023.e18151. eCollection 2023 Jul.

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PMID: [37519721](#)

PMCID: [PMC10372226](#)

DOI: [10.1016/j.heliyon.2023.e18151](#)

### **Abstract**

Pathological disturbance to one's identity is closely linked with mental illness and in particular personality disorders. Current measures of identity pathology within clinical research are nevertheless inconsistently used and present with substantial limitations such as disproportionate focus on adolescence. The Self-Concept and Identity Measure (SCIM) identifies pathological and non-pathological identity disturbance by implementing a measurement for clinical components of identity, as well as introducing the Lack of Identity concept. This study thus explores the psychometric properties (factor structure, internal consistency, and criterion validity) of the Swedish SCIM in a large sample of Swedish university students (N = 1500). Model fit indices for the three-dimension model of identity pathology consisting of consolidated-, disturbed-, and lack of identity subscales were deemed acceptable and the Swedish SCIM scores correlated with measures of psychopathology in the expected direction, together concluding that the Swedish SCIM was satisfactorily valid and reliable. The results further reveal a significant positive correlation between identity pathology and non-suicidal self-injury, two concepts that co-occur in psychopathologies, such as borderline personality disorder, but have not yet been studied in a Western population with this tool. The potential clinical use of this translated dimensional tool needs to be tested in a Swedish clinical population, however, we conclude that it already offers insight into the complexities of identity functioning and correlations with clinical symptoms.

**Keywords:** Anxiety; Borderline personality disorder; Clinical identity disturbance; Confirmatory factor analysis; Depression; Non-suicidal self-injury; Validation.

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## **Conflict of interest statement**

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

[48 references](#)

[1 figure](#)

3. **[Association Between Personality Traits and Functional Limitations in Older Adults with Affective Disorders: A Cross Sectional Study](#)**

Clin Gerontol. 2023 Jul 29;1-12. doi:  
10.1080/07317115.2023.2240317. Online ahead of print.

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PMID: [37515583](#)

DOI: [10.1080/07317115.2023.2240317](#)

## Abstract

**Objectives:** Personality traits and affective disorders are both related to functional limitations. It is unknown whether personality traits have an additional effect on functioning in older adults with affective disorders. We studied the association between personality traits and functioning within this group.

**Methods:** We performed a cross-sectional study of 180 older patients referred to outpatient specialized geriatric mental health care centers with a depressive, anxiety and/or somatic symptom disorder according to DSM-criteria. We studied the association between the Big Five personality traits and functional limitations assessed with the WHO-DAS II, adjusting for potential confounders, including the severity of various affective disorders.

**Results:** The 180 patients (57.1% female, mean age 69.2 years) had an average WHO-DAS II score of 31.3 (SD 15.1). Lower scores on Conscientiousness were associated with more overall functional limitations ( $p = .001$ ), particularly limitations in self-care ( $p = .001$ ) and household activities ( $p = .001$ ). Lower Extraversion scores were associated with more limitations in getting along with others ( $p = .001$ ).

**Conclusions:** Personality traits are related to functional limitations independent of the severity of affective disorders in older adults.

**Clinical implications:** Personality traits may be used as predictive factors for functioning in older adults with affective disorders.

**Keywords:** Affective disorders; functional limitations; older adults; personality.

## 4. [Impaired Personality Functioning in Children and Adolescents Assessed with the LoPF-Q 6-](#)

# [18 PR in Parent-Report and Convergence with Maladaptive Personality Traits and Personality Structure in School and Clinic Samples](#)

Children (Basel). 2023 Jul 8;10(7):1186. doi: 10.3390/children10071186.

## **Authors**

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PMID: [37508683](#)

PMCID: [PMC10378110](#)

DOI: [10.3390/children10071186](#)

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## **Abstract**

To investigate if the Personality Disorder (PD) severity concept (Criterion A) of the ICD-11 and DSM-5 AMPD is applicable to children and

adolescents, following the ICD-11 lifespan perspective of mental disorders, age-specific and informant-adapted assessment tools are needed.

The *LoPF-Q 6-18 PR* (Levels of Personality Functioning Questionnaire Parent Rating) was developed to assess Impaired Personality Functioning (IPF) in children aged 6-18 in parent-reported form. It is based on the established self-report questionnaire *LoPF-Q 12-18*. Psychometric properties were investigated in a German-speaking clinical and school sample containing 599 subjects. The final 36-item version of *LoPF-Q 6-18 PR* showed good scale reliabilities with 0.96 for the total scale IPF and 0.90-0.87 for the domain scales Identity, Self-direction, Empathy, and Intimacy/Attachment and an acceptable model fit in a hierarchical CFA with CFI = 0.936, RMSEA = 0.078, and SRMR = 0.068. The total score discriminated significantly and with large effect sizes between the school population and (a) adolescent PD patients ( $d = 2.7$  standard deviations) and (b) the younger patients (6-11-year-olds) with internalizing and externalizing disorders ( $d = 2.2$  standard deviations). Informant agreement between parent and self-report was good at 0.47. Good construct validity can be assumed given sound covariation with related measures of psychopathology (*CBCL 4-18*, *STiP-5.1*, *OPD-CA2-SQ PR*) and maladaptive traits (*PID5BF+ M CA IRF*) in line with theory and matching the result patterns obtained in older samples in self-report. The results suggest that parent-reported assessments of IPF and maladaptive traits are equivalent to self-reported measures for Criterion A and B. Assessing IPF as early as age six might be a valuable step to foster early detection of PD, or maladaptive personality development, respectively individuals at risk.

**Keywords:** Criterion A; Criterion B; adolescents; assessment; children; functioning; maladaptive traits; parent report; personality disorder; structure.

## Conflict of interest statement

The authors declare the following conflict of interest: Some of them are the authors of some of the questionnaires used in this study. All of these questionnaires are available free of charge for scientific purposes. For diagnostic purposes, the use of the questionnaires is fee-based, and the authors are receiving royalties.

[77 references](#)

[2 figures](#)

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5. **[Psychometric properties of the Pride in Eating Pathology Scale in a Spanish population](#)**

J Eat Disord. 2023 Jul 28;11(1):124. doi: 10.1186/s40337-023-00847-3.

**Authors**

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PMID: [37507784](#)

PMCID: [PMC10386289](#)

DOI: [10.1186/s40337-023-00847-3](#)

**Free PMC article**

**Abstract**



**Background:** In its relation to eating disorders, pride is one of the self-conscious emotions least analyzed, and requires valid and reliable instruments for its measurement. This study aimed to examine the factor structure and the psychometric properties of the Pride in Eating Pathology Scale (PEP-S), in the Spanish general population, as well as between-sex differences in PEP-S scores.

**Methods:** Of the 1483 participants aged 18 to 34 ( $M = 21.99$ ;  $SD = 3.09$ ), 954 were women (65.2%) and the majority were university students (78.8%). Psychometric properties of the scale were tested in a cross-sectional design using cross-validation, i.e., exploratory and confirmatory factor analysis, and estimation of invariance (sex).

**Results:** The four-factor structure found was similar to the original scale with invariance across sex and internal consistency (ordinal alpha .99) and stability (.85). Evidence of convergent validity and differences between sexes were found. Specifically, women scored higher on all the factors, including the healthier sense of pride.

**Conclusions:** The PEP-S scale is an instrument with evidence of validity and reliability in the Spanish population. Although it still has to be tested in a clinical population, it constitutes a promising instrument for the evaluation of the self-conscious emotion, pride.

**Keywords:** Assessment; Cross-validation; Eating disorders; General population; Pride; Self-conscious emotion.

## **Plain language summary**

The study of eating disorders emphasizes the role of certain emotions, such as pride, for example, in achieving a low weight or controlling eating behavior. We propose the Spanish validation of the Pride in Eating Pathology Scale (PEP-S), developed by Faija et al. (2017), to measure this type of complex or self-conscious emotions. This article confirms the usefulness of the PEP-S in the context of the general population, different from the context of the clinical population in which it was validated, which implies a generalization of its possibilities. In addition, as a novelty, it includes male participants, who are also subjected to the social pressure on body and appearance. This validation of the PEP-S was carried out in a large sample of men and women aged 18 to 34, a time of life when concerns about the body and eating behavior acquire importance. It is

worth special mention that the results of its designers were confirmed, with psychometric indicators guaranteeing that the instrument can be used with consistency of measurement (reliability) and usefulness (validity) in the general population. Men and women respond to the instrument the same, that is, they understand the scale the same way. The scores of women on the PEP-S are higher in terms of pride about the body and eating behavior. Future studies should test these promising results in a clinical population.

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## **Conflict of interest statement**

The authors declare that they have no competing interests.

[46 references](#)

## **Full text links**

### 6. [\*\*Neuroticism and white matter hyperintensities\*\*](#)

J Psychiatr Res. 2023 Jul 21;165:174-179. doi: 10.1016/j.jpsychires.2023.07.026. Online ahead of print.

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PMID: [37506413](#)

DOI: [10.1016/j.jpsychires.2023.07.026](#)

## **Abstract**

Neuroticism is a major risk factor for neurodegenerative disorders, such as Alzheimer's disease and related dementias. This study investigates whether neuroticism is associated with white matter hyperintensities and whether this measure of brain integrity is a mediator between neuroticism and cognitive function. Middle-aged and older adults from the UK Biobank (N = 40,602; aged 45-82 years, M = 63.97, SD = 7.66) provided information on demographic and health covariates, completed measures of neuroticism and cognition, and underwent magnetic resonance imaging from which the volume of white matter hyperintensities was derived. Regression analyses that included age and sex as covariates found that participants who scored higher on neuroticism had more white matter

hyperintensities ( $\beta = 0.024$ , 95% CI 0.015 to 0.032;  $p < .001$ ), an association that was consistent across peri-ventricular and deep brain regions. The association was reduced by about 40% when accounting for vascular risk factors (smoking, obesity, diabetes, high blood pressure, heart attack, angina, and stroke). The association was not moderated by age, sex, college education, deprivation index, or APOE e4 genotype, and remained unchanged in sensitivity analyses that excluded individuals with dementia or those younger than 65. The mediation analysis revealed that white matter hyperintensities partly mediated the association between neuroticism and cognitive function. These findings identify white matter integrity as a potential neurobiological pathway that accounts for a small proportion of the association between neuroticism and cognitive health.

**Keywords:** Cognition; Leukoaraiosis; Neuroticism; Personality; Risk factor; White matter hyperintensities.

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## Conflict of interest statement

Declaration of competing interest None.

## Full text links

### 7. [Anxiety and depression among caregivers of pediatric patients with tic disorder in western China: A cross-sectional study](#)

PLoS One. 2023 Jul 28;18(7):e0289381. doi:  
10.1371/journal.pone.0289381. eCollection 2023.

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PMID: [37506090](#)

PMCID: [PMC10381038](#)

DOI: [10.1371/journal.pone.0289381](#)

**Free PMC article**

## Abstract

**Background:** Caregivers of pediatric patients with tic disorders (TD) are at high risk for anxiety and depression, but the situation of this disorder was rarely reported based on the Chinese population. The purpose of this study was to investigate the prevalence and potential contributing factors of anxiety and depression among caregivers of Chinese pediatric patients with TD.

**Methods:** A cross-sectional study was carried out on caregivers of pediatric patients with TD at a women's and children's hospital in western China from January to June 2020. A structured questionnaire was designed to collect data, including socio-demographic information, disease and medication status, family situation and social relationship, cognition and attitude towards TD and treatment. Anxiety and depression were assessed using the self-rating anxiety scale (SAS) and self-rating depression scale (SDS), respectively. The univariate analysis and multivariate logistic regression were used to analyze the cross-sectional data.

**Results:** A total of 318 participants were included in this study, with a response rate of 89.58% (318/355). The average age of pediatric patients with TD was  $8.38 \pm 2.54$  years, and 78.30% (249/318) of caregivers were aged between 30-50 years old. Overall, 14.78% (47/318) of caregivers presented the symptom of anxiety, with a mean SAS score of  $54.81 \pm 5.26$ , and 19.81% (63/318) of caregivers presented the symptom of depression, with a mean SDS score of  $59.64 \pm 5.83$ . Logistic regression analysis revealed that the common family relationship (OR = 2.512,  $p = 0.024$ ), and pediatric patients with unharmonious social relationships (OR = 5.759,  $p = 0.043$ ) and with introverted personality (OR = 2.402,  $p = 0.023$ ) were significantly associated with anxiety in caregivers of pediatric patients with TD, as well as the single-parent family (OR = 4.805,  $p = 0.011$ ), mistaken cognition of TD (OR = 0.357,  $p = 0.031$ ), and pediatric patients with fewer friends (OR = 3.377,  $p = 0.006$ ) were significantly associated with depression.

**Conclusions:** Anxiety and depression are prevalent among caregivers of TD pediatric patients, which brings up the importance of psychiatric support for this group. Longitudinal studies need to be conducted to further confirm the causality before interventions to improve mental health are developed.

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permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

## Conflict of interest statement

The authors have declared that no competing interests exist.

[30 references](#)

## Full text links

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8. [Reactive Psychosis: Discrepancy Between Nosological Concepts and Descriptive Categories](#)

J Nerv Ment Dis. 2023 Aug 1;211(8):627-633. doi: 10.1097/NMD.0000000000001677.

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PMID: [37505895](#)

DOI: [10.1097/NMD.0000000000001677](#)

## Abstract

Reactive psychosis (RP) is a trauma-induced category whose meaning has varied in relation to the role attributed to lived experiences or vulnerable

personality. It has long been described in different countries, but seldom investigated under the influence of symptom-based psychiatric classifications. This article aims to examine the development of RP since the early 20th century, outline how it has been incorporated in modern diagnostic classifications, and set out empirical findings. It is likely that variations in terminology and diagnostic practice have affected estimates of the frequency and hampered the validity of RP in earlier studies. To enhance reliability, RP underwent several changes in successive Diagnostic and Statistical Manual of Mental Disorders and ICD versions and was eventually replaced with descriptive categories for short-lived psychotic disorders. Clinical observations during the COVID-19 pandemic attest the durability of RP, but the current categories prove unhelpful in identifying it and have failed to encourage research.

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[117 references](#)

### Full text links

## 9. [Mental Health Literacy about Personality Disorders: A Multicultural Study](#)

Behav Sci (Basel). 2023 Jul 21;13(7):605. doi: 10.3390/bs13070605.

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DOI: [10.3390/bs13070605](#)

**Free PMC article**

## **Abstract**

Mental health literacy (MHL) refers to lay people's knowledge and beliefs about the diagnosis and treatment of mental illness. The current study aimed at investigating MHL regarding personality disorders (PDs) multiculturally, comparing Turkish and Italian populations. In total, 262 participants responded to an online vignette identification task that required them to label the PDs of seven hypothetical subjects and rate various dimensions of their disorders. Narcissistic (25%), obsessive-compulsive (13%), and paranoid (12%) PDs were the most correctly labeled, while the average accuracy values for other PDs were below 0.04%. Compared to Turkish participants, Italian participants were more accurate in labeling narcissistic PD. Additionally, of the seven PDs, narcissistic PD was associated with the most happiness and success at work. Subjects with borderline and avoidant PDs were the most recognized as having psychological problems (>90%), yet their PDs were among the least correctly identified. Overall, participants from both cultures were generally successful at recognizing the presence of a mental illness, but they rarely labeled it correctly. Only limited cultural differences emerged. The present findings may inform the design of outreach

programs to promote MHL regarding PDs, thereby facilitating early recognition of PDs and help-seeking behaviors for affected individuals.

**Keywords:** cultural factors; mental health literacy; personality disorders.

## **Conflict of interest statement**

The authors declare no conflict of interest.

[46 references](#)

[5 figures](#)

## **Full text links**

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10. [\*\*Parental burnout and borderline personality stand out to predict child maltreatment\*\*](#)

Sci Rep. 2023 Jul 27;13(1):12153. doi: 10.1038/s41598-023-39310-3.

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PMID: [37500720](#)

PMCID: [PMC10374633](#)

DOI: [10.1038/s41598-023-39310-3](#)

**Free PMC article**

## Abstract

Parental burnout is a severe disorder resulting from the exposure to chronic stress in the parental role, that can translate into neglectful and violent parental behaviors towards the offspring. This study (N = 1003 parents) aims to examine the relative weight of parental burnout, job burnout, depression, generalized anxiety disorder, borderline personality, sadism, psychopathy, Machiavellianism, narcissism, and child abuse potential, in predicting violence and neglect towards the offspring. Social desirability was controlled. When all predictors are entered together in the model, violence and neglect towards the offspring are best predicted by borderline personality and parental burnout. Our results also indicate that sadism is a robust predictor of violence, however weaker than parental burnout and borderline personality. These results emphasize the importance of preventing parental burnout and supporting parents with borderline personality.

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## Conflict of interest statement

The authors declare no competing interests.

[30 references](#)

## Full text links

11. [Agreement and discrepancies in patient-clinician reports of DSM-5-TR section III maladaptive personality traits: A study on a mixed outpatient sample](#)

Personal Disord. 2023 Jul 27. doi: 10.1037/per0000639. Online ahead of print.

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PMID: [37498699](#)

DOI: [10.1037/per0000639](#)

## Abstract

The assessment of personality pathology based on dimensional models may improve self-other agreement, but previous research mainly adopted a categorical approach and overlooked the role of the person of the therapist. Our study examined patient-clinician agreement in a mixed sample of Italian outpatients using the Personality Inventory for DSM-5 (PID-5) and the PID-5-Informant Form (PID-5-IRF). Moreover, the role of clinician personality traits on agreement was preliminary explored. Sixty-eight outpatients (51.4% male,  $M = 30.30$ ,  $SD = 12.05$  years) and their treating clinicians ( $N = 22$ ; 77.3% female,  $M = 43.77 \pm 8.45$  years) entered the study. Patients completed the PID-5, whereas clinicians filled-in the PID-5-Brief Form (PID-5-BF) and the PID-5-IRF for each patient they involved. A multilevel Bayesian analysis showed that rank-order agreement was large for domains (mean  $r = .60$ ) and moderate for facets

(mean  $r = .44$ ). As regards mean-level agreement, patient ratings on cognitive/perceptual dysregulation, distractibility, eccentricity, and emotional lability were higher than clinician ratings, whereas patients' scores on depressivity were lower than clinicians' ones. Scores on the PID-5-BF detachment positively predicted agreement on anhedonia, anxiousness, depressivity, distractibility, separation insecurity, and suspiciousness, while scores on the PID-5-BF negative affectivity, antagonism, and disinhibition negatively predicted agreement on few specific facets. Current findings suggest that clinician personality traits may contribute to agreement on maladaptive personality traits, but areas of discrepancies remain in case of low observable internal ones. Since patient-clinician agreement is crucially involved in therapeutic alliance, further research on this issue is highly encouraged. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

12. [\*\*Connecting loneliness with pathological personality traits: Evidence for genetic and environmental mediation from a study of older twins\*\*](#)

Personal Disord. 2023 Jul 27. doi: 10.1037/per0000635. Online ahead of print.

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PMID: [37498698](#)

DOI: [10.1037/per0000635](#)

## Abstract

Loneliness has broad public health importance, especially in older adulthood, and there is some evidence suggesting it is associated with several personality disorders (PDs). The etiology of these PD-loneliness associations, however, has rarely been studied, especially in the context of the maladaptive traits of the DSM-5 alternative model of personality disorder (AMPD). To address these limitations, we estimated phenotypic, genetic, and unique environmental associations between loneliness and maladaptive personality traits in a sample of older adults from the Minnesota Twin Registry ( $n = 1,356$ ,  $M_{age} = 70.4$ ). Loneliness was moderately to strongly associated with each of the AMPD domains of negative affect, detachment, antagonism, disinhibition, and psychoticism ( $r = .22-.58$ ), with evidence of both genetic ( $r_g = .45-.75$ ) and unique environmental ( $r_e = .10-.48$ ) influences explaining the associations to varying degrees. We argue that loneliness may be an underappreciated concomitant of personality pathology, with PD traits perhaps underlying its development. Indeed, these findings suggest that loneliness may be a manifestation of the genetic and environmental forces that also lead to pathological personality variation. (PsyInfo Database Record (c) 2023 APA, all rights reserved).

### 13. [Common genetic and environmental risk for personality disorders and psychotic-like experiences in young adult twins](#)

Acta Psychiatr Scand. 2023 Jul 27. doi: 10.1111/acps.13596. Online ahead of print.

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DOI: [10.1111/acps.13596](https://doi.org/10.1111/acps.13596)

## Abstract

**Introduction:** Psychotic-like experiences (PLE) have been associated with the subsequent emergence of psychotic disorders as well as several other domains of psychopathology. In this twin study, we estimated the genetic and environmental correlations between PLE and 10 personality disorders (PD).

**Methods:** Diagnoses of 10 PDs according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) and PLE from the Composite International Diagnostic Interview (CIDI) were retrieved for 2793 young adult twins from the Norwegian Twin Registry. Risk for having a PD and PLEs was modeled using item response theory. Biometric twin models were fitted to estimate the genetic and environmental correlations between PDs and PLEs. Co-twin control analysis was performed to estimate additional within-family risk for PLEs when having a PD.

**Results:** Phenotypic overlap between PDs and PLEs ranged from 14% to 44% in males and from 11% to 39% in females, with the highest overlap for borderline PD in both sexes. In general, we found higher genetic correlations ( $r = 0.14-0.72$ ) than environmental correlations ( $r = 0.06-0.28$ ) between PDs and PLEs. The highest genetic correlations between PLE and PDs were found for borderline ( $r = 0.72$ ), paranoid ( $r = 0.56$ ), schizotypal ( $r = 0.56$ ) and antisocial PD ( $r = 0.49$ ).

**Conclusion:** We found that the co-occurrence between PDs and PLE is the best explained by shared genetic determinants, with minor contributions from environmental factors. Interestingly, borderline PD was highly genetically correlated with PLE, warranting molecular genetic studies of this association.

**Keywords:** genetic; personality disorders; psychosis; twin study.

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[42 references](#)

**Full text links**

14. [\*\*Are migrants diagnosed with a trauma-related disorder at risk of premature mortality? A register-based cohort study in Denmark\*\*](#)



J Migr Health. 2023 Jul 12;8:100197. doi:  
10.1016/j.jmh.2023.100197. eCollection 2023.

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PMID: [37496744](#)

PMCID: [PMC10365948](#)

DOI: [10.1016/j.jmh.2023.100197](#)

## Free PMC article

## Abstract

**Background:** Mental illness is common among refugees displaced by conflict and war. While evidence points to the relatively good health in terms of longevity of migrants resettled in the destination country, less is known about the mortality of the most vulnerable migrants with a trauma-related diagnosis alone and those with an additional comorbid psychotic disorder. This study aimed to provide an overview of the number and mortality of foreign-born individuals diagnosed with Post-Traumatic Stress Disorder or Enduring Personality Change after a Catastrophic Event (PTSD/EPCACE), a psychotic disorder or both.

**Methods:** A nationwide register-based cohort study, including residents in Denmark, followed from 1 January 1995 to 31 December 2016. The exposure was PTSD/EPCACE and psychotic disorders as well as region of origin. Relative all-cause mortality was estimated using Cox proportional hazards regression models and calculated for migrants with one or both groups of disorders compared to those from the same region without the disorder.

**Results:** During the study period, 6,580,000 individuals (50.4% women) were included in the cohort. Of these 1,249,654 (50.5% women) died during follow-up. For men and women from the former Yugoslavia, the Middle East and Northern Africa, a PTSD/EPCACE diagnosis alone or with comorbid psychotic disorder was not associated with increased mortality after adjusting for region of origin. A psychotic disorder alone, however, was associated with an increased mortality rate.

**Conclusion:** Despite the severity of many refugees' traumatic experiences, a diagnosis of a trauma-related psychiatric disorder did not appear to increase the mortality rates.

**Keywords:** Migrants; Mortality; Psychosis; Refugees; Traumatic stress disorders.

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## **Conflict of interest statement**

The authors confirm that they have no conflict of interest to report.

[43 references](#)

## **Full text links**

15. [\*\*Encephalitis: diagnosis, management and recent advances in the field of encephalitides\*\*](#)

Postgrad Med J. 2023 Jul 21;99(1174):815-825. doi: 10.1136/postgradmedj-2022-141812.

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PMID: [37490360](#)

DOI: [10.1136/postgradmedj-2022-141812](#)

## Abstract

Encephalitis describes inflammation of the brain parenchyma, typically caused by either an infectious agent or through an autoimmune process

which may be postinfectious, paraneoplastic or idiopathic. Patients can present with a combination of fever, alterations in behaviour, personality, cognition and consciousness. They may also exhibit focal neurological deficits, seizures, movement disorders and/or autonomic instability. However, it can sometimes present non-specifically, and this combined with its many causes make it a difficult to manage neurological syndrome. Despite improved treatments in some forms of encephalitides, encephalitis remains a global concern due to its high mortality and morbidity. Prompt diagnosis and administration of specific and supportive management options can lead to better outcomes. Over the last decade, research in encephalitis has led to marked developments in the understanding, diagnosis and management of encephalitis. In parallel, the number of autoimmune encephalitis syndromes has rapidly expanded and clinically characteristic syndromes in association with pathogenic autoantibodies have been defined. By focusing on findings presented at the Encephalitis Society's conference in December 2021, this article reviews the causes, clinical manifestations and management of encephalitis and integrate recent advances and challenges of research into encephalitis.

**Keywords:** adult neurology; infectious disease/HIV; neuropathology.

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16. [\*\*Spontaneous brain microstates correlate with impaired inhibitory control in internet addiction disorder\*\*](#)

Psychiatry Res Neuroimaging. 2023 Jul 19;334:111686. doi: 10.1016/j.psychresns.2023.111686. Online ahead of print.

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PMID: [37487311](#)

DOI: [10.1016/j.psychresns.2023.111686](#)

## Abstract

The prevalence of the Internet addiction disorder (IAD) has been on the rise, making it increasingly imperative to explore the neurophysiological markers of it. Using the whole-brain imaging approach of EEG microstate analysis, which treats multichannel EEG recordings as a series of quasi-steady states, similar as the resting-state networks found by fMRI, the present study aimed to investigate the specificity of the IAD in class C of the four canonical microstates. The existing EEG data of 40 participants (N = 20 for each group) was used, and correlation between the time parameters of microstate C and the performance of the Go/NoGo task was analyzed. Results suggested that the duration and coverage of class C were significantly reduced in the IAD group as compared to the healthy control (HC) group. Furthermore, the duration of class C had a significant inverse correlation with Go RTs in the IAD group. These results implied that class C might serve as a neurophysiological marker of IAD, helping to understand the underlying neural mechanism of inhibitory control in IAD.

**Keywords:** Electroencephalogram (EEG); Inhibitory control; Internet addiction disorders (IAD); Microstate analysis; Resting-state.

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## Conflict of interest statement

Declaration of Competing Interest All the authors declare that there were no conflicts of interest.

### Full text links

17. [Personality construct as a biomarker in fibromyalgia: A narrative review from an autonomic rehabilitation perspective](#)

J Back Musculoskelet Rehabil. 2023 Jul 8. doi: 10.3233/BMR-220353. Online ahead of print.

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PMID: [37482976](#)

DOI: [10.3233/BMR-220353](#)

## Abstract

**Background:** The heterogeneity of symptoms and ineffective treatment raise questions about the current diagnostic criteria of fibromyalgia (FM). Misdiagnosis of FM often leads to less than efficacious treatment and poor quality of life.

**Objective:** This article reviews relevant evidence-based literature on personality traits in FM patients with an autonomic dysfunction

perspective based on a hierarchical model to explain the utility of considering the personality trait in FM diagnosis.

**Methods:** A narrative review of articles concerning chronic pain, FM, and personality traits with respect to autonomic dysfunction in FM was conducted after extensive relevant literature searches.

**Results:** Reports discussing the predisposing factors, including coping styles, anger, suicide risk, a lack of physical activity and social support, in maintaining persistent pain in FM exist. Relationships between pain duration and severity and personality traits like neuroticism and extraversion have been reported. Coexisting clinical manifestations of FM like sleep disorders, anxiety, and intestinal irritability indicate autonomic dysfunction.

**Conclusions:** This article lays out a constructive framework for individualized and personalized medicine for the effective rehabilitation of FM patients. The quest to find a definitive diagnosis of FM should include personality biomarkers that might translate into personalized medicine. An individualistic approach may bank upon artificial intelligence algorithms for both diagnostic as well as prognostic purposes in FM.

**Keywords:** Artificial intelligence; autonomic nervous system; biomarkers; chronic pain; diagnosis; personality.

**Full text links**

18. [\*\*Psychiatric disorders among adult deliberate self-harm patients and subsequent risk of dying by suicide, mental and behavioural disorders and other external causes\*\*](#)

J Psychiatr Res. 2023 Jul 17;165:83-90. doi: 10.1016/j.jpsychires.2023.07.011. Online ahead of print.

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PMID: [37481790](#)

DOI: [10.1016/j.jpsychires.2023.07.011](#)

## Free article

## Abstract

**Introduction:** Deliberate self-harm (DSH) treated in general hospital is a well-established risk factor for suicide and other cause mortality. However, few studies have used population data to investigate the differential impact of specific psychiatric disorders on the risk of subsequent suicide, by sex and age of the patient in the context of previous DSH episodes.

**Method:** All patients aged 18 and older treated for DSH in general hospitals during the period 2008-2018 were identified through national registers. Cox proportional hazards regression was used to ascertain the associated risk of death by suicide, mental and behavioural disorder and other external causes.



**Results:** The cohort consisted of 39 479 patients of which 878 died by suicide, 461 by mental and behavioural disorders and 1037 by other external causes. Overall, schizophrenia spectrum disorders, affective disorders and personality disorders increased the risk of suicide. Large gender and age differences were identified in the risk of suicide associated with personality disorders and affective disorders. Alcohol use disorders and dementia increased the risk of dying by mental and behavioural disorders and alcohol use disorders and other substance use disorders increased the risk of death by external causes.

**Conclusion:** Schizophrenia spectrum disorders, affective disorders and personality disorders increased the risk of suicide among DSH patients, but the effect varied by gender, age and history of previous DSH. Psychiatric evaluation of all DSH patients and treatment tailored to the patient's specific needs is essential to reduce the risk of premature death.

**Keywords:** Deliberate self-harm; Patient registry; Population study; Psychiatric disorders; Suicide.

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## **Conflict of interest statement**

Declaration of competing interest Declaration of interest: none.

## **Full text links**

19. [\*\*COVID-19 vaccine uptake in mental healthcare users: Czech nationwide register study\*\*](#)

Vaccine. 2023 Jul 19;S0264-410X(23)00840-X. doi: 10.1016/j.vaccine.2023.07.028. Online ahead of print.

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PMID: [37479611](#)

DOI: [10.1016/j.vaccine.2023.07.028](https://doi.org/10.1016/j.vaccine.2023.07.028)

## Abstract

**Background:** The excessive covid-related mortality of psychiatric patients was reduced by vaccination. The vaccine uptake in patients diagnosed with different mental health disorders is, however, not fully described.

**Aims:** A nationwide, record-based retrospective cross-sectional study examines the effect of substance use, psychotic, affective, anxiety, and personality disorders on COVID-19 vaccination rates in August and December 2021. Further, it quantifies the effect of receiving mental healthcare on vaccine uptake.

**Methods:** The COVID-19 vaccine rates of mental healthcare users in August and December 2021 were examined using logistic regression models adjusted for sex and age on a sample of 7,235,690 adult inhabitants of the Czech Republic. The probability of vaccine uptake in the week following mental healthcare appointment or hospitalization on any day in the fall 2021 was compared to the general probability of getting vaccinated during that week.

**Results:** The vaccination rate in August 2021 was related to history of hospitalization due to substance use (OR = 0.71), personality (OR = 0.87), psychotic (OR = 0.92), and anxiety (OR = 1.15) disorders, while mood disorders had no effect (OR = 1.00). Compared to general population, mental healthcare users were undervaccinated in August but not in December 2021. Vaccine uptake was low in those with history of psychiatric hospitalizations but higher in those utilizing inpatient or

outpatient mental healthcare recently, predominantly for affective disorders. Increased vaccine uptake was observed following utilization of mental healthcare as well as in those with repeated psychiatric hospitalizations.

**Conclusions:** The vaccination rates of mental healthcare users relative to general population largely differ across nosological categories and during the vaccination campaign. Psychiatrists were successful in promoting vaccination against COVID-19.

**Keywords:** Anxiety; COVID-19; Mental disorders; Psychosis; Substance use disorders; Vaccine uptake.

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## **Conflict of interest statement**

Declaration of Competing Interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

## **Full text links**

## 20. [\*\*Grammatical comprehension in language and communication disorders\*\*](#)

Clin Linguist Phon. 2023 Jul 21;1-19. doi: 10.1080/02699206.2023.2237647. Online ahead of print.

## **Authors**

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PMID: [37477233](#)

DOI: [10.1080/02699206.2023.2237647](#)

## **Abstract**

Autism Spectrum Disorder (ASD) and Developmental Language Disorder (DLD) have traditionally been considered separate disorders, although some similarities and overlaps in certain aspects of language have been detected. In this paper, we compare the deficits in receptive grammar in these two disorders. We analyse the proportion of grammatical errors in relation to semantic complexity in 84 children divided into four groups: children with autism language impairment (ALI), with autism language normal (ALN), with DLD, and with typical development (TD), all groups with the same age of receptive vocabulary. The results show significant differences in the comprehension of grammatical structures, both simple (canonical and non-reversible) and complex (non-canonical and reversible). Children with ASD and DLD show different language profiles depending on the syntactic complexity. In the simplest structures, no differences are found between the groups, starting at an equivalent vocabulary age of 7:8 years. However, there are differences between the ALI and DLD groups with respect to the TD group in the more complex structures, starting at an equivalent vocabulary age of 3 years. Therefore, both groups ALI and DLD present the greatest difficulties compared to ALN and TD. The paper discusses the importance of attending to these differences, since the repercussion of comprehension difficulties increases as children grow.

**Keywords:** Autism spectrum disorder; developmental language disorder; grammatical comprehension; simple and complex language structures.

## Full text links

21. [Real-world effectiveness and safety of direct-acting antivirals in hepatitis C virus patients with mental disorders](#)

World J Gastroenterol. 2023 Jul 7;29(25):4085-4098. doi: 10.3748/wjg.v29.i25.4085.

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PMCID: [PMC10354581](#)

DOI: [10.3748/wjg.v29.i25.4085](#)

**Free PMC article**

## Abstract

**Background:** It is estimated that 58 million people worldwide are infected with the hepatitis C virus (HCV). Patients with severe psychiatric disorders could not be treated with previously available interferon-based therapies due to their unfavorable side effect profile. This has changed with the introduction of direct-acting antivirals (DAA), although their real-life tolerance and effectiveness in patients with different psychiatric disorders remain to be demonstrated.

**Aim:** To evaluate the effectiveness and safety of DAA in patients with various mental illnesses.

**Methods:** This was a retrospective observational study encompassing 14272 patients treated with DAA for chronic hepatitis C in 22 Polish hepatology centers, including 942 individuals diagnosed with a mental disorder (anxiety disorder, bipolar affective disorder, depression, anxiety-depressive disorder, personality disorder, schizophrenia, sleep disorder, substance abuse disorder, and mental illness without a specific diagnosis). The safety and effectiveness of DAA in this group were compared to those in a group without psychiatric illness ( $n = 13330$ ). Antiviral therapy was considered successful if serum ribonucleic acid (RNA) of HCV was undetectable 12 wk after its completion [sustained virologic response (SVR)]. Safety data, including the incidence of adverse events (AEs), serious AEs (SAEs), and deaths, and the frequency of treatment modification and discontinuation, were collected during therapy and up to 12 wk after treatment completion. The entire study population was included in the intent-to-treat (ITT) analysis. Per-protocol (PP) analysis concerned patients who underwent HCV RNA evaluation 12 wk after completing treatment.

**Results:** Among patients with mental illness, there was a significantly higher percentage of men, treatment-naive patients, obese, human immunodeficiency virus and hepatitis B virus-coinfected, patients with cirrhosis, and those infected with genotype 3 (GT3) while infection with

GT1b was more frequent in the population without psychiatric disorders. The cure rate calculated PP was not significantly different in the two groups analyzed, with a SVR of 96.9% and 97.7%, respectively. Although patients with bipolar disorder achieved a significantly lower SVR, the multivariate analysis excluded it as an independent predictor of treatment non-response. Male sex, GT3 infection, cirrhosis, and failure of previous therapy were identified as independent negative predictors. The percentage of patients who completed the planned therapy did not differ between groups with and without mental disorders. In six patients, symptoms of mental illness (depression, schizophrenia) worsened, of which two discontinued treatments for this reason. New episodes of sleep disorders occurred significantly more often in patients with mental disorders. Patients with mental illness were more frequently lost to follow-up (4.2% vs 2.5%).

**Conclusion:** DAA treatment is safe and effective in HCV-infected patients with mental disorders. No specific psychiatric diagnosis lowered the chance of successful antiviral treatment.

**Keywords:** Direct-acting antivirals; Hepatitis C; Mental disorders.

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## **Conflict of interest statement**

Conflict-of-interest statement: All the authors report no relevant conflicts of interest for this article.

[47 references](#)

[1 figure](#)

**Full text links**

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22. [\*\*The Suicidal Intrusions Attributes Scale \(SINAS\): a new tool measuring suicidal intrusions\*\*](#)

Front Psychiatry. 2023 Jul 5;14:1158340. doi: 10.3389/fpsy.2023.1158340. eCollection 2023.

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PMCID: [PMC10354241](#)

DOI: [10.3389/fpsy.2023.1158340](#)

**Free PMC article**

**Abstract**

**Introduction:** Suicidal intrusions are uncontrollable, intrusive mental images (e. g., visualizing a future suicidal act). They may also be called suicidal "flash-forwards." Despite the importance of integrating the assessment of suicidal intrusions into a clinical routine assessment, quick self-report screening instruments are lacking. This study describes the development of a new instrument-Suicidal Intrusions Attributes Scale (SINAS)-to assess the severity and characteristics of suicidal intrusions and examines its psychometric properties.

**Method:** The sample included currently suicidal outpatients with elevated levels of depression recruited across mental health institutions in the Netherlands ( $N = 168$ ). Instruments administered were 10-item SINAS, the Suicidal Ideation Attributes Scale (SIDAS), the Prospective Imagery Task (PIT), four-item Suicidal Cognitions Interview (SCI), and the Beck Depression Inventory (BDI-II).

**Results:** An exploratory factor analysis identified a one-factor structure. The resulting SINAS demonstrated good internal consistency (Cronbach's  $\alpha = 0.91$ ) and convergent validity, as expected.

**Discussion:** Overall, this study demonstrated acceptable levels of reliability and validity of the measure in a depressed clinical population with suicidal ideation. The SINAS may be a useful screening tool for suicidal intrusions in both research and clinical settings.

**Keywords:** Suicidal Intrusions Attributes Scale; intrusions; intrusiveness; mental imagery; suicidal imagery; suicide; validation study.

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## **Conflict of interest statement**

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

[35 references](#)

[2 figures](#)

## Full text links

23. ["Danmu" preference, problematic online video watching, loneliness and personality: An eye-tracking study and survey study](#)

BMC Psychiatry. 2023 Jul 20;23(1):523. doi: 10.1186/s12888-023-05018-x.

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PMID: [37474903](#)

PMCID: [PMC10360313](#)

DOI: [10.1186/s12888-023-05018-x](#)

## Free PMC article

## Abstract

'Danmu' (i.e., comments that scroll across online videos), has become popular on several Asian online video platforms. Two studies were

conducted to investigate the relationships between Danmu preference, problematic online video watching, loneliness and personality. Study 1 collected self-report data on the study variables from 316 participants. Study 2 collected eye-tracking data of Danmu fixation (duration, count, and the percentages) from 87 participants who watched videos. Results show that fixation on Danmu was significantly correlated with problematic online video watching, loneliness, and neuroticism. Self-reported Danmu preference was positively associated with extraversion, openness, problematic online video watching, and loneliness. The studies indicate the potential negative effects of Danmu preference (e.g., problematic watching and loneliness) during online video watching. The study is one of the first empirical investigations of Danmu and problematic online video watching using eye-tracking software. Online video platforms could consider adding more responsible use messaging relating to Danmu in videos. Such messages may help users to develop healthier online video watching habits.

**Keywords:** Danmu; Eye-tracking; Loneliness; Personality; Problematic online video watching.

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## **Conflict of interest statement**

The authors declare no competing interests.

[46 references](#)

[4 figures](#)

### **Full text links**

- 
24. [\*\*Persistent thinness and anorexia nervosa differ on a genomic level\*\*](#)

Eur J Hum Genet. 2023 Jul 20. doi: 10.1038/s41431-023-01431-8. Online ahead of print.

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DOI: [10.1038/s41431-023-01431-8](https://doi.org/10.1038/s41431-023-01431-8)

## **Abstract**

Thinness and anorexia nervosa are both characterised by persistent low weight. Individuals with anorexia nervosa concurrently report distorted perceptions of their body and engage in weight-loss behaviours, whereas individuals with thinness often wish to gain weight. Both conditions are heritable and share genomics with BMI, but are not genetically correlated with each other. Based on their pattern of genetic associations with other

traits, we explored differences between thinness and anorexia nervosa on a genomic level. In Part 1, using publicly available data, we compared genetic correlations of persistent thinness/anorexia nervosa with eleven psychiatric disorders. In Part 2, we identified individuals with adolescent persistent thinness in the Avon Longitudinal Study of Parents and Children (ALSPAC) by latent class growth analysis of measured BMI from 10 to 24 years ( $n = 6594$ ) and evaluated associations with psychiatric and anthropometric polygenic scores. In Part 1, in contrast to the positive genetic correlations of anorexia nervosa with various psychiatric disorders, persistent thinness showed negative genetic correlations with attention deficit hyperactivity disorder ( $r_{gAN} = 0.08$  vs.  $r_{gPT} = -0.30$ ), alcohol dependence ( $r_{gAN} = 0.07$  vs.  $r_{gPT} = -0.44$ ), major depressive disorder ( $r_{gAN} = 0.27$  vs.  $r_{gPT} = -0.18$ ) and post-traumatic stress disorder ( $r_{gAN} = 0.26$  vs.  $r_{gPT} = -0.20$ ). In Part 2, individuals with adolescent persistent thinness in the ALSPAC had lower borderline personality disorder polygenic scores (OR = 0.77; Q = 0.01). Overall, results suggest that genetic variants associated with thinness are negatively associated with psychiatric disorders and therefore thinness may be differentiable from anorexia nervosa on a genomic level.

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[53 references](#)

**Full text links**

25. [\*\*Efficacy of high-intensity versus low-intensity psychoanalytically oriented long-term treatments and determinants of outcome: individual participant data Meta-analysis of Long-term Analytic treatment Studies \(MeLAS\)\*\*](#)

BMJ Open. 2023 Jul 19;13(7):e069332. doi: 10.1136/bmjopen-2022-069332.

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**Free PMC article**

## Abstract

**Introduction:** Long-term psychodynamic/psychoanalytic psychotherapy (LTPP) is a prevalent treatment option for complex mental disorders. Yet, little is known about the role of treatment intensity in LTPP. We present a study protocol for a systematic review and individual participant data (IPD) meta-analysis aggregating and analysing individual data from randomised and quasi-experimental trials by meta-analysis. The purpose is to (1) determine the treatment effectiveness of LTPP with low versus high intensity (up to 2 weekly sessions vs three or more), (2) compare their joint effectiveness to shorter therapies and treatments as usual, (3) identify predictors and moderators of treatment outcomes and (4) determine reciprocal relationships between different outcome domains (symptomatic and structural/personality change) over the courses of LTPP.

**Methods and analysis:** We include studies from (randomised controlled trial, RCT) and quasi-experimental trials, where at least one condition was LTPP of high or low frequency. Long-term treatment is defined as  $\geq 1$  year or  $\geq 50$  sessions. To be eligible studies must include a standardised outcome measure of symptoms (global or disorder specific) with at least one proof of reliability. The primary outcome is symptom reduction (global or specific), secondary outcome criteria are reliable change, remission, functional capacities, personality, personality functioning and interpersonal pathology. Relevant studies will mainly be identified by searching relevant databases: PubMed, PsycINFO (via EBSCO), Web of

Science (via Elsevier), Chochrane's Central Register of Controlled Trials (via Wiley). Risk of bias will be evaluated in line with the Cochrane assessments tools for quasi-experimental trials and RCTs, respectively.

**Ethics and dissemination:** Aggregation of data from primary trials collected based on ethics votes. Dissemination into clinical practice via open access publications of findings.

**Prospero registration number:** CRD42022304982; Pre-results.

**Keywords:** Adult psychiatry; Anxiety disorders; Clinical trials; Depression & mood disorders; Personality disorders.

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## **Conflict of interest statement**

Competing interests: MEB, FL, ML-B and HL-S are state-licensed psychoanalysts, involved in the training of psychodynamic therapists/psychoanalysts. JB, DH, GK, TJ, HR-S, FR and SS are state-licensed psychoanalysts/psychodynamic psychotherapists. ME and LK are training as a psychodynamic/psychoanalytic psychotherapists. They have conceived and/or performed trials that will serve as a data source for the proposed study (FH Study, JB; Göttingen Study, FL; HB Study, TJ; Munich Psychotherapy Study, DH, GK; LAC Study, ML-B, MEB, ME; Tavistock Adult Depression Study, FR; Viennese Psychoanalytic Process and Outcome Study, HL-S and HR-S).

[81 references](#)

**Full text links**

26. [\*\*Deliberate foreign body ingestion in patients with underlying mental illness: A retrospective multicentre study\*\*](#)

Australas Psychiatry. 2023 Jul 20;10398562231189431. doi:  
10.1177/10398562231189431. Online ahead of print.

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## Free article

## Abstract

**Objective:** Deliberate foreign body ingestion (DFBI) is characterised by recurrent presentations among patients with mental health conditions, intellectual disabilities and in prisoners. We aimed to profile the characteristics and evaluate the care of such patients in this study.

**Methods:** Adult patients with an endoscopic record of attempted foreign body retrieval between January 2013 and September 2020 were identified at three Australian hospitals. Those with a documented mental health diagnosis were included and their standard medical records reviewed. Presentation history, demographics, comorbidities and endoscopic findings were recorded and described.

**Results:** A total of 166 admissions were accounted for by 35 patients, 2/3 of which had borderline personality disorder (BPD). Repetitive presentations occurred in more than half of the cohort. There was an increased trend of hospital admissions throughout the years. At least half of the cohort had a documented mental health review during their admission. An average of 3.3 (2.9) foreign bodies were ingested per single episode. Endoscopic intervention was performed in 76.5% of incidents. The combined Length of stay for all patients was 680 days.

**Conclusion:** Deliberate foreign body ingestion in mental health patients is a common, recurring and challenging problem that is increasing in frequency and requires collaborative research to further guide holistic management.

**Keywords:** Borderline personality disorder; Personality disorders; foreign body.

**Full text links**

27. [\*\*Borderline personality disorder: Key information for nurses\*\*](#)

Nursing. 2023 Aug 1;53(8):10-12. doi:  
10.1097/01.NURSE.0000942812.63800.e3.

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PMID: [37471358](#)

DOI: [10.1097/01.NURSE.0000942812.63800.e3](#)

*No abstract available*

[13 references](#)

**Full text links**

28. [\*\*Measurement invariance of the Personality Inventory for the DSM-5 \(PID-5\) for Nigerian and White American university students\*\*](#)

Psychol Assess. 2023 Aug;35(8):715-720. doi: 10.1037/pas0001251.

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PMID: [37470995](#)

DOI: [10.1037/pas0001251](#)

## Abstract

In a previous study, it was reported that the typically replicable factor structure of the Personality Inventory for Diagnostic and Statistical Manual of Mental Disorders, fifth edition (PID-5) was noninvariant across samples of Black American and White American university students. The investigators of that study attributed this noninvariance across these two racial groups to Black American racialization, defined as Black individuals living in a predominantly non-Black society. In the current investigation, we examined further the effects of Black racialization by examining PID-5 factor structure invariance using a sample of nonracialized Black (Nigerian) university students (i.e., Black people living in a primarily Black society) and a sample of White American students. The factor structure of the PID-5 across the samples indicated overall configural invariance, suggesting that the same PID-5 facet traits, for the most part, load on the same factors for the nonracialized Black people and White Americans. This result is consistent with the view that Black racialization likely contributes to PID-5 factor structure noninvariance across White and Black Americans. There were some differences, however, between the Nigerian and White American students with respect to metric invariance and scalar

invariance, suggesting the facet-to-factor loadings have different magnitudes of association across groups and that domain scale score elevations in Nigerian and White American students are not comparable; this was particularly prominent for the disinhibition domain. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

### Full text links

29. [Characteristics of single vs. multiple suicide attempters among adolescents: a systematic review and meta-analysis](#)

Eur Child Adolesc Psychiatry. 2023 Jul 20. doi: 10.1007/s00787-023-02260-2. Online ahead of print.

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PMID: [37470845](https://pubmed.ncbi.nlm.nih.gov/37470845/)

DOI: [10.1007/s00787-023-02260-2](https://doi.org/10.1007/s00787-023-02260-2)

## **Abstract**



There might be differential characteristics between those who have attempted suicide once in their lifetime (single attempters) and those who have attempted suicide two or more times (multiple attempters). We aimed to identify the factors that differentiate single and multiple attempters in child and adolescents. This study was conducted following the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) guidelines, and the review protocol was registered in PROSPERO. We conducted a systematic literature search in three databases to identify original studies exploring the characteristics of single attempters vs. multiple attempters among adolescents. We considered a wide range for the definition of adolescent, following most recent recommendations: 10-24 years. We carried out a meta-analysis. Fourteen studies were included in the systematic review and 13 in the meta-analysis with a total sample of with a total of 4286 participants. The factors statistically significantly associated with being a multiple attempter in the meta-analysis were: anxiety disorders, depression severity, alcohol abuse, substance abuse, aggressiveness, and hopelessness. Multiple attempters have a more severe clinical profile, with greater severity of symptoms. Knowledge of the risk factors associated with being a multiple attempter could help us to predict which patients are more likely to reattempt suicide and need further monitoring and a tailored treatment. Prevention programs tailored for the adolescent population, along with identification of early risk factors, could help to prevent suicidal behavior among this vulnerable population.

**Keywords:** Adolescents; Meta-analysis; Suicide; Suicide attempt; Suicide ideation.

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[52 references](#)

**Full text links**

30. [\*\*The benefits of prosocial power motivation in leadership: Action orientation fosters a win-win\*\*](#)

PLoS One. 2023 Jul 19;18(7):e0287394. doi: 10.1371/journal.pone.0287394. eCollection 2023.

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PMID: [37467200](#)

PMCID: [PMC10355387](#)

DOI: [10.1371/journal.pone.0287394](#)

**Free PMC article**

**Abstract**

Power motivation is considered a key component of successful leadership. Based on its dualistic nature, the need for power (nPower) can be expressed in a dominant or a prosocial manner. Whereas dominant motivation is associated with antisocial behaviors, prosocial motivation is characterized by more benevolent actions (e.g., helping, guiding). Prosocial enactment of the power motive has been linked to a wide range of beneficial outcomes, yet less has been investigated what determines a prosocial enactment of the power motive. According to Personality Systems Interactions (PSI) theory, action orientation (i.e., the ability to self-regulate affect) promotes prosocial enactment of the implicit power motive and initial findings within student samples verify this assumption. In the present study, we verified the role of action orientation as an antecedent for prosocial power enactment in a leadership sample (N = 383). Additionally, we found that leaders personally benefited from a

prosocial enactment strategy. Results show that action orientation through prosocial power motivation leads to reduced power-related anxiety and, in turn, to greater leader well-being. The integration of motivation and self-regulation research reveals why leaders enact their power motive in a certain way and helps to understand how to establish a win-win situation for both followers and leaders.

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## **Conflict of interest statement**

The authors have declared that no competing interests exists.

[117 references](#)

[3 figures](#)

### **Full text links**

31. [\*\*Construct validation of Minnesota Multiphasic Personality Inventory-3 \(MMPI-3\) scales relevant to the assessment of bipolar spectrum disorders\*\*](#)

J Clin Psychol. 2023 Jul 19. doi: 10.1002/jclp.23568. Online ahead of print.

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PMID: [37466997](#)

DOI: [10.1002/jclp.23568](#)

## Abstract

**Background:** The Minnesota Multiphasic Personality Inventory-3 (MMPI-3) is a commonly used psychological test that includes several scales relevant to measuring manic and depressive symptoms of bipolar spectrum disorders.

**Aims:** The goal of the present study was to evaluate the construct validity of MMPI-3 scale scores with respect to self-report measures of bipolar psychopathology.

**Materials & methods:** Using a sample of 644 university students in New Zealand, we calculated correlations between scores on the MMPI-3 and the Hypomanic Personality Scale-Short Form (HPS-SF) total and factor scores and the Altman Self-Report Mania Scale (ASRM) total and item scores.

**Results:** For associations against the HPS-SF, almost all of the hypotheses were supported, whereas for the ASRM scale, several were not. We also estimated a series of regression models predicting HPS-SF and ASRM scores from meaningfully associated MMPI-3 scores. Hypomanic Activation (RC9), Activation (ACT), and Self-Importance (SFI) scores emerged as the most consistent and substantial predictors of criteria, with SFI scores being more specifically associated with total scores and criteria related to Social Vitality. Several internalizing and thought dysfunction MMPI-3 scales were also meaningfully associated with scores on the HPS-SF and ASRM.

**Discussion & conclusion:** Implications and limitations, such as the use of a university student convenience sample, are discussed.

**Keywords:** MMPI-3; bipolar spectrum disorders; construct validity; mania.

[33 references](#)

**Full text links**

32. **[Attachment as a predictor of dropout in mentalization-based treatment](#)**

Psychol Psychother. 2023 Jul 19. doi: 10.1111/papt.12478. Online ahead of print.

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PMID: [37466096](#)

DOI: [10.1111/papt.12478](#)

## Abstract

**Objectives:** Although treatments of patients with borderline personality disorder (BPD) were historically associated with relatively high dropout rates, dropout rates in contemporary evidence-based treatments for BPD are typically substantially lower. However, only a few studies have investigated dropout rates in mentalization-based treatment (MBT), and even fewer have investigated predictors of dropout in this type of treatment. In this study, we investigated dropout rates in two types of MBT (day hospital MBT [MBT-DH] and intensive outpatient MBT [MBT-IOP]) using data from a recent multicenter randomized clinical trial. Given the central importance of attachment considerations in MBT, we also investigated the relationship between dropout in these two treatments and attachment dimensions.

**Design:** Within a multicenter randomized clinical trial, 114 BPD patients were randomized to MBT-DH (n = 70) or MBT-IOP (n = 44).

**Methods:** Dropout in both types of MBT was investigated using descriptive analyses, and its association with attachment anxiety and attachment avoidance, as measured by the Experiences in Close Relationships questionnaire at baseline, was investigated using regression analyses.

**Results:** Dropout rates were relatively low (10.5% across both types of MBT) and did not significantly differ between groups (11.4% in MBT-DH, 9.1% in MBT-IOP). Attachment avoidance and attachment anxiety did not impact dropout, nor did their interaction or the interaction with the type of MBT.

**Conclusions:** Low dropout rates in both types of MBT indicate a high level of engagement of patients in both programmes. Attachment dimensions were not associated with dropout, consistent with the principle that MBT is tailored to each individual's needs. More research is needed, however, to investigate to what extent attachment is a dynamic context-bound adaptive process rather than a static personality feature.

**Keywords:** attachment; borderline personality disorder; dropout; mentalization-based treatment.

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[53 references](#)

**Full text links**

33. [\*\*Drug use and suicidal ideation in the daily lives of individuals in a dialectical behavior therapy program\*\*](#)

J Clin Psychol. 2023 Jul 18. doi: 10.1002/jclp.23564. Online ahead of print.

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PMID: [37462923](#)

DOI: [10.1002/jclp.23564](#)

**Abstract**

**Objectives:** Substance use disorders and borderline personality disorders (BPD) often co-occur and may be concurrently treated by Dialectical Behavior Therapy (DBT). However, there is limited information on how drug use and suicidal ideation may interact in the daily lives of individuals receiving DBT treatment.

**Methods:** This study examined the DBT diary cards of 47 individuals in a community mental health center's partial hospital and intensive outpatient program. Multilevel modeling techniques were used to examine the moderating effects of BPD symptom severity on the relationship between same day, 1-, 2-, and 3-day lagged drug use and suicidal ideation.

**Results:** Results indicated a significant relationship between same-day, 1-day lagged, 2-day lagged drug use and suicidal ideation. BPD was a moderator for the relationship between 1-day lagged drug use and suicidal ideation.

**Conclusion:** Limitations of the study include the measure for BPD symptom severity was only collected pretreatment and the results are likely limited to the effects of cannabis use on suicidal ideation. Clinicians may need to consider the prolonged effects of drug use on suicidal ideation when conducting chain analyses on suicidal behaviors.

**Keywords:** Dialectical Behavior Therapy; cannabis use; drug use; suicidal ideation.

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[46 references](#)

**Full text links**

34. [\*\*Examining associations, moderators and mediators between childhood maltreatment, social functioning, and social cognition in\*\*](#)



# [psychotic disorders: a systematic review and meta-analysis](#)

Psychol Med. 2023 Jul 17;1-24. doi: 10.1017/S0033291723001678. Online ahead of print.

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PMID: [37458216](#)

DOI: [10.1017/S0033291723001678](#)

## Abstract

Childhood maltreatment (CM) has been related to social functioning and social cognition impairment in people with psychotic disorders (PD); however, evidence across different CM subtypes and social domains remains less clear. We conducted a systematic review and meta-analysis to quantify associations between CM, overall and its different subtypes (physical/emotional/sexual abuse, physical/emotional neglect), and domains of social functioning and social cognition in adults with PD. We also examined moderators and mediators of these associations. A PRISMA-compliant systematic search was performed on 24 November 2022 (PROSPERO CRD42020175244). Fifty-three studies ( $N = 13\ 635$  individuals with PD) were included in qualitative synthesis, of which 51 studies ( $N = 13\ 260$ ) with 125 effects sizes were pooled in meta-analyses. We found that CM was negatively associated with global social functioning and interpersonal relations, and positively associated with aggressive behaviour, but unrelated to independent living or occupational functioning. There was no meta-analytic evidence of associations between CM and social cognition. Meta-regression analyses did not identify any consistent moderation pattern. Narrative synthesis identified sex and timing of CM as potential moderators, and depressive symptoms and maladaptive personality traits as possible mediators between CM and social outcomes. Associations were of small magnitude and limited number of studies assessing CM subtypes and social cognition are available. Nevertheless, adults with PD are at risk of social functioning problems after CM exposure, an effect observed across multiple CM subtypes, social domains, diagnoses and illness stages. Maltreated adults with PD may thus benefit from trauma-related and psychosocial interventions targeting social relationships and functioning.

**Keywords:** aggression; child abuse; childhood trauma; emotion processing; neglect; psychosis; social behaviour; social interactions; social relationships; theory of mind.

## Full text links

35. [\*\*Attachment and parental bond: impact on psychopathology, mental health and quality of life of hemodialysis patients: a cross-sectional study\*\*](#)

BMC Psychol. 2023 Jul 15;11(1):210. doi: 10.1186/s40359-023-01246-8.

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## Free PMC article

## Abstract

**Background:** Attachment theory represents a reference model for understanding better how pre-existing personality factors can influence the coping with some chronic conditions. The onset of a chronic disease can represent a "threat" to the relationships between the subject and parental figures according to the type of bond that already exists. The aim of our study was to explore attachment styles in a sample of hemodialysis patients, hypothesizing that a secure attachment bond can constitute a protective factor for the quality of life and mental health in this type of patients.

**Design:** We used a cross-sectional design.

**Methods:** Fifty hemodialysis patients were given the following tests: Attachment Style Questionnaire (ASQ) to assess attachment styles, Parental Bonding Instrument (PBI) to assess parental bonding, Short Form Health Survey-36 (SF-36) for perceived quality of life and Middlesex Hospital Questionnaire (MHQ) to detect key psychological symptoms and relevant traits.

**Results:** The results showed that secure attachment style correlated with good general health ( $r = 0.339$ ;  $p < 0.05$ ), good mental health ( $r = 0.547$ ;  $p < 0.001$ ) and mental component scale ( $r = 0.373$ ;  $p < 0.05$ ) of SF-36. Secure attachment was also significantly associated with mental health ( $B = 1.104$ ;  $p = .002$ ) of the SF-36.

**Conclusions:** The results confirmed the positive role of a secure attachment style for adequate psychological health. Early identification of

patients with dysfunctional attachment styles will make it possible to offer them targeted interventions to improve their ability to accept, adapt and manage the disease and to maintain adequate psychological well-being.

**Keywords:** Attachment; Hemodialysis; Mental health; Parental bond; Psychopathology; Quality of life.

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## Conflict of interest statement

The authors declare that they have no competing interests.

[40 references](#)

## Full text links

36. [\*\*The eleven-item Alcohol, Smoking and Substance Involvement Screening Test \(ASSIST-11\): Cross-cultural psychometric evaluation across 42 countries\*\*](#)

J Psychiatr Res. 2023 Jul 6;165:16-27. doi: 10.1016/j.jpsychires.2023.06.033. Online ahead of print.

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## **Abstract**

The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) is an instrument to screen substance-use-related health risks. However,

little is known whether the ASSIST could be further shortened while remaining psychometrically sound across different countries, languages, gender identities, and sexual-orientation-based groups. The study aimed to validate a shortened 11-item ASSIST (ASSIST-11). Using the International Sex Survey data, 82,243 participants ( $M_{\text{age}} = 32.39$  years) across 42 countries and 26 languages completed questions from the ASSIST-11 regarding gender identity, sexual orientation, and other information. Confirmatory factor analysis (CFA) and multigroup CFA (MGCFA) evaluated the ASSIST-11's structure and tested measurement invariance across groups. Cronbach's  $\alpha$  and McDonald's  $\omega$  were used to examine the internal consistency. Cohen's  $d$  and independent  $t$ -tests were used to examine known-group validity. The ASSIST-11 was unidimensional across countries, languages, age groups, gender identities (i.e., men, women, and gender-diverse individuals), and sexual orientations (i.e., heterosexual and sexual minority individuals). Cronbach's  $\alpha$  was 0.63 and McDonald's  $\omega$  was 0.68 for the ASSIST-11. Known-group validity was supported by Cohen's  $d$  (range between 0.23 and 0.40) with significant differences ( $p$ -values  $< 0.001$ ). The ASSIST-11 is a modified instrument with a unidimensional factor structure across different languages, age groups, countries, gender identities, and sexual orientations. The low internal consistency of the ASSIST-11 might be acceptable as it assesses a broad concept (i.e., use of several different substances). Healthcare providers and researchers may use the ASSIST-11 to quickly assess substance-use information from general populations and evaluate the need to follow up with more detailed questions about substance use.

**Keywords:** Addictive behaviors; Cross-cultural study; Factor structure; Measurement invariance; Psychometrics.

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## **Conflict of interest statement**

Declaration of competing interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

**Full text links**

37. [Comparison of childhood trauma between depressive disorders and personality disorders](#)

Personal Ment Health. 2023 Jul 15. doi: 10.1002/pmh.1589. Online ahead of print.

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DOI: [10.1002/pmh.1589](#)

**Abstract**

The relationship between childhood trauma with major depressive disorder (MDD) and personality disorders is complex. We explored the differences in the subjective reporting of childhood trauma to determine whether there were differences between those with a diagnosis of personality disorder and those with MDD. Adult patients with depressive symptoms were recruited from three adult psychiatry inpatient wards. Sixty inpatients fulfilled the study criteria and were requested to complete the childhood trauma questionnaire (CTQ). At discharge, diagnosis was determined and was allocated mainly to two groups: those with MDD and

those with personality disorder. Those with MDD, dysthymia and subsyndromal depressive symptoms were included in the Depression Broad Definition (DBD) group (secondary analysis). Significantly higher subjective reporting of childhood trauma was observed in the personality disorder group compared with MDD in three CTQ domains. Similarly, significantly higher reporting of childhood trauma was observed in all five CTQ domains in those with a personality disorder compared with the DBD group. In conclusion, the presence of personality disorder was associated with greater subjective reporting of childhood trauma compared with those with MDD, and further research is required to explore the differences in objective experience of childhood trauma between the diagnoses using objective measures.

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[51 references](#)

#### **Full text links**

### 38. [\*\*Retrograde amnesia abolishes the self-reference effect in anterograde memory\*\*](#)

Exp Brain Res. 2023 Aug;241(8):2057-2067. doi: 10.1007/s00221-023-06661-2. Epub 2023 Jul 14.

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**Free PMC article**

## **Abstract**

Is retrograde amnesia associated with an ability to know who we are and imagine what we will be like in the future? To answer this question, we had S.G., a patient with focal retrograde amnesia following hypoxia, two brain-damaged (control) patients with no retrograde memory deficits, and healthy controls judge whether each of a series of trait adjectives was descriptive of their present self, future self, another person, and that person in the future, and later recognize studied traits among distractors. Healthy controls and control patients were more accurate in recognizing self-related compared to other-related traits, a phenomenon known as the self-reference effect (SRE). This held for both present and future self-views. By contrast, no evidence of (present or future) SRE was observed in SG, who concomitantly showed reduced certainty about his personality traits. These findings indicate that retrograde amnesia can weaken the self-schema and preclude its instantiation during self-related processing.

**Keywords:** Focal retrograde amnesia; Self; Self-reference effect.

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## **Conflict of interest statement**

The authors declare that they have no conflict of interest.

[106 references](#)

[4 figures](#)

### Full text links

39. [\*\*Borderline personality disorder and depression severity predict suicidal outcomes: A six-month prospective cohort study of depression, bipolar depression, and borderline personality disorder\*\*](#)

Acta Psychiatr Scand. 2023 Jul 12. doi: 10.1111/acps.13586. Online ahead of print.

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PMID: [37438939](#)

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### Abstract

**Background:** Suicide risk is high in patients with major depressive disorder (MDD), bipolar disorder (BD) and borderline personality disorder (BPD). Whether risk levels of and risk factors for suicidal ideation (SI) and suicide attempts (SA) are similar or different in these disorders remains unclear, as few directly comparative studies exist. The

relationship of short-term changes in depression severity and SI is underinvestigated, and might differ across groups, for example, between BPD and non-BPD patients.

**Methods:** We followed, for 6 months, a cohort of treatment-seeking, major depressive episode (MDE) patients in psychiatric care (original n = 124), stratified into MDE/MDD, MDE/BD and MDE/BPD subcohorts. We examined risks of suicide-related outcomes and their risk factors prospectively. We examined the covariation of SI and depression over time with biweekly online modified Patient Health Questionnaire 9 surveys and analysed this relationship through multi-level modelling.

**Results:** Risk of SA in BPD (22.2%) was higher than non-BPD (4.23%) patients. In regression models, BPD severity was correlated with risk of SA and clinically significant SI. During follow-up, mean depression severity and changes in depression symptoms were associated with SI risk regardless of diagnosis.

**Conclusions:** Concurrent BPD in depression seems predictive for high risk of SA. Severity of BPD features is relevant for assessing risk of SA and SI in MDE. Changes in depressive symptoms indicate concurrent changes in risk of SI. BPD status at intake can index risk for future SA, whereas depressive symptoms appear a useful continuously monitored risk index.

**Keywords:** bipolar disorder; borderline personality disorder; depression; major depressive disorder; suicide.

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[50 references](#)

**Full text links**

40. [\*\*Characterization of different types of anxiety disorders in relation to structural integration of personality and adverse and protective\*\*](#)



# [childhood experiences in psychotherapy outpatients - a cross-sectional study](#)

BMC Psychiatry. 2023 Jul 12;23(1):501. doi: 10.1186/s12888-023-04988-2.

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**Free PMC article**

## Abstract

**Background:** Current research has emphasized the role of structural integration of personality and childhood experiences for the understanding of anxiety disorders. In this study, we examined the relationship between anxiety disorders (generalized anxiety disorder vs. panic disorder vs. phobic disorders), the level of structural integration of personality, and negative and protective childhood experiences at the beginning of outpatient psychodynamic psychotherapy treatment.

Differences were characterized in comparison to patients with no anxiety disorders.

**Methods:** The sample included a total of 1646 outpatient psychodynamic psychotherapy treatments, of which 695 treatments included the diagnosis of at least one anxiety disorder. Levels of structural integration of personality were assessed according to the Operationalized Psychodynamic Diagnosis (OPD-2) system. Self-reported negative and protective childhood experiences were examined by using the Questionnaire for the Assessment of Adverse and Protective Childhood Experiences (APC). Associations were tested using single factor ANOVAs.

**Results:** Patients with anxiety disorders showed lower levels of structural integration of personality and reported more adverse childhood experiences than patients with no anxiety disorders. Regarding the subscales of structural integration of personality, phobic disorders were associated with impaired external communication, whereas for generalized anxiety disorder, an (uncorrected) association with impaired self-regulation was found. Also, generalized anxiety disorder was associated with sexual abuse and other traumatization (accidents etc.) during childhood, while panic disorder and phobic disorders were associated with emotional neglect, abuse, and fewer protective childhood experiences.

**Conclusions:** Our findings emphasize the need of considering structural integration of personality and childhood experiences in order to understand and treat various types of anxiety disorders.

**Keywords:** Adverse childhood experiences; Generalized anxiety disorder; Panic disorder; Phobia; Protective childhood experiences; Structural integration of personality.

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## **Conflict of interest statement**

No conflicts of interest are declared.

The authors declare that they have no competing interests.

[72 references](#)

[3 figures](#)

### Full text links

41. [\*\*LungElast-an open-source, flexible, low-cost, microprocessor-controlled mouse lung elastometer\*\*](#)

Sci Rep. 2023 Jul 12;13(1):11246. doi: 10.1038/s41598-023-38310-7.

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PMCID: [PMC10338507](#)

DOI: [10.1038/s41598-023-38310-7](#)

### Free PMC article

### Abstract

The study of mouse lung mechanics provides essential insights into the physiological mechanisms of pulmonary disease. Consequently,

investigators assemble custom systems comprising infusion-withdrawal syringe pumps and analog pressure sensors to investigate the lung function of these animals. But these systems are expensive and require ongoing regulation, making them challenging to use. Here I introduce LungElast, an open-source, inexpensive, and self-contained instrument that can experimentally determine lung elasticity and volumes even in immature mice. It is assembled using custom 3D printed parts and readily available or easily constructed components. In this device, a microprocessor-controlled stepper motor automatically regulates lung volume by precisely driving a syringe piston whose position is determined using time-of-flight LIDAR technology. The airway pressures associated with the lung volumes are determined using compact sensor-on-chip technology, retrieved in a digital format, and stored by the microcontroller. The instrument software is modular, which eases device testing, calibration, and use. Data are also provided here that specify the accuracy and precision of the elastometer's sensors and volume delivery and demonstrate its use with lung models and mouse pups. This instrument has excellent potential for research and educational work.

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## **Conflict of interest statement**

The author declares no competing interests.

[58 references](#)

[6 figures](#)

## **Full text links**

- 
42. [\*\*Introduction and behavioral validation of the climate change distress and impairment scale\*\*](#)

Sci Rep. 2023 Jul 12;13(1):11272. doi: 10.1038/s41598-023-37573-4.

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## Free PMC article

## Abstract

Governmental agencies and the medical and psychological professions are calling for a greater focus on the negative mental health effects of climate change (CC). As a first step, the field needs measures to distinguish affective/emotional distress due to CC from impairment that requires further scientific and diagnostic attention and that may require treatment in the future. To this end, we constructed the climate change distress and impairment scale, which distinguishes CC distress (spanning anger, anxiety, and sadness) from impairment. In four studies (N = 1699), we

developed and validated English and German versions of the scale. Across samples, spanning 2021-2022, CC distress was at least moderate, while we observed general moderate to high levels of distress and low to moderate levels of impairment. In three English-speaking samples, younger individuals and women were most affected by CC distress, whereas this was not the case in a German-speaking sample, suggesting sociopolitical influencing factors. We demonstrate convergent validity with previous measures and discriminant validity for general negative affectivity and depressive and generalized anxiety disorder symptoms, which underlines that CC distress is not in itself pathological. Employing a fully incentivized social dilemma paradigm, we demonstrate that CC distress and (to a lesser degree) CC impairment predict pro-environmental behavior, underscoring them as possible drivers, and targets, of climate-change mitigation efforts.

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## **Conflict of interest statement**

The authors declare no competing interests.

[55 references](#)

[4 figures](#)

**Full text links**

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43. [\*\*Predictors of PTSD and Psychological Distress Symptoms of Ukraine Civilians During war\*\*](#)

Disaster Med Public Health Prep. 2023 Jul 12;17:e429. doi: 10.1017/dmp.2023.69.

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DOI: [10.1017/dmp.2023.69](#)

## Abstract

**Objective:** War may raise the level of distress and post-traumatic stress disorder (PTSD). The study explores the extent to which 4 factors determine levels of PTSD and distress symptoms of Ukraine civilians (without developing PTSD) during the current war.

**Method:** The data were collected via a Ukrainian internet panel company. 1001 participants responded to a structured online questionnaire. Path analysis was conducted to identify predictive indicators of PTSD scores.

**Results:** PTSD symptoms positively correlated with respondents' level of exposure to the war and their sense of danger, and negatively correlated with well-being, family income, and age. Females scored higher on PTSD symptoms. Path analysis showed that higher exposure to war and higher sense of danger increase PTSD and distress symptoms, whereas higher well-being, higher individual resilience, and being a man, as well as older age decrease their level. Despite the strong effects of the coping suppressing factors, most respondents did not reach the critical level of PTSD or distress symptoms.

**Conclusion:** At least 4 positive and negative factors account for people's coping with stressful experiences: previous traumatic experiences, individual level of pathology, personality attributes, and socio-

demographic characteristics. The balance of these factors protects most people from PTSD symptoms despite their being affected by war traumas.

**Keywords:** PTSD symptoms; Ukraine; distress; war.

### Full text links

44. [Massive inguinal herniation of the bladder with bilateral hydronephrosis, complicated by psychosis](#)

BMJ Case Rep. 2023 Jul 11;16(7):e256040. doi: 10.1136/bcr-2023-256040.

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DOI: [10.1136/bcr-2023-256040](#)

### Abstract

Massive inguinal herniation of the bladder is rare. This case was made more dramatic by the late presentation and simultaneous psychiatric condition. A man in his 70s was found in his burning house and admitted for smoke inhalation. Initially refusing examination or investigation, on the



third day, he was found to have massive inguinal bladder herniation, bilateral hydronephrosis and acute renal failure. After urethral catheterisation, bilateral ureteric stent insertion and resolution of postobstructive diuresis, the patient underwent open right inguinal hernia repair and return of the bladder to its orthotopic position. He also diagnosed with schizotypal personality disorder with psychosis, malnutrition, iron deficiency anaemia, heart failure and chronic lower limb ulcers. Four months later and after multiple failed trial of voids, the patient underwent transurethral resection of prostate with successful resumption of spontaneous voiding.

**Keywords:** Acute renal failure; Delusional disorder; Malnutrition; Prehospital; Urology.

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## **Conflict of interest statement**

Competing interests: None declared.

## **Full text links**

### 45. [\*\*Childhood trauma and anger in adults with and without depressive and anxiety disorders\*\*](#)

Acta Psychiatr Scand. 2023 Jul 10. doi: 10.1111/acps.13589. Online ahead of print.

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DOI: [10.1111/acps.13589](#)

## Abstract

**Background:** Childhood trauma (CT) is associated with severe sequelae, including stress-related mental health disorders that can perpetuate long into adulthood. A key mechanism in this relationship seems to be emotion regulation. We aimed to investigate (1) whether childhood trauma is associated with anger in adulthood, and, if so, (2) to explore which types of childhood trauma predominate in the prediction of anger in a cohort that included participants with and without current affective disorders.

**Methods:** In the Netherlands Study of Depression and Anxiety (NESDA), childhood trauma was assessed with a semi-structured Childhood Trauma Interview (CTI) at baseline, and analyzed in relation to anger as measured at a 4-year follow-up with the Spielberger Trait Anger Subscale (STAS), the Anger Attacks Questionnaire, and cluster B personality traits (i.e., borderline, antisocial) of the Personality Disorder Questionnaire 4 (PDQ-4), using analysis of covariance (ANCOVA) and multivariable logistic regression analyses. Post hoc analyses comprised cross-sectional regression analyses, using the Childhood Trauma Questionnaire-Short Form (CTQ-SF) also obtained at a 4-year follow-up.

**Results:** Participants (n = 2271) were on average 42.1 years (SD = 13.1), and 66.2% were female. Childhood trauma showed a dose-response association with all anger constructs. All types of childhood trauma were significantly associated with borderline personality traits, independently of depression and anxiety. Additionally, all types of childhood trauma except for sexual abuse were associated with higher levels of trait anger,

and a higher prevalence of anger attacks and antisocial personality traits in adulthood. Cross-sectionally, the effect sizes were larger compared with the analyses with the childhood trauma measured 4 years prior to the anger measures.

**Conclusions:** Childhood trauma is linked with anger in adulthood, which could be of particular interest in the context of psychopathology. Focus on childhood traumatic experiences and adulthood anger may help to enhance the effectiveness of treatment for patients with depressive and anxiety disorders. Trauma-focused interventions should be implemented when appropriate.

**Keywords:** anger; anxiety; childhood trauma; depression.

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[70 references](#)

**Full text links**

46. [\*\*How ambient temperature affects mood: an ecological momentary assessment study in Switzerland\*\*](#)

Environ Health. 2023 Jul 11;22(1):52. doi: 10.1186/s12940-023-01003-9.

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## **Abstract**

**Background:** Recent research has suggested that an increase in temperature can negatively affect mental health and increase hospitalization for mental illness. It is not clear, however, what factors or mechanisms mediate this association. We aimed to (1) investigate the associations between ambient temperatures and bad daily mood, and (2) identify variables affecting the strength of these associations (modifiers) including the time, the day of the week and the year of the mood rating, socio-demographic characteristics, sleep quality, psychiatric disorders and the personality trait neuroticism in the community.

**Methods:** Data stemmed from the second follow-up evaluation of CoLaus|PsyCoLaus, a prospective cohort study conducted in the general population of Lausanne (Switzerland). The 906 participants rated their mood level four times a day during seven days using a cell phone app. Mixed-effects logistic regression was used to determine the association between daily maximum temperature and mood level. Participant ID was inserted as a random effect in the model, whereas the time of the day, the day of the week and the year were inserted as fixed effects. Models were controlled for several confounders (socio-demographic characteristics, sleep quality, weather parameters and air pollutants). Stratified analyses were conducted based on socio-demographic characteristics, sleep quality, presence of psychiatric disorders or a high neuroticism.

**Results:** Overall, the probability of having a bad mood for the entire day decreased by 7.0% (OR: 0.93; 95% CI 0.88, 0.99) for each 5 °C increase in maximum temperature. A smaller and less precise effect (-3%; OR: 0.97; 95% CI 0.91, 1.03) was found when controlling for sunshine duration. A higher association was found in participants with bipolar disorder (-23%; OR: 0.77; 95% CI 0.51, 1.17) and in participants with a high neuroticism (-13%; OR: 0.87 95% CI 0.80, 0.95), whereas the association was reversed for participants with anxiety (20%; OR: 1.20; 95% CI 0.90, 1.59), depression (18%; OR: 1.18 95% CI 0.94, 1.48) and schizophrenia (193%; OR: 2.93 95% CI 1.17, 7.73).

**Conclusions:** According to our findings, rising temperatures may positively affect mood in the general population. However, individuals with certain psychiatric disorders, such as anxiety, depression, and schizophrenia, may exhibit altered responses to heat, which may explain their increased morbidity when exposed to high temperatures. This suggests that tailored public health policies are required to protect this vulnerable population.

**Keywords:** Ambient temperature; Climate change; Ecological momentary assessment; Mental health; Mood.

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[60 references](#)

[2 figures](#)

**Full text links**

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47. [\*\*Eating disorders in weight-related therapy \(EDIT\): Protocol for a systematic review with individual participant data meta-analysis of eating disorder risk in behavioural weight management\*\*](#)

PLoS One. 2023 Jul 10;18(7):e0282401. doi: 10.1371/journal.pone.0282401. eCollection 2023.

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## **Abstract**

The Eating Disorders In weight-related Therapy (EDIT) Collaboration brings together data from randomised controlled trials of behavioural weight management interventions to identify individual participant risk factors and intervention strategies that contribute to eating disorder risk. We present a protocol for a systematic review and individual participant data (IPD) meta-analysis which aims to identify participants at risk of developing eating disorders, or related symptoms, during or after weight management interventions conducted in adolescents or adults with overweight or obesity. We systematically searched four databases up to March 2022 and clinical trials registries to May 2022 to identify randomised controlled trials of weight management interventions conducted in adolescents or adults with overweight or obesity that measured eating disorder risk at pre- and post-intervention or follow-up. Authors from eligible trials have been invited to share their deidentified IPD. Two IPD meta-analyses will be conducted. The first IPD meta-analysis aims to examine participant level factors associated with a change in eating disorder scores during and following a weight management intervention. To do this we will examine baseline variables that predict change in eating disorder risk within intervention arms. The second IPD meta-analysis aims to assess whether there are participant level factors that predict whether participation in an intervention is more or less likely than no intervention to lead to a change in eating disorder risk. To do this, we will examine if there are differences in predictors of eating disorder risk between intervention and no-treatment control arms. The primary outcome will be a standardised mean difference in global eating disorder score from baseline to immediately post-intervention and at 6- and 12-months follow-up. Identifying participant level risk factors predicting eating disorder risk will inform screening and monitoring protocols to allow early identification and intervention for those at risk.

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## **Conflict of interest statement**

I have read the journal's policy and the authors of this manuscript have the following competing interests: AS owns 50% of the shares in Zuman International, which receives royalties for books AS has written and

payments for presentations. AS additionally reports receiving presentation fees and travel reimbursements from Eli Lilly and Co, the Pharmacy Guild of Australia, Novo Nordisk, the Dietitians Association of Australia, Shoalhaven Family Medical Centres, the Pharmaceutical Society of Australia, and Metagenics, and serving on the Nestlé Health Science Optifast VLCD advisory board from 2016 to 2018. ALA is Principal Investigator on two publicly funded trials where the intervention is provided by WW (formerly Weight Watchers) at no cost. KS has received in kind support as meals from 'Lite and Easy' for a clinical trial of weight stigma in young women in the last 5 years. ER has previously received research funding from Unilever and the American Beverage Association for unrelated work. JAY reports unrelated grant funds to NICHD supporting his research from Soleno Therapeutics, Rhythm Pharmaceuticals, and Hikma Pharmaceuticals. HFS has previously received a salary from Novo Nordisk unrelated to the present work. YSD has previously received a salary from Novo Nordisk unrelated to the present work. HAR has received funding from the National Institutes of Health in the area of adult and pediatric weight management. HAR is a committee member for the evidence-based practice guidelines for pediatric weight management for the American Psychological Association and for the Evidence Analysis Library for the Academy of Nutrition and Dietetics for the topic of adult weight management and the prevention of type 2 diabetes. MIC is an employee and shareholder at WW International, Inc. TKK has received professional fees from Novo Nordisk, Nutrisystem, Gelesis and Johnson & Johnson. CKM has received research grants and research agreements from Commission on Dietetic Registration, Academy of Nutrition and Dietetics, Ohio State University (InFACT), Novartis, University of Michigan's Michigan Institute for Clinical and Health Research, Elizabeth Blackwell Institute for Health Research, Egg Board, PCORI, Department of Defense, Access Business Group International LLC, IDEA Public Schools, Louisiana LIFT Fund, WW, Pack Health, American Society for Nutrition, RAND Corporation, Richard King Mellon Foundation (RKMF), The Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc., Evidation Health, Leona M. and Harry B. Helmsley Charitable Trust, State of Louisiana- Federal American Rescue Plan (ARP), United States Department of Agriculture (USDA), National Institute for Health Research (NIHR), National Science Foundation (NSF), Lilly, National Institutes of Health (NIH). CKM has served on advisory boards for EHE Health, Wondr Health, and the Nutrition Obesity Research Center at the University of Alabama Birmingham and consulted to Kitchry,

Metagenics, WW, Florida Hospital, Gila Therapeutics, Zafgen, OpenFit/MXCXM Health Inc. CKM developed intellectual property (IP) to quantify dietary adherence and his institution has licensed this IP, resulting in receiving royalties via the institution from the licensing fees. CKM is part of US and European patent applications for a weight loss approach called the Body weight Management and activity tracking system and also occasionally gives lectures and talks where he is provided with an honorarium, including talks to the Obesity Action Coalition and Indiana University Bloomington. Finally, CKM serves as a developer and facilitator for continuing education events sponsored by the Commission on Dietetic Registration, and is a Planning Committee Member for the Bray Course. The opinions and assertions expressed herein are those of the authors and are not to be construed as reflecting the views of the Public Health Service, the Department of Health and Human Services, USUHS, or the U.S. Department of Defense.

[75 references](#)

[1 figure](#)

#### Full text links

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48. [\*\*The effect of environmental change, planned and unplanned life events on the long-term outcome of common mental disorders\*\*](#)

Soc Psychiatry Psychiatr Epidemiol. 2023 Jul 10. doi: 10.1007/s00127-023-02520-1. Online ahead of print.

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PMID: [37428194](#)

DOI: [10.1007/s00127-023-02520-1](#)

## Abstract

**Purpose:** To examine the nature of positive and negative environmental change on clinical outcome in 210 patients presenting with anxiety and depression and followed up over 30 years.

**Methods:** In addition to clinical assessments, major environmental changes, particularly after 12 and 30 years, were recorded in all patients by a combination of self-report and taped interviews. Environmental changes were separated into two major groups, positive or negative, determined by patient opinion.

**Results:** In all analyses positive changes were found to be associated with better outcome at 12 years with respect to accommodation ( $P = 0.009$ ), relationships ( $P = 0.007$ ), and substance misuse ( $P = 0.003$ ), with fewer psychiatric admissions ( $P = 0.011$ ) and fewer social work contacts at 30 years ( $P = 0.043$ ). Using a consolidated outcome measure positive changes were more likely than negative ones to be associated with a good outcome at 12 and 30 years (39% v 3.6% and 30.2% v 9.1%, respectively). Those with personality disorder at baseline had fewer positive changes ( $P = 0.018$ ) than others at 12 years and fewer positive occupational changes at 30 years ( $P = 0.041$ ). Service use was greatly reduced in those with positive events with 50-80% more time free of all psychotropic drug treatment ( $P < 0.001$ ). Instrumental positive change had greater effects than imposed changes.

**Conclusions:** Positive environmental change has a favourable impact on clinical outcome in common mental disorders. Although studied naturalistically in this study the findings suggest that if harnessed as a therapeutic intervention, as in nidothrapy and social prescribing, it would yield therapeutic dividends.

**Keywords:** Common mental disorders; Environmental interventions; Nidothrapy; Personality disorder; Social prescribing.

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[69 references](#)

**Full text links**

49. [\*\*Determinants and mediating mechanisms of quality of life and disease-specific symptoms among thyroid cancer patients: the design of the WaTCh study\*\*](#)

Thyroid Res. 2023 Jul 10;16(1):23. doi: 10.1186/s13044-023-00165-5.

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DOI: [10.1186/s13044-023-00165-5](#)

### Free PMC article

## Abstract

**Background:** Thyroid cancer (TC) patients are understudied but appear to be at risk for poor physical and psychosocial outcomes. Knowledge of the course and determinants of these deteriorated outcomes is lacking. Furthermore, little is known about mediating biological mechanisms.

**Objectives:** The WaTCh-study aims to; 1. Examine the course of physical and psychosocial outcomes. 2. Examine the association of demographic, environmental, clinical, physiological, and personality characteristics to those outcomes. In other words, who is at risk? 3. Reveal the association of mediating biological mechanisms (inflammation, kynurenine pathway) with poor physical and psychological outcomes. In other words, why is a person at risk?

**Design and methods:** Newly diagnosed TC patients from 13 Dutch hospitals will be invited. Data collection will take place before treatment, and at 6, 12 and 24 months after diagnosis. Sociodemographic and clinical information is available from the Netherlands Cancer Registry. Patients fill-out validated questionnaires at each time-point to assess quality of life, TC-specific symptoms, physical activity, anxiety, depression, health care use, and employment. Patients are asked to donate blood three times to

assess inflammation and kynurenine pathway. Optionally, at each occasion, patients can use a weighing scale with bioelectrical impedance analysis (BIA) system to assess body composition; can register food intake using an online food diary; and can wear an activity tracker to assess physical activity and sleep duration/quality. Representative Dutch normative data on the studied physical and psychosocial outcomes is already available.

**Impact:** WaTCh will reveal the course of physical and psychosocial outcomes among TC patients over time and answers the question who is at risk for poor outcomes, and why. This knowledge can be used to provide personalized information, to improve screening, to develop and provide tailored treatment strategies and supportive care, to optimize outcomes, and ultimately increase the number of TC survivors that live in good health.

**Keywords:** Activity trackers; BIA weighing scales; Food diaries; Inflammation; Kynurenine pathway; PROFILES registry; Patient reported outcomes; Thyroid cancer.

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## **Conflict of interest statement**

The authors declare that they have no competing interests.

[87 references](#)

[2 figures](#)

**Full text links**

- 
50. [\*\*The DS-14 questionnaire: psychometric characteristics and utility in patients with obstructive sleep apnea\*\*](#)

Sleep Breath. 2023 Jul 7. doi: 10.1007/s11325-023-02859-4. Online ahead of print.

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DOI: [10.1007/s11325-023-02859-4](#)

## Abstract

Little is known about type D personality in patients with obstructive sleep apnea (OSA). The DS-14 questionnaire is the standard tool to assess this personality type, but it has not been properly validated in patients with OSA, nor has it been correlated with clinical features in these patients.

**Purpose:** To determine the internal consistency and test-retest reliability of the DS-14 questionnaire, as well as the prevalence of type D personality in the overall OSA sample and subgroups. We assessed the influence of type D on perceived symptoms and its congruence with self-reported measures of personality, depression, fatigue, anxiety, quality of life, and quality of sleep.

**Methods:** Patients with OSA completed the DS-14 questionnaire, Big Five Inventory-2 questionnaire, Hospital Anxiety and Depression Scale, SF-36 Health Survey Questionnaire, Epworth Sleepiness Scale and Stanford Sleepiness Scale, Pittsburgh Sleep Quality Index and Insomnia Severity Index, Fatigue Assessment Scale, and Checklist Individual Strength. After 1 month, the DS-14 questionnaire was repeated.

**Results:** The overall prevalence of type D personality was 32%. Internal consistency (negative affectivity:  $\alpha = 0.880$ , social inhibition:  $\alpha = 0.851$ ) and diagnostic test-retest reliability (kappa value = 0.664) of the DS-14 questionnaire were high. Significantly more symptoms of anxiety, depression, poor sleep quality, fatigue, and a worse health perception were found in OSA with type D. Neither OSA severity nor REM predominance altered these observations.

**Conclusion:** The DS-14 questionnaire showed excellent psychometric properties in patients with OSA. The prevalence of type D personality in patients with OSA was higher than in the general population. The presence of type D personality was associated with higher symptom burden.

**Keywords:** Apnea; DS-14; Depression; Fatigue; OSA; Personality; Prevalence; Psychometrics; Type D.

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[44 references](#)

**Full text links**

51. [\*\*Development of an Evidence-based Violence Rehabilitation Program for Offenders With Intellectual Disability\*\*](#)

Int J Offender Ther Comp Criminol. 2023 Jul 6;306624X231176005. doi: 10.1177/0306624X231176005. Online ahead of print.

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DOI: [10.1177/0306624X231176005](#)

## Abstract

A review of the current literature on evidence-based violence prevention programs developed for individuals with an intellectual disability (ID) reveals a paucity of direct evidence for this population. In addition, the existing offence-specific programs are primarily grounded in adapted cognitive behaviour therapy (CBT) programs designed for the mainstream offender population, which may not be suitable for offenders with co-morbid mental health and personality disorders. The current paper discusses the development of a violence rehabilitation program for offenders with an ID. The focus of the article is on the exploration of the empirically supported risk factors associated with violent offending and the incorporation of these dynamic risk factors into the program modules. A case study example was utilized to examine the process of VRP-ID and how the modules targeted the offenders' treatment needs. Responsivity issues are addressed by identifying cognitive difficulties experienced by this cohort and the implications for treatment. The Risk/Need/Responsivity (RNR) model and the good lives Model (GLM) are widely used offender rehabilitation models that can be considered the guiding principles in developing this program. Furthermore, it utilizes contemporary therapeutic frameworks such as motivational interviewing (MI), cognitive behavior therapy (CBT), dialectical behavior therapy (DBT), and GLM reconceptualization and skills. The program is grounded in trauma-informed principles, which acknowledge this client group's high prevalence of victimization.

**Keywords:** cognitively impaired offenders; intellectual disability; offender treatment; violence prevention program; violent offender.

### Full text links

52. [\*\*Moderators of the relationship between callous-unemotional traits and externalizing problems in youth\*\*](#)

Personal Disord. 2023 Jul 6. doi: 10.1037/per0000636. Online ahead of print.

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PMID: [37410428](#)

DOI: [10.1037/per0000636](#)

### Abstract

Callous-unemotional (CU) traits (i.e., tendencies to experience low levels of guilt and empathy) are associated with severe and persistent conduct problems in youth. However, some youth with elevated CU traits do not exhibit severe externalizing problems, and further research is needed to identify conditions under which CU traits are more versus less strongly associated with higher levels of externalizing behavior. To this end, the current preregistered study examined whether internalizing problems, five-factor model personality traits, and parenting practices moderated associations between CU traits and externalizing problems. Caregivers of

1,232 youth ages 6-18 ( $M_{age} = 11.46$ ) reported on youths' CU traits, externalizing, internalizing, and five-factor model traits as well as on their own parenting practices. We found that the relationship between CU traits and externalizing was robust to the moderating effects of internalizing problems and parenting practices, but CU traits were more strongly related to externalizing problems at higher levels of neuroticism and at lower levels of agreeableness and conscientiousness. Results contribute to a more comprehensive understanding of externalizing problems among youth high in CU traits and may inform future longitudinal and intervention research seeking to identify factors that reduce externalizing behavior among high-CU youth. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

53. [\*\*Prevalence of the alternative model of personality disorders diagnoses in populational and at-risk samples, gender and age groups comparisons, and normative data for the LPFS-SR and PID-5\*\*](#)

Personal Disord. 2023 Jul 6. doi: 10.1037/per0000632. Online ahead of print.

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DOI: [10.1037/per0000632](https://doi.org/10.1037/per0000632)

## **Abstract**

The Alternative Model of Personality Disorders (AMPD), introduced in Section III of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013), was proposed as a new operationalization of personality disorders (PDs) aiming to overcome the several limitations of the traditional symptom-based model (Waugh et al., 2017; Zimmerman et al., 2019). In the AMPD, PDs are defined by two-dimensional criteria (the level of personality functioning and maladaptive personality traits), but as a hybrid model, it also allows for categorical assessment of PDs (i.e., "hybrid types") to facilitate continuity with clinical practice. The present study aimed to provide normative data for two widely used instruments assessing Criterion A (Level of Personality Functioning Scale-Self-Report; Morey, 2017) and B (Personality Inventory for DSM-5; Krueger et al., 2012) in a large populational French-Canadian sample. Regarding the categorical assessment, Gamache et al. (2022) recently tested scoring approaches for extracting the PD hybrid types from dimensional measures of the AMPD. In the present study, these approaches were used to estimate prevalence rates for these PD hybrid types in two samples. In the populational sample, results showed that prevalence rates varied from 0.2% (antisocial PDs) to 3.0% (trait-specified PDs), with an overall prevalence of 5.9% to 6.1% for any PD hybrid type. Prevalence was higher in men than in women in the populational sample, but the contrary was observed in the at-risk sample. Prevalence was higher in younger adults than in middle-aged and older adults. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

54. **[Impact of Stress on Brain Morphology: Insights into Structural Biomarkers of Stress-related Disorders](#)**

Curr Neuropharmacol. 2023 Jul 3. doi: 10.2174/1570159X21666230703091435. Online ahead of print.

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## Abstract

Exposure to acute and chronic stress has a broad range of structural effects on the brain. The brain areas commonly targeted in the stress response models include the hippocampus, the amygdala, and the prefrontal cortex. Studies in patients suffering from the so-called stress-related disorders -embracing post-traumatic stress, major depressive and anxiety disorders- have fairly replicated animal models of stress response -particularly the neuroendocrine and the inflammatory models- by finding alterations in different brain areas, even in the early neurodevelopment. Therefore, this narrative review aims to provide an overview of structural neuroimaging findings and to discuss how these studies have contributed to our knowledge of variability in response to stress and the ulterior development of stress-related disorders. There are a gross number of studies available but neuroimaging research of stress-related disorders as a single category is still in its infancy. Although the available studies point at particular brain circuitries involved in stress and emotion regulation, the pathophysiology of these abnormalities -involving genetics, epigenetics and molecular pathways-, their relation to intraindividual stress responses -including personality characteristics, self-perception of stress conditions...-, and their potential involvement as biomarkers in diagnosis, treatment prescription and prognosis are discussed.

**Keywords:** Brain morphology; HPA.; PTSD; basolateral amygdala; stress response systems.

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### Full text links

55. [\*\*The efficacy of schema therapy for personality disorders: a systematic review and meta-analysis\*\*](#)

Nord J Psychiatry. 2023 Jul 4;1-10. doi: 10.1080/08039488.2023.2228304. Online ahead of print.

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PMID: [37402124](#)

DOI: [10.1080/08039488.2023.2228304](#)

## Abstract

**Objective:** Personality disorders (PDs) are prevalent and associated with functional impairment and psychological disability. Studies suggest that schema therapy (ST) may be an effective treatment for PDs. This review aimed to evaluate the efficacy of ST in treating PDs.

**Method:** We conducted a comprehensive literature search using PubMed, Embase, Web of Science, CENTRAL, PsycInfo, and Ovid Medline. We identified eight randomized controlled trials (587 participants) and seven single-group trials (163 participants).

**Results:** Meta-analyses revealed that ST had a moderate effect size ( $g = 0.359$ ) compared to control conditions in reducing symptoms of PDs.

Subgroup analysis indicated that the effect of ST on different types of PDs varied slightly, and that group ST ( $g = 0.859$ ) was more effective than individual ST ( $g = 0.163$ ) in treating PDs. Secondary outcome analysis revealed a moderate effect size ( $g = 0.256$ ) for ST compared to control conditions in improving quality of life, and ST was found to reduce early maladaptive schema ( $g = 0.590$ ). Single-group trials analysis showed that ST had a positive effect on PDs (OR = 0.241).

**Conclusion:** ST appears to be an effective treatment for PDs, as it reduces symptoms and improves quality of life. This review provides support for the use of ST in the treatment of PDs.

**Keywords:** Personality disorders; meta-analysis; schema therapy; systematic review.

#### Full text links

56. [Effectiveness of dialectical behavior therapy as a transdiagnostic treatment for improving cognitive functions: a systematic review](#)

Res Psychother. 2023 Jul 4;26(2). doi: 10.4081/ripppo.2023.662.

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DOI: [10.4081/ripppo.2023.662](#)

## Free article

### Abstract

Dialectical behavior therapy (DBT) has been found to be an efficacious treatment for disorders characterized by high levels of emotional instability. In view of the multifaceted applications of DBT and the extent to which mental disorders can incapacitate cognitive functions, the current systematic review aimed to investigate the effect of DBT in strengthening cognitive functions across various mental health conditions. Original research studies employing both experimental and quasi-experimental designs were included in the review. The literature search was done using different electronic databases, from the first available literature until June 2022, that covered an approximate period of ten years. Joanna Briggs Institute checklist was used to assess the methodological rigor of the studies. Twelve studies conducted on adolescents with emotional dysregulation, and adults with borderline personality disorder, bipolar disorder, attention deficit hyperactivity disorder, and multiple sclerosis were selected. Results indicate that DBT has the potential to improve key cognitive functions such as attention, memory, fluency, response inhibition, planning, set shifting, tolerance for delayed rewards and time perception, as assessed by neuropsychological tests, self-report of cognitive functions, and neuroimaging techniques. Considering the review's findings that showcase the effectiveness of DBT in fostering improvements in cognitive functions, DBT may possibly be chosen as a preferred treatment to ensure that patients reach optimal levels of cognitive functioning. Limitations include lack of sufficient studies encompassing all the common mental health conditions, usage of neuroimaging techniques as only an indirect measure of cognitive functioning and nuances related to the quality of individual studies.

### Full text links

57. [\*\*Protective factors in borderline personality disorder: A multi-study analysis of\*\*](#)

# [conscientiousness, distress tolerance, and self-compassion](#)

J Affect Disord. 2023 Oct 1;338:589-598. doi: 10.1016/j.jad.2023.06.067. Epub 2023 Jun 29.

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DOI: [10.1016/j.jad.2023.06.067](#)

## Abstract

**Background:** Despite a growing literature characterizing risk factors associated with the development and maintenance of borderline personality disorder (BPD), substantially less is known about potentially protective factors in BPD.

**Methods:** In a sample of online (N = 272) participants with likely BPD, major depressive disorder (MDD), or no disorder (ND) and an independent sample of in-person (N = 90) participants diagnosed with

BPD, MDD, or ND, we tested the cross-sectional and longitudinal associations among BPD features and three putatively protective personality, cognitive, and affective-behavioral factors: conscientiousness, self-compassion, and distress tolerance.

**Results:** Only conscientiousness was significantly lower in BPD than MDD (ds: .67-.73) across both studies and more strongly related to BPD features (rs: -.68 to -.59) than MDD symptoms (rs: -.49 to -.43) in dimensional analyses across both studies. However, in a multiple regression analysis including all three factors in Study 1, only self-compassion predicted decreases in BPD features ( $\beta = -.28$ ) and MDD symptoms ( $\beta = -.21$ ) over one month.

**Limitations:** Study 1 participants completed all measures online and exhibited some differential attrition at one month follow-up. Study 2 participants were all diagnosed by one trained assessor and the smaller sample size limited our power to detect effects.

**Conclusions:** Low conscientiousness may be most strongly related to BPD, whereas self-compassion may be a prospective transdiagnostic protective factor.

**Keywords:** Borderline personality disorder; Conscientiousness; Depression; Distress tolerance; Self-compassion.

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## **Conflict of interest statement**

Declaration of competing interest The authors declare no conflicts of interest.

**Full text links**

58. [\*\*The comorbidity between Borderline Personality Disorder \(BPD\) and Generalized\*\*](#)



# [Anxiety Disorder \(GAD\): A systematic review and meta-analysis](#)

J Psychiatr Res. 2023 Aug;164:304-314. doi:  
10.1016/j.jpsychires.2023.06.009. Epub 2023 Jun 16.

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DOI: [10.1016/j.jpsychires.2023.06.009](#)

## Abstract

Borderline personality disorder (BPD) is a psychiatric condition characterized by severe instability in affect, impulse control, and interpersonal functioning. Existing literature has confirmed that BPD is highly comorbid with other psychiatric conditions, including anxiety disorders. Despite this, little research has investigated the nature of the relationship between generalized anxiety disorder (GAD) and BPD. The aim of this systematic review and meta-analysis is to synthesize the literature concerning the prevalence and clinical outcomes of BPD and GAD comorbidity in adults. The following three databases were searched on October 27, 2021: PsycINFO, PubMed, and Embase. Twenty-four studies were included (n = 21 reporting on prevalence of the comorbidity, n = 4 reporting on clinical outcomes associated with the comorbidity), 9 of which were included in a meta-analysis. The meta-analysis showed that the pooled prevalence for current GAD in individuals with BPD was 16.4% (CI 95%: 1.9%; 66.1%) in inpatient samples, and 30.6% (CI 95%: 21.9%; 41.1%) in outpatient or community samples. The pooled lifetime prevalence of GAD in individuals with BPD was 11.3% (CI 95%: 8.9%; 14.3%) in inpatient samples, and 13.7% (CI 95%: 3.4%; 41.4%) in outpatient or community samples. Comorbidity between BPD and GAD was associated with worse outcomes on measures of BPD severity, impulsivity, anger, and hopelessness. In conclusion, this systematic review and meta-analysis indicate that comorbid GAD and BPD is highly prevalent, although the pooled prevalence rates should be interpreted with caution considering the large and overlapping confidence intervals. Further, this comorbidity is associated with worse BPD symptom severity.

**Keywords:** Borderline Personality Disorder; Comorbidity; Generalized anxiety Disorder; Meta-analysis; Systematic review.

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## Conflict of interest statement

Declaration of competing interest None.

## Full text links

59. [Parental criticism affects adolescents' mood and ruminative state: Self-perception appears to influence their mood response](#)

J Exp Child Psychol. 2023 Nov;235:105728. doi: 10.1016/j.jecp.2023.105728. Epub 2023 Jun 28.

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DOI: [10.1016/j.jecp.2023.105728](https://doi.org/10.1016/j.jecp.2023.105728)

## Abstract

Feeling and/or being criticized is a known risk factor for various psychiatric disorders in adolescents. However, the link between the experience of social stressors and the development of psychopathological symptoms is not yet fully understood. Identifying which adolescent subgroups are more vulnerable to parental criticism could be of great clinical relevance. In this study, 90 nondepressed 14- to 17-year-old adolescents were exposed to a sequence of auditory segments with a positive, neutral, and finally negative valence, mirroring parental criticism. Their mood and ruminative states were assessed before and after exposure to criticism. We observed an overall increase in mood disturbance and ruminative thoughts. Self-perception appeared to influence these mood changes, whereas no significant influence by perceived criticism, self-worth, or the general tendency to ruminate was found. Emotional awareness seemed to account for some of the variance in positive mood state changes. These findings point to the importance of adolescent self-perception (and emotional awareness) in dealing with parental criticism.

**Keywords:** Adolescents; Emotional awareness; Parental criticism; Perceived criticism; Ruminative coping; Self-worth.

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### Full text links

60. [\*\*The 3-year effects of a personality-targeted prevention program on general and specific dimensions of psychopathology\*\*](#)

Prev Med. 2023 Aug;173:107595. doi:  
10.1016/j.ypmed.2023.107595. Epub 2023 Jun 28.

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PMID: [37385412](#)

DOI: [10.1016/j.ypped.2023.107595](#)

## Free article

## Abstract

This study aimed to examine the effect of a personality-targeted prevention program (Preventure) on trajectories of general and specific dimensions of psychopathology from early- to mid-adolescence. Australian adolescents (N = 2190) from 26 schools participated in a cluster randomized controlled substance use prevention trial. This study compared schools allocated to deliver Preventure (n = 13 schools; n = 466 students; M<sub>age</sub> = 13.42 years), a personality-targeted selective intervention, with a control group (n = 7 schools; n = 235 students, M<sub>age</sub> = 13.47 years). All participants were assessed for psychopathology symptoms at baseline, 6-, 12-, 24- and 36-months post-baseline. Outcomes were a general psychopathology factor and four specific factors: fear, distress, alcohol use/harms and conduct/inattention), extracted from a higher-order model. Participants who screened as 'high-risk' on at least one of four personality traits (negative thinking, anxiety sensitivity, impulsivity and sensation seeking) were included in intention-to-treat analyses. Intervention effects were examined using multi-level mixed models accounting for school-level clustering. Among high-risk adolescents, growth in general psychopathology was slower in the

Prevention group compared to the control group ( $b = -0.07$ ,  $p = 0.038$ ) across the three years. After controlling for effects on general psychopathology, there were no significant, additional effects on the lower order factors. This study provides evidence for the effectiveness of a selective personality-targeted intervention in altering trajectories of general psychopathology during adolescence. This finding represents impacts on multiple symptom domains and highlights the potential for general psychopathology as an intervention target.

**Keywords:** Adolescence; General psychopathology; Higher-order model; Personality; Prevention.

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## **Conflict of interest statement**

Declaration of Competing Interest The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: One of the authors, Patricia J Conrod, is a developer of the Prevention program. Prevention is distributed not for profit. Prof Newton and Teesson are directors of CLIMATE Schools PTY LTD a company established to distribute education resources to schools. The other authors do not have any conflicts of interests to disclose.

### **Full text links**

61. [\*\*Facial emotion recognition processes according to schizotypal personality traits: An eye-tracking study\*\*](#)

Int J Psychophysiol. 2023 Aug;190:60-68. doi: 10.1016/j.ijpsycho.2023.06.006. Epub 2023 Jun 27.

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PMID: [37385101](#)

DOI: [10.1016/j.ijpsycho.2023.06.006](#)

## **Abstract**

Facial emotion recognition has been shown to be impaired among patients with schizophrenia and, to a lesser extent, among individuals with high levels of schizotypal personality traits. However, aspects of gaze behavior during facial emotion recognition among the latter are still unclear. This study therefore investigated the relations between eye movements and facial emotion recognition among nonclinical individuals with schizotypal personality traits. A total of 83 nonclinical participants completed the Schizotypal Personality Questionnaire (SPQ) and performed a facial emotion recognition task. Their gaze behavior was recorded by an eye-tracker. Self-report questionnaires measuring anxiety, depressive symptoms, and alexithymia were administered. At the behavioral level, correlation analyses showed that higher SPQ scores were associated with lower surprise recognition accuracy scores. Eye-tracking data revealed that higher SPQ scores were associated with shorter dwell time on relevant facial features during sadness recognition. Regression analyses revealed that the total SPQ score was the only significant predictor of eye movements during sadness recognition, and depressive symptoms were the only significant predictor of surprise recognition accuracy. Furthermore, dwell time predicted response times for sadness recognition in that shorter dwell time on relevant facial features was associated with longer response times. Schizotypal traits may be associated with decreased attentional engagement in relevant facial features during sadness recognition and impede participants' response times. Slower



processing and altered gaze patterns during the processing of sad faces could lead to difficulties in everyday social situations in which information must be rapidly processed to enable the successful interpretation of other people's behavior.

**Keywords:** Eye movements; Facial emotion recognition; Personality disorders; Schizotypal Personality Questionnaire; Schizotypy.

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## **Conflict of interest statement**

Declaration of competing interest The authors declare that they have no conflicts of interest affecting this article.

## **Full text links**

### 62. [\*\*A matter of measure? Assessing the three dimensions of narcissism\*\*](#)

Psychol Assess. 2023 Aug;35(8):692-705. doi: 10.1037/pas0001249. Epub 2023 Jun 29.

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PMID: [37384514](#)

DOI: [10.1037/pas0001249](#)

## **Abstract**

The Trifurcated Model of Narcissism (TriMN) has received growing attention in the scientific study of narcissistic traits, as it provides a clear and clinically useful distinction of the three core elements of narcissistic personalities: agentic extraversion (AE), narcissistic antagonism (NA), and narcissistic neuroticism (NN). So far, the Five-Factor Narcissism Inventory (FFNI) and its abbreviations-for example, the recently introduced brief form (FFNI-BF)-represent the only measures that allow for a direct and simultaneous assessment of these traits. Distinct parts of the TriMN have also been measured by other narcissism scales, however, including the Narcissistic Admiration and Rivalry Questionnaire (NARQ) or the Hypersensitive Narcissism Scale (HSNS). It remains unclear to what extent trait estimates provided by these alternative measures overlap and under which circumstances they can be used interchangeably. Here, we present a model-driven combination of NARQ and HSNS items that may serve as a valuable, economic tool to assess the three narcissism dimensions. In two studies (accumulated  $N = 2,266$ , 1,673 female, 580 male, 13 diverse), we show that the NARQ/HSNS and the FFNI-BF assess virtually the same presentations of AE, NA, and NN, whereby the combined NARQ/HSNS outperforms the FFNI-BF in terms of structure, theory-consistent relations among (latent) narcissistic traits, and predictive validity with respect to personality pathology. Our research provides new insights on the assessment of narcissistic traits according to the increasingly popular TriMN and can inform future research on its dimensions. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

### **Full text links**

63. [\*\*Further validation of the Personality Disorder Severity for ICD-11 \(PDS-ICD-11\) scale in a community mental health sample\*\*](#)

Psychol Assess. 2023 Aug;35(8):706-714. doi: 10.1037/pas0001253. Epub 2023 Jun 29.

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PMID: [37384513](#)

DOI: [10.1037/pas0001253](#)

## Abstract

The *International Classification of Diseases, 11th Edition (ICD-11)* has reconceptualized personality disorders (PD), and measures are therefore being developed to aid the assessment of *ICD-11* PD. The present study examined the validity of the recently developed self-report inventory the Personality Disorder Severity for *ICD-11* (PDS-*ICD-11*), and its utility in differentiating across *ICD-11* PD severity levels in a community mental health sample ( $n = 232$ ). We examined the associations between the PDS-*ICD-11* with various clinician ratings, self-report questionnaires, and informant-report measures of dimensional personality impairment and traditional *Diagnostic and Statistical Manual of Mental Disorders, fifth edition* PDs. Further, we examined mean group differences in PDS-*ICD-11* scores between levels of *ICD-11* PD clinician diagnosis. The PDS-*ICD-11* exhibited moderate-to-large associations with all clinician ratings, and more variable associations with self-report and informant-report measures. PDS-*ICD-11* mean scores were significantly different across all levels of *ICD-11* PD clinician-rated diagnostic levels. These findings provide additional promising evidence for the validity and utility of the PDS-*ICD-11* for the assessment of *ICD-11* PD in community mental health patients. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

## Full text links

64. [Psychopathic traits and social brain responses during moral evaluation in adolescence](#)

Psychiatry Res Neuroimaging. 2023 Aug;333:111672. doi:  
10.1016/j.psychresns.2023.111672. Epub 2023 Jun 10.

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PMID: [37352594](#)

DOI: [10.1016/j.psychresns.2023.111672](#)

## Abstract

Brain functioning underlying moral decision-making in adolescents with psychopathic traits is relatively less understood. This fMRI study examined the neural correlates of moral decision-making in relation to psychopathic traits, as measured by the Youth Psychopathic Traits Inventory (YPI), in a sample of 16 community-recruited youth (mean age=13.94) with reported behavior problems. Participants viewed images that depicted a moral violation, a conflict with no moral violation, and a neutral scenario. We analyzed activation, seed-to-voxel, and seed-to-seed functional connectivity using a social brain mask during moral reasoning and decision-making. Results indicated: a) greater activity in social brain

regions while assessing acts of moral, compared to nonmoral, violations; b) positive correlations between activation of several social brain regions and YPI subscale scores; c) a positive association between YPI and functional connectivity between the social brain network and the bilateral middle cingulate cortices; d) significant effects of YPI on connectivity between social brain regions and the rest of the brain; and e) decreased connectivity between several ROIs during moral reasoning: the left temporoparietal junction (ITPJ) and dorsomedial prefrontal cortex (DMPFC), the precuneus (PREC) and left amygdala (lAMYG), and the PREC and rAMYG. Clinical and developmental implications of these findings are discussed.

**Keywords:** Adolescence; Functional connectivity; Moral reasoning; Psychopathy; fMRI.

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## **Conflict of interest statement**

Declaration of Competing Interest This study was supported by the University of Alabama College of Arts & Sciences Faculty funds. Special thanks to Rishi Deshpande for providing computational support for this project. We also appreciate Dr. Thomas DeRamus and Dr. Jose Omar Maximo for their help during data collection for this project. The authors have no conflict of interest to declare.

## **Full text links**

65. [\*\*The association between anger rumination and emotional dysregulation in borderline personality disorder: A review\*\*](#)

J Affect Disord. 2023 Oct 1;338:546-553. doi: 10.1016/j.jad.2023.06.036. Epub 2023 Jun 20.

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DOI: [10.1016/j.jad.2023.06.036](https://doi.org/10.1016/j.jad.2023.06.036)

## Abstract

**Introduction:** Borderline Personality Disorder (BPD) is characterized by impulsiveness, interpersonal difficulties, emotional instability and dysfunctional cognitive processes. In addition to these symptoms, anger rumination is a cognitive mechanism often prominent in BPD patients and it has been found to be associated with maladaptive outcomes, such as increasing anger feelings, aggressive and impulsive behaviors. In this context, the aim of our review is to synthesize results on the relationship between emotional dysregulation and anger rumination in BPD with the final goal to get more information about possible psychotherapeutic methods in the treatment of BPD.

**Methods:** A comprehensive search on BPD and anger rumination was performed on PubMed, Embase and Scopus. The search identified 8 articles meeting our inclusion criteria.

**Results:** Most of the studies reported a correlation between BPD emotional instability and dyscontrolled behaviors, anger and depressive rumination. Specifically, from the reviewed studies, it emerged that the tendency to use dysfunctional cognitive strategies, such as anger rumination, predicted aggressive behavior above and beyond emotion

dysregulation, ultimately suggesting that anger rumination mediates the relationship between emotional dysregulation and aggression proneness.

**Limitations:** The cross-sectional design and the inclusion of subjects without a definite diagnosis of BPD (e.g., university students), may have decreased the generalizability of the results to the clinical populations and limited the possibility to explore the effect of anger rumination over time in BPD.

**Conclusions:** From the reviewed studies emerged that the identification of anger rumination as a proximal process with respect to BPD may have the potential to expand and support psychotherapeutic treatment.

**Keywords:** Anger rumination; Borderline personality disorder; Emotional dysregulation.

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## **Conflict of interest statement**

Declaration of competing interest None.

## **Full text links**

### 66. [Transactional effects between personality and religiosity](#)

J Pers Soc Psychol. 2023 Aug;125(2):421-436. doi: 10.1037/pspp0000466. Epub 2023 Jun 19.

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PMID: [37338438](#)

DOI: [10.1037/pspp0000466](#)

## **Abstract**

Do changes in religiosity beget changes in personality, or do changes in personality precede changes in religiosity? Existing evidence supports longitudinal associations between personality and religiosity at the between-person level, such that individual differences in personality predict subsequent individual differences in change in religiosity. However, no research to date has examined whether within-person changes in personality lead to subsequent changes in religiosity. Using random intercept cross-lagged panel models (RI-CLPM), we investigated between- and within-person associations between the Big Five personality traits and three aspects of religiosity—belief in God, service attendance, and prayer—in a sample of over 12,000 Dutch individuals across 11 annual assessments. We found between-person associations between all Big Five traits and religiosity, yet within-person associations only between agreeableness as well as extraversion and belief in God. Specifically, individuals who increased in agreeableness or extraversion reported subsequent increases in their belief in God and, in addition, individuals who increased in their belief in God showed subsequent increases in agreeableness. We further identified significant moderating effects of gender, religious upbringing, and religious affiliation. Overall, the present findings suggest that the associations between personality traits and religiosity primarily occur at the between-person level. However, the evidence for intraindividual associations between agreeableness, extraversion, and religious belief highlights the importance of distinguishing between-person from within-person effects to broaden the understanding of the temporal dynamics between variables. (PsycInfo Database Record (c) 2023 APA, all rights reserved).



## Full text links

67. [Worry, rumination and negative metacognitive beliefs as moderators of outcomes of Transdiagnostic group cognitive-behavioural therapy in emotional disorders](#)

J Affect Disord. 2023 Oct 1;338:349-357. doi:  
10.1016/j.jad.2023.06.032. Epub 2023 Jun 17.

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PMID: [37336250](#)

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## Free article

## Abstract

**Background:** Despite the relevance of cognitive processes such as rumination, worry, negative metacognitive beliefs in emotional disorders, the existing literature about how these cognitive processes moderate the effect of treatment in treatment outcomes is limited. The aim of the present study was to explore the potential moderator effect of baseline cognitive processes-worry, rumination and negative metacognitive beliefs- on the relationship between treatment allocation (transdiagnostic cognitive-behavioural therapy -TD-CBT plus treatment as usual-TAU vs. TAU alone) and treatment outcomes (anxiety and depressive symptoms, quality of life [QoL], and functioning) in primary care patients with emotional disorders.

**Methods:** A total of 631 participants completed scales to evaluate worry, rumination, negative metacognitive beliefs, QoL, functioning, and anxiety and depressive symptoms.

**Results:** Worry and rumination acted as moderators on the effect of treatment for anxiety ( $b = -1.25, p = .003$ ;  $b = -0.98, p = .048$  respectively) and depressive symptoms ( $b = -1.21, p = .017$ ;  $b = -1.34, p = .024$  respectively). Individuals with higher baseline levels of worry and rumination obtained a greater reduction in emotional symptoms from the addition TD-CBT to TAU. Negative metacognitive beliefs were not a significant moderator of any treatment outcome.

**Limitations:** The study assesses cognitive processes over a relatively short period of time and uses self-reported instruments. In addition, it

only includes individuals with mild or moderate anxiety or depressive disorders, which limits generalization to other populations.

**Conclusions:** These results underscore the generalization of the TD-CBT to individuals with emotional disorders in primary care with different cognitive profiles, especially those with high levels of worry and rumination.

**Keywords:** Cognitive processes; Emotional symptoms; Moderator; Performance.

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## **Conflict of interest statement**

Declaration of competing interest None.

## **Full text links**

68. [\*\*Treatment outcomes of Veteran men in a comprehensive dialectical behavior therapy program: Characterizing sex differences in symptom trajectories\*\*](#)

J Psychiatr Res. 2023 Aug;164:90-97. doi: 10.1016/j.jpsychires.2023.05.065. Epub 2023 Jun 8.

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PMID: [37331262](#)

DOI: [10.1016/j.jpsychires.2023.05.065](#)

## **Abstract**

Dialectical Behavior Therapy (DBT) is one of the primary psychosocial treatments for reducing suicidal behaviors and improving psychosocial outcomes among patients with borderline personality disorder (BPD) and has been shown to reduce BPD symptoms when delivered in a Veteran Affairs medical center setting. Despite evidence of similar rates of BPD in both men and women, the vast majority of treatment outcome research in BPD has focused on women. We sought to characterize sex differences in symptom trajectories among Veterans participating in a comprehensive DBT program. We found that Veteran men and women who entered the DBT program were diagnostically and demographically similar. Participants exhibited reductions in BPD symptoms and improvements in emotion regulation over the course of treatment. Moreover, Veteran men reported BPD symptom reductions that were not statistically inferior to those of Veteran women and exhibited a sharper reduction in these symptoms. This research provides support for the use of DBT as a psychosocial treatment for Veteran men with BPD symptoms.

**Keywords:** Borderline personality disorder; Dialectical behavior therapy; Gender; Sex; Veterans.

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## **Conflict of interest statement**

Declaration of competing interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

**Full text links**

69. [Glucagon-like peptide 1 \(GLP-1\) receptor agonists as a protective factor for incident depression in patients with diabetes mellitus: A systematic review](#)

J Psychiatr Res. 2023 Aug;164:80-89. doi: 10.1016/j.jpsychires.2023.05.041. Epub 2023 Jun 5.

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## **Abstract**

Glucagon-like peptide 1 (GLP-1) receptor agonists are widely used for glycemic control in patients with diabetes mellitus (DM) and are primarily indicated for type 2 diabetes mellitus (T2DM). GLP-1 receptor agonists have also been shown to have neuroprotective and antidepressant properties. Replicated evidence suggests that individuals with DM are significantly more likely to develop depression. Herein, we aim to investigate whether GLP-1 receptor agonists can be used prophylactically on patients with DM to lower the risk of incident depression. We conducted a systematic search for English-language articles published on the PubMed/MEDLINE, Scopus, Embase, APA, PsycInfo, Ovid and Google

Scholar databases from inception to June 6, 2022. Four retrospective observational studies were identified that evaluated the neuroprotective effects of GLP-1 receptor agonists on incident depression in patients with DM. We found mixed results with regards to lowering the risk of incident depression, with two studies demonstrating a significant reduction in risk and two studies showing no such effect. A single study found that dulaglutide may lower susceptibility to depression. Our results were limited by high interstudy heterogeneity, paucity of literature, and lack of controlled trials. While we did not find evidence of GLP-1 receptor agonists significantly lowering risk of incident depression in patients with DM, promising neuroprotective data presented in two of the included papers, specifically on dulaglutide where information is scarce, provide the impetus for further investigation. Future research should focus on better elucidating the neuroprotective potential of different classes and doses of GLP-1 receptor agonists using controlled trials.

**Keywords:** Depression; Diabetes mellitus; GLP-1; GLP-1 receptor agonist; Incretin; Neuroprotective.

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## **Conflict of interest statement**

Declaration of competing interest R.S.M has received research grant support from CIHR/GACD/National Natural Science Foundation of China (NSFC); speaker/consultation fees from Lundbeck, Janssen, Alkermes, Neumora Therapeutics, Boehringer Ingelheim, Sage, Biogen, Mitsubishi Tanabe, Purdue, Pfizer, Otsuka, Takeda, Neurocrine, Sunovion, Bausch Health, Axsome, Novo Nordisk, Kris, Sanofi, Eisai, Intra-Cellular, NewBridge Pharmaceuticals, Abbvie, Atai Life Sciences. R.S.M is a CEO of Braxia Scientific Corp. T.G.R was supported in part by the National Institute on Aging (NIA) through Yale School of Medicine (#T32AG019134) in the past 3 years. T.G.R has also been funded by the NIA (#R21AG070666), National Institute of Mental Health (#R21MH117438) and Institute for Collaboration on Health, Intervention, and Policy (InCHIP) of the University of Connecticut. T.G.R serves as a review committee member for Patient-Centered Outcomes Research Institute (PCORI) and Substance Abuse and Mental Health Services Administration (SAMHSA) and has received honoraria payments from PCORI and SAMHSA. T.G.R has also served as a stakeholder/consultant for



PCORI and received consulting fees from PCORI. TGR is currently a co-editor-in-chief of Mental Health Science and has received honorarium payments from the publisher, John Wiley & Sons, Inc. R.H has received research grant support from NUS iHeathtech Other Operating Expenses (R-722-000-004-731). L.M.W.L has received personal fees from Braxia Scientific Corp and honoraria from Medscape. All other authors have no conflicts of interest to declare. K.M.T has received personal fees from Braxia Scientific Corp.

### **Full text links**

70. [\*\*Posttraumatic stress symptoms, posttraumatic growth, and personality factors: A network analysis\*\*](#)

J Affect Disord. 2023 Oct 1;338:207-219. doi: 10.1016/j.jad.2023.06.011. Epub 2023 Jun 7.

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PMID: [37290526](#)

DOI: [10.1016/j.jad.2023.06.011](#)

## Abstract

**Background:** After experiencing a traumatic event, two possible outcomes are experiencing positive changes, such as posttraumatic growth (PTG), and/or experiencing distress in the form of posttraumatic stress symptoms (PTSS). These constructs are not mutually exclusive; those who experience PTSS may concurrently or at a later date likewise undergo PTG. Pretrauma factors, such as personality as measured by the Big Five Inventory (BFI), can interact with both PTSS and PTG.

**Methods:** The present study utilized Network theory to examine the interactions between PTSS, PTG, and personality in 1310 participants. Three networks were computed (PTSS, PTSS/BFI, PTSS/PTG/BFI).

**Results:** Within the PTSS network, strong negative emotions emerged as the strongest influence on the network. Again, in the PTSS and BFI network, strong negative emotions exerted the strongest overall influence in addition to bridging the PTSS and personality domains. In the network with all variables of interest, the PTG domain of new possibilities was the strongest overall influence on the network. Specific relationships between constructs were identified.

**Limitations:** Limitations of this study include the cross-sectional design and utilization of a sub-threshold PTSD, non-treatment seeking sample.

**Conclusions:** Overall, nuanced relationships between variables of interest were identified, informing personalized treatment and furthers our understanding of both positive and negative responses to trauma. As the primary influence across two networks, the experience of strong negative emotions appears to be central to the subjective experience of PTSD. This may indicate a need to modify present treatments for PTSD, which conceptualize PTSD as a primarily fear-based disorder.

**Keywords:** Network theory; PTSD; Personality; Posttraumatic growth.

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## **Conflict of interest statement**

Declaration of competing interest The authors have no conflicts of interest to disclose.

## **Full text links**

### 71. [Resilience and well-being among persons with spinal cord injury/disorders](#)

Rehabil Psychol. 2023 Aug;68(3):324-337. doi: 10.1037/rep0000509. Epub 2023 Jun 8.

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PMID: [37289537](#)

DOI: [10.1037/rep0000509](#)

## **Abstract**

**Purpose:** We examined positive behavioral resources and characteristics that might distinguish resilient personality prototypes among persons with chronic spinal cord injury/disorder (SCID). Positive psychology variables with clear linkages to existing psychological interventions were examined as potential mediators of the resilience-well-being relationship. Research Method and Design: A cross-sectional, self-report study was conducted. Two hundred and ninety-eight consenting members of the

Paralyzed Veterans of America (268 male; 236 self-identified as white) provided useable survey data for analysis (including 161 veterans with tetraplegia, 107 with paraplegia, 30 with cauda equina). Cluster analysis of Big Five personality traits identified resilient and nonresilient personality profiles. Tests of mean differences between resilient and nonresilient participants on behavioral resources and characteristics were performed. Path models predicting well-being and health-related quality of life (HRQL) were conducted.

**Results:** One hundred and sixty-three respondents had resilient personality profiles and 135 had nonresilient profiles. Resilient individuals reported significantly more optimal scores on every positive psychology variable, and greater well-being and HRQL than nonresilient respondents. Path models found the relationship of resilience to well-being was explained through its beneficial associations with psychological flexibility, use of personal strengths, meaning in life (MIL), and gratitude. Psychological flexibility also mediated the resilience-HRQL relationship. Cauda equina was significantly associated with higher pain interference and lower HRQL.

**Conclusions:** Higher gratitude, MIL, use of personal strengths, and psychological flexibility appear to characterize resilience and well-being among persons with chronic SCID. Further studies are needed to understand the impact of pain interference on HRQL among individuals with cauda equina. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

#### **Full text links**

## 72. [\*\*Sex differences in the clinical presentation of early psychosis in a primary care setting\*\*](#)

Arch Womens Ment Health. 2023 Aug;26(4):485-493. doi: 10.1007/s00737-023-01329-w. Epub 2023 Jun 2.

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PMID: [37266694](#)

## Abstract

Primary care is an important part of the help-seeking pathway for young people experiencing early psychosis, but sex differences in clinical presentation in these settings are unexplored. We aimed to identify sex differences in clinical presentation to primary care services in the 1-year period prior to a first diagnosis of psychotic disorder. We identified first-onset cases of non-affective psychotic disorder over a 10-year period (2005-2015) using health administrative data linked with electronic medical records (EMRs) from primary care (n = 465). Detailed information on encounters in the year prior to first diagnosis was abstracted, including psychiatric symptoms, other relevant behaviours, and diagnoses recorded by the family physician (FP). We used modified Poisson regression models to examine sex differences in the signs, symptoms, and diagnoses recorded by the FP, adjusting for various clinical and sociodemographic factors. Positive symptoms (PR = 0.76, 95%CI: 0.58, 0.98) and substance use (PR = 0.54, 95%CI: 0.40, 0.72) were less prevalent in the medical records of women. Visits by women were more likely to be assigned a diagnosis of depression or anxiety (PR = 1.18, 95%CI: 1.00, 1.38), personality disorder (PR = 5.49, 95%CI: 1.22, 24.62), psychological distress (PR = 11.29, 95%CI: 1.23, 103.91), and other mental or behavioral disorders (PR = 3.49, 95%CI: 1.14, 10.66) and less likely to be assigned a diagnosis of addiction (PR = 0.33, 95%CI: 0.13, 0.87). We identified evidence of sex differences in the clinical presentation of early psychosis and recorded diagnoses in the primary care EMR. Further research is needed to better understand sex differences in clinical presentation in the primary care context, which can facilitate better understanding, detection, and intervention for first-episode psychotic disorders.

**Keywords:** Electronic medical records; First-episode psychosis; Primary care; Sex differences; Symptoms.

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[37 references](#)

**Full text links**

73. [The use of MMPI-3 scales to assess personality-based vulnerabilities for alcohol use and problems](#)

Psychol Assess. 2023 Aug;35(8):633-645. doi: 10.1037/pas0001245. Epub 2023 Jun 1.

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PMID: [37261757](#)

DOI: [10.1037/pas0001245](#)

**Abstract**

Impulsivity and excitement seeking are distinctly associated with alcohol use and related problems in emerging adulthood. Specifically, impulsivity is associated with alcohol problems, while excitement seeking is associated with quantity and frequency of alcohol use (Finn, 2002; Gunn et al., 2013). Given how critical these traits are to alcohol use disorder, such that they play central roles in prominent theories such as Finn's (2002) cognitive motivational theory (CMT), we examined how impulsivity, excitement seeking, and related constructs were captured by an instrument used in clinical practice, the Minnesota Multiphasic Personality Inventory-3 (MMPI-3; Ben-Porath & Tellegen, 2020a, 2020b). In a sample of 401 college students, we investigated MMPI-3 scales representing the CMT constructs-impulsivity/novelty seeking, excitement seeking, and low harm avoidance-by examining correlations between MMPI-3 Specific

Problem scales and theoretically relevant criterion measures. Then, we used these scales to predict alcohol-related outcomes. Impulsivity (IMP), Social Avoidance (SAV), and Anxiety-Related Experiences (ARX) scales captured the core CMT constructs that are said to reflect personality-based vulnerabilities to alcohol-related problems. Further, Impulsivity and Social Avoidance scales incremented the Substance Abuse (SUB) scale in predicting risky drinking outcomes (alcohol problems and quantity and frequency of use). Overall, results support the use of select MMPI-3 scales in providing a nuanced assessment of personality-based vulnerabilities in college-aged drinkers. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

### Full text links

74. [Schizophrenia spectrum disorders in Denmark between 2000 and 2018: Incidence and early diagnostic transition](#)

Acta Psychiatr Scand. 2023 Aug;148(2):190-198. doi: 10.1111/acps.13565. Epub 2023 May 26.

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PMID: [37237326](#)

DOI: [10.1111/acps.13565](#)

## Abstract

**Background:** Schizophrenia spectrum disorders (SSD) comprise a group of related mental disorders, which share clinical features and common genetic disposition, but it is unknown if there is a diagnostic transition between these disorders over time. We aimed to study the incidence at the first SSD diagnosis between 2000 and 2018, defined as schizophrenia, schizotypal or schizoaffective disorder, and the early diagnostic transition between these disorders.

**Methods:** Using Danish nationwide healthcare registers, we identified all individuals aged 15-64 years during the period from 2000 to 2018 in Denmark and calculated the yearly incidence rates for the specific SSDs. We studied the diagnostic pathways from the first ever diagnosis of an SSD across the subsequent two treatment courses with an SSD diagnosis to evaluate early diagnostic stability, and explore potential changes over time.

**Results:** Among 21,538 patients, yearly incidence rates per 10,000 individuals were similar during the observation period for schizophrenia (2000: 1.8; 2018: 1.6), lower for schizoaffective disorder (2000: 0.3; 2018: 0.1) and increasing for schizotypal disorder (2000: 0.7; 2018: 1.3). Among the subgroup of 13,417 individuals with three separate treatment courses, early diagnostic stability was present among 89.9% which differed between the disorders (schizophrenia: 95.4%; schizotypal disorder:

78.0%; schizoaffective disorder: 80.5%). Among 1352 (10.1%) experiencing an early diagnostic transition, 398 (3.0%) were diagnosed with schizotypal disorder after a schizophrenia or schizoaffective disorder diagnosis.

**Conclusion:** This study provides comprehensive incidence rates for SSDs. The majority of patients experienced early diagnostic stability, but sizable proportions of people with initial schizophrenia or schizoaffective disorder are subsequently diagnosed with schizotypal disorder.

**Keywords:** early diagnosis; geographical differences; schizophrenia; schizophrenia-spectrum disorder; schizotypal disorder.

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[21 references](#)

**Full text links**

75. [\*\*Long-term mental health consequences of female- versus male-perpetrated child sexual abuse\*\*](#)

Child Abuse Negl. 2023 Sep;143:106240. doi: 10.1016/j.chiabu.2023.106240. Epub 2023 May 24.

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PMID: [37235997](#)

DOI: [10.1016/j.chiabu.2023.106240](#)

## Free article

## Abstract

**Background:** Research on child sexual abuse increasingly focuses on sexually offending females; however, there is a lack of research that focuses on the individuals being affected. Studies have suggested that the consequences for those affected by sexually offending males and females are comparable.

**Objective:** The aim is to compare mental health consequences of sexual abuse perpetrated by women versus men in quantity and type.

**Participants and setting:** Data was anonymously retrieved from the German-wide contact point "help line sexual abuse" from 2016 to 2021. Details of abuse cases, gender of the offending individuals, and reported mental disorders of the person affected were analyzed. The sample consisted of N = 3351 callers with experiences of child sexual abuse.

**Method:** The relationship between gender of the perpetrating person and mental disorders of the victimized person was computed using logistic regression models. To account for rare events data, Firth's logistics regression model was used.

**Results:** The consequences were similar in quantity, albeit different in type. Callers with experiences of female-perpetrated abuse were more likely to report suicidality, non-suicidal self-injury behavior, personality

disorders, dissociative identity disorders, alcohol/ drug addiction, and schizophrenia, while people with experiences of male-perpetrated abuse rather reported post-traumatic stress disorder, affective disorders, anxiety disorders, dissociative disorders, eating disorders, externalized disorders, and psychosomatic disorders.

**Conclusions:** The differences may be due to stigmatization leading to dysfunctional coping mechanisms. Societal gender stereotypes must be reduced, especially within the professional helping system to ensure support for people who have experienced sexual abuse, regardless of gender.

**Keywords:** Child sexual abuse; Female perpetrator; Female-perpetrated child sexual abuse; Gender; Mental health consequences.

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## **Conflict of interest statement**

Declaration of competing interest None.

## **Full text links**

76. [\*\*Editorial: The Paradox of Reward Processing in the Association Between Irritability and Depression\*\*](#)

J Am Acad Child Adolesc Psychiatry. 2023 Aug;62(8):853-855. doi: 10.1016/j.jaac.2023.05.001. Epub 2023 May 9.

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PMID: [37169148](#)

DOI: [10.1016/j.jaac.2023.05.001](#)

## Abstract

Irritability as part of depression has been studied for a long time; it was a cardinal symptom in Burton's concept of melancholia and an underlying mechanism toward oneself in Freud's description of melancholia. Today, irritability is considered a cardinal symptom of depression in children and adolescents by DSM-5, along with depressed mood and anhedonia, and is present in about 40% of youth with depression. Longitudinally, irritability has been shown to be a specific predictor of depression across development in several studies.<sup>1</sup> The mechanisms underlying the close relationship between irritability and depression are unclear, but most evidence points to shared risk factors, including genetic risk, family history of depression, early temperament and personality, and parenting styles.<sup>2</sup> However, other plausible shared mechanisms, especially those involving neural circuits, have been undertested.

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## Comment on

[How Obstructed Action Efficacy Impacts Reward-Based Decision Making in Adolescent Depression: An fMRI Study.](#)

Harlé KM, Ho TC, Connolly CG, Simmons A, Yang TT.

*J Am Acad Child Adolesc Psychiatry.* 2023 Aug;62(8):874-884. doi: 10.1016/j.jaac.2023.01.024. Epub 2023 Mar 20.

PMID: 36948392

## Full text links

77. [\*\*The Proposed Specifiers for Conduct Disorder - Parent \(PSCD-P\): Convergent Validity, Incremental Validity, and Reactions to Unfamiliar Peer Confederates\*\*](#)

Res Child Adolesc Psychopathol. 2023 Aug;51(8):1097-1113. doi: 10.1007/s10802-023-01056-x. Epub 2023 Apr 25.

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PMID: [37097378](#)

DOI: [10.1007/s10802-023-01056-x](#)

**Abstract**

Youth who experience psychopathy display multiple impairments across interpersonal (grandiose-manipulative [GM]), affective (callous-unemotional [CU]), lifestyle (daring-impulsive [DI]), and potentially

antisocial and behavioral features. Recently, it has been acknowledged that the inclusion of psychopathic features can offer valuable information in relation to the etiology of Conduct Disorder (CD). Yet, prior work largely focuses on the affective component of psychopathy, namely CU. This focus creates uncertainty in the literature on the incremental value of a multicomponent approach to understanding CD-linked domains. Consequently, researchers developed the Proposed Specifiers for Conduct Disorder (PSCD; Salekin & Hare, 2016) as a multicomponent approach to assess GM, CU, and DI features in combination with CD symptoms. The notion of considering the wider set of psychopathic features for CD specification requires testing whether multiple personality dimensions predict domain-relevant criterion outcomes above-and-beyond a CU-based approach. Thus, we tested the psychometric properties of parents' reports on the PSCD (PSCD-P) in a mixed clinical/community sample of 134 adolescents ( $M_{\text{age}} = 14.49$ , 66.4% female). Confirmatory factor analyses resulted in a 19-item PSCD-P displaying acceptable reliability estimates and a bifactor solution consisting of GM, CU, DI, and CD factors. Findings supported the incremental validity of scores taken from the PSCD-P across multiple criterion variables, including (a) an established survey measure of parent-adolescent conflict; and (b) trained independent observers' ratings of adolescents' behavioral reactions to laboratory controlled tasks designed to simulate social interactions with unfamiliar peers. These findings have important implications for future research on the PSCD and links to adolescents' interpersonal functioning.

**Keywords:** Adolescents; Conduct Disorder (CD); GM traits; PSCD; Psychometric properties; Psychopathy.

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[Cited by 1 article](#)

[92 references](#)

78. [\*\*Personality Traits Interact With Sleep and Biological Rhythm in Patients With Bipolar Disorder\*\*](#)

J Nerv Ment Dis. 2023 Aug 1;211(8):579-584. doi:  
10.1097/NMD.0000000000001658. Epub 2023 Apr 22.

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PMID: [37094578](#)

DOI: [10.1097/NMD.0000000000001658](#)

## Abstract

Sleep disturbances and circadian rhythm changes in bipolar disorder (BD) may have behavioral components as well as biological components. This study aimed to examine the relationship between personality traits, sleep and circadian rhythm in BD. A total of 150 participants with BD, and 150 healthy controls completed the Big Five Personality Test-50 (B5PT-50-TR), Biological Rhythm Interview of Assessment in Neuropsychiatry (BRIAN), Functioning Assessment Short Test (FAST), Pittsburgh Sleep Quality Index (PSQI), Young Mania Rating Scale and Beck Depression Inventory. In the BD group, B5PT-50-TR emotional stability and openness subscale scores were significantly lower in comparison with the healthy control group. Agreeableness and emotional stability subscales were covariates for the BRIAN sleep subscale and emotional stability was a



covariate for PSQI total score. Emotional instability might be a vulnerability factor for sleep disorders and biological rhythm abnormalities in BD. Improvement in emotional instability may relieve sleep disorders and biological rhythm, thereby leading to better treatment outcomes in BD.

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[60 references](#)

### Full text links

## 79. [Potential Prion Involvement in Long COVID-19 Neuropathology, Including Behavior](#)

Cell Mol Neurobiol. 2023 Aug;43(6):2621-2626. doi: 10.1007/s10571-023-01342-8. Epub 2023 Mar 28.

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PMCID: [PMC10047479](#)

DOI: [10.1007/s10571-023-01342-8](#)

**Free PMC article**

## **Abstract**

Prion' is a term used to describe a protein infectious particle responsible for several neurodegenerative diseases in mammals, e.g., Creutzfeldt-Jakob disease. The novelty is that it is protein based infectious agent not involving a nucleic acid genome as found in viruses and bacteria. Prion disorders exhibit, in part, incubation periods, neuronal loss, and induce abnormal folding of specific normal cellular proteins due to enhancing reactive oxygen species associated with mitochondria energy metabolism. These agents may also induce memory, personality and movement abnormalities as well as depression, confusion and disorientation. Interestingly, some of these behavioral changes also occur in COVID-19 and mechanistically include mitochondrial damage caused by SARS-CoV-2 and subsequent production of reactive oxygen species. Taken together, we surmise, in part, long COVID may involve the induction of spontaneous prion emergence, especially in individuals susceptible to its origin may thus explain some of its manifestations post-acute viral infection.

**Keywords:** COVID-19; Confusion; Depression; Long COVID; Mitochondria; Prion; Prion disorders; SARS-CoV-2.

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## **Conflict of interest statement**

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

[33 references](#)

[1 figure](#)

## Full text links

80. [Psychopathic Traits and Parental Practices in Greek-Cypriot Community and Dutch Clinical Referred Samples](#)

Res Child Adolesc Psychopathol. 2023 Aug;51(8):1129-1141. doi: 10.1007/s10802-023-01060-1. Epub 2023 Mar 24.

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PMID: [36961595](#)

DOI: [10.1007/s10802-023-01060-1](#)

## Abstract

Parental practices are associated with psychopathic traits across several developmental stages. However, the majority of available studies focused mainly on the affective dimension of psychopathy, namely callous-unemotional traits, disregarding the grandiose-deceitful and impulsivity-need for stimulation dimensions. The current study examines the distinct associations between all three dimensions with parental practices

(parental involvement, poor monitoring, inconsistent discipline, and corporal punishment) after considering the effect of conduct problems (CPs) and sex in a Greek-Cypriot primary school sample (N = 792, Mage = 6.93, SD = 0.72) and a Dutch clinical-referred sample (N = 217, Mage = 9.55, SD = 1.79) of children. In the community sample, hierarchical multiple regression analysis revealed that parents of children with high levels of callous-unemotional traits were more likely to engage in inconsistent discipline but less in positive parental practices. In contrast, high levels of impulsivity-need for stimulation were related to inconsistent discipline. In the clinical sample, callous-unemotional traits were associated with less parental involvement and grandiose-deceitful dimension with high levels of inconsistent discipline. These findings suggest that the three psychopathy dimensions have unique relations with parental practices above and beyond CPs, proposing that parental practices may be influenced more strongly by psychopathic traits than by antisocial behavior.

**Keywords:** Callous Unemotional traits; Grandiosity; Impulsivity; Parental practices; Psychopathic traits.

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[72 references](#)

81. [\*\*Correlates of chronic depression in the general population: results from the CoLaus|PsyCoLaus study\*\*](#)

Soc Psychiatry Psychiatr Epidemiol. 2023 Aug;58(8):1179-1191. doi: 10.1007/s00127-023-02462-8. Epub 2023 Mar 23.

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PMID: [36949341](#)

PMCID: [PMC10366283](#)

DOI: [10.1007/s00127-023-02462-8](#)

### Free PMC article

## Abstract

**Purpose:** Previous population-based studies have partially provided inconsistent results regarding the co-variates of chronic depression, which were likely to be attributable to methodological limitations. The present paper that compared people with chronic major depressive disorder (MDD), non-chronic MDD and no mood disorder in the community focused on specific atypical and melancholic depression symptoms and subtypes of MDD, family history (FH) of mood disorders, measured physical cardiovascular risk factors (CVRF), personality traits, coping style and adverse life-events.

**Methods:** Data stemmed from a population-based cohort including 3618 participants (female 53%, n=1918; mean age 50.9 years, s.d. 8.8 years). Among them 563 had a lifetime history of chronic MDD, 1060 of non-chronic MDD and 1995 of no mood disorder. Diagnostic and FH information were elicited through semi-structured interviews, CVRF were assessed through physical investigations.

**Results:** The major findings were that chronic MDD was associated with increase in appetite/weight and suicidal ideation/attempts during the most severe episode, higher exposure to life-events in adulthood, higher levels of neuroticism, lower levels of extraversion and lower levels of

informal help-seeking behavior but less frequent FH of MDD compared to non-chronic MDD.

**Conclusion:** Chronic MDD is associated with a series of potential modifiable risk factors which are accessible via psychotherapeutic approaches that may improve the course of chronic MDD.

**Keywords:** Adverse life-events; Cardiovascular risk factors; Chronic depression; Community study; Coping styles; Depression subtypes; Personality traits.

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## **Conflict of interest statement**

The authors declare no conflict of interest.

[31 references](#)

## **Full text links**

### 82. [\*\*Different personality profiles in patients with cluster headache: a data-driven approach\*\*](#)

Neurol Sci. 2023 Aug;44(8):2853-2861. doi: 10.1007/s10072-023-06713-z. Epub 2023 Mar 21.

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PMID: [36941517](#)

DOI: [10.1007/s10072-023-06713-z](https://doi.org/10.1007/s10072-023-06713-z)

## Abstract

**Introduction:** Cluster headache (CH) is usually comorbid to mood spectrum disorders, but the psychopathological aspects are poorly explored. We aimed at identifying discrete profiles of personality traits and their association with clinical features.

**Methods:** Based on the personality scales of the Millon Clinical Multiaxial Inventory-III, principal component analysis (PCA) identified psychological patterns of functioning of 56 CH patients. PCA outcomes were used for hierarchical cluster analysis (HCA) for sub-groups classification.

**Results:** Eighty-seven percent of patients had personality dysfunctions. PCA found two bipolar patterns: (i) negativistic, sadic-aggressive, borderline, and compulsive traits were distinctive of the psychological dysregulation (PD) dimension, and (ii) narcissistic, histrionic, avoidant, and schizoid traits loaded under the social engagement (SE) component. PD was associated with disease duration and psychopathology. SE was related to educational level and young age. HCA found three groups of patients, and the one with high PD and low SE had the worst psychological profile.

**Conclusions:** Personality disorders are common in CH. Our data-driven approach revealed distinct personality patterns which can appear differently among patients. The worst combination arguing against mental health is low SE and high PD. Linking this information with medical history

may help clinicians to identify tailored-based therapeutic interventions for CH patients.

**Keywords:** Cluster headache; Pain; Personality; Psychological functioning; Psychopathology.

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[31 references](#)

**Full text links**

83. [\*\*Societal costs of personality disorders: A cross-sectional multicenter study of treatment-seeking patients in mental health services in Norway\*\*](#)

J Clin Psychol. 2023 Aug;79(8):1752-1769. doi: 10.1002/jclp.23504. Epub 2023 Mar 14.

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PMID: [36916214](#)

DOI: [10.1002/jclp.23504](#)

## Abstract

**Objective:** There is a relatively small body of research on the cost-of-illness of personality disorders (PDs). Most studies only include borderline PD. The aim of this study was to investigate mean societal costs, including its components, (direct) health service costs and (indirect) productivity loss, among treatment-seeking patients with the broad range of all PDs according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).

**Methods:** Cross-sectional data from 911 patients diagnosed with at least 1 PD were retrieved from the quality register of the Norwegian Network for Personality Disorders-a collaboration of PD treatment units within specialist mental health services. The patients were referred in the time

period 2017-2020. Estimation of costs was based on a bottom-up approach, using information from a structured interview covering the 6-month period before assessment, whereas unit costs were retrieved from public reports, public records, or public agencies. The human capital approach was used to calculate productivity loss. Diagnoses were determined by semi-structured diagnostic interviews (Structured Clinical Interview for DSM-5-PD [SCID-5-PD]).

**Results:** The mean societal costs were €20.260 during the 6-month period before specialized treatment. The largest cost component was productivity loss (65%), whereas health service costs constituted 35%. The main contributors to societal costs from the underlying health service cost components were inpatient treatment (20.5%) and individual outpatient treatment (10.5%).

**Conclusion:** Societal costs were substantial among treatment-seeking patients with the broad range of DSM-5 PDs, comparable to the societal costs of schizophrenia, and significantly higher than the societal costs of both depression and anxiety disorders. The cost estimates converged with recent, register-based cost-of-illness studies of different PDs but exceeded previous findings from other bottom-up studies. Furthermore, the results underscore the importance of implementing effective and specialized treatment for patients with a broad range of PDs, not only to alleviate individual suffering but also to reduce the level of societal costs. The emphasis on productivity loss as a main contributor to the overall societal costs is substantiated, hence underlining the relevance of interventions focusing on improving occupational functioning.

**Keywords:** personality disorders; societal costs.

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[Cited by 1 article](#)

[58 references](#)

**Full text links**

84. [Prejudice toward people with borderline personality disorder: Application of the prejudice toward people with mental illness framework](#)

Int J Soc Psychiatry. 2023 Aug;69(5):1213-1222. doi: 10.1177/00207640231155056. Epub 2023 Feb 16.

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PMID: [36794515](#)

PMCID: [PMC10338706](#)

DOI: [10.1177/00207640231155056](#)

**Free PMC article**

**Abstract**

**Background:** People living with borderline personality disorder (BPD) face high levels of prejudice and discrimination from both the community and medical professionals, but no measure of prejudice toward people living with BPD exists.

**Aims:** The current study aimed to adapt an existing Prejudice toward People with Mental Illness (PPMI) scale and investigate the structure and nomological network of prejudice toward people with BPD.

**Methods:** The original 28-item PPMI scale was adapted to create the Prejudice toward People with Borderline Personality Disorder (PPBPD) scale. The scale and related measures were completed by three samples:

217 medical or clinical psychology students, 303 psychology undergraduate students, and 314 adults from the general population.

**Results:** The original four-factor structure of the PPMI was supported in the PPBPD scale. Reported prejudice toward people with BPD was more negative than prejudice toward people with mental illness in general. The association of the PPBPD scale with antecedents and consequences was assessed, including social dominance orientation, right-wing authoritarianism, ethnocentrism, personality traits, empathy, prior contact, and feelings toward other stigmatized groups and mental illnesses.

**Conclusions:** This study provided evidence for the validity and psychometric properties of the PPBPD scale across three samples and investigated anticipated relationships with theoretically related antecedents and consequences. This research will help improve understanding of the expressions underlying prejudice toward people with BPD.

**Keywords:** Prejudice; borderline personality disorder; scale construction; stigma.

[39 references](#)

[1 figure](#)

**Full text links**

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85. [\*\*A stenography of empathy: Toward a consensual model of the empathic process\*\*](#)

Encephale. 2023 Aug;49(4):399-407. doi: 10.1016/j.encep.2022.12.002. Epub 2023 Feb 10.

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PMID: [36775761](https://pubmed.ncbi.nlm.nih.gov/36775761/)

DOI: [10.1016/j.encep.2022.12.002](https://doi.org/10.1016/j.encep.2022.12.002)

## **Abstract**

Empathy has gained popularity in the general population and the scientific world during the past decade. Recently, several researchers found a significant decrease in empathy scores of healthcare students (notably medical students) and recommend promoting empathy skills in several fields of education. The current paper presents a new model of the empathic process: a stenography of empathy compelling scientific data and contemporary conceptions. Indeed, we combined all pioneer researchers' conceptions of empathy (Davis, Decety, Batson, Preston & de Waal) into an integrative model. This model is centered on the empathizer (i.e., a person observing a target experiencing emotions) and displays how all empathy components are articulated, explaining the individuals' general functioning and how the process might become dysfunctional. We illustrated applications of the model with three clinical examples (i.e., burnout, psychopathy, and borderline personality disorders) to display how empathy is related to psychopathological symptoms. We believe this new dynamic and sequential model would be helpful in explaining how empathy works, which is of great interest to healthcare students, clinicians, researchers, and academics.

**Keywords:** Contagion émotionnelle; Education; Emotion regulation; Emotional contagion; Empathie; Empathy; Formation académique; Psychopathologie; Psychopathology; Régulation émotionnelle.

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### Full text links

## 86. [Personality as a Predictor of Disability in Multiple Sclerosis](#)

Arch Clin Neuropsychol. 2023 Jul 25;38(5):657-666. doi: 10.1093/arclin/acad010.

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PMID: [36764662](#)

PMCID: [PMC10369360](#)

DOI: [10.1093/arclin/acad010](#)

## Free PMC article

### Abstract

**Objective:** As personality changes and personality disorders are frequently observed in multiple sclerosis (MS), personality may be a prognostic factor for this disease. The present study investigated the influence of personality on disability, progression, and treatment adherence in MS.

**Method:** Personality was assessed in 41 patients with Relapsing-Remitting MS (30 females; mean age = 42.63 years) using the NEO Personality Inventory-3rd edition. Disability was measured with the Expanded Disability Status Scale, and treatment adherence information was collected from the Swiss MS Cohort. Correlation, multiple linear and partial least square regressions were performed to examine relations between personality, disability, and treatment adherence in MS.

**Results:** After accounting for age and time since disease onset, our analysis revealed that Neuroticism ( $\beta = 0.32$ ,  $p = 0.01$ ) and its Vulnerability facet ( $\beta = 0.28$ ,  $p < 0.05$ ) predicted greater disability, whereas Extraversion ( $\beta = -0.25$ ,  $p = 0.04$ ) and its Activity facet ( $\beta = -0.23$ ,  $p < 0.05$ ) predicted milder disability. Regarding disability progression, correlational analysis revealed that it was negatively correlated with Extraversion ( $r = -0.44$ ,  $p = 0.02$ ) and the Feelings facet of Openness ( $r = -0.41$ ,  $p = 0.03$ ), but regressions failed to highlight any predictive links. No significant results could be demonstrated for treatment adherence.

**Conclusions:** Overall, our study showed that some personality traits can impact disability in MS, indicating that these should be considered in clinical practice, as they could be used to adapt and improve patients' clinical support.

**Keywords:** Disability/handicaps; Multiple sclerosis; Personality and personality disorders.

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### Conflict of interest statement

None declared.

[37 references](#)

[4 figures](#)

**Full text links**

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87. **[How well can an AI chatbot infer personality?  
Examining psychometric properties of  
machine-inferred personality scores](#)**

J Appl Psychol. 2023 Aug;108(8):1277-1299. doi:  
10.1037/apl0001082. Epub 2023 Feb 6.

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PMID: [36745068](#)

DOI: [10.1037/apl0001082](#)



## Abstract

The present study explores the plausibility of measuring personality indirectly through an artificial intelligence (AI) chatbot. This chatbot mines various textual features from users' free text responses collected during an online conversation/interview and then uses machine learning algorithms to infer personality scores. We comprehensively examine the psychometric properties of the machine-inferred personality scores, including reliability (internal consistency, split-half, and test-retest), factorial validity, convergent and discriminant validity, and criterion-related validity. Participants were undergraduate students ( $n = 1,444$ ) enrolled in a large southeastern public university in the United States who completed a self-report Big Five personality measure (IPIP-300) and engaged with an AI chatbot for approximately 20-30 min. In a subsample ( $n = 407$ ), we obtained participants' cumulative grade point averages from the University Registrar and had their peers rate their college adjustment. In an additional sample ( $n = 61$ ), we obtained test-retest data. Results indicated that machine-inferred personality scores (a) had overall acceptable reliability at both the domain and facet levels, (b) yielded a comparable factor structure to self-reported questionnaire-derived personality scores, (c) displayed good convergent validity but relatively poor discriminant validity (averaged convergent correlations = .48 vs. averaged machine-score correlations = .35 in the test sample), (d) showed low criterion-related validity, and (e) exhibited incremental validity over self-reported questionnaire-derived personality scores in some analyses. In addition, there was strong evidence for cross-sample generalizability of psychometric properties of machine scores. Theoretical implications, future research directions, and practical considerations are discussed. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

### Full text links

88. [Trait continuity: Can parent-rated infant temperament predict HEXACO personality in early adulthood?](#)

Scand J Psychol. 2023 Aug;64(4):512-526. doi: 10.1111/sjop.12898. Epub 2023 Feb 6.

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PMID: [36744852](#)

DOI: [10.1111/sjop.12898](#)

## Abstract

Examining the Raine cohort study, we tested the trait continuity hypothesis by examining the extent that young adults' (25-29 years old) self-reported HEXACO personality can be statistically predicted from multi-dimensional parental temperament ratings collected in infancy (1-2 years old). The study incorporated a lagged design (two waves), a large sample size (n = 563), and examined both temperament and personality as both dimensions and profiles. Overall, we found very limited evidence of trait continuity, with generally very weak and few statistically significant observed associations of infant temperament with early adulthood personality. Relations were weak whether profile or dimension-based operationalizations of both phenomena were adopted. Additionally, controlling for sex affected the relations of temperament and personality only to a small extent for most of the traits, and moderation effects of sex were generally zero-to-trivial in size. Altogether, parent-rated temperament in infancy seems to provide little information about HEXACO personality in early adulthood.

**Keywords:** HEXACO; Infant temperament; development; personality; trait continuity.

[113 references](#)

### Full text links

89. [\*\*Psychiatric comorbidity in individuals with bipolar disorder: relation with clinical outcomes and functioning\*\*](#)

Eur Arch Psychiatry Clin Neurosci. 2023 Aug;273(5):1175-1181. doi: 10.1007/s00406-023-01562-5. Epub 2023 Feb 1.

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PMID: [36725737](#)

DOI: [10.1007/s00406-023-01562-5](#)

## Abstract

The aim was to assess the lifetime prevalence of psychiatric comorbidity (PC) in Brazilian euthymic individuals with bipolar disorder type I, and investigate its effects on clinical outcomes and functioning. A group of 179 outpatients with BD-I in the recuperation phase were assessed, of whom 75 (41.9%) had PC and 104 (58.1%) had not. Both groups were compared using sociodemographic/clinical questionnaire, Structured Clinical Interview for DSM-IV axis I and II, Sheehan Disability and Barratt Impulsiveness Scales. Patients with PC presented less religious affiliation, more history of lifetime psychotic symptoms, rapid cycling, suicide attempts, worse scores of functioning, and higher prevalence of personality disorders. Ordinal logistic regression indicated that PC was associated with increased odds of worse levels of disability. Therefore, it could be observed that patients with BD evaluated only in euthymia presented a high mental disorders comorbidity. Considering their burdensome impact, appropriate management is a challenging reality and a crucial factor in reducing morbidity and mortality associated with BD. Further longitudinal studies on their relationship may broaden interventions to reduce patient's suffering.

**Keywords:** Bipolar disorder; Euthymia; Functioning; Personality disorder; Psychiatric comorbidity.

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[45 references](#)

**Full text links**

90. [\*\*Survival of patients with severe mental disorders: Influence of social functioning\*\*](#)

Int J Soc Psychiatry. 2023 Aug;69(5):1157-1165. doi:  
10.1177/00207640231152201. Epub 2023 Jan 28.

## Authors

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PMID: [36708399](#)

DOI: [10.1177/00207640231152201](#)

## Abstract

**Background:** Patients with severe mental disorders have a high risk of premature death due to the interaction of various factors. Social functioning is a strategic functional factor in understanding the course of psychotic disorders.

**Aim:** Analyze the relationship between social functioning and its various dimensions and survival during a 10-year follow-up.

**Method:** The Social Functioning Scale (SFS) was administered to 163 close relatives of patients under treatment at a Community Mental Health Unit. Survival was described by Kaplan-Meier analysis and any differences in survival by level of social functioning were found by long-rank analysis. Finally, Cox regression was used to predict premature mortality.

**Results:** Significant differences in mortality were identified in the interpersonal behavior dimension of social functioning, while there were no significant gender or diagnostic differences in the rest of the dimensions. The interpersonal behavior dimension and age were found to be factors predicting premature death.

**Conclusion:** These findings show the protective effect of social functioning retained by patients with psychotic disorders on their survival, and the need to apply evidence-based psychotherapy focused on recovery of social functioning in the early stages of the disorder.

**Keywords:** Schizophrenia; bipolar disorder; course; premature death; psychotic disorders.

### Full text links

91. [\*\*Autism spectrum disorder and personality disorders: How do clinicians carry out a differential diagnosis?\*\*](#)

Autism. 2023 Aug;27(6):1847-1850. doi: 10.1177/13623613231151356. Epub 2023 Jan 28.

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PMID: [36708368](#)

PMCID: [PMC10374990](#)

DOI: [10.1177/13623613231151356](#)

**Free PMC article**

## Abstract

It is now recognised that autism spectrum disorder (ASD) and personality disorders (PDs) have a variety of factors in common. However, the exact nature of the relationship between ASD and the PDs remains unclear. The overlapping symptom profiles of ASD and PDs can lead to diagnostic uncertainty - features of ASD and PD can be misattributed and easily lead to misdiagnosis of ASD patients. Since differentiating between ASD and PD is such a complex task, it has been argued that there is a need for additional understanding and markers for facilitating diagnostic procedures. There is an urgent need to explore, first, how clinicians make diagnostic decisions and, second, how to effectively deal with the challenges and difficulties they face when making decisions. Also, where there are clear overlaps, how do clinicians choose how to attribute labels in order to understand the person.

**Keywords:** ASD; autism spectrum disorder; personality disorders.

[20 references](#)

### Full text links

92. [\*\*The relationship between chronotype, dispositional mindfulness and suicidal ideation among medical students: mediating role of anxiety, insomnia and social dysfunction\*\*](#)

J Sleep Res. 2023 Aug;32(4):e13823. doi: 10.1111/jsr.13823. Epub 2023 Jan 22.

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PMID: [36682738](#)

DOI: [10.1111/jsr.13823](#)

## Abstract

The aim of the study was to assess whether chronotype and subjective amplitude may predict suicidal ideation independently of mindfulness, and whether anxiety/insomnia and social dysfunction may be mediators of the relationship between chronotype and suicidal thoughts among medical students. The study group comprised 600 students of the medical faculties (191 men and 409 women), with a mean (SD, range) age of 21.94 (1.81, 18-31) years. The participants completed the Chronotype Questionnaire, the Five Facet Mindfulness Questionnaire (FFMQ) and the General Health Questionnaire (GHQ-28). Two items from GHQ-28 depression scale were extracted to measure suicidal ideation. The FFMQ score correlated negatively with the suicidal ideation score. The total effect of chronotype was insignificant when controlled for FFMQ. In the case of indirect effects, subjective amplitude score predicted suicidal ideation via both anxiety/insomnia and social dysfunction scores. The FFMQ score predicted suicidal ideation only via the social dysfunction scale. The direct effect of subjective amplitude was insignificant. Our findings indicate that the flexibility (or rigidity) of circadian rhythm may be linked to the intensity of experienced suicidal ideation, but only via anxiety/insomnia



and social dysfunction, independently of mindfulness and morningness-eveningness.

**Keywords:** Morningness-eveningness; subjective amplitude of the rhythm; suicidal thoughts; traits mindfulness.

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[59 references](#)

### Full text links

93. [\*\*A systematic review of the efficacy of psychological treatments for people detained under the Mental Health Act\*\*](#)

J Psychiatr Ment Health Nurs. 2023 Aug;30(4):600-619. doi: 10.1111/jpm.12897. Epub 2023 Feb 5.

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PMID: [36655589](#)

DOI: [10.1111/jpm.12897](#)

### Abstract

WHAT IS KNOWN ON THE SUBJECT?: International reviews have looked at therapy outcomes for patients on mental health wards, showing it is associated with reduced emotional distress and readmission. Reviews

have not looked at which specific treatments are most effective. No review has been done in England and Wales for patients detained specifically under the Mental Health Act.

**What the paper adds to existing knowledge:** The paper gives an overview of the limited evidence in England and Wales. The paper shows which therapies have been measured. **WHAT ARE THE IMPLICATIONS FOR PRACTICE?:** Larger studies are needed across all types of patient wards in England and Wales with random allocation to types of therapy and longer-term follow-up. More studies are needed where researchers are not aware of the therapy being delivered. More studies need to use a mixture of patient and clinician outcome measures. Outcomes should also measure incident, readmission and reoffending rates. More evidence is needed from patients who are female, non-white and who are diagnosed with depression and anxiety.

**Abstract:** INTRODUCTION: The efficacy of psychological interventions delivered under the Mental Health Act (1983) (MHA) in England and Wales is unclear. While meta-analyses have reviewed acute and forensic psychological interventions in wider geographical areas, there has been no review specifically in the unique MHA context.

**Aim:** A systematic review was conducted of psychological outcomes for inpatients detained under the MHA in England and Wales.

**Method:** Diagnoses and type of psychological intervention were not restricted, provided a psychological outcome measure was used. Studies were identified through APA PsychInfo, MEDLINE, CINAHL and Academic Search using a combination of key terms. Data extraction included effect direction, statistical significance, intervention type, format and duration, study size, inpatient setting, control group and study quality.

**Results:** High-quality evidence was sparse. Some improvements were found in overall well-being, self-esteem, social functioning, problem-solving, substance use, anger, offending attitudes, fire-setting, violence, anxiety, depression, personality disorder and psychosis. However, the overall evidence base is lacking.

**Discussion:** Larger-scale randomized controlled trials are needed across secure, acute and learning disability inpatient settings in England and Wales with longer term follow-up, blind assessors and both self-report and

clinician-rated measures, as well as incident, readmission and reoffending rates. Greater representation is needed of females, non-white groups and affective disorders.

**Clinical implications:** The efficacy of psychological interventions for inpatients detained under the MHA in England and Wales remains unclear. Clinicians are encouraged to use relevant outcome measures in relation to treatment goals, to monitor the efficacy of interventions being offered to this client group.

**Relevance to mental health nursing:** This paper highlights the current body of evidence for psychological interventions in inpatient settings within England and Wales, which is an environment in which mental health nursing plays an important role in patients' recovery. This evidence is also particularly important as there is a shift in clinical practice to training nursing staff to deliver some of the low-intensity psychological interventions, such as behavioural activation, solution-focused therapy and motivational interviewing.

**Keywords:** clinical psychology; inpatient psychology; mental health act; psychological outcomes; psychological therapies.

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[78 references](#)

**Full text links**

94. [\*\*Predictors of suicidal ideation severity among treatment-seeking young people with major depressive disorder: The role of state and trait anxiety\*\*](#)

Aust N Z J Psychiatry. 2023 Aug;57(8):1150-1162. doi: 10.1177/00048674221144262. Epub 2023 Jan 11.

## Authors

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PMID: [36629043](#)

DOI: [10.1177/00048674221144262](#)

## Abstract

**Objective:** Depression and suicidal ideation are closely intertwined. Yet, among young people with depression, the specific factors that contribute to changes in suicidal ideation over time are uncertain. Factors other than depressive symptom severity, such as comorbid psychopathology and personality traits, might be important contributors. Our aim was to identify contributors to fluctuations in suicidal ideation severity over a 12-

week period in young people with major depressive disorder receiving cognitive behavioural therapy.

**Methods:** Data were drawn from two 12-week randomised, placebo-controlled treatment trials. Participants ( $N = 283$ ) were 15-25 years old, with moderate to severe major depressive disorder. The primary outcome measure was the Suicidal Ideation Questionnaire, administered at baseline and weeks 4, 8 and 12. A series of linear mixed models was conducted to examine the relationship between Suicidal Ideation Questionnaire score and demographic characteristics, comorbid psychopathology, personality traits and alcohol use.

**Results:** Depression and anxiety symptom severity, and trait anxiety, independently predicted higher suicidal ideation, after adjusting for the effects of time, demographics, affective instability, non-suicidal self-injury and alcohol use.

**Conclusions:** Both state and trait anxiety are important longitudinal correlates of suicidal ideation in depressed young people receiving cognitive behavioural therapy, independent of depression severity. Reducing acute psychological distress, through reducing depression and anxiety symptom severity, is important, but interventions aimed at treating trait anxiety could also potentially be an effective intervention approach for suicidal ideation in young people with depression.

**Keywords:** Depression; anxiety; personality; suicide; youth.

**Full text links**

95. [\*\*Alcohol use disorder criteria exhibit different comorbidity patterns\*\*](#)

Addiction. 2023 Aug;118(8):1457-1468. doi: 10.1111/add.16121. Epub 2023 Feb 8.

**Authors**

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PMID: [36606740](#)

DOI: [10.1111/add.16121](#)

## Abstract

**Background and aims:** Alcohol use disorder is comorbid with numerous other forms of psychopathology, including externalizing disorders (e.g. conduct disorder) and, to a lesser extent, internalizing conditions (e.g. depression, anxiety). Much of the time, overlap among alcohol use disorder and other conditions is explored at the disorder level, assuming that criteria are co-equal indicators of other psychopathology, even though alcohol use disorder criteria span numerous varied domains. Emerging evidence suggests that there are symptom clusters within the construct of alcohol use disorder that relate differentially with important external criteria, including psychopathology and allied personality traits (e.g. impulsivity, novelty-seeking). The present study mapped individual alcohol use disorder criteria onto internalizing and externalizing dimensions.

**Design and participants:** We used multivariate and factor analytical modeling and data from two large nationally representative samples of past year drinkers (n = 25 604; 19 454).

**Setting:** United States.

**Measurements:** Psychopathology was assessed using the Alcohol Use Disorder and Associated Disabilities Interview Schedule, yielding alcohol use disorder criteria, internalizing diagnoses (i.e. major depressive

disorder, dysthymia, social anxiety disorder, generalized anxiety disorder, specific phobia, agoraphobia and panic disorder) and externalizing diagnoses and symptoms (i.e. antisocial personality disorder, conduct disorder and three impulsivity items drawn from borderline personality disorder criteria). Alcohol consumption was assessed in terms of past-year drinking frequency, usual amount of alcohol consumed on drinking days, binge drinking frequency, intoxication frequency, and maximum number of drinks in a 24-hour period.

**Findings:** Four different patterns emerged. First, several alcohol use disorder criteria were relatively weakly associated with externalizing and internalizing. Secondly, withdrawal was associated with internalizing, but this association was not specific to distress. Thirdly, there was a general lack of specificity between alcohol use disorder criteria and narrower forms of internalizing, despite what might be predicted by modern models of addiction. Fourthly, recurrent use in hazardous situations reflected higher degrees of externalizing and lower internalizing liability.

**Conclusions:** Different symptom combinations appear to yield differential expressions of alcohol use disorder that are disorder-specific, or reflect broader tendencies toward externalizing, internalizing or both.

**Keywords:** alcohol use disorder; comorbidity; externalizing; heterogeneity; internalizing; symptoms.

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## Comment in

[Commentary on Watts et al.: What can comorbidity teach us about the nature of alcohol problems?](#)

Baillie AJ.

Addiction. 2023 Aug;118(8):1469-1470. doi: 10.1111/add.16263.  
Epub 2023 Jun 12.

PMID: 37308085 No abstract available.

[Cited by 1 article](#)

[52 references](#)

**Full text links**

96. [\*\*Prevalence and prediction of dropout during depression treatment in routine outpatient care: an observational study\*\*](#)

Eur Arch Psychiatry Clin Neurosci. 2023 Aug;273(5):1151-1161. doi: 10.1007/s00406-022-01499-1. Epub 2022 Oct 17.

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PMID: [36253582](#)

PMCID: [PMC10359217](#)

DOI: [10.1007/s00406-022-01499-1](#)

**Free PMC article**

## **Abstract**

Efficacious treatments are available for major depressive disorder (MDD), but treatment dropout is common and decreases their effectiveness. However, knowledge about prevalence of treatment dropout and its risk factors in routine care is limited. The objective of this study was to determine the prevalence of and risk factors for dropout in a large outpatient sample. In this retrospective cohort analysis, routinely collected data from 2235 outpatients with MDD who had a diagnostic work-up between 2014 and 2016 were examined. Dropout was defined as treatment termination without achieving remission before the fourth session within six months after its start. Total and item scores on the Dutch Measure for Quantification of Treatment Resistance in Depression (DM-TRD) at baseline, and demographic variables were analyzed for their association with dropout using logistic regression and elastic net analyses. Data of 987 subjects who started routine outpatient depression treatment were included in the analyses of which 143 (14.5%) dropped out. Higher DM-TRD-scores were predictive for lower dropout odds [OR = 0.78, 95% CI = (0.70-0.86),  $p < 0.001$ ]. The elastic net analysis revealed several clinical variables predictive for dropout. Higher SES, higher depression severity, comorbid personality pathology and a comorbid anxiety disorder

were significantly associated with less dropout in the sample. In this observational study, treatment dropout was relatively low. The DM-TRD, an easy-to-use clinical instrument, revealed several variables associated with less dropout. When applied in daily practice and combined with demographical information, this instrument may help to reduce dropout and increase treatment effectiveness.

**Keywords:** Cohort studies; Depressive disorder, major; Dropout; Outpatients; Treatment outcome.

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## **Conflict of interest statement**

Dr. Ruhé had received speaking fees from Janssen and Lundbeck and grants from ZonMW, Horizon 2020 and Hersenstichting. Prof. Peeters receives book royalties from Boom Publishers, Bohn Stafleu van Loghum, and Hogrefe Publishing Group, receives research grants from Zon-MW and the Mitalto Foundation, and received financial compensation as an independent symposium speaker for Janssen-Cilag, and SCEM. The other authors declare that they have no conflict of interest.

[68 references](#)

[2 figures](#)

### **Full text links**

- 
97. [\*\*Psychometric Properties, Factor Structure, and Validity of the Sensitivity to Threat and Affiliative Reward Scale in Children and Adults\*\*](#)

Assessment. 2023 Sep;30(6):1914-1934. doi: 10.1177/10731911221128946. Epub 2022 Oct 17.

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PMID: [36245403](#)

DOI: [10.1177/10731911221128946](#)

## Abstract

Callous-Unemotional (CU) traits identify children at high risk of antisocial behavior. A recent theoretical model proposed that CU traits arise from low sensitivity to threat and affiliation. To assess these dimensions, we developed the parent- and self-reported Sensitivity to Threat and Affiliative Reward Scale (STARS) and tested its psychometric properties, factor structure, and construct validity. Samples 1 ( $N = 3\,03$ ; age 3-10; United States) and 2 ( $N = 854$  age 5-9; Spain) were children and Sample 3 was 514 young adults ( $M_{\text{age}} = 19.89$ ; United States). In Sample 1, differential item functioning and item response theory techniques were used to identify the best-performing items from a 64-item pool, resulting in 28 items that functioned equivalently across age and gender. Factor analysis indicated acceptable fit for the theorized two-factor structure with separate threat and affiliation factors in all three samples, which showed predictive validity in relation to CU traits in children and psychopathic traits in young adults.

**Keywords:** affiliation; callous-unemotional; item response theory; psychopathy; threat.

## Full text links

98. [Concurrent, Convergent, and Discriminant Validity of the \*DSM-5\* Section III Psychopathy Specifier](#)

Assessment. 2023 Sep;30(6):1790-1810. doi:  
10.1177/10731911221124344. Epub 2022 Sep 19.

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PMID: [36124389](#)

PMCID: [PMC10363948](#)

DOI: [10.1177/10731911221124344](#)

**Free PMC article**

**Abstract**

Section III of the fifth iteration of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* includes an alternative model of personality disorder diagnosis that conceptualizes antisocial personality disorder as an interpersonal, rather than behavioral, construct. However, the diagnostic specifier for psychopathy has been met with recent controversy due to its conceptual and empirical overlap with triarchic boldness, which

has been debated as a necessary and sufficient domain of psychopathy. This study examined the concurrent, convergent, and discriminant validity of the specifier using canonical correlation analysis in samples of undergraduate students ( $N = 224$ ) and community adults with prior criminal involvement ( $N = 306$ ). Findings highlight the specifier as a multidimensional construct with divergent associations across its three facets. There was limited validity evidence for two of the three facets, raising concerns regarding the clinical utility of the psychopathy specifier.

**Keywords:** DSM-5 alternative model for personality disorders; antisocial personality disorder; boldness; psychopathy; psychopathy specifier; triarchic model of psychopathy.

## Conflict of interest statement

The author(s) declared the following potential conflicts of interest with respect to the research, authorship, and/or publication of this article: Portions of this article are based on studies comprising the first author's Master's thesis (Fuller, 2019), which were also presented at the 2020 American Psychology-Law Society (AP-LS) annual conference in New Orleans, Louisiana (Fuller et al., 2020).

[103 references](#)

[6 figures](#)

**Full text links**

- 
99. [Levels of Personality Functioning Questionnaire 12-18 \(LoPF-Q 12-18\): Factor Structure, Validity, and Clinical Cut-Offs](#)

Assessment. 2023 Sep;30(6):1764-1776. doi: 10.1177/10731911221124340. Epub 2022 Sep 19.

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PMID: [36124366](#)

PMCID: **PMC10200067** (available on 2023-09-01)

DOI: [10.1177/10731911221124340](#)

## Abstract

The Levels of Personality Functioning Questionnaire 12-18 (LoPF-Q 12-18) is the only self-report measure informed by the Level of Personality Functioning (*Diagnostic and Statistical Manual of Mental Disorders* [5th ed.; *DSM-5*; American Psychiatric Association, 2013]) Alternative Model of Personality Disorders developed for adolescents. The present investigation includes two studies evaluating the English LoPF-Q 12-18. In Study 1, single-factor and bifactor structures (unidimensional severity criterion and four specific factors: identity, self-direction, empathy, intimacy) were evaluated in an ethnically diverse community sample ( $N = 453$ ; age 10-18; 57% female). Study 2 used a community control ( $n = 298$ ; age 10-18; 54.4% female) and clinical sample ( $n = 94$ ; age 11-18; 58.5% female) to examine reliability, validity, and clinical utility. Study 1 results supported the bifactor model, with a robust general factor and little multidimensionality caused by the group factors, suggesting an essentially unidimensional structure. Study 2 revealed good internal consistency and construct validity and provided clinical cut-offs, supporting the use of the LoPF-Q 12-18 total score in research and clinical applications.

**Keywords:** adolescents; alternative model of personality disorder; personality functioning.

## Conflict of interest statement

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

[Cited by 4 articles](#)

### Full text links

100. [\*\*The network structure of psychopathic personality traits in a community sample of young adult females\*\*](#)

Encephale. 2023 Aug;49(4):342-349. doi:  
10.1016/j.encep.2022.02.004. Epub 2022 Aug 18.

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PMID: [35989106](#)

DOI: [10.1016/j.encep.2022.02.004](#)

## Abstract

Despite the growing body of research on the core characteristics of psychopathy, the potential gender differences in the expression and structuration of psychopathic traits have not received adequate attention. Aimed at testing the tacit supposition that the behavioral manifestations and structural architecture of this personality type as it can be observed in men are transposable to women, the present study investigated the network organization of psychopathic traits in a general population sample of young adult women (n=789; 18-20years old) who completed the Youth Psychopathic Traits Inventory - Short Version (YPI-S). We first estimated a network model based on the facets of the YPI-S. We then calculated centrality indices (i.e., strength, expected influence, closeness, and betweenness) in order to identify central and peripheral features of female psychopathy, and finally we performed a bootstrapping procedure to evaluate the accuracy of edge weights as well as the stability of the centrality indices. These last were quite stable and highlighted that unemotionality was the most central trait in the network, followed by manipulation, callousness, and dishonest charm. Our findings therefore corroborate previous results regarding the key contribution of affective characteristics and suggest that the so-called callous-unemotional traits are at the heart of psychopathy regardless of gender. But this research also emphasizes the cardinal role of interpersonal features (and especially manipulation tendencies) in female psychopathy. The centrality of the unemotionality facet-which is not found in male and/or mixed samples - lead us to discuss the links, in women, between psychopathic traits and emotional experience.

**Keywords:** Analyses par réseau; Callous-Unemotional traits; Female psychopathy; Manipulation; Network analysis; Psychopathic traits; Psychopathie féminine; Traits Callous-Unemotional; Traits psychopathiques.

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1. [\*\*Practical psychiatry: Taking gaming seriously - a primer for psychiatrists on gamers and gaming culture\*\*](#)

Australas Psychiatry. 2023 Oct 31:10398562231211137. doi: 10.1177/10398562231211137. Online ahead of print.

**Authors**

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PMID: [37907239](#)

DOI: [10.1177/10398562231211137](https://doi.org/10.1177/10398562231211137)

## Abstract

**Objective:** Up to three billion, of the eight billion people in the world, play videogames. Gaming is a significant global sociocultural influence. This primer will aid psychiatrists in understanding sociocultural milieux of gamers, who include patients and their communities.

**Method:** A rapid narrative review.

**Results:** Benefits include expression of personality, identity and culture through social aspects of gaming. Improved physical health, neurocognition, self-efficacy and quality of life are associated with gaming in those with certain mental health disorders including schizophrenia. Harms may include in-game discrimination, disordered gaming, as well as encouragement of online gambling. There is no longitudinal association between violent games and youth aggression.

**Conclusions:** Psychiatrists should enquire about gaming as part of the sociocultural milieux of patients' lives, and the perceived mental health benefits and harms of gaming.

**Keywords:** benefits; harms; online gaming; sociocultural milieu; video gaming.

## Conflict of interest statement

DisclosureThe author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## 2. [Impairments in Cognitive and Emotional Empathy as Markers of General versus Specific Personality Pathology](#)

Psychopathology. 2023 Oct 31:1-13. doi: 10.1159/000533861. Online ahead of print.

## Authors

[Ludwig Ohse](#)<sup>1</sup>, [Johannes Zimmermann](#)<sup>2</sup>, [André Kerber](#)<sup>3</sup>, [Leonie Kampe](#)<sup>4</sup>, [Jil Mohr](#)<sup>1</sup>, [Robert Schierz](#)<sup>1</sup>, [Michael Rentrop](#)<sup>5 6</sup>, [Isabel Dziobek](#)<sup>7</sup>, [Susanne Hörz-Sagstetter](#)<sup>1</sup>

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PMID: [37906996](#)

DOI: [10.1159/000533861](#)

## Abstract

**Introduction:** The alternative model for personality disorders (AMPD) of the Diagnostic and Statistical Manual of Mental Disorders - 5th edition (DSM-5) considers impairments in empathy a basic feature of personality disorders (PDs). In contrast, the AMPD pathological personality trait model and the categorical DSM-5 Section II PD model associate deficits in empathy to specific forms of personality pathology. The present study investigated to what extent impairments in cognitive and emotional empathy are markers of general versus specific personality pathology.

**Methods:** In a clinical sample (n = 119), the Multifaceted Empathy Test was used to assess cognitive empathy, emotional empathy for positive emotions, and emotional empathy for negative emotions. Personality functioning, pathological personality traits, and DSM-5 Section II PDs were assessed via interviews and self-reports. Confirmatory factor analyses were applied to associate the three empathy facets with the three personality pathology approaches, each modeled with general personality pathology (common factor) and specific personality pathology (residuals of indicators).

**Results:** Impairments in cognitive empathy and emotional empathy for positive emotions were significantly correlated with general personality pathology. All three empathy facets were also correlated to specific personality pathology when controlling for general personality pathology, respectively. Impairments in cognitive empathy were incrementally associated with identity and empathy (personality functioning), psychoticism (pathological personality traits), and paranoid and dependent PD (DSM-5 Section II PDs). Deficits in emotional empathy for positive emotions were incrementally associated with self-direction and intimacy (personality functioning) and detachment (pathological personality traits). Impairments in emotional empathy for negative emotions were incrementally associated with antagonism (pathological personality traits) and antisocial PD (DSM-5 Section II PDs).

**Conclusion:** The results suggest that impairments in cognitive empathy and emotional empathy for positive emotions, but not for negative emotions, are markers of general personality pathology, while deficits in the three empathy facets are also markers for specific personality pathology.

**Keywords:** Cognitive empathy; Emotional empathy; Pathological personality traits; Personality disorders; Personality functioning.

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3. [\*\*The vanishing of the ACoA syndrome after aneurysmal subarachnoid haemorrhage: New era, different management, fewer problems?\*\*](#)

J Neuropsychol. 2023 Oct 30. doi: 10.1111/jnp.12352. Online ahead of print.

**Authors**

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PMID: [37902411](#)

DOI: [10.1111/jnp.12352](#)

## Abstract

Historically, a specific set of symptoms has been related to the rupture and repair of anterior communicating artery (ACoA) aneurysms. These consequences were defined as the 'ACoA syndrome' and included observations of severe memory loss, confabulation and personality or behavioural changes. These observations correspond to neuropsychological impairments in memory, executive functions and social cognition. However, in more recent studies, the existence of such a distinct syndrome has been called into question. We aimed to investigate the existence of the ACoA syndrome, by combining analysis of our own data with a systematic review of the literature. Memory, executive functions and social cognition of subarachnoid haemorrhage patients with ACoA aneurysms (N = 28) were compared to patients with aneurysms in other locations (N = 66). Results showed no significant differences. Subsequently, a systematic review of the existing literature on the ACoA syndrome was performed using Embase and

PubMed until October 2022. Studies that investigated cognitive functions after rupture and repair of ACoA aneurysms were included. The search yielded 847 unique entries and after screening titles and abstracts, 648 records were excluded. 199 full-text articles were assessed for eligibility and 55 articles were included. Evidence was found for the ACoA syndrome in studies between 1960 and 2000, with impairments in memory and executive problems in the majority of studies. However, the majority of studies from 2000 did not demonstrate a distinct ACoA syndrome, although neuropsychological measurements improved. This coincides with the changes in the management of ACoA aneurysms over the past decades, such as the emergence of endovascular treatment and improvement of neurointensive care. Therefore, we hypothesize that the management techniques of ACoA aneurysms until around 2000, i.e. mainly conventional clipping, could be related to the presence of symptoms of the ACoA syndrome.

**Keywords:** aneurysms; cognitive disorders and dementia; endovascular procedures; neuropsychology; subarachnoid haemorrhage.

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[72 references](#)

**Full text links**

4. [\*\*Helper Syndrome and Pathological Altruism in nurses - a study in times of the COVID-19 pandemic\*\*](#)

Front Psychol. 2023 Oct 12:14:1150150. doi: 10.3389/fpsyg.2023.1150150. eCollection 2023.

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PMID: [37901070](#)

PMCID: [PMC10601456](#)

DOI: [10.3389/fpsyg.2023.1150150](#)

## Free PMC article

## Abstract

**Background:** Pathological Altruism and the concept of Helper Syndrome are comparable. We focused on Schmidbauer's description because it provides a comprehensive and testable definition. Nevertheless, this concept of Helper Syndrome has not yet been empirically investigated in a sample of helping professionals.

**Aim:** To investigate whether nurses working with covid-19 patients are more likely to have Helper Syndrome compared with individuals from non-helper professions.

**Methods:** The online survey took place between April 2021 and February 2022, in urban and rural regions of Salzburg, during the time of the COVID-19 pandemic. Nurses ( $n = 447$ ) and controls ( $n = 295$ ) were compared regarding Helper Syndrome characteristics. To measure characteristics of Helper Syndrome the following questionnaires were used: WHO-Five (WHO-5), selected scales of the Personality, Style and Disorder Inventory (PSSI) and the Freiburg Personality Inventory-Revised (FPI-R), the Alcohol Use Disorders Identification Test (AUDIT). Insecure gender identity and self-assessment of having a Helper Syndrome was measured by a Likert scale.

**Results:** In both groups, Helper Syndrome was detected (nurses 29.5%, controls 30.5%). Participants with Helper Syndrome showed significant differences in personality styles and traits, namely significantly higher



scores for *Foreboding-Schizotypal Personality Style*, *Spontaneous-Borderline Personality Style*, *Amiable-Histrionic Personality Style*, *Ambitious-Narcissistic Personality Style*, *Loyal-Dependent Personality Style*, *Helpful-Selfless Personality Style*, *Carefully-Obsessive Personality Style*, *Optimistic-Rhapsodic Personality Style*, *Social Orientation*, *Strain*, *Emotionality* and lower well-being. The only difference between nurses and controls was that nurses were significantly less open aggressive.

**Conclusion:** For the first time, we were able to demonstrate Schmidbauer's concept of Helper Syndrome. According to our data, we found a subgroup of individuals similar to Schmidbauer's description of Helper Syndrome, but this sample was independent of helping or non-helping profession. These individuals seem to be at higher risk for psychiatric disorders.

**Keywords:** COVID - 19; Helper Syndrome; Pathological Altruism; health care professionals; nurses; personality; well-being.

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## **Conflict of interest statement**

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

[30 references](#)

[1 figure](#)

### **Full text links**

5. [\*\*Outcomes of electroconvulsive therapy in patients with depressive symptoms with versus without comorbid personality disorders/traits: A systematic review and meta-analysis\*\*](#)

Acta Psychiatr Scand. 2023 Oct 29. doi: 10.1111/acps.13631. Online ahead of print.

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PMID: [37899505](#)

DOI: [10.1111/acps.13631](#)

## Abstract

**Aims:** To assess electroconvulsive therapy (ECT) outcomes in patients affected by depressive symptoms with versus without additional comorbid personality disorders/traits.

**Methods:** We identified observational studies investigating ECT clinical outcomes in patients affected by depressive symptoms with versus without comorbid personality disorders/traits in Embase/Medline in 11/2022. Our protocol was registered with PROSPERO (CRD42023390833). Study quality was evaluated using the Newcastle-Ottawa-Scale. Our primary outcomes were ECT response and remission rates. Meta-regression analyses included effects of in/outpatient percentages, age, number of ECT sessions, and electrode placement; subgroup analyses included the assessment methods for personality disorders/traits. We performed sensitivity analyses after excluding poor-quality studies.

**Results:** A total of 20 studies (n = 11,390) were included in our analysis. Patients with comorbid personality disorders/traits had lower remission rates (OR = 0.42, 95% CI = 0.31, 0.58, p < 0.001) with substantial heterogeneity (I<sup>2</sup> = 93.0%) as well as lower response rates (OR = 0.35, 95% CI = 0.24, 0.51, n = 5129, p < 0.001) with substantial heterogeneity (I<sup>2</sup> = 93.0%) compared with patients without comorbid personality disorders/traits. Relapse rates were higher in patients with versus without comorbid personality disorders/traits (OR = 3.23, 95% CI = 1.40, 7.45, k = 4, n = 239, p = 0.006) with moderate heterogeneity (I<sup>2</sup> = 75.0%) and post-ECT memory impairment was more frequent in patients with versus without comorbid personality disorders/traits (OR = 1.41, 95% CI = 1.36, 1.46, k = 4, n = 471, p < 0.001) with minimal heterogeneity (I<sup>2</sup> = 0.0%). Dropout rates were higher in patients with versus without comorbid personality disorders/traits (OR = 1.58, 95% CI = 1.13, 2.21, k = 3, n = 6145, p = 0.008).

**Conclusions:** Patients with comorbid personality disorders/traits treated with ECT are reported to have lower response and remission rates and higher rates of side effects and relapse rates compared with patients without personality disorders/traits.

**Keywords:** ECT; electroconvulsive therapy; major depressive disorders; mood disorders; personality disorders; personality traits.

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[53 references](#)

**Full text links**

6. [\*\*Current clinical presentations of AIDS dementia in a tropical environment: study of 26 observations in the neurology department of the University Hospital of Conakry\*\*](#)

Eur J Med Res. 2023 Oct 28;28(1):468. doi: 10.1186/s40001-023-01423-w.

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PMID: [37898796](#)

PMCID: [PMC10612157](#)

DOI: [10.1186/s40001-023-01423-w](#)

## Free PMC article

## Abstract

**Introduction:** In sub-Saharan Africa (SSA), the clinical and progressive diagnostic certainty of AIDS dementia is difficult to establish due to under-medicalization and delays in consultation and especially the diversity of etiologies of demented states.

**Material and methods:** We carried out a retrospective study of 196 patients hospitalized for dementia syndrome between 2016 and 2021 in the

neurology department of the University Hospital of Conakry. The criteria labeled in this study are those retained by the DSM-IV and the classification of the American Academy of Neurology (AAN) developed in accordance with the WHO.

**Results:** HIV etiology was identified in patients aged 44-67 years (17 women and 19 men). The clinical picture was dominated by severe cognitive disorders, slowed ideation, memory disorders and reduced motor skills associated with personality changes. Neurological examination revealed dysphoric disorders in most patients, sphincter abnormalities in 13 cases and labio-lingual tremor in 11 cases. Diagnosis was based on positive serological tests for HIV1 antibodies (25 cases) and HIV2 antibodies (1 case) using the Elisa and Western blot techniques, and the presence of discretely hypercellular CSF. Magnetic resonance imaging contributed to the diagnosis, showing diffuse white matter abnormalities with hyper signals on T2-weighted or FLAIR sequences.

**Conclusion:** This study shows a non-stereotype clinical picture of AIDS dementia requiring a differential diagnosis with other infectious dementias. These results are important for the therapeutic and prognostic discussion.

**Keywords:** Conakry (Guinea); Dementia; HIV1 and 2.

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## **Conflict of interest statement**

The authors declare that they have no competing interest.

[40 references](#)

[10 figures](#)

**Full text links**

- 
7. [\*\*Therapeutic and Preventive Interventions in Adolescents with Borderline Personality\*\*](#)

# [Disorder: Recent Findings, Current Challenges, and Future Directions](#)

J Clin Med. 2023 Oct 21;12(20):6668. doi: 10.3390/jcm12206668.

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PMID: [37892806](#)

PMCID: [PMC10607502](#)

DOI: [10.3390/jcm12206668](#)

## Free PMC article

## Abstract

**Background:** Borderline personality disorder (BPD) has long suffered from overshadowing in adolescents and hopelessness from the psychiatrists themselves. Comprehensive guidelines for this age group are lacking.

**Aims:** This narrative review aims to describe current recommendations for BPD and recent empirical evidence on effective treatments (both pharmacological and non-pharmacological) and preventive approaches.

Innovative approaches, based on recent and original research on BPD adolescents, are also discussed.

**Results:** Very low-certainty evidence has supported that medication has a positive effect on core BPD symptoms in adolescents. Medication prescribed for suicidal crises or associated disorders should be included in a global therapeutic plan, including efficacy reassessment, treatment duration, and a security plan. The overall benefit of structured psychotherapy for adolescents with BPD (cognitive behavioral therapy, mentalization-based therapy, dialectic behavioral therapy, and group therapy) is more important for self-harm behaviors than other BPD symptoms. Their specific efficacy, although difficult to distinguish from the overall non-specific effect of integrative care.

**Conclusions:** structured care of young BPD individuals should be based on the following principles: (1) setting the frame of care, including recognition of the diagnosis, and sharing information with patients and families about symptoms, prognosis, and putative psychological mechanisms involved; and (2) promoting comprehensive approaches, including both specific and non specific therapy, ecological interventions, community care, and preventive interventions in at-risk groups.

**Keywords:** adolescence; borderline personality disorder; structured therapy.

## **Conflict of interest statement**

The authors declare no conflict of interest.

[77 references](#)

[1 figure](#)

**Full text links**

- 
8. [\*\*Mentalizing in Adolescents with Borderline Personality Disorder\*\*](#)

Brain Sci. 2023 Oct 18;13(10):1473. doi: 10.3390/brainsci13101473.

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PMID: [37891840](#)

PMCID: [PMC10605837](#)

DOI: [10.3390/brainsci13101473](#)

## Free PMC article

## Abstract

Mentalizing, recognized as the capacity to understand behaviors in the context of our own mental states and those of other people, is being researched more and more commonly in regard to various mental disorders. The research on mentalization focuses on, among other things, borderline personality disorder, which is at present perceived as an emerging problem in the population of adolescents. In order to summarize the currently accessible knowledge of mentalizing in adolescents with borderline personality disorder, we thoroughly analyzed relevant publications. Based on the available literature, it can be concluded that the mentalizing ability of adolescents with borderline personality disorder can be impaired. The evidence demonstrates that they are prone to hypermentalizing, defined as an overattribution of mental states to other people. However, this tendency has not been proven to be specific to teenagers with this disorder. Moreover, the existing data suggest that young



people with borderline personality exhibit a reduced capacity to mentalize their own inner states.

**Keywords:** adolescents; borderline personality disorder; mentalizing.

## **Conflict of interest statement**

The authors declare no conflict of interest.

[131 references](#)

## **Full text links**

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9. [\*\*Complex Posttraumatic Stress Disorder and a Biopsychosocial Model of Borderline Personality Disorder\*\*](#)

J Nerv Ment Dis. 2023 Nov 1;211(11):805-810. doi: 10.1097/NMD.0000000000001722.

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PMID: [37890024](#)

DOI: [10.1097/NMD.0000000000001722](#)

## **Abstract**

This review offers a critique of recent attempts to reconceptualize some cases of borderline personality disorder (BPD) within the newer diagnosis of complex posttraumatic stress disorder (CPTSD). The CPTSD construct

focuses on the role of childhood trauma in shaping relational problems in adulthood, difficulties that have been previously seen as features of a personality disorder. The CPTSD model fails to consider the role of heritable personality traits, as well as a broader range of psychosocial risk factors. This review proposes that a biopsychosocial model of BPD is more comprehensive, taking into account a wider range of risk factors, while viewing BPD as rooted in gene-environment interactions. In this model, heritable traits are amplified by an adverse psychosocial environment. One can acknowledge the role of trauma as a risk factor without assuming that it fully accounts for the development of personality pathology.

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[74 references](#)

**Full text links**

10. [\*\*Personality Disorders and Attachment Trauma in Adolescent Patients with Psychiatric Disorders\*\*](#)

Res Child Adolesc Psychopathol. 2023 Oct 27. doi: 10.1007/s10802-023-01141-1. Online ahead of print.

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PMID: [37889355](#)

DOI: [10.1007/s10802-023-01141-1](#)

## Abstract

This study examined how personality disorders (PD) differ with respect to gender, attachment status and traumatic childhood experiences in adolescent psychiatric inpatients. In particular, we investigated attachment-related traumatic material underlying adolescent PD. Our sample consisted of 175 inpatient adolescents aged 14 to 18 years (77% female,  $M_{\text{age}} = 15.13$ ,  $SD = 1.35$ ; 23% male,  $M_{\text{age}} = 14.85$ ,  $SD = 1.41$ ). Thirty-nine patients (22%) fulfilled the diagnostic criteria for a PD according to the SCID-II PD: 51% avoidant, 13% obsessive-compulsive, 13% antisocial, 19% borderline, 2% paranoid and 2% histrionic. In the total sample, eighty-three (47%) of our inpatients were classified with an unresolved attachment status using the Adult Attachment Projective Picture System (AAP). We did not find any significant gender differences for patients with and without a PD. Our results revealed a higher percentage of unresolved attachment status in patients with a PD. The in-depth analysis of the total sample showed that patients with a PD demonstrated more traumatic material in their attachment interviews indicating a greater severity of attachment trauma. Furthermore, patients with a PD reported higher scores on emotional and physical neglect. Intervention strategies targeting traumatic attachment-related themes might be useful to treat adolescents with PD.

**Keywords:** Adolescence; Attachment; Childhood Trauma; Gender; Mental Disorders; Personality Disorders.

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[98 references](#)

11. [No transfer of arousal from other's eyes in Williams syndrome](#)

Sci Rep. 2023 Oct 26;13(1):18397. doi: 10.1038/s41598-023-45521-5.

**Authors**

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PMID: [37884631](#)

PMCID: [PMC10603144](#)

DOI: [10.1038/s41598-023-45521-5](#)

## Free PMC article

## Abstract

Typically developing humans automatically synchronize their arousal levels, resulting in pupillary contagion, or spontaneous adaptation of pupil size to that of others. This phenomenon emerges in infancy and is believed to facilitate social interaction. Williams syndrome (WS) is a genetic condition characterized by a hyper-social personality and social interaction challenges. Pupillary contagion was examined in individuals with WS (n = 44), age-parallel-matched typically developing children and adults (n = 65), and infants (n = 79). Bayesian statistics were used. As a group, people with WS did not show pupillary contagion (Bayes factors supporting the null: 25-50) whereas control groups did. This suggests a very early emerging atypical developmental trajectory. In WS, higher pupillary contagion was associated with lower autistic symptoms of social communication. Diminished synchronization of arousal may explain why individuals with WS have social challenges, whereas synchronization of arousal is not a necessary correlate of high social motivation.

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## Conflict of interest statement

The authors declare no competing interests.

[61 references](#)

[4 figures](#)

## Full text links

12. [Neural correlates of aggression in personality disorders from the perspective of DSM-5 maladaptive traits: a systematic review](#)

Transl Psychiatry. 2023 Oct 26;13(1):330. doi: 10.1038/s41398-023-02612-1.

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PMCID: [PMC10603082](#)

DOI: [10.1038/s41398-023-02612-1](#)

**Free PMC article**

## **Abstract**

The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published in 2013, includes an alternative model of personality disorders (AMPD) focusing on a maladaptive trait model utilized to diagnose several personality disorders. Borderline personality disorder (BPD) and antisocial personality disorder (ASPD) are two conditions categorized by AMPD that exhibit high rates of violence and aggression. Several of the traits outlined in the AMPD, including hostility, impulsivity, risk-taking, and callousness, have been previously linked to aggression in BPD and ASPD. However, to the best of our knowledge, there has never been a synthesis of neuroimaging studies that have investigated links between these traits and aggression in BPD and ASPD. To overcome this gap, we conducted a systematic review under the PRISMA framework to locate neuroimaging articles published since the release of AMPD linking trait anger/hostility, impulsivity, risk-taking, and callousness to aggression in BPD and ASPD. Key findings included the following: i) anger/hostility, associated with alterations in the interplay between prefrontal and subcortical regions (primarily the amygdala), may be a common factor explaining aggressive reactions to response to interpersonal threat or provocation; ii) alterations of fronto-temporal-limbic regions and serotonergic and endocannabinoid signaling systems may link impulsivity to aggression in BPD and ASPD; iii) weaker cortico-striatal connectivity could relate to greater risk taking and greater proclivity for violence. Insufficient evidence from neuroimaging articles was discerned to describe a relationship between callousness and aggression. Overall, results of this review reveal a relative paucity of neuroimaging studies examining AMPD traits relevant to aggression in BPD and ASPD. In addition to encouraging further investigation of neuroimaging markers of AMPD traits linked to aggression, we recommend multi-methodological designs, including the incorporation of other biomarkers, such as hormones and indices of

physiological arousal, to fully expand our understanding of aggression in BPD and ASPD.

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## **Conflict of interest statement**

The authors declare no competing interests.

[109 references](#)

[1 figure](#)

## **Full text links**

13. [\*\*Voluntary sports programs for individuals with mental health disorders: The trainer's view\*\*](#)

PLoS One. 2023 Oct 26;18(10):e0290404. doi: 10.1371/journal.pone.0290404. eCollection 2023.

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PMCID: [PMC10602351](#)

DOI: [10.1371/journal.pone.0290404](#)

**Free PMC article**

## **Abstract**

There is strong evidence that physical activities (PAs) are an important factor in increasing and maintaining mental health as well as in preventing relapse after mental health disorders. Physical activity is an important part of the treatment program in psychiatric hospitals. However, when individuals with mental health disorders (IMHD) leave the hospitals in Switzerland (CH), there are few possibilities to do physical activity in a given setting. One of them are voluntary sports groups for individuals with mental health disorders (SGPSY), which have been growing continuously in CH since 2016. Yet, little is known about these groups and their training settings. Therefore, the present study explores challenges, barriers, and enablers for participation in SGPSY from the point of view of the trainers of these groups. Additionally, as the sustainable implementation of SGPSY relies on the trainer, the study aims to identify reasons/motivations as well as the personality characteristics of the SGPSY trainers. Semi-structured interviews were conducted with 15 trainers of SGPSY in CH during spring 2022. Interviews were audiotaped, transcribed, and analyzed using thematic analysis in nVivo. Participants identified several intrapersonal (lack of motivation and fitness, mood problems, etc.), interpersonal (conflicts between participants), and structural barriers (time/location) that hinder IMHD from participating in SGPSY. The participating trainer reported that trainer might be helpful in overcoming the barriers by supporting IMHD as enablers. They rate social skills to be essential for the successful management and organization of SGPSY, as well as the ability to set boundaries to protect one's private life and sports skills expertise. The reasons for their engagement as trainers of SGPSY were the satisfaction of

doing sports with IMHD and to improve the physical activities habits of IMHD. The findings of the study highlight the need to upskill the trainers of SGPSY in order to improve recruitment of the future trainers of SGPSY by focusing on the assessment of appropriate personality characteristics of trainers and their motives. Additionally, these findings should be integrated in the educational materials of Swiss disabled sports systems. Further research should validate the results from SGPSY participants' point of view.

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## Conflict of interest statement

The authors have declared that no competing interests exist

[75 references](#)

## Full text links

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### 14. [Correction to Batky et al. \(2023\)](#)

Personal Disord. 2023 Oct 26. doi: 10.1037/per0000644. Online ahead of print.

PMID: [37883014](#)

DOI: [10.1037/per0000644](#)

## Abstract

Reports an error in "Moderators of the relationship between callous-unemotional traits and externalizing problems in youth" by Blair D. Batky, Allison N. Shields, Randall T. Salekin and Jennifer L. Tackett (*Personality Disorders: Theory, Research, and Treatment*, Advanced Online Publication, Jul 06, 2023, np). In the original article, the authors changed the order of authorship from "Blair D. Batky, Allison N. Shields, Jennifer L. Tackett, and Randall T. Salekin" to "Blair D. Batky, Allison N. Shields, Randall T. Salekin,

and Jennifer L. Tackett." All versions of this article have been corrected. (The following abstract of the original article appeared in record 2023-87326-001). Callous-unemotional (CU) traits (i.e., tendencies to experience low levels of guilt and empathy) are associated with severe and persistent conduct problems in youth. However, some youth with elevated CU traits do not exhibit severe externalizing problems, and further research is needed to identify conditions under which CU traits are more versus less strongly associated with higher levels of externalizing behavior. To this end, the current preregistered study examined whether internalizing problems, five-factor model personality traits, and parenting practices moderated associations between CU traits and externalizing problems. Caregivers of 1,232 youth ages 6-18 ( $M_{age} = 11.46$ ) reported on youths' CU traits, externalizing, internalizing, and five-factor model traits as well as on their own parenting practices. We found that the relationship between CU traits and externalizing was robust to the moderating effects of internalizing problems and parenting practices, but CU traits were more strongly related to externalizing problems at higher levels of neuroticism and at lower levels of agreeableness and conscientiousness. Results contribute to a more comprehensive understanding of externalizing problems among youth high in CU traits and may inform future longitudinal and intervention research seeking to identify factors that reduce externalizing behavior among high-CU youth. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

15. [\*\*Allocation of Users of Mental Health Services to Needs-Based Care Clusters: An Italian Pilot Study\*\*](#)

Community Ment Health J. 2023 Oct 26. doi: 10.1007/s10597-023-01200-3. Online ahead of print.

**Authors**

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PMID: [37882894](#)

DOI: [10.1007/s10597-023-01200-3](#)

## Abstract

In Italy, despite strong community-based mental health services, needs assessment is unsatisfactory. Using the Mental Health Clustering Tool (MHCT) we adopted a multidimensional and non-diagnosis dependent approach to assign mental health services users with similar needs to groups corresponding to resources required for effective care. We tested the MHCT in nine Departments of Mental Health in four Italian regions. After a brief training, 318 professionals assessed 12,938 cases with a diagnosis of schizophrenia, depression, bipolar disorder and personality disorder through the MHCT. 53% of cases were 40-59 years, half were females, 51% had a diagnosis of schizophrenia, 48% of cases were clinically severe. Clusters included different levels of clinical severity and diagnostic groups. The largest cluster was 11 (ongoing recurrent psychosis), with 18.9% of the sample, followed by cluster 3 (non-psychotic disorders of moderate severity). The MHCT could capture a variety of problems of people with mental disorders beyond the traditional psychiatric assessment, therefore depicting service population from a different standpoint. Following a brief training, MHCT assessment proved to be feasible. The automatic allocation of cases made the attribution to clusters easy and acceptable by professionals. To what extent clustering provide a sound base for care planning will be the matter of further research.

**Keywords:** Determinants of Health; Epidemiology; MHCT; Prevention; Public Health; Public Mental Health.

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[24 references](#)

**Full text links**

16. [Profiles of quality of life among patients using emergency departments for mental health reasons](#)

Health Qual Life Outcomes. 2023 Oct 26;21(1):116. doi: 10.1186/s12955-023-02200-3.

**Authors**

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PMID: [37880748](#)

PMCID: [PMC10601205](#)

DOI: [10.1186/s12955-023-02200-3](#)

**Free PMC article**

**Abstract**

**Background:** This study identified profiles associated with quality of life (QoL) and sociodemographic and clinical characteristics of patients using emergency departments (ED) for mental health reasons and associated these profiles with patient service use.

**Methods:** Recruited in four Quebec (Canada) ED networks, 299 patients with mental disorders (MD) were surveyed from March 1st, 2021, to May 13th, 2022. Data from medical records were collected and merged with survey data. Cluster analysis was conducted to identify QoL profiles, and comparison analyses used to assess differences between them.

**Results:** Four QoL profiles were identified: (1) Unemployed or retired men with low QoL, education and household income, mostly having substance-related disorders and bad perceived mental/physical health conditions; (2) Men who are employed or students, have good QoL, high education and household income, the least personality disorders, and fair perceived mental/physical health conditions; (3) Women with low QoL, multiple mental health problems, and very bad perceived mental/physical health conditions; (4) Mostly women with very good QoL, serious MD, and very good perceived mental/physical health conditions.

**Conclusion:** The profiles with the highest QoL (4 and 2) had better overall social characteristics and perceived their health conditions as superior. Profile 4 reported the highest level of satisfaction with services used. To improve QoL programs like permanent supportive housing, individual placement and support might be better implemented, and satisfaction with care more routinely assessed in response to patient needs - especially for Profiles 1 and 3, that show complex health and social conditions.

**Keywords:** Cluster analysis; Emergency department users; Mental disorders; Profiles; Quality of life.

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## **Conflict of interest statement**

The authors declare no competing interests.

[84 references](#)

[1 figure](#)

### Full text links

17. [\*\*Evidence of personality-dependent plasticity in dairy calf movement behaviours derived from automated data collection\*\*](#)

Sci Rep. 2023 Oct 25;13(1):18243. doi: 10.1038/s41598-023-44957-z.

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PMID: [37880268](#)

PMCID: [PMC10600154](#)

DOI: [10.1038/s41598-023-44957-z](#)

**Free PMC article**



## Abstract

Individual consistency in behaviour, known as animal personality, and behavioural plasticity in response to environmental changes are important factors shaping individual behaviour. Correlations between them, called personality-dependent plasticity, indicate that personality can affect individual reactions to the environment. In farm animals this could impact the response to management changes or stressors but has not yet been investigated. Here we use ultra-wideband location sensors to measure personality and plasticity in the movement of 90 dairy calves for up to 56 days starting in small pair-housing enclosures, and subsequently moved to larger social housings. For the first time calves were shown to differ in personality and plasticity of movement when changing housing. There were significant correlations between personality and plasticity for distance travelled (0.57), meaning that individuals that travelled the furthest in the pair housing increased their movement more in the social groups, and for residence time (- 0.65) as those that stayed in the same area more decreased more with the change in housing, demonstrating personality-dependent plasticity. Additionally, calves conformed to their pen-mate's behaviour in pairs, but this did not continue in the groups. Therefore, personality, plasticity and social effects impact how farm animals respond to changes and can inform management decisions.

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## Conflict of interest statement

The authors declare no competing interests.

[54 references](#)

[3 figures](#)

**Full text links**

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18. [\*\*Borderline shades: Morphometric features predict borderline personality traits but not histrionic traits\*\*](#)

Neuroimage Clin. 2023 Oct 14:40:103530. doi:  
10.1016/j.nicl.2023.103530. Online ahead of print.

**Authors**

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PMID: [37879232](#)

DOI: [10.1016/j.nicl.2023.103530](#)

**Free article**

**Abstract**

Borderline personality disorder (BPD) is one of the most diagnosed disorders in clinical settings. Besides the fully diagnosed disorder, borderline personality traits (BPT) are quite common in the general population. Prior studies have investigated the neural correlates of BPD but not of BPT. This paper investigates the neural correlates of BPT in a subclinical population using a supervised machine learning method known as Kernel Ridge Regression (KRR) to build predictive models. Additionally, we want to determine whether the same brain areas involved in BPD are also involved in subclinical BPT. Recent attempts to characterize the specific role of resting state-derived macro networks in BPD have highlighted the role of the default mode network. However, it is not known if this extends to the subclinical population. Finally, we wanted to test the hypothesis that the same circuitry that predicts BPT can also predict histrionic personality traits. Histrionic personality is sometimes considered a milder form of BPD, and making a differential diagnosis between the two may be difficult. For the first time KRR was applied to structural images of 135 individuals to predict BPT, based on the whole brain, on a circuit previously found to correctly classify BPD, and on the five macro-networks. At a whole brain level, results show that frontal and parietal regions, as well as the Heschl's area, the thalamus, the cingulum, and the insula, are able to predict borderline traits. BPT predictions increase when considering only the regions limited to the brain circuit derived from a study on BPD, confirming a certain overlap in brain structure between subclinical and clinical samples. Of all the five macro networks, only the DMN successfully predicts BPD, confirming previous observations on its role in the BPD. Histrionic traits could not be predicted by the BPT circuit. The results have implications for the diagnosis of BPD and a dimensional model of personality.

**Keywords:** Borderline; Histrionic; Kernel Ridge Regression; Machine learning; Personality disorder; Personality traits.

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## **Conflict of interest statement**

Declaration of Competing Interest Author SB was funded by the European Union's Horizon 2020 Framework Programme for Research and Innovation under the Specific Grant Agreement No. 945539 (Human Brain Project

SGA3). The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

### **Full text links**

19. [\*\*Effect of physical exercise in real-world settings on executive function of atypical children: A systematic review and meta-analysis\*\*](#)

Child Care Health Dev. 2023 Oct 24. doi: 10.1111/cch.13182. Online ahead of print.

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PMID: [37873578](#)

DOI: [10.1111/cch.13182](#)

### **Abstract**

**Background:** Impaired executive function is a core symptom of cognitive impairment in atypical children. The purpose of this systematic review and meta-analysis is to explore the effectiveness of interventions for exercise in real-life settings on executive function in atypical children.

**Methods:** This study searched the CNKI, Wan-Fang, VIP, WOS, PubMed, Scopus and EBSCO databases. Two researchers independently selected articles, extracted data and assessed the risk of bias for the included studies. Exercise activities were categorized into open and closed skills based on the unpredictability of the environmental context and into sequential and continuous skills based on the complexity of the movement structure. Based on these two classifications, motor skills were categorized into open-sequential (e.g. basketball), open-continuous (e.g. obstacle running), closed-sequential (e.g. martial arts) and closed-continuous (e.g. swimming) skills. The SPSS 25.0 and Stata 16.0 software were used for statistical analysis.

**Results:** A total of 19 articles (23 studies) were included in the systematic review and meta-analysis. The participants were 990 atypical children with neurodevelopmental disorders. Physical exercise in real-world settings had significant intervention effects on inhibitory control (SMD = -0.592,  $P = 0.033$ ), working memory (SMD = -0.473,  $P = 0.034$ ) and cognitive flexibility (SMD = -0.793,  $P = 0.014$ ) in atypical children. Quantitative intervention characteristics and motor skill types moderated the effect of exercise on promoting executive function in atypical children. Overall, exercise for 30-50 min, three to seven times a week for less than 10 weeks is effective in improving executive function in atypical children. Open skills and sequential skills have a positive intervention effect on more dimensions of executive function in atypical children.

**Conclusions:** Physical exercise in real-world settings has a positive intervention effect on executive function in atypical children. We should design interventions based on the personality traits of the subject and the type of exercise they are interested in to better promote improved executive function in atypical children.

**Keywords:** atypical; children; executive function; motor skills; physical exercise.

[73 references](#)

### Full text links

20. [\*\*The Relationship Between Early Maladaptive Schemas and Cluster C Personality Disorder Traits: A Systematic Review and Meta-Analysis\*\*](#)

Curr Psychiatry Rep. 2023 Oct 23. doi: 10.1007/s11920-023-01439-3. Online ahead of print.

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PMID: [37870687](#)

DOI: [10.1007/s11920-023-01439-3](#)

## Abstract

**Purpose of review:** We systematically reviewed and meta-analyzed the literature on the relationship between early maladaptive schemas (EMSs) and Cluster C personality disorders (PDs). Our aim was to clarify which of the 18 EMSs exhibit the strongest associations and are most frequently endorsed in clinical and non-clinical samples with Cluster C PDs and traits.

**Recent findings:** After initially screening 2622 records, 12 studies were selected with 5310 participants. Meta-analyses of the raw correlation coefficients for each EMS-Cluster C PD link (3-8 studies per meta-analysis) indicated that the 18 EMSs were significantly related to all three Cluster C PDs with  $r$ 's ranging from .13 to .63. However, when considering endorsement rates among multiple regression studies that controlled for the EMSs intercorrelations and the effects of other PD traits and demographics, specific EMS constellations emerged for each Cluster C PD. Overall, the findings of the current paper suggest that Cluster C PDs might be conceptualized on the basis of a hybrid EMS model, in which all EMSs contribute to global personality dysfunction whereas specific EMS patterns reflect unique personality disorder style expressions. Longitudinal research with appropriate methodology is needed to draw more definite conclusions on the EMSs-Cluster C PDs relationships.

**Keywords:** Cluster C; Early maladaptive schemas; Meta-analysis; Personality disorders; Schema therapy; Systematic review.

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[106 references](#)

### Full text links

21. [\*\*A First Exploration: Can Eye Movement Desensitization and Reprocessing Improve Cognition in Older Adults With Posttraumatic Stress Disorder?\*\*](#)

J Geriatr Psychiatry Neurol. 2023 Oct 23:8919887231207639. doi: 10.1177/08919887231207639. Online ahead of print.

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PMID: [37869986](#)

DOI: [10.1177/08919887231207639](#)

## Abstract

**Objectives:** In older adults, PTSD is associated with decreased verbal learning and executive dysfunction. Therefore, feasibility of EMDR-treatment to improve cognitive performance in older adults with PTSD was examined. Additionally, we investigated pre-treatment correlation with often co-occurring risk factors for cognitive decline (sleep problems, depressive disorder, physical inactivity, childhood traumatic events).

**Design:** Multicenter design with pre-post measurements.



**Setting:** Psychiatric Dutch hospitals Mondriaan Mental Health Center and Altrecht.

**Participants:** 22 treatment-seeking PTSD-outpatients (60-84 years).

**Intervention:** Weekly one-hour EMDR session during 3, 6, or 9 months.

**Measurements:** PTSD was assessed with Clinician-Administered PTSD-scale for DSM-5 (CAPS-5). Verbal learning memory was measured with Auditory Verbal Learning Test (RAVLT), interference with Stroop Colour-Word Test (SCWT) and working memory with Wechsler Adult Intelligence Scale-Digit Span (WAIS-IV-DS).

**Results:** A Linear mixed-model showed significant improvement on RAVLT immediate-recall ( $F(1, 21) = 15.928, P = .001, 95\% \text{ CI } -6.98-2.20$ ), delayed-recall ( $F(1, 21) = 7.095, P = .015, 95\% \text{ CI } -2.43-.30$ ), recognition ( $F(21) = 8.885, P = .007, 95\% \text{ CI } -1.70- .30$ ), and SCWT ( $F(1, 21) = 5.504, P = .029, 95\% \text{ CI } 4.38-72.78$ ) but not on WAIS-IV-DS ( $F(20) = -1.237, P = .230, 95\% \text{ CI } -3.07-.78$ ). There was no significant influence of therapy duration and CAPS-5 pre-treatment scores. There were small-medium nonsignificant correlations between CAPS-5 and cognitive performance pre-post differences, and between most cognitive measures and sleep problems, depressive disorder, and physical inactivity.

**Conclusions:** Cognitive functioning on memory and attention possible increased in older adults with PTSD after EMDR treatment. Further research is needed with a larger sample and a control condition to corroborate these findings and to identify the possible mediating role of modifiable risk factors.

**Keywords:** cognitive functioning; cognitive resilience; eye movement desensitization and reprocessing; older adults; posttraumatic stress disorder; trauma.

## **Conflict of interest statement**

**Declaration of Conflicting Interests**The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## Full text links

22. [The relationship between depressive mood and non-suicidal self-injury among secondary vocational school students: the moderating role of borderline personality disorder tendencies](#)

Front Psychiatry. 2023 Oct 5;14:1187800. doi: 10.3389/fpsy.2023.1187800. eCollection 2023.

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DOI: [10.3389/fpsy.2023.1187800](https://doi.org/10.3389/fpsy.2023.1187800)

**Free PMC article**

## Abstract

**Background:** Non-suicidal self-injury (NSSI) has become an important public health issue of global concern, often occurring in adolescents, and depressive mood is closely related to NSSI. In addition, NSSI is considered a symptom of borderline personality disorder. It has been found that adolescents in secondary vocational schools are more vulnerable to behavior and emotional disorders than those in general high schools. This study investigated the risk factors associated with NSSI affecting secondary vocational school students and analyzed the role of borderline personality disorder tendencies in promoting the occurrence of NSSI among students with depressive moods.

**Methods:** A total of 1,848 Chinese secondary vocational students completed a self-report questionnaire. The homemade NSSI behavior questionnaire, Patient Health Questionnaire-9 and Personality Diagnostic Questionnaire-4 were used in this survey. Binary logistic regression and PROCESS software analysis were used to explore the influencing factors associated with NSSI and to test for moderating effects.

**Results:** Female (OR = 3.412, 95% CI 2.301-5.060), drinking history (OR = 2.007, 95% CI 1.383-2.911), history of suicidal death exposure (OR = 3.161, 95% CI 1.999-4.999), depressive mood (OR = 2.436, 95% CI 1.668-3.558) and borderline personality disorder tendencies (OR = 2.558, 95% CI = 1.764-3.711) were independent risk factors for NSSI. Borderline personality disorder tendencies ( $B = 0.047, p = 0.000$ ) moderated the relationship between depressive mood and NSSI. The stronger the borderline personality tendencies, the more NSSI behavior occurred when they were depressive.

**Conclusions:** Borderline personality disorder tendencies in secondary vocational school adolescents significantly enhance the association of depressive mood with NSSI. There is a moderating role for borderline personality disorder tendencies in depressive mood and NSSI.

**Keywords:** adolescent; depression; moderating effect; non-suicidal self-injury (NSSI); personality disorder; personality tendencies.

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## **Conflict of interest statement**

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

[57 references](#)

[1 figure](#)

## **Full text links**

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23. [\*\*Initial Theoretical Discussion of Identity as Barrier and Facilitator in Voice Habilitation and Rehabilitation\*\*](#)

J Voice. 2023 Oct 20:S0892-1997(23)00295-3. doi: 10.1016/j.jvoice.2023.09.020. Online ahead of print.

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DOI: [10.1016/j.jvoice.2023.09.020](#)

## Abstract

**Objectives:** The purpose of this paper is to review seminal identity theories grounded in social psychology and one concept from voice science and explain how this group may point to identity factors facilitating or impeding voice habilitation and rehabilitation.

**Methods:** Identity theories from the social psychology literature (Dramaturgical Theory, Self-Categorization Theory, Self-Determination Theory, Identity Negotiation Theory) and vocal congruence are described. Concepts are synthesized with voice science research to explore potential identity-behavior relations at play in voice habilitation and rehabilitation.

**Results:** Applicable concepts from social psychology and voice science suggest identity-related processes by which a client may or may not develop a voice difference/disorder, seek intervention, and achieve goals in intervention. A bidirectional relationship between identity and behavior has been well-established in the social psychology literature. However, the relevance of vocal behavior has yet to be formally examined within this literature. Importantly, although connections between behavioral tendencies and voice disorders as well as the contribution of identity to gender-affirming voice treatment have been established in the voice science literature, the consideration of identity's possible role in voice habilitation and rehabilitation in cis gender individuals has thus far been scant.

**Conclusions:** Research into identity and voice habilitation and rehabilitation may help to improve voice intervention outcomes. A possible adjunct to human studies is agent-based modeling or other computational approaches to assess the myriad factors that may be relevant within this line of inquiry.

**Keywords:** Behavior; Identity; Personality; Therapy; Voice; Voice disorder.

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## **Conflict of interest statement**

Declaration of Competing Interest None.

## **Full text links**

### 24. [\*\*Are subjective language complaints in memory clinic patients informative?\*\*](#)

Neuropsychol Dev Cogn B Aging Neuropsychol Cogn. 2023 Oct 22:1-28. doi: 10.1080/13825585.2023.2270209. Online ahead of print.

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DOI: [10.1080/13825585.2023.2270209](#)

## Abstract

To diagnose mild cognitive impairment, it is crucial to understand whether subjective cognitive complaints reflect objective cognitive deficits. This question has mostly been investigated in the memory domain, with mixed results. Our study was one of the first to address it for language. Participants were 55-to-93-year-old memory clinic patients ( $n = 163$ ). They filled in a questionnaire about subjective language and memory complaints and performed two language tasks (naming-by-definition and sentence comprehension). Greater language complaints were associated with two language measures, thus showing a moderate value in predicting language performance. Greater relative severity of language versus memory complaints was a better predictor, associated with three language performance measures. Surprisingly, greater memory complaints were associated with better naming, probably due to anosognosia in further disease progression or personality-related factors. Our findings highlight the importance of relative complaint severity across domains and, clinically, call for developing self-assessment questionnaires asking specific questions about multiple cognitive functions.

**Keywords:** Mild cognitive impairment; aging; language deficits; subjective cognitive complaints; subjective language complaints.

**Full text links**

25. [Clinical cut scores for the Persian version of the personality inventory for DSM-5](#)

J Clin Psychol. 2023 Oct 21. doi: 10.1002/jclp.23614. Online ahead of print.

**Authors**

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DOI: [10.1002/jclp.23614](#)

**Abstract**

**Background:** The cut points of psychological tools to diagnose clinical conditions are not universal and depend on the region and prevalence of the disorder. Thus, we aimed to identify the cutoff points of the Persian original version of the personality inventory for DSM-5 (PID-5; 220 items) that would optimally distinguish nonclinical from clinical groups.

**Methods:** Both nonclinical (N = 634, 73% female, 34.0 ± 10.8 years) and clinical (N = 454, 29% female, 29.5 ± 7.4 years) samples from the West of Iran participated in the study. Data were analyzed using receiver operating



characteristic (ROC) and Youden's index was used to determine the cutoff scores across the PID-5 domains and facets. The means and standard deviations of both the clinical male and female were compared with the nonclinical group using Cohen's d and independent t-tests.

**Results:** All the PID-5 algorithms and facets significantly distinguished clinical from nonclinical samples with some unique findings for male and female samples. The mean score of all the PID-5 algorithms and facets in the clinical male and female samples were respectively 1.0-2.0 SD and 0.5-1.0 SD above the mean for the nonclinical counterparts. A score higher than 1.5 on ranging from 0 to 3 in each domain or facet indicated clinical status.

**Conclusion:** Raw cutting scores throughout the PID-5 algorithms can be well used to diagnose any pathology of personality and the severity of the disorder in clinical patients. The cut scores provide a useful tool for the clinical use of the original version of PID-5 in Iran.

**Keywords:** AMPD; ICD-11; PID-5; cut point; diagnosis; personality assessment.

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[60 references](#)

**Full text links**

26. [\*\*Psychopathology and history of mental healthcare among male detainees transferred to a facility for managing otherwise uncontrollable in-prison violence: An exploratory study\*\*](#)

Crim Behav Ment Health. 2023 Oct 20. doi: 10.1002/cbm.2316. Online ahead of print.

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DOI: [10.1002/cbm.2316](#)

## Abstract

**Background:** In-prison violence by detainees is a problem worldwide, but despite evidence of a much higher prevalence of a range of psychiatric disorders than in the general population, little is known about psychopathology among violent detainees.

**Aims:** Our aim was to explore the psychopathology and mental healthcare history of Dutch detainees who were transferred to the highly restrictive facility for uncontrollably violent detainees following severe in-prison violence.

**Methods:** Anonymised data for all 253 male detainees incarcerated at any time between January 2016 and January 2020 in the specialist national facility for those seriously violent while in prison-'the Violence Facility'- were obtained from the Dutch Ministry of Justice together with similarly recorded data for a matched comparison group of 253 detainees admitted to an in-prison psychiatric facility-'the Psychiatric Facility'.

**Results:** There was no record of any psychiatric assessment for 29% of the Violence Facility men. Almost all of the detainees who had been assessed were classified with at least one disorder. Compared to detainees in the Psychiatric Facility, Violence Facility men were more likely to be diagnosed with attention deficit hyperactivity disorder (ADHD), anxiety, behavioural and personality disorders; Psychiatric Facility men were more likely to be

diagnosed with psychosis or substance use disorder. Most men in both groups had previously used mental health services.

**Conclusions:** This first study of detainees in the Dutch in-prison facility for violent detainees raises questions about whether the extent of violence among these men may have masked mental healthcare needs and leads to questions about potential benefits from establishing more systematic mental health assessments for them, and a need for more specialist services.

**Keywords:** detainees; forensic care; prison; psychopathology; violence.

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[47 references](#)

**Full text links**

27. [\*\*Childhood trauma moderates schizotypy-related brain morphology: analyses of 1182 healthy individuals from the ENIGMA schizotypy working group\*\*](#)

Psychol Med. 2023 Oct 20:1-13. doi: 10.1017/S0033291723003045. Online ahead of print.

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DOI: [10.1017/S0033291723003045](#)

## Abstract

**Background:** Schizotypy represents an index of psychosis-proneness in the general population, often associated with childhood trauma exposure. Both schizotypy and childhood trauma are linked to structural brain alterations, and it is possible that trauma exposure moderates the extent of brain morphological differences associated with schizotypy.

**Methods:** We addressed this question using data from a total of 1182 healthy adults (age range: 18-65 years old, 647 females/535 males), pooled from nine sites worldwide, contributing to the Enhancing NeuroImaging Genetics through Meta-Analysis (ENIGMA) Schizotypy working group. All participants completed both the Schizotypal Personality Questionnaire Brief version (SPQ-B), and the Childhood Trauma Questionnaire (CTQ), and underwent a 3D T1-weighted brain MRI scan from which regional indices of subcortical gray matter volume and cortical thickness were determined.

**Results:** A series of multiple linear regressions revealed that differences in cortical thickness in four regions-of-interest were significantly associated with interactions between schizotypy and trauma; subsequent moderation analyses indicated that increasing levels of schizotypy were associated with thicker left caudal anterior cingulate gyrus, right middle temporal gyrus and insula, and thinner left caudal middle frontal gyrus, in people exposed to higher (but not low or average) levels of childhood trauma. This was found in the context of morphological changes directly associated with increasing levels of schizotypy or increasing levels of childhood trauma exposure.

**Conclusions:** These results suggest that alterations in brain regions critical for higher cognitive and integrative processes that are associated with schizotypy may be enhanced in individuals exposed to high levels of trauma.

**Keywords:** adversity; gray matter; maltreatment; psychosis; risk; thickness.

**Full text links**

28. [William Boven's 1915 thesis "Similarity and Mendelism in the heredity of dementia praecox and manic-depressive insanity"](#)

Am J Med Genet B Neuropsychiatr Genet. 2023 Oct 19:e32961. doi: 10.1002/ajmg.b.32961. Online ahead of print.

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DOI: [10.1002/ajmg.b.32961](#)

**Abstract**

Boven published, in 1915, his MD thesis at the University of Lausanne in which he examined 60 3- to 4-generation pedigrees ascertained from admitted patients with dementia praecox (DP) and manic-depressive insanity (MDI). He asked three questions: (i) were DP and MDI hereditary? (ii) were they the same or distinct conditions? and (iii) were they Mendelian disorders? Based on the rarity of environmental precipitants severe enough to cause disorder onset and the pattern of disorders in relatives, Boven concluded that both disorders were inherited. He found that MDI largely ran in families through direct transmission across generations while DP was only common in collateral relatives. Both pedigrees contained a substantial number of "psychopathic" (personality disordered) relatives in which DP and MDI pedigrees typically had, respectively, paranoid, and dysthymic/cyclothymic features. Boven concludes that their inheritance is largely distinct but not exclusive, as some pedigrees contained cases of both disorders. With assistance from Wilhelm Weinberg, Boven applied algebraic models with proband correction to rates of DP and MDI in sibships and

found the results inconsistent with Mendelian transmission. His study represents among the first examinations, using "modern" methods, of the familial relationship between DP and MDI and the first published in French.

**Keywords:** Boven; dementia praecox; genetics; history; manic-depressive insanity.

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[22 references](#)

**Full text links**

29. [\*\*Integrative analyses highlight functional regulatory variants associated with neuropsychiatric diseases\*\*](#)

Nat Genet. 2023 Oct 19. doi: 10.1038/s41588-023-01533-5. Online ahead of print.

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PMID: [37857935](#)

DOI: [10.1038/s41588-023-01533-5](https://doi.org/10.1038/s41588-023-01533-5)

## Abstract

Noncoding variants of presumed regulatory function contribute to the heritability of neuropsychiatric disease. A total of 2,221 noncoding variants connected to risk for ten neuropsychiatric disorders, including autism spectrum disorder, attention deficit hyperactivity disorder, bipolar disorder, borderline personality disorder, major depression, generalized anxiety disorder, panic disorder, post-traumatic stress disorder, obsessive-compulsive disorder and schizophrenia, were studied in developing human neural cells. Integrating epigenomic and transcriptomic data with massively parallel reporter assays identified differentially-active single-nucleotide variants (daSNVs) in specific neural cell types. Expression-gene mapping, network analyses and chromatin looping nominated candidate disease-relevant target genes modulated by these daSNVs. Follow-up integration of daSNV gene editing with clinical cohort analyses suggested that magnesium transport dysfunction may increase neuropsychiatric disease risk and indicated that common genetic pathomechanisms may mediate specific symptoms that are shared across multiple neuropsychiatric diseases.

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[102 references](#)

## Full text links

30. [\*\*Association of Khat Use Disorder and Antisocial Personality Disorder Among Inmates in Ethiopia: A Cross-Sectional Study\*\*](#)

Prim Care Companion CNS Disord. 2023 Oct 17;25(5):22m03470. doi: 10.4088/PCC.22m03470.

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PMID: [37857303](#)

DOI: [10.4088/PCC.22m03470](#)

## Free article

## Abstract

**Objective:** To examine the relationship between khat use disorder and antisocial personality disorder in newly admitted inmates in a correctional facility in Ethiopia.

**Methods:** A cross-sectional study using successive sampling was conducted among 411 new inmates from April 20 to July 19, 2019. The Alcohol, Smoking, and Substance Involvement Screening Test was utilized to measure khat use. *DSM-5* diagnostic criteria were used to identify antisocial personality disorder. Environmental, criminal, and clinical backgrounds of the inmates were also evaluated.

**Results:** The prevalence of current khat use and khat use disorder was 49.4% and 37%, respectively. The prevalence of khat use disorder among

inmates with antisocial personality disorder was 76%. Inmates with antisocial personality disorder were twice as likely as those without antisocial personality disorder to have khat use disorder (adjusted odds ratio [AOR] = 2; 95% CI, 1.2-3.4). Punishment for misconduct in prior imprisonment (AOR = 3; 95% CI, 1.6-5.3), family history of alcohol use (AOR = 2; 95% CI, 1.3-3.5), and chronic physical illness (AOR = 5.3; 95% CI, 2.4-11.8) were significantly associated with khat use disorder.

**Conclusions:** The prevalence of khat use disorder was higher among inmates with antisocial personality disorder, and antisocial personality disorder is linked to khat use disorder. The findings of this study suggest the need for the establishment of a mental health system in all prison institutions in Ethiopia to enhance early screening for underlying medical conditions, history of substance use, and antisocial personality disorder. Those inmates with identified substance use need detoxification therapy and motivational interviews after prison admission.

*Prim Care Companion CNS Disord 2023;25(5):22m03470.*

*Author affiliations are listed at the end of this article.*

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### **Full text links**

## 31. [Sadism and Personality Disorders](#)

Curr Psychiatry Rep. 2023 Oct 19. doi: 10.1007/s11920-023-01466-0. Online ahead of print.

### **Authors**

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PMID: [37856033](#)

DOI: [10.1007/s11920-023-01466-0](#)

## Abstract

**Purpose of review:** Sadistic pleasure—the enjoyment of harm-infliction to others—can have devastating interpersonal and societal consequences. The goal of the current review is to illuminate the nomological net of traits related to sadism. We aim to achieve an understanding of the current empirical status on the link between sadism and personality disorders, psychopathy, the Dark Triad, and basic personality traits in clinical and community-based samples.

**Recent findings:** The field is dominated by self-report studies on the Dark Triad with convenience samples. The link with DSM personality disorders has hardly been empirically studied. Existing evidence shows that sadism is most strongly related to increased psychopathic personality traits. Sadism can originate both from the interpersonal, affective, and behavioural basis of dark personality traits. There are diverging ideas on the differential status between sadism, psychopathy, and other dark traits. Research is needed on the causal impact of the broader range of personality disorders on sadism, in more diverse samples, including behavioural assessments of sadistic pleasure, as well as on the interplay of such personality traits with situational and affective aspects, and victim attitudes.

**Keywords:** Dark Triad; Personality; Personality disorders; Sadism; Sadistic pleasure.

© 2023. The Author(s).

[73 references](#)

### Full text links

32. [\*\*Toward a synthesis of cognitive behaviour therapy via component analysis of self-regulation\*\*](#)

Clin Psychol Psychother. 2023 Oct 19. doi: 10.1002/cpp.2918. Online ahead of print.

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PMID: [37855427](#)

DOI: [10.1002/cpp.2918](#)

### Abstract

The cognitive behavioural therapies (CBTs) are the choice psychotherapies for many clinicians treating a wide range of adult psychological disorders including various anxieties, mood, substance use, eating, schizophrenia and personality-related. Empirical research in the CBTs is ever increasing, and the accumulating evidence supporting efficacious treatments is substantial and well documented. However, with prolific research comes a seemingly accelerating and worrying trend of purportedly different therapies, and numerous hybrids and combinations of therapies and techniques. For many clinicians this is increasingly confusing and not helpful in clinical practice. This article is a critique of current trends and directions in clinical research, which show signs of limited effectiveness, fragmentation, and obfuscation. An alternative strategy is proposed-examining transdiagnostic therapeutic effects, which appear related to treating pervasive dysregulated emotions,

with component analyses of four principal self-regulation components (viz., self-monitoring; functional analysis; identifying values, goals and treatment-plans; and feedback). Such a strategy is likely to lead to a more coherently synthesized and effective CBT.

**Keywords:** cognitive behaviour therapy; component analysis; dysregulated emotions; self-regulation; transdiagnostic.

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[193 references](#)

### Full text links

33. [\*\*An overview and investigation of relapse predictors in anorexia nervosa: A systematic review and meta-analysis\*\*](#)

Int J Eat Disord. 2023 Oct 19. doi: 10.1002/eat.24059. Online ahead of print.

### Authors

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PMID: [37855175](#)

DOI: [10.1002/eat.24059](#)

# Abstract

## in [English, Spanish](#)

**Objective:** An extensive number of predictors has been examined across the literature to improve knowledge of relapse in anorexia nervosa (AN). These studies provide various recovery and relapse definitions, follow-up durations and relapse rates. The current study summarizes these values and predictors of relapse in AN in a review and meta-analysis.

**Method:** The study was executed according to PRISMA guidelines. Different databases were searched and studies in which participants did not receive an official clinical diagnosis were excluded. A quality analysis was performed using the National Institute of Health's Study Quality Assessment Tool. Random-effects meta-analyses were conducted to summarize data.

**Results:** Definitions of relapse and recovery were diverse. During an average follow-up period of 31 months an average relapse rate of 37% was found. Predictive variables from 28 studies were grouped in six categories: age and sex, symptoms and behaviors, AN subtype and duration, weight or weight change, comorbidity, and personality. The studies were characterized by non-significant and contradictory results. Meta-analyses were performed for the predictors age, AN duration, pre-treatment BMI, post-treatment BMI and depression. These yielded significant effects for post-treatment BMI and depression: higher pre-treatment depression (SMD = .40 CI [.21-.59] and lower post-treatment BMI (SMD = -.35 CI [-.63 to -.07]) increased relapse chances in AN.

**Discussion:** Our results emphasized a lack of sufficiently powered studies, consistent results, and robust findings. Solely post-treatment BMI and pre-treatment depression predicted relapse. Future research should use uniform definitions, larger samples and better designs, to improve our understanding of relapse in AN.

**Public significance:** Knowledge about predictors is important to understand high relapse rates. Our study performed a review and meta-analysis of relapse predictors in AN. Related to the heterogeneity in studies examining predictors, an overview of relapse and recovery definitions, follow-up durations and relapse rates for AN was provided. Significant effects were found for post-treatment BMI and pre-treatment depression.



More studies with uniform definitions are needed to improve clinical implications.

**Objetivo:** En la literatura se ha examinado un amplio número de predictores para mejorar el conocimiento de la recaída en la anorexia nerviosa (AN). Estos estudios proporcionan diversas definiciones de recuperación y recaída, duraciones del seguimiento y tasas de recaída. El presente estudio resume estos valores y predictores de recaída en AN en una revisión y metaanálisis. **MÉTODO:** El estudio se realizó siguiendo las directrices PRISMA. Se realizaron búsquedas en diferentes bases de datos y se excluyeron los estudios en los que los participantes no recibieron un diagnóstico clínico oficial. Se realizó un análisis de calidad mediante la herramienta de evaluación de la calidad de los estudios del Instituto Nacional de Salud. Se realizaron metaanálisis de efectos aleatorios para resumir los datos.

**Resultados:** Las definiciones de recaída y recuperación fueron diversas. Durante un período de seguimiento promedio de 31 meses se encontró una tasa media de recaída del 37%. Las variables predictivas de 28 estudios se agruparon en seis categorías: edad y sexo, síntomas y conductas, subtipo y duración de la AN, peso o cambio de peso, comorbilidad y personalidad. Los estudios se caracterizaron por resultados no significativos y contradictorios. Se realizaron metaanálisis para los predictores edad, duración de la AN, IMC pretratamiento, IMC postratamiento y depresión. Éstos arrojaron efectos significativos para el IMC postratamiento y la depresión: una mayor depresión pretratamiento (DME =  $-.40$ ; IC: [21 a, 59] y un menor IMC postratamiento (DME =  $-.35$ ; IC: [ $-.63$  a  $-.07$ ]) aumentaron las probabilidades de recaída en la AN. **DISCUSIÓN:** Nuestros resultados enfatizaron la falta de estudios con suficiente potencia, resultados consistentes y hallazgos robustos. Sólo el IMC postratamiento y la depresión pretratamiento predijeron la recaída. Las investigaciones futuras deberían utilizar definiciones uniformes, muestras más grandes y mejores diseños, para mejorar nuestra comprensión de la recaída en la AN.

**Keywords:** BMI; anorexia nervosa; depression; predictors; recovery; relapse.

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[58 references](#)

## Full text links

34. [Protective factors for psychosocial outcomes following cumulative childhood adversity: systematic review](#)

BJPsych Open. 2023 Oct 19;9(6):e197. doi: 10.1192/bjo.2023.561.

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PMID: [37855106](#)

PMCID: [PMC10594245](#)

DOI: [10.1192/bjo.2023.561](#)

## Free PMC article

## Abstract

**Background:** The long-term cumulative impact of exposure to childhood adversity is well documented. There is an increasing body of literature examining protective factors following childhood adversity. However, no known reviews have summarised studies examining protective factors for broad psychosocial outcomes following childhood adversity.

**Aims:** To summarise the current evidence from longitudinal studies of protective factors for adult psychosocial outcomes following cumulative exposure to childhood adversity.

**Method:** We conducted a formal systematic review of studies that were longitudinal; were published in a peer-reviewed journal; examined social, environmental or psychological factors that were measured following a cumulative measure of childhood adversity; and resulted in more positive adult psychosocial outcomes.

**Results:** A total of 28 studies from 23 cohorts were included. Because of significant heterogeneity and conceptual differences in the final sample of articles, a meta-analysis was not conducted. The narrative review identified that social support is a protective factor specifically for mental health outcomes following childhood adversity. Findings also suggest that aspects of education are protective factors to adult socioeconomic, mental health and social outcomes following childhood adversity. Personality factors were protective for a variety of outcomes, particularly mental health. The personality factors were too various to summarise into meaningful combined effects. Overall GRADE quality assessments were low and very low, although these scores mostly reflect that all observational studies are low quality by default.

**Conclusions:** These findings support strategies that improve connection and access to education following childhood adversity exposure. Further research is needed for the roles of personality and dispositional factors, romantic relationship factors and the combined influences of multiple protective factors.

**Keywords:** Childhood experience; clinical outcome measures; psychosocial interventions; social functioning; trauma- and stressor-related disorders.

## **Conflict of interest statement**

None.

[69 references](#)

[1 figure](#)

## Full text links

35. [Borderline personality disorder and thyroid diseases: a Mendelian randomization study](#)

Front Endocrinol (Lausanne). 2023 Oct 3;14:1259520. doi: 10.3389/fendo.2023.1259520. eCollection 2023.

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PMID: [37854187](#)

PMCID: [PMC10579900](#)

DOI: [10.3389/fendo.2023.1259520](#)

## Free PMC article

## Abstract

**Background:** Previous studies have shown that there is a correlation between diseases of the thyroid gland and mental illnesses; however, any causal relationship between them remains unclear. This study aimed to evaluate the causal relationship between borderline personality disorder and four thyroid diseases.

**Methods:** The causal relationship was inferred using double-sample Mendelian randomization analysis of appropriate instrumental variables from genome-wide association studies. We calculated the estimated value of the effect using various statistical methods.

**Results:** Borderline personality disorder was a risk factor for non-toxic single thyroid nodules with each increase in standard deviation increasing the risk of a non-toxic single thyroid nodule by 1.13 times (odds ratio = 1.131; 95% confidence interval, 1.006-1.270; P=0.039). There was no evidence of a correlation between borderline personality disorder and hyperthyroidism/thyrotoxicosis, hypothyroidism, and autoimmune thyroiditis.

**Conclusion:** This study showed that there is a positive causal correlation between borderline personality disorder and non-toxic single thyroid nodules but not with other thyroid diseases. This means that thyroid status should be monitored in patients with borderline personality disorder. However, the possibility of a causal relationship between other mental illnesses and thyroid diseases requires further research.

**Keywords:** GWAS; Mendelian randomization; borderline personality disorder; causal correlation; thyroid disease.

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## **Conflict of interest statement**

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

[30 references](#)

[5 figures](#)

**Full text links**

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36. [Psychotherapies for Generalized Anxiety Disorder in Adults: A Systematic Review and Network Meta-Analysis of Randomized Clinical Trials](#)

JAMA Psychiatry. 2023 Oct 18:e233971. doi: 10.1001/jamapsychiatry.2023.3971. Online ahead of print.

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PMID: [37851421](#)

PMCID: [PMC10585589](#)

DOI: [10.1001/jamapsychiatry.2023.3971](#)

### Free PMC article

## Abstract

**Importance:** Generalized anxiety disorder (GAD) is one of the most common mental disorders in adults. Psychotherapies are among the most recommended treatments for GAD, but which should be considered as first-line treatment needs to be clarified.

**Objective:** To use a network meta-analysis to examine the short- and long-term associations of different psychotherapies with outcomes of effectiveness and acceptability in adults with GAD.

**Data sources:** MEDLINE, Embase, PsycINFO, and the Cochrane Register of Controlled Trials were searched from database inception to January 1, 2023, to identify randomized clinical trials (RCTs) of psychotherapies for adults with GAD.

**Study selection:** RCTs comparing any type of psychotherapy against another or with a control condition for the treatment of adults ( $\geq 18$  years, both sexes) with a primary diagnosis of GAD were eligible for inclusion.

**Data extraction and synthesis:** This study followed Cochrane standards for extracting data and assessing data quality and used the PRISMA guideline for reporting. Risk of bias of individual studies was assessed using the second version of the Cochrane risk of bias tool, and the Confidence in Network Meta-Analysis was used to rate the certainty of evidence for meta-analytical results.

**Main outcomes and measures:** Eight psychotherapies were compared against one another and with 2 control conditions. Primary outcomes were severity of GAD symptoms and acceptability of the psychotherapies. Random-effects model pairwise and network meta-analyses were conducted. For effectiveness, standardized mean differences (SMDs) were pooled, and for acceptability, relative risks with 95% CIs were calculated.

**Results:** Data from 66 RCTs were included. Effect size estimates on data from 5597 participants (mean [SD], 70.9% [11.9%] women; mean [SD] age, 42.2 [12.5] years) suggested that third-wave cognitive behavior therapies (CBTs) (SMD, -0.78 [95% CI, -1.19 to -0.37]; certainty, moderate), CBT (SMD, -0.68 [95% CI, -1.05 to -0.32]; certainty, moderate), and relaxation therapy (SMD, -0.54 [95% CI, -1.04 to -0.05]; certainty, low) were associated with reduced GAD symptoms vs treatment as usual. Relative risks for all-cause discontinuation (indication of acceptability) signaled no differences compared with treatment as usual for all psychotherapies (eg, relative risk, 1.07 [95% CI, 0.73-1.57] for CBT vs treatment as usual). When excluding studies at high risk of bias, relaxation therapy lost its superiority over treatment as usual (SMD, -0.40; 95% CI, -1.15 to 0.34). When considering anxiety severity at 3 to 12 months after completion of the intervention, only CBT remained significantly associated with greater effectiveness than treatment as usual (SMD, -0.58; 95% CI, -0.93 to -0.23).

**Conclusions and relevance:** Given the evidence in this systematic review and network meta-analysis for its associations with both acute and long-term effectiveness, CBT may represent the first-line therapy of GAD. Third-wave CBTs and relaxation therapy were associated with short-term effectiveness and may also be offered.

## **Conflict of interest statement**

Conflict of Interest Disclosures: Dr Harrer reported being a part-time employee of GET.ON Institute for Online Health Training GmbH and HelloBetter. Dr Sijbrandij reported receiving grants from the European



Union outside the submitted work. Dr Furukawa reported receiving personal fees from Boehringer Ingelheim, DT Axis, Kyoto University Original, Shionogi, and Sony outside the submitted work; receiving grants from Shionogi outside the submitted work; and holding patents for Kokoro-app licensed to Mitsubishi-Tanabe. No other disclosures were reported.

[106 references](#)

[3 figures](#)

### Full text links

37. [\*\*Complex relational needs impede progress in NHS Talking Therapies \(IAPT\): implications for public mental health\*\*](#)

Front Public Health. 2023 Oct 2;11:1270926. doi: 10.3389/fpubh.2023.1270926. eCollection 2023.

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PMID: [37849713](#)

PMCID: [PMC10577290](#)

DOI: [10.3389/fpubh.2023.1270926](#)

**Free PMC article**

*No abstract available*

**Keywords:** IAPT; NHS Talking Therapies; complex relational needs; depression and anxiety; personality disorder.

## **Conflict of interest statement**

The author declares that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

[31 references](#)

## **Full text links**

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38. [\*\*The impact of founder personalities on startup success\*\*](#)

Sci Rep. 2023 Oct 17;13(1):17200. doi: 10.1038/s41598-023-41980-y.

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## **Abstract**

Startup companies solve many of today's most challenging problems, such as the decarbonisation of the economy or the development of novel life-saving vaccines. Startups are a vital source of innovation, yet the most innovative are also the least likely to survive. The probability of success of startups has been shown to relate to several firm-level factors such as industry, location and the economy of the day. Still, attention has increasingly considered internal factors relating to the firm's founding team, including their previous experiences and failures, their centrality in a global network of other founders and investors, as well as the team's size. The effects of founders' personalities on the success of new ventures are, however, mainly unknown. Here, we show that founder personality traits are a significant feature of a firm's ultimate success. We draw upon detailed data about the success of a large-scale global sample of startups (n = 21,187). We find that the Big Five personality traits of startup founders across 30 dimensions significantly differ from that of the population at large. Key personality facets that distinguish successful entrepreneurs include a preference for variety, novelty and starting new things (openness to adventure), like being the centre of attention (lower levels of modesty) and being exuberant (higher activity levels). We do not find one 'Founder-type' personality; instead, six different personality types appear. Our results also demonstrate the benefits of larger, personality-diverse teams in

startups, which show an increased likelihood of success. The findings emphasise the role of the diversity of personality types as a novel dimension of team diversity that influences performance and success.

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## Conflict of interest statement

The authors declare no competing interests.

[56 references](#)

[2 figures](#)

### Full text links

39. [Co-occurrence of bipolar disorder and personality disorders in the United States: Prevalence, suicidality, and the impact of substance abuse](#)

J Affect Disord. 2023 Oct 15:345:1-7. doi: 10.1016/j.jad.2023.10.087. Online ahead of print.

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## Abstract

**Background:** This study investigates prevalence rates of specific personality disorders (PDs) in individuals with bipolar disorder (BD) and their impact on substance abuse and suicidality, addressing existing gaps in the literature.

**Methods:** Using Nationwide Inpatient Sample data (2016-2020), adult hospitalizations for BD with coexisting PDs were analyzed. Study variables were defined using ICD-10-CM codes. Prevalence of PD were reported as cases per 100,000 BD admissions. Regression models assessed the association between substance abuse and suicidality.

**Results:** About 993,000 admissions for BD were analyzed. The cohort was predominantly Caucasian (70.5 %) with higher female representation (54.5 %). The mean age was 41 years. 89.4 % of individuals had a Charlson Comorbidity Index score  $\leq 1$ . The most common diagnostic subtype was

manic episode of BD with or without psychotic features (32.3 %). Coexisting PDs were observed in 12.2 % of the population, with borderline PD (8.2 %) and antisocial PD (2.6 %) being most prevalent. Substance abuse was common (44.8 %), with cannabis (23.8 %), alcohol (19.4 %), cocaine (10.5 %), and opioids (9.6 %) being most reported. Substance abuse was higher in individuals with BD and PD (50 %) compared to BD alone (44.1 %). 596 suicide attempts were recorded (60 per 100,000 BD admissions). Substance abuse and coexisting PD in bipolar individuals elevated the likelihood of attempts ( $P < 0.001$ ).

**Limitations:** Use of administrative data (retrospective, inpatient); treatment not studied.

**Conclusion:** The study reveals a notable prevalence of PDs in individuals with BD, with increased likelihood of substance abuse and suicide attempts in those with coexisting BD and PD compared to BD alone.

**Keywords:** Bipolar disorder; Depression; Mania; Personality disorders; Substance abuse; Suicide.

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## **Conflict of interest statement**

Declaration of competing interest The authors declare that they have no relevant financial or non-financial interests to disclose.

## **Full text links**

40. [\*\*Homework assignments in relational psychoanalytic treatment of personality disorders: A case study of a patient with narcissistic personality disorder\*\*](#)

J Clin Psychol. 2023 Oct 17. doi: 10.1002/jclp.23600. Online ahead of print.

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## Abstract

Homework assignments, or specific tasks patients are asked to engage in or complete between sessions, are a controversial topic among psychoanalysts. While many argue these interventions contradict psychoanalytic principles, others believe they can help address problems and promote coping skills. We propose that homework can be a legitimate aspect of relational psychoanalysis when used in a way that is attuned to the patient's experience and that homework may be an important component of treating personality disorders (PD). We present the case of a man diagnosed with narcissistic PD. He often felt superior to and reported that he despised others, though the core self-image was of fragile. He embraced the role of the omnipotent caregiver, which came with boredom and anger and lack of satisfaction in his social life. The patient tried to control therapy, asserting that he could psychoanalyze himself. As a result, therapy was stalled and progress was limited. At this point, the therapist asked him to complete homework assignments that encouraged him to

refrain from his compulsive caregiving to better understand what motivated this behavior. Through this process, the patient came to realize he acted out of avoidance, as he did not want to disclose his own vulnerabilities and flaws. At that point he was able to experience relationships while adopting different stances and finding new meanings. We argue that homework can be fully integrated into the relational psychoanalytic repertoire to improve self-reflection and foster change in patients with PD.

**Keywords:** homeworks; psychotherapy integration; relational psychoanalysis.

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[39 references](#)

**Full text links**

41. [\*\*Abnormal brain activities of cognitive processes in cerebral small vessel disease: A systematic review of task fMRI studies\*\*](#)

J Neuroradiol. 2023 Oct 14:S0150-9861(23)00251-1. doi: 10.1016/j.neurad.2023.10.005. Online ahead of print.

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## **Abstract**

Cerebral small vessel disease (CSVD) is characterized by widespread functional changes in the brain, as evident from abnormal brain activations during cognitive tasks. However, the existing findings in this area are not yet conclusive. We systematically reviewed 25 studies reporting task-related fMRI in five cognitive domains in CSVD, namely executive function, working memory, processing speed, motor, and affective processing. The findings highlighted: (1) CSVD affects cognitive processes in a domain-specific manner; (2) Compensatory and regulatory effects were observed simultaneously in CSVD, which may reflect the interplay between the negative impact of brain lesion and the positive impact of cognitive reserve. Combined with behavioral and functional findings in CSVD, we proposed an integrated model to illustrate the relationship between altered activations and behavioral performance in different stages of CSVD: functional brain changes may precede and be more sensitive than behavioral impairments in the early pre-symptomatic stage; Meanwhile, compensatory and regulatory mechanisms often occur in the early stages of the disease, while dysfunction/decompensation and dysregulation often occur in the late stages. Overall, abnormal hyper-/hypo-activations are crucial for understanding the mechanisms of small vessel lesion-induced behavioral dysfunction, identifying potential neuromarker and developing interventions to mitigate the impact of CSVD on cognitive function.

**Keywords:** Brain activations; Cerebral small vessel disease; Cognitive tasks; Functional magnetic resonance image.

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## **Conflict of interest statement**

Declaration of Competing Interest None declared.

## **Full text links**

42. [\*\*Narcissistic dimensions and depressive symptoms in patients across mental disorders in cognitive behavioural therapy and in psychoanalytic interactional therapy in Germany: a prospective cohort study\*\*](#)

Lancet Psychiatry. 2023 Oct 13:S2215-0366(23)00293-6. doi: 10.1016/S2215-0366(23)00293-6. Online ahead of print.

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## Abstract

**Background:** Narcissistic personality traits have been theorised to negatively affect depressive symptoms, therapeutic alliance, and treatment outcome, even in the absence of narcissistic personality disorder. We aimed to examine how the dimensional narcissistic facets of admiration and rivalry affect depressive symptoms across treatment modalities in two transdiagnostic samples.

**Methods:** We did a naturalistic, observational prospective cohort study in two independent adult samples in Germany: one sample pooled from an inpatient psychiatric clinic and an outpatient treatment service offering cognitive behavioural treatment (CBT), and one sample from an inpatient clinic providing psychoanalytic interactional therapy (PIT). Inpatients treated with CBT had an affective or psychotic disorder. For the other two sites, data from all service users were collected. We examined the effect of core narcissism and its facets admiration and rivalry, measured by Narcissistic Admiration and Rivalry Questionnaire-short version, on depressive symptoms, measured by Beck's Depression Inventory and Patient Health Questionnaire-Depression Scale, at baseline and after treatment in patients treated with CBT and PIT. Primary analyses were regression models, predicting baseline and post-treatment depression severity from core narcissism and its facets. Mediation analysis was done in the outpatient CBT group for the effect of the therapeutic alliance on the association between narcissism and depression severity after treatment.

**Findings:** The sample included 2371 patients (1423 [60.0%] female and 948 [40.0%] male; mean age 33.13 years [SD 13.19; range 18-81], with 517 inpatients and 1052 outpatients in the CBT group, and 802 inpatients in the PIT group. Ethnicity data were not collected. Mean treatment duration was 300 days (SD 319) for CBT and 67 days (SD 26) for PIT. Core narcissism did not predict depression severity before treatment in either group, but narcissistic rivalry was associated with higher depressive symptom load at baseline ( $\beta$  2.47 [95% CI 1.78 to 3.12] for CBT and 1.05 [0.54 to 1.55] for PIT) and narcissistic admiration showed the opposite effect (-2.02 [-2.62 to -1.41] for CBT and -0.64 [-1.11 to -0.17] for PIT). Poorer treatment response was predicted by core narcissism ( $\beta$  0.79 [0.10 to 1.47]) and narcissistic rivalry (0.89 [0.19 to 1.58]) in CBT, whereas admiration showed no effect. No effect of narcissism on treatment outcome was discernible in PIT. Therapeutic alliance mediated the effect of narcissism on post-treatment depression severity in the outpatient CBT sample.

**Interpretation:** As narcissism affects depression severity before and after treatment with CBT across psychiatric disorders, even in the absence of narcissistic personality disorder, the inclusion of dimensional assessments of narcissism should be considered in future research and clinical routines. The relevance of the therapeutic alliance and therapeutic strategy could be used to guide treatment approaches.

**Funding:** IZKF Münster.

**Translation:** For the German translation of the abstract see Supplementary Materials section.

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## **Conflict of interest statement**

Declaration of interests We declare no competing interests.

**Full text links**

43. [\*\*Oligonol ameliorates liver function and brain function in the 5 × FAD mouse model: transcriptional and cellular analysis\*\*](#)

Food Funct. 2023 Oct 30;14(21):9650-9670. doi: 10.1039/d3fo03451h.

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**Abstract**

Alzheimer's disease (AD) is a common neurodegenerative disease worldwide and is accompanied by memory deficits, personality changes,

anxiety, depression, and social difficulties. For treatment of AD, many researchers have attempted to find medicinal resources with high effectiveness and without side effects. Oligonol is a low molecular weight polypeptide derived from lychee fruit extract. We investigated the effects of oligonol in 5 × FAD transgenic AD mice, which developed severe amyloid pathology, through behavioral tests (Barnes maze, marble burying, and nestle shredding) and molecular experiments. Oligonol treatment attenuated blood glucose levels and increased the antioxidant response in the livers of 5 × FAD mice. Moreover, the behavioral score data showed improvements in anxiety, depressive behavior, and cognitive impairment following a 2-month course of orally administered oligonol. Oligonol treatment not only altered the circulating levels of cytokines and adipokines in 5 × FAD mice, but also significantly enhanced the mRNA and protein levels of antioxidant enzymes and synaptic plasticity in the brain cortex and hippocampus. Therefore, we highlight the therapeutic potential of oligonol to attenuate neuropsychiatric problems and improve memory deficits in the early stage of AD.

#### **Full text links**

#### 44. [\*\*Emotion dysregulation in bipolar disorder compared to other mental illnesses: a systematic review and meta-analysis\*\*](#)

Psychol Med. 2023 Oct 16:1-20. doi: 10.1017/S003329172300243X. Online ahead of print.

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DOI: [10.1017/S003329172300243X](#)

## Abstract

People with bipolar disorder (BD) often present emotion dysregulation (ED), a pattern of emotional expression interfering with goal-directed behavior. ED is a transdiagnostic construct, and it is unclear whether it manifests itself similarly in other conditions, such as major depressive



disorder (MDD) or borderline personality disorder (BPD), or has specific features in BD. The present systematic review and meta-analysis explored ED and adopted emotion regulation (ER) strategies in BD compared with other psychiatric conditions. PubMed/MEDLINE, EMBASE, Scopus, and PsycINFO databases were systematically searched from inception to April 28th, 2022. Studies implementing validated instruments assessing ED or ER strategies in BD and other psychiatric disorders were reviewed, and meta-analyses were conducted. Twenty-nine studies yielding multiple comparisons were included. BD was compared to MDD in 20 studies ( $n = 2451$ ), to BPD in six studies ( $n = 1001$ ), to attention deficit hyperactivity disorder in three studies ( $n = 232$ ), to anxiety disorders in two studies ( $n = 320$ ), to schizophrenia in one study ( $n = 223$ ), and to post-traumatic stress disorder in one study ( $n = 31$ ). BD patients did not differ from MDD patients in adopting most adaptive and maladaptive ER strategies. However, small-to-moderate differences in positive rumination and risk-taking behaviors were observed. In contrast, patients with BPD presented an overall higher degree of ED and more maladaptive ER strategies. There were insufficient data for a meta-analytic comparison with other psychiatric disorders. The present report further supports the idea that ED is a transdiagnostic construct spanning a continuum across different psychiatric disorders, outlining specific clinical features that could represent potential therapeutic targets.

**Keywords:** Bipolar disorder; borderline personality disorder; emotion dysregulation; emotion regulation; major depressive disorder.

#### Full text links

45. [Association of breastfeeding with mental disorders in mother and child: a systematic review and meta-analysis](#)

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DOI: [10.1186/s12916-023-03071-7](#)

**Free PMC article**

## Abstract

**Background:** Breastfeeding has long been associated with numerous benefits for both mothers and infants. While some observational studies have explored the relationship between breastfeeding and mental health

outcomes in mothers and children, a systematic review of the available evidence is lacking. The purpose of this study is to systematically evaluate the association between breastfeeding and mental health disorders in mothers and children.

**Methods:** We systematically searched MEDLINE and EMBASE from inception to June 2, 2023. The inclusion criteria consisted of all studies evaluating links between breastfeeding and development of mental health disorders in children and mothers. Risk of bias was assessed using the Newcastle-Ottawa Scale (NOS) while grading of Recommendations Assessment, Development and Evaluation (GRADE) was used to assess the certainty of evidence. A random-effects meta-analysis was used if possible, to estimate the odds ratio for the association between breastfeeding and mental health outcomes. The Mantel-Haenszel method was utilised for pooling ORs across studies. Study heterogeneity was assessed using the  $I^2$  statistic.

**Results:** Our review identified twenty-one original study. Of these, 18 focused on the association between breastfeeding and child health, assessing depressive disorders, schizophrenia, anxiety disorders, eating disorders and borderline personality disorder. Three studies evaluated the associations between breastfeeding and maternal mental health disorders. Three studies looking at outcomes in children showed no significant association between breastfeeding and occurrence of schizophrenia later in life (OR 0.98; 95% CI 0.57-1.71;  $I^2 = 29\%$ ). For depressive disorders (5 studies) and anxiety disorders (3 studies), we found conflicting evidence with some studies showing a small protective effect while others found no effect. The GRADE certainty for all these findings was very low due to multiple limitations. Three studies looking at association between breastfeeding and maternal mental health, were too heterogeneous to draw any firm conclusions.

**Conclusions:** We found limited evidence to support a protective association between breastfeeding and the development of mental health disorders in children later in life. The data regarding the association between breastfeeding and maternal mental health beyond the postnatal period is also limited. The methodological limitations of the published literature prevent definitive conclusions, and further research is needed to better understand the relationship between breastfeeding and mental health in mothers and children.

**Keywords:** Anxiety disorders; Breastfeeding; Child health; Depressive disorders; Maternal health; Mental health; Schizophrenia; Systematic review.

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## Conflict of interest statement

The authors declare no support from any organisation for the submitted work. Outside of the submitted work, JG benefit from unrestricted research grants from Danone Nutricia Research to Leipzig University for research into human milk composition within the Ulm Birth Cohort Studies—this work is not related to the present publication; author RJB declares consultancy payment from Cochrane, Wiley and the British Society for Allergy and Clinical Immunology for editorial work and payment for expert witness work in cases involving food anaphylaxis and a disputed infant formula health claim.

[47 references](#)

[2 figures](#)

### Full text links

- 
46. [Assessing the quality of the care offer for people with personality disorders in Italy: the QUADIM project. A multicentre research based on the database of use of Mental Health services](#)

Int J Ment Health Syst. 2023 Oct 13;17(1):31. doi: 10.1186/s13033-023-00603-9.

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**Free PMC article**

## Abstract

**Background:** Italy can be viewed as a laboratory to assess the quality of mental healthcare delivered in a community-oriented system, especially for severe mental disorders, such as personality disorders. Although initiatives based on clinical indicators for assessing the quality of mental healthcare have been developed by transnational-organisations, there is still no widespread practice of measuring the quality of care pathways delivered to patients with severe mental disorders in a community-oriented system, especially using administrative healthcare databases. The aim of the study is to evaluate the quality of care delivered to patients with personality disorders taken-in-care by mental health services of four Italian regions (Lombardy, Emilia-Romagna, Lazio, Sicily).

**Methods:** A set of thirty-three clinical indicators, concerning accessibility, appropriateness, continuity, and safety of care, was implemented using regional healthcare utilization databases, containing data on mental health treatments and diagnosis, hospital admissions, outpatient interventions and exams and drug prescriptions.

**Results:** 31,688 prevalent patients with personality disorders treated in 2015 were identified, of whom 2,331 newly taken-in-care. One-in-10 patients received a standardized assessment, the treatment discontinuity

affected half of the cases. 12.7% of prevalent patients received at least one hospitalization, 10.6% in the newly taken-in-care cohort. 6-out-of-10 patients had contact with community-services within 14 days from hospital discharge. Access to psychotherapy and psychoeducational treatments was low and delivered with a low intensity. The median of psychosocial interventions per person-year was 19.1 and 9.4, respectively, in prevalent and newly taken-in-care cases. Nearly 50% of patients received pharmacological treatments.

**Conclusions:** Healthcare utilization databases were used to systematically evaluate and assess service delivery across regional mental health systems; suggesting that in Italy the public mental health services provide to individuals with personality disorders suboptimal treatment paths.

**Keywords:** Clinical pathways; Healthcare research; Healthcare services; Healthcare utilization databases; Mental healthcare; Personality disorders; Public health; Quality of mental healthcare; Real-world; Treatment gap.

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## **Conflict of interest statement**

GC received research support from the European Community (EC), the Italian Agency of Drug (AIFA), and the Italian Ministry for University and Research (MIUR). He took part to a variety of projects that were funded by pharmaceutical companies (i.e., Novartis, GSK, Roche, AMGEN and BMS). He also received honoraria as member of Advisory Board from Roche. Author AL was employed by ASST Lecco. The remaining authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

[50 references](#)

[1 figure](#)

**Full text links**

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47. [Conceptualising compulsivity through network analysis: A two-sample study](#)

Compr Psychiatry. 2023 Nov;127:152429. doi:  
10.1016/j.comppsy.2023.152429. Epub 2023 Oct 4.

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PMID: [37832377](#)

DOI: [10.1016/j.comppsy.2023.152429](#)

## Free article

## Abstract

Compulsivity is a transdiagnostic construct crucial to understanding multiple psychiatric conditions and problematic repetitive behaviours. Despite being identified as a clinical- and research-relevant construct, there are limited insights into the internal conceptual structure of compulsivity. To provide a more nuanced understanding of compulsivity, the current study estimated the structure of compulsivity (indexed using the previously validated Cambridge-Chicago Compulsivity Trait Scale, CHI-T) among two large-scale and geographically distinct samples using the network estimation method. The samples consisted of a United Kingdom cohort (n = 122,346, 51.4% female, Mean age = 43.7, SD = 16.5, range = 9-86 years) and a South Africa cohort (n = 2674, 65.6% female, Mean age = 24.6, SD = 8.6, range = 18-65 years). Network community analysis demonstrated that compulsivity was constituted of three interrelated dimensions, namely: perfectionism, cognitive rigidity and reward drive. Further, 'Completion leads to soothing' and 'Difficulty moving from task to task' were identified as core (central nodes) to compulsivity. The dimensional structure and central nodes of compulsivity networks were consistent across the two samples. These findings facilitate the conceptualisation and measurement of compulsivity and may contribute to the early detection and treatment of compulsivity-related disorders.

**Keywords:** CHI-T; Compulsivity; Network analysis; Structure; Transdiagnostic.

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## Conflict of interest statement

Declaration of Competing Interest Prof. Grant has received research grants from Otsuka and Biohaven Pharmaceuticals. He receives yearly compensation from Springer Publishing for acting as Editor-in-Chief of the Journal of Gambling Studies and has received royalties from Oxford University Press, American Psychiatric Publishing, Inc., Norton Press, and McGraw Hill. Prof. Chamberlain receives honoraria from Elsevier for editorial work. Prof. Chamberlain and Prof. Grant are copyright holders for the Cambridge-Chicago Trait Compulsivity Scale (CHI-T). Dr. Tiego is supported by a Turner Impact Fellowship from the Turner Institute for Brain and Mental Health. Dr. Ioannidis receives a stipend from Elsevier for editorial work. Dr. Hellyer is, in part, supported by the National Institute for Health Research (NIHR) Biomedical Research Centre at South London and Maudsley NHS Foundation Trust and King's College London. Prof. Lochner is supported by the South African Medical Research Council. Prof. Yücel also receives funding from: government funding bodies such as the NHMRC, Australian Research Council (ARC), Australian Defence Science and Technology (DST), the Department of Industry, Innovation and Science (DIIS), the National Institutes of Health (NIH, USA); philanthropic donations from the David Winston Turner Endowment Fund, Wilson Foundation; sponsored Investigator-Initiated trials including Incannex Healthcare Ltd; and payments in relation to court-, expert witness-, and/or expert review-reports. These funding sources had no role in the data analysis, presentation, or interpretation and write-up of the data. The other authors do not have any disclosures to report.

#### **Full text links**

48. [\*\*The Impact of Depression, Anxiety and Personality Disorders on the Outcome of Patients with Functional Limb Weakness - Individual Patient Data Meta-Analysis\*\*](#)

J Psychosom Res. 2023 Oct 2:175:111513. doi: 10.1016/j.jpsychores.2023.111513. Online ahead of print.

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PMID: [37832273](#)

DOI: [10.1016/j.jpsychores.2023.111513](#)

## Abstract

**Objective:** Psychiatric comorbidities such as depression, anxiety, and personality disorders are common in patients with functional limb weakness/paresis (FND-par). The impact of these conditions on the prognosis of FND-par has not been systematically reviewed. The aim of this

study was to identify a potential prognostic effect of comorbid depression, anxiety, and/or personality disorder on prognosis in patients with FND-par.

**Methods:** A systematic review was performed to identify studies that reported measures of baseline depression, anxiety, and/or personality disorder, and physical disability. An individual patient data meta-analysis was subsequently performed.

**Results:** Eight studies comprising 348 individuals were included (7 prospective cohorts; 1 case-control study). There was heterogeneity in sample size, follow-up duration, and treatment modality. Depression and anxiety were present in 51.4% and 53.0% of FND-par patients, respectively. In individuals whose FND-par improved, there was no significant difference between those with versus without depression (52.6% vs 47.4%,  $p = 0.69$ ) or those with versus without anxiety (50.3% vs 49.7%,  $p = 0.38$ ). Meta-analysis showed no clear impact of baseline depression or anxiety per se [pooled OR for depression 0.85 (95%CI 0.50-1.45;  $p = 0.40$ ) and anxiety 0.84 (95%CI 0.51-1.38;  $p = 0.91$ )]; and of depression or anxiety severity [pooled OR for depression 1.23 (95%CI 0.63-2.39;  $p = 0.91$ ) and anxiety 1.40 (95%CI 0.70-2.78;  $p = 0.58$ )] on FND-par outcome. Insufficient data were available to assess the impact of personality disorders.

**Conclusion:** We found no evidence that depression or anxiety influenced outcome in FND-par. Large-scale, prospective studies in FND-par, and other FND subtypes, are needed to fully contextualize the impact of concurrent mental health concerns on outcomes.

**Keywords:** Functional limb weakness; Functional motor disorder; Functional neurological disorder.

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## **Conflict of interest statement**

Declaration of Competing Interest David L. Perez has received honoraria for continuing medical education lectures on functional neurological disorder, royalties from Springer Nature for a functional movement disorder textbook, is a paid senior editor at Brain and Behavior, and has received funding from the NIH and the Sidney R. Baer Jr. Foundation unrelated to this work. Jon Stone reports honoraria from UptoDate, personal fees from expert witness work, grants from National Research Scotland and runs a

self-help website for patients with Functional Neurological Disorder. He is medical advisor to FND Hope, FND Hope UK and FND Action, and secretary of the FND society. All other authors do not report any relevant conflicts of interest / disclosures.

### Full text links

49. [Pathological narcissism and relationship obsessive-compulsive disorder \(ROCD\) symptoms: Exploring the role of vulnerable narcissism](#)

J Clin Psychol. 2023 Oct 13. doi: 10.1002/jclp.23601. Online ahead of print.

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DOI: [10.1002/jclp.23601](#)

### Abstract

**Objective:** Relationship obsessive-compulsive disorder (ROCD) symptoms, which include obsessive preoccupation, doubts, and compulsive behaviors focusing on the suitability of the relationship and/or partner, have been receiving increasing clinical, theoretical, and empirical attention. This clinical variant of OCD is associated with significant functional, personal, and dyadic consequences. ROCD symptoms have also been linked to several

cognitive vulnerability factors, such as maladaptive relationship catastrophization. However, little is known about the connection between OCD symptoms and specific personality traits. In this study, we examine whether vulnerable narcissistic personality traits may constitute a general vulnerability factor for OCD symptoms. Specifically, we assess whether partner value self-contingencies moderate the association between vulnerable narcissistic traits and obsessive preoccupation with a romantic partner's perceived flaws.

**Method:** A total of 310 individuals self-reporting OCD symptoms completed questionnaires assessing narcissistic personality traits, OCD symptoms and cognitions, and partner value self-contingencies.

**Results:** Vulnerable narcissistic traits were uniquely associated with OCD symptoms over and above OCD-related cognitions. Self-worth contingent on the partner's perceived value partially mediated the effect of vulnerable narcissistic traits on OCD symptoms.

**Conclusion:** Results supported the role of vulnerable narcissistic traits and domain-relevant self-vulnerabilities on obsessive preoccupation with romantic partners' perceived flaws. Further research is needed to explore the susceptibility of vulnerable individuals to the development and maintenance of OCD symptoms.

**Keywords:** narcissism; obsessive-compulsive disorder; personality disorders.

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[54 references](#)

**Full text links**

50. [\*\*Characterising subgroups of people with severe COVID anxiety by latent profile analysis\*\*](#)

J Affect Disord. 2023 Oct 10:344:115-121. doi: 10.1016/j.jad.2023.10.033. Online ahead of print.

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PMID: [37827258](#)

DOI: [10.1016/j.jad.2023.10.033](#)

## Free article

## Abstract

**Background:** People with severe COVID anxiety have had experiences of the COVID-19 pandemic which are overwhelming, and have led to patterns of behaviours that add little protective benefit but are at the expense of other priorities in life. It appears to be a complex social and psychological phenomenon, influenced by demographic and social factors. Identifying subgroups of people with severe COVID anxiety would better place clinicians to assess and support this distress where indicated.

**Methods:** Measurement tools assessing depression, generalised and health anxiety, obsessive-compulsive symptoms, personality difficulty and alcohol use from 284 people living in United Kingdom with severe COVID anxiety were explored with latent profile analysis. Further analyses examined the associations of identified clusters with demographic and social factors and daily functioning, quality of life and protective behaviours.

**Results:** A model with 4 classes provided the best fit. Distinct patterns of psychopathology emerged which were variably associated with demographic factors and COVID behaviours.

**Limitations:** Given the complex aetiology of COVID anxiety a number of factors which might better cluster subgroups are likely to have gone



uncollected. Moreover, using data collected at a single time-point limits these results' ability to conclude whether observed relationships were the product of the pandemic or longstanding.

**Conclusions:** People living with severe COVID anxiety are a heterogenous group. This analysis adds to evidence that certain health behaviours and demographic factors are inextricably linked to poor mental health in people with COVID anxiety, and that targeting health behaviours with specific intervention might be beneficial.

**Keywords:** Anxiety disorders; COVID-19; Health behaviour; Hypochondriasis; Pandemic.

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## **Conflict of interest statement**

Declaration of competing interest Authors JDK, AM, VCL, OT and MJC have no conflicts of interest to declare.

## **Full text links**

51. [\*\*Psychosocial risk factors of technological addictions in a sample of Spanish University students: The influence of Emotional \(Dys\)Regulation, personality traits and Fear of Missing Out on internet addiction\*\*](#)

Psychiatry Res. 2023 Oct 10:329:115518. doi: 10.1016/j.psychres.2023.115518. Online ahead of print.

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PMID: [37826975](#)

DOI: [10.1016/j.psychres.2023.115518](#)

## Abstract

Perception of the need to be online can lead to the compulsive use of the Internet. The aim of this study is to investigate the relationships between Internet Addiction and Social Media Addiction and some psychological variables that could influence the onset of these disorders (FoMO, Emotional Dysregulation, Personality traits). The sample was composed by 598 Spanish university students aged from 18 to 35 (471 women and 118 men; average age = 21.56; standard deviation = 2.73). Participants responded to an online questionnaire regarding the use of Internet (IAT), the use of social media (BSMAS), Fear of Missing Out (FoMO), Emotional (Dys)regulation (DERS) and personality traits (BFI-15). Correlation analysis showed a positive relationship between FoMO, Social Media Addiction, Internet Addiction, Emotional (Dys)regulation and Neuroticism dimension of Big five. Also, we observed a negative relationship between Internet Addiction and Social Media Addiction, Conscientiousness dimension of Big Five, and gender. The tested mediation model highlighted that the total effect of the DERS on the IAT score was significant as well as its indirect effect via the BSMAS and FoMO scores was positive and significant. In

conclusion, we proposed a new integrated model for understanding the characteristics, predictors, and risk factors of IA.

**Keywords:** Emotional (Dys)regulation; FoMO; Internet Addiction; Personality traits; Social Media Addiction.

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## **Conflict of interest statement**

Declaration of Competing Interest None.

## **Full text links**

### 52. [Psychological factors in Temporomandibular disorders and somatization: A multidimensional analysis of personality, coping, and distress among young adults](#)

Int J Prosthodont. 2023 Oct 12;0(0). doi: 10.11607/ijp.8590. Online ahead of print.

## **Authors**

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PMID: [37824118](#)

DOI: [10.11607/ijp.8590](#)

## **Abstract**

**Purpose:** The association of Temporomandibular disorder (TMD) and somatic symptoms with the psychological variables of personality, coping, and distress were analyzed in young adults. Physical and psychological correlates were also explored along with the risk factors for TMDs/somatization.

**Materials and methods:** Participants were enlisted from a local university and the presence of TMDs and somatic symptoms was determined with the Short-form Fonseca Anamnestic Index and Patient Health Questionnaire-15. The psychological variables of personality, coping, and distress was assessed with the Big-Five Personality Inventory-10, brief-COPE Inventory, and Depression, Anxiety, Stress Scales-21 accordingly. Statistical evaluations were performed with the Mann-Whitney U test, Spearman's correlation, and logistic regression analyses ( $\alpha = 0.05$ ).

**Results:** Among the 455 participants (mean age  $22.7 \pm 1.2$  years), 18.2% and 5.7% had TMDs and medium-to-high somatization respectively. Participants with TMDs exhibited substantially higher somatization and psychological distress scores than those with no TMDs. Significant differences in TMD, conscientiousness, extraversion, and psychological distress scores were observed between participants with no-to-mild and medium-to-high somatization. The association between TMD and somatization scores, albeit significant, was weak. Neuroticism and dysfunctional coping style were moderately correlated to general distress, depression, anxiety, and stress ( $r_s = 0.44-0.62$ ).

**Conclusions:** Findings suggest that anxiety is the main risk factor for the presence of TMDs and medium-to-high somatization in non-clinical young adults while conscientiousness is a protective factor for somatization.

**Keywords:** Temporomandibular disorders; coping behavior; personality; psychological distress.; somatization.

**Full text links**

53. [\*\*The temporal association between suicide and comorbid mental disorders in people treated for substance use disorders: a National registry study\*\*](#)

Addict Sci Clin Pract. 2023 Oct 11;18(1):59. doi: 10.1186/s13722-023-00415-9.

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PMCID: [PMC10568834](#)

DOI: [10.1186/s13722-023-00415-9](#)

## Free PMC article

## Abstract

**Background:** The time after contact with specialized health services for mental health and substance use is associated with an increased risk of suicide, where temporal aspects of suicide and comorbid mental disorders in patients with substance use disorders could be associated. This study aimed to examine the temporal association between time from last treatment contact to suicide and comorbid mental disorders in patients with substance use disorders.

**Methods:** This study is a historical prospective case series using nationwide registry data. It included 946 individuals registered the year before suicide with a substance use disorder (F10-F19) in Norway's specialized health services for treating substance use and mental health disorders between 2010 and 2020. The outcome was the number of weeks from the last contact with services to suicide. The exposure was comorbid mental disorders divided into 'no comorbid mental disorder'; 'psychosis or bipolar disorders' (F20-F31), 'depressive or anxiety disorders' (F32-F49); and 'personality disorders' (F60-F69). Covariates included gender, age, last diagnosed substance use disorder, registered deliberate self-harm last year, and the number of in- and outpatient contacts the previous year.

**Results:** The number of weeks from last service contact to suicide differed ( $p < 0.001$ ) between patients with no comorbid mental disorders (Median = 7; IQR 2-23), psychosis or bipolar disorders (Median = 2; IQR = 1-7), depressive or anxiety disorders (Median = 3; IQR = 1-11) and personality disorders (Median = 1; IQR = 1-5.5). Significantly decreased adjusted incidence rate ratios (aIRR) were found for psychosis or bipolar disorders [aIRR = 0.67 (95% CI 0.53-0.85)] and personality disorders [aIRR = 0.56 (0.42-0.77)] compared to no comorbid mental disorder when adjusted for individual characteristics and service contact. For depressive and anxiety disorders compared to no comorbid mental disorder, the association was significant when adjusted for individual characteristics [aIRR = 0.55 (0.46-0.66)].

**Conclusions:** While patients with substance use disorders generally died by suicide a short time after contact with services, patients with comorbid mental disorders died an even shorter time after such contact and significantly shorter than patients without such comorbidities.

**Keywords:** Comorbid mental disorders; Mental health services; SUD services; Substance use disorders; Suicide.

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## **Conflict of interest statement**

The authors declare that they have no competing interest.

[34 references](#)

[1 figure](#)

### Full text links

54. [\*\*One-year prevalence and psychiatric comorbidity of borderline personality disorder in a medical certificate population: a registry study of psychiatric outpatients in community mental health care in the city of Oulu\*\*](#)

Nord J Psychiatry. 2023 Nov;77(8):811-817. doi: 10.1080/08039488.2023.2267032. Epub 2023 Oct 31.

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PMID: [37818619](#)

DOI: [10.1080/08039488.2023.2267032](#)

### Abstract

**Objective:** Borderline personality disorder (BPD) is a common disorder in healthcare settings but estimates of BPD prevalence vary greatly. This study aimed to estimate the one-year prevalence of BPD in psychiatric outpatients and analyze the psychiatric comorbidity presented with BPD.

**Method:** The data comprised 18-60-year-old patients who had a BPD diagnosis recorded in their medical certificate B (mcB) and were treated in specialized psychiatric outpatient services in the city of Oulu, northern Finland, in 2014. An mcB is a comprehensive summary of a patient's medical history written by a doctor, and patients need it in the Finnish healthcare system when applying for social benefits and rehabilitation measures.

**Results:** The prevalence of BPD was 12.8% among patients with an mcB treated in the psychiatric outpatient services. BPD was 3.0 times more common in female than male psychiatric outpatients with an mcB. The most common comorbid psychiatric disorders written in mcBs of BPD patients were mood (81.0%) and anxiety (39.2%) disorders. The only statistically significant gender difference was found in behavioral and emotional disorders (16.7% in men, 1.6% in women).

**Conclusions:** The mcB-based BPD prevalence estimate and psychiatric comorbidity was consistent with previous studies researching psychiatric outpatients with BPD. McBs appear to be a reliable and comprehensive data source for diagnostic information in research.

**Keywords:** Borderline personality disorder; medical certificate B; prevalence; psychiatric comorbidity; psychiatric outpatient.

**Full text links**

55. [\*\*Hypophysitis Induced by Sintilimab in the Treatment of Bladder Cancer: A Case Report\*\*](#)

Endocr Metab Immune Disord Drug Targets. 2023 Oct 10. doi: 10.2174/0118715303257557231002064417. Online ahead of print.

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PMID: [37818555](#)

DOI: [10.2174/0118715303257557231002064417](#)

## Abstract

**Background:** Immune checkpoint inhibitors (ICIs), as novel antitumor drugs, have been widely used in the clinic and have shown good antitumor effects. However, their widespread use has also led to the emergence of various immune-related adverse events (IrAEs). Hypophysitis is a rare but serious IrAE. Due to its complex and changeable clinical manifestations, hypophysitis may be easily overlooked, leading to delayed diagnosis and treatment.

**Case presentation:** A 68-year-old male patient was diagnosed with bladder cancer (T2bNXM0) in October 2021. He received two cycles of immunotherapy with sintilimab and chemotherapy with gemcitabine and cisplatin (GC). One month after the second treatment, he gradually developed recurrent fever, anorexia, drowsiness, and delirium. Laboratory examination revealed hyponatremia, decreased adrenocorticotrophic hormone, and hypocortisolemia. The pituitary MRI showed no abnormality. The patient was diagnosed with immunotherapy-induced hypophysitis (IH) caused by sintilimab, leading to downstream endocrine disorders. With hormone replacement therapy, he was in a good mood, had a good appetite, and made an overall recovery.

**Conclusion:** Immunotherapy-induced hypophysitis (IH) can result in a severe adrenal crisis, and prompt recognition and diagnosis are crucial. Clinicians must remain vigilant for the possibility of IH in patients who exhibit recurrent fever, anorexia, cognitive decline, and personality changes following ICI treatment. It is imperative to consider this diagnosis early to initiate appropriate management promptly.

**Keywords:** Immune checkpoint inhibitor; case report.; hypophysitis; immune-related adverse events; isolated ACTH deficiency; sintilimab.

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**Full text links**

56. [\*\*Predicting the Intensity of Psychedelic-Induced Mystical and Challenging Experience in a Healthy Population: An Exploratory Post-Hoc Analysis\*\*](#)

Neuropsychiatr Dis Treat. 2023 Oct 5:19:2105-2113. doi: 10.2147/NDT.S426193. eCollection 2023.

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PMID: [37818448](#)

PMCID: [PMC10561760](#)

DOI: [10.2147/NDT.S426193](https://doi.org/10.2147/NDT.S426193)

## Free PMC article

## Abstract

**Introduction:** In psychedelic therapy, mystical as well as challenging experience may influence therapeutic outcome. However, predictors of such experience have not been sufficiently established. Determining predictors of their intensity is, therefore, potentially beneficial in targeting psilocybin therapy for depression.

**Methods:** In a post hoc data analysis of a Phase 1, randomised, double-blind, placebo-controlled, between-groups clinical trial, dosage, personality traits, affect, and individual data were analysed as possible clinical predictors. Eighty-nine healthy volunteers were randomised to receive a single dose of placebo, 10 mg of psilocybin, or 25 mg of psilocybin. ANOVA was used to analyse the relationship between dosage and mystical and/or challenging experience, and correlation analysis for all other variables.

**Results:** The intensity of both mystical and challenging experience was strongly associated with higher dosage. Age was negatively correlated with intensity of challenging experience. Correlation between identified personality traits and either mystical or challenging experience was minimal, with the exception of positive correlation between neuroticism and challenging experience at higher dose. Neither positive nor negative affect indicated correlation with the intensity of either type of experience.

**Discussion:** A limitation of this study is its post hoc, exploratory design; recommendations for further research are provided.

**Keywords:** challenging experience; mystical experience; psilocybin; psychedelic therapy.

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## Conflict of interest statement

KK is a PhD student and member of Psychoactive Trials Group [PTG] at King's College London [KCL]. KCL receives grant funding from COMPASS Pathways Plc. and Beckley PsyTech to undertake phase 1 and Phase 2 trials

with psychedelics, including psilocybin. BC is a reader in biostatistics at The Institute of Psychiatry, Psychology and Neuroscience [IoPPN] at KCL. JJR is an honorary consultant psychiatrist at The South London & Maudsley NHS Foundation Trust [SLaM, NHS UK], a consultant psychiatrist at Sapphire Medical Clinics and Senior Clinical Lecturer at the IoPPN at KCL. JJR leads PTG at KCL. COMPASS Pathways Plc has paid for JJR to attend trial-related meetings and conferences to present the results of research using psilocybin. JJR has undertaken paid consultancy work for Beckley PsyTech, Delica Therapeutics and Clerkenwell Health. AJC is employed by KCL and is an honorary consultant for SLaM (NHS UK). He has recently received or is due to receive honoraria for presentations and/or serving on advisory boards from Janssen, Otsuka, Medscape and COMPASS Pathways Plc.; and research grant support from Protexin Probiotics International Ltd. Additionally, he is supported by the NIHR Biomedical Research Centre (BRC) at South London and Maudsley NHS Foundation Trust and KCL. The authors report no other conflicts of interest in this work.

[41 references](#)

[2 figures](#)

### Full text links

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57. [\*\*Potential biopsychosocial factors mediating/moderating the relationship between depressive symptoms and body size among children and adolescents: A systematic review\*\*](#)

Obes Rev. 2023 Oct 9:e13645. doi: 10.1111/obr.13645. Online ahead of print.

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PMID: [37814428](#)

DOI: [10.1111/obr.13645](#)

## Abstract

The prevalence of depression and obesity in the pediatric population has increased along with multiple adverse health outcomes in later life. However, the mechanisms underlying the bidirectional relationship between obesity and depression have not yet been clarified. We aim to systematically summarize the literature reporting on mediational or moderational biopsychosocial factors in the relationship between depression and body size among children and adolescents. Four electronic databases (PubMed, Web of Science, PsycINFO, and PsychArticles) were systematically searched from inception until December 23, 2021, and subsequently updated until June 9, 2023. The study protocol was registered with PROSPERO (CRD42022301475). A total of 36 unique records reporting 152,513 children and adolescents meeting the inclusion criteria were identified. The results indicate that disparate psychological variables (e.g., body image, victimization and bullying, eating disorders, and sleep problems) may mediate the bidirectional relationship between depressive symptoms and body size. Moreover, the mediational/moderational effect of biological factors has not been well established. The moderational effect of social factors was inconsistently reported. Future research should aim to

identify and characterize factors that may impact the bidirectional relationship between depression and obesity to inform prevention intervention strategies for affected children and adolescents.

**Keywords:** adolescent; body image; depression; obesity.

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[61 references](#)

**Full text links**

58. [\*\*When it's not safe to be me: employee authenticity mediates the effect of perceived manager psychopathy on employee well-being\*\*](#)

BMC Psychol. 2023 Oct 9;11(1):321. doi: 10.1186/s40359-023-01333-w.

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PMID: [37814307](#)

PMCID: [PMC10563246](#)

DOI: [10.1186/s40359-023-01333-w](#)

**Free PMC article**

## Abstract

**Background:** Psychopathy in managers is often measured on global scales and associated with detrimental outcomes for subordinates, such as bullying and reduced well-being. Yet some features of psychopathy, like boldness, appear to have beneficial outcomes. Using the triarchic model of psychopathy, we differentiate between adaptive and maladaptive traits in managers and model their effects on employee engagement and burnout. In addition, we test the extent to which authenticity, known to ameliorate the effect of some negative experiences on well-being, might mediate the influence of managers' perceived psychopathic traits on employee well-being.

**Methods:** In a two-wave study, full-time employees (N = 246) reported on their manager's psychopathic traits (boldness, meanness, disinhibition), their own authenticity and, six weeks later, their engagement and burnout.

**Results:** In support of our hypotheses, manager boldness enhanced engagement and reduced burnout while meanness and disinhibition reduced engagement and increased burnout. Additionally, employee authenticity was a partial mediator of the effect of managerial psychopathy on engagement and burnout.

**Conclusions:** Perceived psychopathic traits in managers have the potential to influence whether employees feel able to be their authentic selves at work, which consequently affects their well-being. A work culture that values authenticity can directly improve well-being and help employees to deal with managerial behaviour that stems from maladaptive psychopathic traits. We also highlight the importance of discriminating between constituent psychopathic traits to identify the potentially adaptive nature of the boldness element of psychopathy.

**Keywords:** Authenticity; Burnout; Engagement; Psychopathy; Triarchic.

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## Conflict of interest statement

The authors have no competing interests to declare.

[85 references](#)

[1 figure](#)

**Full text links**

59. ["I'm fighting with BPD instead of my partner": A dyadic interpretative phenomenological analysis of the lived experience of couples navigating borderline personality disorder](#)

J Marital Fam Ther. 2023 Oct 9. doi: 10.1111/jmft.12669. Online ahead of print.

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PMID: [37811894](#)

DOI: [10.1111/jmft.12669](#)

**Abstract**

Borderline personality disorder (BPD) is associated with romantic relationship distress and dissolution. The complex interaction between BPD and romantic relationships warrants further attention. Dyadic interviews (N = 10) were conducted to examine the experience and impact of BPD on



couples' relationships. The results of interpretative phenomenological analysis consisted of two superordinate themes describing the couple experience of navigating BPD: (a) the shared experience of BPD as a relational stressor; and (b) adaptive dyadic coping in the context of BPD. Although BPD was experienced as a relational stressor, dyadic coping and shared externalization of BPD emerged as central components to adaptive couple functioning. Most couples reported that therapy was a critical external resource in their journey toward adaptively functioning in the context of BPD, both intrapersonally and interpersonally. The lived experiences of these couples provides therapists with an increased understanding of the resources that support adaptive dyadic coping with BPD.

**Keywords:** borderline personality disorder; couples; dyadic coping; externalization; personality disorders; stress.

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[57 references](#)

**Full text links**

60. [\*\*Course and predictors of social security disability insurance in patients with borderline personality disorder over 24 years of prospective follow-up\*\*](#)

Borderline Personal Disord Emot Dysregul. 2023 Oct 9;10(1):30. doi: 10.1186/s40479-023-00236-x.

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PMID: [37807072](#)

PMCID: [PMC10561411](#)

DOI: [10.1186/s40479-023-00236-x](#)

## Free PMC article

## Abstract

**Background:** The utilization of Social Security Disability Insurance (SSDI) is frequent in patients with borderline personality disorder (BPD) and may represent a meaningful marker of a patient's symptom severity, poor psychosocial functioning, and/or inner suffering. Over 24 years of prospective follow-up, the present study aims to describe the course of SSDI and assess the role of clinically relevant predictors.

**Methods:** A total of 290 inpatients with BPD were interviewed at baseline and 12 consecutive follow-up waves, each separated by two years, after index hospitalization. Included were also 72 inpatients with other personality disorders. Surviving patients were reinterviewed. A series of interviews and self-report measures were used to assess psychosocial functioning and treatment history, axis I and II disorders, and childhood/adult adversity.

**Results:** Results show that rates of SSDI utilization were relatively stable over 24 years of follow-up (on average, 47.2% of the patients with BPD were on SSDI). Patients with BPD were three times more likely to be on SSDI than patients with other PDs. Patients with BPD displayed flexibility in their usage of SSDI. By 24 years, 46% of patients remitted, out of which 85% experienced recurrence and 50% of the patients had a new onset over time. In multivariate analyses, four variables were found to predict SSDI status in patients with BPD over time. These variables were: age 26 or older, lower IQ, severity of non-sexual childhood abuse, and presence of PTSD.

**Conclusions:** The results of this study suggest that a combination of a demographic factors, childhood adversity, natural endowment, and comorbidity are significant predictors of receiving SSDI over time. On a group level, there is a relative stability of SSDI usage over time, but on the individual level, the present study found a high fluctuation in receiving SSDI over 24 months of prospective follow-up.

**Keywords:** Borderline personality disorder; Long-term follow-up; Psychosocial functioning; Social security disability insurance.

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## **Conflict of interest statement**

The authors declare no competing interests.

[42 references](#)

[4 figures](#)

### **Full text links**

61. [\*\*Clinical Psychology and Voice Disorders: A Meta-Analytic Review of Studies Assessing Psychological Characteristics Across Individuals With and Without Voice Disorders\*\*](#)

J Voice. 2023 Oct 6:S0892-1997(23)00287-4. doi:  
10.1016/j.jvoice.2023.09.012. Online ahead of print.

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PMID: [37806904](#)

DOI: [10.1016/j.jvoice.2023.09.012](#)

## Abstract

**Objectives:** Clinical voice disorders are heterogenous conditions capturing problems with voice production and control. Psychological conceptualizations of voice disorders posit that mood, anxiety, and personality characteristics contribute to the development and maintenance of voice symptoms. This review brings together research comparing these psychological characteristics across groups with and without voice disorders, with the aim of profiling group differences.

**Methods:** A systematic search of PubMed, CINAHL, Ovid (PsycInfo, MEDLINE, Embase), and Web of Science databases was conducted, with studies required to assess psychological characteristics between samples

with and without voice disorders. Relative study quality and risk of bias were formally evaluated, synthesizing results via meta-analysis (estimating standardized mean difference; SMD) and narrative synthesis.

**Results:** Thirty-nine studies (N = 4740) were reviewed. Marked psychological differences were observed between case-control groups, including significantly higher self-reported features of depression (SMD = 0.50), state anxiety (SMD = 0.58), trait anxiety (SMD = 0.52), health anxiety (SMD = 0.57), and neuroticism (SMD = 0.47) in voice disorder groups. However, less consistent patterns of difference were observed between voice disorder types, including minimal quantitative differences between functional and organic diagnoses.

**Conclusions:** Findings underline and formulate the psychological features associated with experiencing a voice disorder, indicating individuals with voice disorders present with considerable psychological needs that may benefit from clinical psychology input.

**Keywords:** Clinical psychology; Dysphonia; Formulation; Meta-analysis; Psychosocial.

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## **Conflict of interest statement**

Declaration of Competing Interest None.

## **Full text links**

62. [\*\*Corrigendum to "COVID-19 vaccination for the prevention and treatment of long COVID: A systematic review and meta-analysis" \[Brain Behav. Immun. 111 \(2023\) 211-229\]\*\*](#)

Brain Behav Immun. 2023 Oct 7:S0889-1591(23)00284-2. doi: 10.1016/j.bbi.2023.09.020. Online ahead of print.

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PMID: [37806865](#)

DOI: [10.1016/j.bbi.2023.09.020](#)

*No abstract available*

## **Erratum for**

[COVID-19 vaccination for the prevention and treatment of long COVID: A systematic review and meta-analysis.](#)

Ceban F, Kulzhabayeva D, Rodrigues NB, Di Vincenzo JD, Gill H, Subramaniapillai M, Lui LMW, Cao B, Mansur RB, Ho RC, Burke MJ, Rhee TG, Rosenblat JD, McIntyre RS.

Brain Behav Immun. 2023 Jul;111:211-229. doi: 10.1016/j.bbi.2023.03.022. Epub 2023 Mar 27.

**Full text links**

63. [Reliability and validity of the Spanish adaptation of the Stanford Proxy Test for Delirium \(S-PTDsv\) in two clinical Spanish speaking communities](#)

J Acad Consult Liaison Psychiatry. 2023 Oct 6:S2667-2960(23)00127-1. doi: 10.1016/j.jaclp.2023.09.004. Online ahead of print.

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PMID: [37806639](https://pubmed.ncbi.nlm.nih.gov/37806639/)

DOI: [10.1016/j.jaclp.2023.09.004](https://doi.org/10.1016/j.jaclp.2023.09.004)

## Abstract

**Background:** Delirium is the most prevalent neuropsychiatric syndrome experienced by patients admitted to inpatient clinical units, occurring in at least 20% of medically hospitalized patients and up to 85% of those admitted to critical care units. Although current guidelines recommend the implementation of universal prevention strategies, the use of management strategies largely depend on constant surveillance and screening. This allows for the timely diagnosis and the correction of its underlying causes and implementation of management strategies.

**Objective:** It was to adapt and analyze the Spanish adaptation of the Stanford Proxy Test for Delirium (S-PTDsv) instrument for its use among Spanish-speaking populations. The S-PTD is an instrument consisting of 13 observational items to be completed by a clinician observer, usually the patient's nurse. The completion of the questionnaire takes about one minute and does not require the active participation of the person evaluated, which has important clinical advantages compared to other available instruments (e.g., the Confusion Assessment Method [CAM]).

**Methods:** The psychometric properties of the S-PTDsv were evaluated in a population of 123 patients, using a quantitative, cross-sectional design. All subjects were over 18 years of age and hospitalized in various inpatient medico-surgical and Intensive care Unit services, either to the Barcelona Clinical Hospital (Barcelona, Spain) or the UC-Christus Health Network Clinical Hospital (Santiago, Chile, S.A.). The ultimate diagnosis of delirium was made by a member of the Psychiatry Consult Service, by means of an independent neuropsychiatric evaluation based on the 5<sup>th</sup> Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria, published in 2013 and is the latest version of the diagnostic manual. All

study tests were performed by study personnel who were blinded to each other's test results and within an hour of each other.

**Results:** In the ROC analysis, the S-PTDsv demonstrated excellent classification qualities when compared with the DSM-5, as the classification gold-standard. Using a cut-off point of  $\geq 3$ , the S-PTDsv had a sensitivity of 94% and a specificity of 97%. The AUC indicator was equal to 0.95, suggesting the S-PTDsv has an excellent overall performance in accurately identifying cases of Delirium. Accordingly, the S-PTDsv's positive predictive value (PPV) = 0.93, and the negative predictive value (NPV) = 0.97. The internal reliability measured with Cronbach's Alpha was 0.96. Confirmatory factor analysis revealed a one-dimensional structure with high loadings ( $>0.72$ ), demonstrating that all items similarly contribute to the total diagnostic dimension, suggesting adequate construct validity. This provided evidence of convergent validity.

**Conclusion:** The performance of the S-PTDsv, as compared to a blinded neuropsychiatric assessment based on DSM-5, indicates that it is an effective instrument for the detection of Delirium, in the Spanish speaking populations. These results are comparable and consistent with previously published studies in the English language version.

**Keywords:** Confusion Assessment Method; Delirium; Delirium and COVID; Factor analysis; Stanford Proxy Test for Delirium.

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**Full text links**

64. [\*\*Tobacco smoking related to childhood trauma mediated by cognitive control and impulsiveness in severe mental disorders\*\*](#)

Schizophr Res. 2023 Oct 6:261:236-244. doi: 10.1016/j.schres.2023.09.041. Online ahead of print.

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PMID: [37806047](#)

DOI: [10.1016/j.schres.2023.09.041](#)

## Free article

## Abstract

**Background:** People with severe mental disorders (SMDs) show an increased prevalence of tobacco smoking compared to the general population. Tobacco smoking and other adult adverse health behaviors have been associated with traumatic experiences in childhood. In the present study we investigated the relationship between childhood trauma and tobacco smoking in people with SMDs, including the possible mediating role of cognitive- and personality characteristics, i.e. cognitive control, impulsiveness, affective lability and self-esteem.

**Methods:** Enrolled in the study were 871 participants with schizophrenia (SCZ, N = 484) and bipolar (BD, N = 387) spectrum disorders. We assessed tobacco smoking behavior (yes/no and amount), and history of childhood trauma with the Childhood Trauma Questionnaire. Data on cognitive control, impulsiveness, affective lability, and self-esteem were available in subsamples. We performed linear and logistic regressions, and conducted mediation analyses in PROCESS. All analyses were as standard adjusted for age, sex, and diagnostic group.

**Results:** Experience of one or more subtypes of childhood trauma was significantly associated with smoking tobacco in SMDs ( $p = 0.002$ ). There were no significant associations between childhood trauma and amount of tobacco smoking. Cognitive control and impulsiveness were significant mediators between childhood trauma and tobacco smoking.

**Conclusions:** These findings indicate the experience of childhood trauma as a predisposing factor for tobacco smoking in SMDs. Cognitive control and impulsiveness were suggested as mediating mechanisms, indicating the importance of considering inhibition related self-regulatory aspects in

efforts to improve health behavior in individuals with SMDs and childhood trauma.

**Keywords:** Adverse childhood experiences; Bipolar disorders; Cognition; Schizophrenia; Tobacco smoking.

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## Conflict of interest statement

Declaration of competing interest Ole Andreas Andreassen has received speaker's honorarium from Lundbeck and is a consultant to HealthLytix. All other authors report no conflicts of interest.

## Full text links

65. [Promoting Empathy and Affiliation in Relationships \(PEAR\) study: protocol for a longitudinal study investigating the development of early childhood callous-unemotional traits](#)

BMJ Open. 2023 Oct 6;13(10):e072742. doi: 10.1136/bmjopen-2023-072742.

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DOI: [10.1136/bmjopen-2023-072742](#)

**Free PMC article**

## Abstract

**Introduction:** Children with callous-unemotional (CU) traits are at high lifetime risk of antisocial behaviour. Low affiliation (ie, social bonding difficulties) and fearlessness (ie, low threat sensitivity) are proposed risk factors for CU traits. Parenting practices (eg, harshness and low warmth) also predict risk for CU traits. However, few studies in early childhood have identified attentional or physiological markers of low affiliation and fearlessness. Moreover, no studies have tested whether parenting practices are underpinned by low affiliation or fearlessness shared by parents, which could further shape parent-child interactions and exacerbate risk for CU traits. Addressing these questions will inform knowledge of how CU traits

develop and isolate novel parent and child targets for future specialised treatments for CU traits.

**Methods and analysis:** The Promoting Empathy and Affiliation in Relationships (PEAR) study aims to establish risk factors for CU traits in children aged 3-6 years. The PEAR study will recruit 500 parent-child dyads from two metropolitan areas of the USA. Parents and children will complete questionnaires, computer tasks and observational assessments, alongside collection of eye-tracking and physiological data, when children are aged 3-4 (time 1) and 5-6 (time 2) years. The moderating roles of child sex, race and ethnicity, family and neighbourhood disadvantage, and parental psychopathology will also be assessed. Study aims will be addressed using structural equation modelling, which will allow for flexible characterisation of low affiliation, fearlessness and parenting practices as risk factors for CU traits across multiple domains.

**Ethics and dissemination:** Ethical approval was granted by Boston University (#6158E) and the University of Pennsylvania (#850638). Results will be disseminated through conferences and open-access publications. All study and task materials will be made freely available on lab websites and through the Open Science Framework (OSF).

**Keywords:** Impulse control disorders; PSYCHIATRY; Personality disorders.

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## **Conflict of interest statement**

Competing interests: None declared.

[193 references](#)

[3 figures](#)

**Full text links**

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66. [Long-term outcomes and health-related quality of life in patients with autoimmune encephalitis: An observational study](#)

Medicine (Baltimore). 2023 Oct 6;102(40):e35162. doi: 10.1097/MD.00000000000035162.

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PMID: [37800792](#)

PMCID: [PMC10553085](#)

DOI: [10.1097/MD.00000000000035162](#)

**Free PMC article**

**Abstract**

Autoimmune encephalitis (AE) subacutely causes severe and multiple symptoms; however, most patients achieve neurologically favorable outcomes. Despite the substantial recovery in motor function, persistent impairments in mental/social aspects lasting for several years have been recognized, and its potential effect on health-related quality of life (HRQOL) has been argued. To urgently evaluate the long-term effects of AE on patients' HRQOL, we investigated patient-oriented long-term outcomes and assessed the HRQOL of patients with AE. Data of patients who were diagnosed with probable/definite AE, defined by Graus AE criteria 2016, and treated at our hospital between January 2011 and October 2020 were retrospectively retrieved. Their long-term ( $\geq 2$  years) outcomes, which included various sequelae and handicaps in social activities such as returning to previous work/school life through structured interview forms, were evaluated, and the HRQOL was assessed using Neuro-QOL battery. We



identified 32 patients who met the Graus AE criteria 2016 and eventually enrolled 21 patients in the study. The median interval between disease onset and survey period was 63 (25-156) months, and 43% of the patients had persistent neuropsychiatric symptoms, including memory disorders, personality changes, and seizures. No more than 71% returned to their previous work/school life. Although most of the patients had global QOL within normal limits, 48% had social QOL under normal limits. Patients with sequelae were significantly less likely to return to previous work/school and had worse global/social quality of life than patients without sequelae. In conclusion, nearly half of patients with AE had social QOL under normal limits 5 years after onset. The difficulty in returning to work/school and a worse HRQOL were notable in patients with sequelae.

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[33 references](#)

[2 figures](#)

**Full text links**

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67. [\*\*Effects of two treatments on interpersonal, affective, and lifestyle features of psychopathy and emotion dysregulation\*\*](#)

Personal Ment Health. 2023 Oct 5. doi: 10.1002/pmh.1593. Online ahead of print.

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PMID: [37799055](#)

DOI: [10.1002/pmh.1593](#)

## Abstract

This study investigated the relative efficacy of Mentalization-based therapy (MBT) and United Protocol (UP) in reducing symptoms of psychopathy and emotion dysregulation in a sample of Iranian community residents with concurrent diagnoses of antisocial and borderline personality disorders (PDs). Interpersonal, affective, and lifestyle features of psychopathy were measured post-treatment and at 6-, 12-, 18-, 24-, and 36-months follow-up using the 13-item version of the Psychopathy Revised-Checklist (PCL-R), which excluded, by design, criminal history features. Emotion dysregulation was measured using the Deficits in Emotion Regulation Scale (DERS) developed by Gratz and Roemer (2004). After treatment, both UP- and MBT-treated individuals showed significantly fewer features of psychopathy and significantly less emotion dysregulation. Compared with those treated with MBT, UP-treated individuals showed significantly less emotion dysregulation in all DERS subscales and a greater reduction in psychopathy features, particularly affective features. It is suggested that this likely reflected the particular emphasis placed by UP on improving emotional self-regulation and facilitating the therapeutic alliance. These results suggest that, despite the traditional pessimism that surrounds psychopathic individuals' treatability, they can be successfully treated.

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[56 references](#)

### Full text links

68. [\*\*Non-randomised feasibility study of training workshops for Talking Therapies service high-intensity therapists to optimise depression\*\*](#)

# [and anxiety outcomes for individuals with co-morbid personality difficulties: a study protocol](#)

Pilot Feasibility Stud. 2023 Oct 5;9(1):170. doi: 10.1186/s40814-023-01394-z.

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PMID: [37798752](#)

PMCID: [PMC10552316](#)

DOI: [10.1186/s40814-023-01394-z](#)

**Free PMC article**

## Abstract

**Background:** The NHS Talking Therapies for Anxiety and Depression programme ('TTad'; formerly Improving Access to Psychological Therapies 'IAPT') delivers high-intensity cognitive behavioural therapy (CBT) to over 200,000 individuals each year for common mental health problems like depression and anxiety. More than half of these individuals experience comorbid personality difficulties, who show poorer treatment outcomes. TTad therapists report feeling unskilled to work with clients with personality difficulties, and enhancing the training of TTad therapists may lead to improved treatment outcomes for individuals presenting with secondary personality difficulties alongside depression and anxiety.

**Methods:** This is a pre-post non-randomised mixed-method feasibility study, exploring the feasibility and acceptability of a 1-day training workshop for high-intensity (HI) CBT therapists. The workshop is focused on understanding and assessing personality difficulties and adapting HICBT treatments for anxiety and depression to accommodate client needs. The feasibility and acceptability of the workshop and the evaluation procedures will be investigated. It will be examined to what extent the workshop provision leads to improvements in therapist skills and confidence and explored to what extent the training has the potential to enhance clinical outcomes for this client group.

**Discussion:** This feasibility study will provide data on the acceptability and feasibility of delivering brief therapist training to adapt usual HICBT to optimise care for individuals with secondary personality difficulties seeking treatment in TTad services for a primary problem of depression and/or anxiety. The study will also evaluate proof of concept that such an approach has the potential to improve clinical outcomes for those with secondary personality difficulties and report any possible harms identified. The study will inform the design of a future randomised controlled trial designed to test the effectiveness and cost-effectiveness of the training.

**Trial registration:** ISRCTN81104604 . Submitted on 6th June 2022.  
Registration date: 3rd January 2023.

**Keywords:** Cognitive behavioural therapy; Feasibility study; IAPT; Mixed methods; NHS Talking Therapies; Personality difficulties; Therapist training.

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## **Conflict of interest statement**

The authors declare that they have no competing interests.

[58 references](#)

## **Full text links**

69. [\*\*A 12-month study of dialectical behavioral therapy for borderline patients suffering from eating disorders\*\*](#)

Eat Weight Disord. 2023 Oct 5;28(1):81. doi: 10.1007/s40519-023-01612-w.

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PMID: [37798605](#)

PMCID: [PMC10556119](#)

DOI: [10.1007/s40519-023-01612-w](#)

## Free PMC article

## Abstract

**Purpose:** Individuals with eating disorders (ED) and comorbid borderline personality disorder (BPD) may benefit from therapies focusing on emotion regulation, such as dialectical behavioral therapy (DBT). The aim of the study was to evaluate the effectiveness of one-year standard DBT enhanced with cognitive-behavioral therapy (CBT) strategies for patients suffering from ED and BPD.

**Methods:** Seventy-two BPD and ED (anorexia and bulimia nervosa) participants were recruited from the eating disorders unit of the 1st Psychiatric Department of National and Kapodistrian University of Athens. All participants completed one year of standard DBT. ED-related behaviors were added to the treatment plan according to the DBT targeting hierarchy. Individual therapy and skills training group sessions were adapted to incorporate CBT strategies for nutritional and weight restoration. BPD and ED symptomatology were measured at the beginning and at the end of one year of treatment.

**Results:** The major finding of the study was the significant improvement of patients in all the outcome measurements after one year of treatment. The study's second finding was that the severity of BPD symptomatology was significantly related to the severity of ED symptomatology. It was also shown that improvement of the patients coping skills was correlated with the reduction of ED and BPD symptomatology.

**Conclusions:** These results support previous studies on the effectiveness of DBT for comorbid BPD and EDs. Despite the promising results, randomized

controlled trials are needed to establish the efficacy of DBT for BPD and ED patients.

**Level of evidence:** Level IV: Evidence obtained from multiple time series with or without the intervention, such as case studies. Dramatic results in uncontrolled trials might also be regarded as this type of evidence.

**Keywords:** Anorexia nervosa; Borderline personality disorder; Bulimia nervosa; Dialectical behavioral therapy; Eating disorders.

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## **Conflict of interest statement**

The authors declare no competing interests.

[41 references](#)

## **Full text links**

70. [\*\*Empathic accuracy of romantic partner negative affect is influenced by borderline personality symptoms\*\*](#)

Personal Disord. 2023 Oct 5. doi: 10.1037/per0000642. Online ahead of print.

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PMID: [37796601](#)

DOI: [10.1037/per0000642](#)

## Abstract

The present study sought to examine the relation between borderline personality disorder (BPD) symptoms and empathic accuracy while improving on prior methodologies by using daily affect assessment in romantic partners. BPD symptoms were assessed in both members of 81 community couples who also reported on their own and their partner's negative and positive affect daily for 3 weeks. Data were analyzed using the Truth and Bias Model of Judgment, which allows the source of empathic accuracy to be parsed into partner affect (truth) and own affect (bias). Results provided evidence that individuals with higher BPD symptoms exhibited increased empathic accuracy for a partner's negative affect, particularly when partners also had higher BPD symptoms. The source of this accuracy stemmed more from bias forces than truth forces, indicating that participants' own affective states lead to more accurate judgments of partner affective state. The results suggest that this bias reduced the general tendency among participants to underestimate partner negative affect, thus leading to higher empathic accuracy. Overall, our results extend and provide support for previous research indicating that BPD symptoms are associated with heightened, not diminished, empathic accuracy. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

71. [\*\*Narrative identity characteristics and personality pathology: An exploration of associations from a dimensional and categorical perspective in a clinical sample of youth\*\*](#)

Personal Disord. 2023 Oct 5. doi: 10.1037/per0000638. Online ahead of print.

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PMID: [37796600](#)

DOI: [10.1037/per0000638](#)

## Abstract

Narrative identity, as an integral element of personality, has gained increased attention for understanding personality pathology. In this study, associations between narrative identity characteristics (i.e., event valence, theme, contextual coherence, thematic coherence, self-event connection valence, agency, and communion) and personality pathology were examined. Personality pathology was conceptualized as (a) levels of personality (dys)functioning and maladaptive personality traits, (b) six trait facet profiles, and (c) categorical *DSM-5* (fifth edition of the *Diagnostic Statistical Manual of Mental Disorders*) diagnoses. Data of 242 youth ( $M_{\text{age}} = 18.79$ ;  $SD_{\text{age}} = 2.65$ ) were collected as part of a longitudinal study on personality development. Narratives were assessed with turning point interviews, and trait and functioning levels with self-report questionnaires. The narrative identity characteristics of a negative valence, a negative self-event connection valence, low agency, and low communion were associated with higher levels of personality dysfunctioning, negative affectivity, detachment, and psychoticism. These characteristics were also associated with the borderline, avoidant, obsessive-compulsive, and schizotypal trait facet profiles. No associations were found when considering personality pathology from a categorical perspective. Findings may inspire researchers and clinicians to give personal stories a more central role in their work. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

## 72. [Recognition and perception of emotions in juvenile myoclonic epilepsy](#)

Epilepsia. 2023 Oct 5. doi: 10.1111/epi.17783. Online ahead of print.

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PMID: [37795683](#)

DOI: [10.1111/epi.17783](#)

## Abstract

**Objective:** Perception and recognition of emotions are fundamental prerequisites of human life. Patients with juvenile myoclonic epilepsy (JME) may have emotional and behavioral impairments that might influence socially desirable interactions. We aimed to investigate perception and recognition of emotions in patients with JME by means of neuropsychological tests and functional magnetic resonance imaging (fMRI).

**Methods:** Sixty-five patients with JME (median age = 27 years, interquartile range [IQR] = 23-34) were prospectively recruited at the Department of Neurology, Christian Doppler University Hospital, Paracelsus Medical University, Salzburg, Austria. Patients were compared to 68 healthy controls (median age = 24 years, IQR = 21-31), matched for sex, age, and education. All study participants underwent the Networks of Emotion Processing test battery (NEmo), an fMRI paradigm of "dynamic fearful faces," a structured interview for psychiatric and personality disorders, and comprehensive neuropsychological testing.

**Results:** JME patients versus healthy controls demonstrated significant deficits in emotion recognition in facial and verbal tasks of all emotions, especially fear. fMRI revealed decreased amygdala activation in JME patients as compared to healthy controls. Patients were at a higher risk of experiencing psychiatric disorders as compared to healthy controls. Cognitive evaluation revealed impaired attentional and executive functioning, namely psychomotor speed, tonic alertness, divided attention, mental flexibility, and inhibition of automated reactions. Duration of epilepsy correlated negatively with parallel prosodic and facial emotion recognition in NEmo. Deficits in emotion recognition were not associated

with psychiatric comorbidities, impaired attention and executive functions, types of seizures, and treatment.

**Significance:** This prospective study demonstrated that as compared to healthy subjects, patients with JME had significant deficits in recognition and perception of emotions as shown by neuropsychological tests and fMRI. The results of this study may have importance for psychological/psychotherapeutic interventions in the management of patients with JME.

**Keywords:** JME; NEMO; affective; emotion perception; emotion recognition.

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[44 references](#)

#### Full text links

73. [How to assess eating disorder severity in males?The DSM-5 severity index versus severity based on drive for thinness](#)

Eat Disord. 2023 Oct 4:1-17. doi: 10.1080/10640266.2023.2259682. Online ahead of print.

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## **Abstract**

Using a male eating disorder (ED) sample, this study assessed the clinical utility of the Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5) severity indices for males with anorexia nervosa (AN) and bulimia nervosa (BN) and compared it to an alternative transdiagnostic severity categorisation based on drive for thinness (DT). The participants included 143 males with an ED (60 [42.0%] AN and 83 [58.0%] BN) diagnosis, who were classified using these two severity classifications. The different severity categories were then compared based on ED symptoms, general psychopathology, and personality traits. Our results revealed that the DSM-5 "mild" and DT "low" severity categories were most prevalent in the AN and BN male patients. Clinically significant findings were strongest for the DT categorisation for both AN and BN. The current findings provide initial support for an alternative transdiagnostic DT severity classification for

males that may be more clinically meaningful than the DSM-5 severity indices.

### **Full text links**

## 74. [\*\*The Co-occurrence of Personality Disorders and Substance Use Disorders\*\*](#)

Curr Psychiatry Rep. 2023 Oct 3. doi: 10.1007/s11920-023-01452-6. Online ahead of print.

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### **Abstract**

**Purpose of review:** Despite significant negative outcomes, the co-occurrence of personality disorders (PDs) and substance use disorders (SUDs) continues to be underrecognized, and the mechanisms contributing to this co-occurrence remain unclear. This review summarizes recent work on PD-SUD co-occurrence, with a focus on borderline and antisocial PDs, general substance use patterns among those with PDs, and the association of personality traits with SUDs.

**Recent findings:** The prevalence of co-occurring PD-SUD is generally high, with estimates ranging depending on the type of PD and SUD, the population assessed, and the sampling methods and measures used. Current theoretical explanations for co-occurrence include shared etiology and predisposition models, with research highlighting the importance of transactional processes. Potential underlying mechanisms include personality traits and transdiagnostic characteristics. Recent research has increased focus on substances besides alcohol, dimensional models of personality pathology, and transactional explanations of co-occurrence, but more research is needed to disentangle the nuanced PD-SUD relationship.

**Keywords:** Antisocial personality disorder; Borderline personality disorder; Personality disorders; Substance use; Substance use disorders.

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[100 references](#)

**Full text links**

75. [\*\*Personality and mental disorders: sensitive character, melancholic type, and addenda\*\*](#)

Hist Psychiatry. 2023 Oct 3:957154X231196201. doi: 10.1177/0957154X231196201. Online ahead of print.

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## Abstract

A traditional view in psychiatry is that personality disorders or traits are intimately related to primary mental disorders. Psychic functions with common roots might be constitutive of personality and psychosis or other disorders. Hoche held that paranoia, mania and melancholia lie in the normal psyche, and Kraepelin conceded such a view, explicitly implying personality. According to Carl Schneider, endogenous symptom complexes or associations and normal functional associations are fuzzy. Many other psychopathologists emphasize personality characteristics in connection with endogenous or functional psychoses, such as the sensitive and melancholic types. When adopting a continuum view of mental disorders, they behave in a unitary or systemic configuration, corresponding to endogenous-functional dispositions interacting with the milieu and composing personality.

**Keywords:** Melancholic type; personality and psychosis/mental disorders; sensitive character; symptom/function complexes; unitary psychosis.

## Conflict of interest statement

Declaration of conflicting interestsThe author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## Full text links

### 76. [Personality disorders in older adults: Differences in self-informant ratings](#)

Personal Ment Health. 2023 Oct 2. doi: 10.1002/pmh.1592. Online ahead of print.

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## Abstract

Previous research on self-informant reports in assessing personality disorders (PDs) has been mainly focused on adults, leaving older adults under-studied. We examined self-informant agreement in PD screening among older adults ( $\geq 60$  years) using the Gerontological Personality disorders Scale (GPS). Potential differences such as who reports more personality pathology on a PD screener (i.e., GPS), item accessibility and the effect of relational aspects were studied as well. Data of 326 older adult-informant dyads, of which the older adults were sampled from five general practices in the Netherlands, were used. Results indicate that self-informant

agreement ranged from  $r = 0.26-0.73$ , with lower concordance on the GPS-subscale measuring intrapersonal aspects of personality pathology. Informants were more sensitive to habitual pathological personality features than older adults. Two GPS items showed differential item functioning across self- and informant-report. Of relational aspects, only congeniality affected the GPS-iv scores; lower ratings on congeniality were associated with higher GPS-iv scores (i.e., higher reporting of personality problems).

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[53 references](#)

### Full text links

77. [\*\*Increases in negative affective arousal precede lower self-esteem in patients with borderline personality disorder but not in patients with depressive disorders: an experience sampling approach\*\*](#)

Borderline Personal Disord Emot Dysregul. 2023 Oct 3;10(1):29. doi: 10.1186/s40479-023-00229-w.

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## Free PMC article

## Abstract

**Background:** Instability in self-esteem and instability in affect are core features of borderline personality disorder (BPD). For decades, researchers and theorists have been interested in the temporal dynamics between these constructs. Some hypothesize that changes in affective states should precede changes in self-esteem (Linehan, Cognitive-behavioral treatment of borderline personality disorder. Diagnosis and treatment of mental disorders, 1993), while others suggest that changes in self-esteem should precede changes in affective states (Kernberg, Borderline conditions and pathological narcissism, 1975).

**Methods:** In this study, we investigated the temporal relations between negative affective arousal states and current self-esteem in daily life. Patients with BPD (n = 42) or depressive disorders (DD; n = 40), and non-clinical controls (NCC; n = 40) were assessed every 15 min for 13 h.

**Results:** As expected, dynamic structural equation modeling showed higher levels of average daily negative affective arousal and lower levels of average daily self-esteem in the BPD group compared with the NCC group, and scores in the DD group were in-between the BPD and the NCC groups. In line with predictions based on Linehan's (Cognitive-behavioral treatment of borderline personality disorder. Diagnosis and treatment of mental disorders, 1993) model of affective dysregulation in BPD, negative affective arousal (t) and subsequent self-esteem (t+ 1) were significantly linked only in the BPD group, implying that higher negative affective arousal is followed

by lower current self-esteem in the next measurement (ca. 15 min later). Importantly, self-esteem (t) and subsequent negative affective arousal (t + 1) were not significantly related (Kernberg, Borderline conditions and pathological narcissism, 1975).

**Conclusions:** Our findings suggest close dynamic temporal relations between affective instability and self-esteem instability in BPD, which highlights the importance of providing patients with means to effectively modulate high negative affective arousal states.

**Keywords:** Affect; Borderline personality disorder; Depression; Dynamic structural equation modeling; Experience sampling; Self-esteem.

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## **Conflict of interest statement**

The authors declare no competing interests.

[86 references](#)

[1 figure](#)

**Full text links**

- 
78. [\*\*Psychometric properties of the Alcohol Use Disorders Identification Test \(AUDIT\) across cross-cultural subgroups, genders, and sexual orientations: Findings from the International Sex Survey \(ISS\)\*\*](#)

Compr Psychiatry. 2023 Nov;127:152427. doi: 10.1016/j.comppsy.2023.152427. Epub 2023 Sep 23.

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## Free article

## Abstract

**Introduction:** Despite being a widely used screening questionnaire, there is no consensus on the most appropriate measurement model for the Alcohol Use Disorders Identification Test (AUDIT). Furthermore, there have been limited studies on its measurement invariance across cross-cultural subgroups, genders, and sexual orientations.

**Aims:** The present study aimed to examine the fit of different measurement models for the AUDIT and its measurement invariance across a wide range of subgroups by country, language, gender, and sexual orientation.

**Methods:** Responses concerning past-year alcohol use from the participants of the cross-sectional International Sex Survey were considered ( $N = 62,943$ ;  $M_{age} = 32.73$ ;  $SD = 12.59$ ). Confirmatory factor analysis, as well as measurement invariance tests were performed for 21 countries, 14 languages, three genders, and four sexual-orientation

subgroups that met the minimum sample size requirement for inclusion in these analyses.

**Results:** A two-factor model with factors describing 'alcohol use' (items 1-3) and 'alcohol problems' (items 4-10) showed the best model fit across countries, languages, genders, and sexual orientations. For the former two, scalar and latent mean levels of invariance were reached considering different criteria. For gender and sexual orientation, a latent mean level of invariance was reached.

**Conclusions:** In line with the two-factor model, the calculation of separate alcohol-use and alcohol-problem scores is recommended when using the AUDIT. The high levels of measurement invariance achieved for the AUDIT support its use in cross-cultural research, capable also of meaningful comparisons among genders and sexual orientations.

**Keywords:** Addictive behaviors; Alcohol Use Disorders Identification Test (AUDIT); Cross-cultural comparison; Gender; LGBTQ; Measurement invariance; Sexual orientation.

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## **Conflict of interest statement**

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Gambling Care Foundation, an independent, notfor-profit charity. ELTE Eötvös Loránd University receives funding from Szerencsejáték Ltd. (the gambling operator of the Hungarian government) to maintain a telephone helpline service for problematic gambling. RG is the shareholder of Adiquit Ltd. which is currently developing apps for addictions recovery. VS discloses that she received funding from Lithuanian Health Promotion Fund for providing educational materials and lectures on Problematic Internet use. Julius Burkauskas works as consultant at Cronos.

### **Full text links**

79. [\*\*A latent class analysis of mental disorders, substance use, and aggressive antisocial behavior among Swedish forensic psychiatric patients\*\*](#)

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**Free article**

## Abstract

**Background:** Patients in the forensic mental health services (FMHS) with a mental disorder, a co-occurring substance use disorder (SUD), and high risk of aggressive antisocial behavior (AAB) are sometimes referred to as the 'triple troubled'. They suffer poor treatment outcomes, high rates of criminal recidivism, and increased risk of drug related mortality. To improve treatment for this heterogeneous patient group, more insight is needed concerning their co-occurring mental disorders, types of substances used, and the consequent risk of AAB.

**Methods:** A three-step latent class analysis (LCA) was used to identify clinically relevant subgroups in a sample of patients (n = 98) from a high-

security FMHS clinic in Sweden based on patterns in their history of mental disorders, SUD, types of substances used, and AAB.

**Results:** A four-class model best fit our data: class 1 (42%) had a high probability of SUD, psychosis, and having used all substances; class 2 (26%) had a high probability of psychosis and cannabis use; class 3 (22%) had a high probability of autism and no substance use; and class 4 (10%) had a high probability of personality disorders and having used all substances. Both polysubstance classes (1 and 4) had a significantly more extensive history of AAB compared to classes 2 and 3. Class 3 and class 4 had extensive histories of self-directed aggression.

**Conclusions:** The present study helps disentangle the heterogeneity of the 'triplely troubled' patient group in FMHS. The results provide an illustration of a more person-oriented perspective on patient comorbidity and types of substances used which could benefit clinical assessment, treatment planning, and risk-management among patients in forensic psychiatric care.

**Keywords:** Aggressive antisocial behavior; Co-occurring disorders; Latent class analysis; Mental disorders; Substance use disorder.

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## **Conflict of interest statement**

Declaration of Competing Interest The authors of the manuscript do not have any conflicts of interest to declare.

## **Full text links**

80. [\*\*Threatening Beliefs About Self and Others Moderate the Association Between Psychoticism and Psychological Distress\*\*](#)

J Nerv Ment Dis. 2023 Nov 1;211(11):819-827. doi: 10.1097/NMD.0000000000001726. Epub 2023 Sep 21.

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PMID: [37738457](#)

DOI: [10.1097/NMD.0000000000001726](#)

## Abstract

Psychoticism is a multidimensional personality construct involving odd or eccentric behavior, quasi-psychotic experiences, mistrust, interpersonal detachment, and liability for schizophrenia-spectrum disorders, as well as significant distress. Recent advances suggest it can be understood as a dimension that is continuously distributed in the population, leading to questions about factors that contribute to distress and dysfunction among people with a schizotypal liability. We investigated in a large nonclinical sample of young adults whether associations between psychoticism and psychological distress would increase in the presence of threatening beliefs. In our study ( N = 2127), we found that the association between psychoticism and psychological distress is moderated by threatening beliefs including self-criticism, fear of compassion, and socially prescribed perfectionism. These results suggest that distress increases among people with schizotypal traits in the context of negative beliefs about self and others. We discuss implications for clinical practice and directions for further research.

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[114 references](#)

## Full text links

81. [Drug use and suicidal ideation in the daily lives of individuals in a dialectical behavior therapy program](#)

J Clin Psychol. 2023 Nov;79(11):2556-2565. doi: 10.1002/jclp.23564. Epub 2023 Jul 18.

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PMID: [37462923](#)

PMCID: **PMC10592253** (available on 2024-11-01)

DOI: [10.1002/jclp.23564](#)

### Abstract

**Objectives:** Substance use disorders and borderline personality disorders (BPD) often co-occur and may be concurrently treated by Dialectical Behavior Therapy (DBT). However, there is limited information on how drug use and suicidal ideation may interact in the daily lives of individuals receiving DBT treatment.

**Methods:** This study examined the DBT diary cards of 47 individuals in a community mental health center's partial hospital and intensive outpatient



program. Multilevel modeling techniques were used to examine the moderating effects of BPD symptom severity on the relationship between same day, 1-, 2-, and 3-day lagged drug use and suicidal ideation.

**Results:** Results indicated a significant relationship between same-day, 1-day lagged, 2-day lagged drug use and suicidal ideation. BPD was a moderator for the relationship between 1-day lagged drug use and suicidal ideation.

**Conclusion:** Limitations of the study include the measure for BPD symptom severity was only collected pretreatment and the results are likely limited to the effects of cannabis use on suicidal ideation. Clinicians may need to consider the prolonged effects of drug use on suicidal ideation when conducting chain analyses on suicidal behaviors.

**Keywords:** Dialectical Behavior Therapy; cannabis use; drug use; suicidal ideation.

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[46 references](#)

**Full text links**

82. [\*\*Prevalence of the alternative model of personality disorders diagnoses in populational and at-risk samples, gender and age groups comparisons, and normative data for the LPFS-SR and PID-5\*\*](#)

Personal Disord. 2023 Nov;14(6):591-602. doi: 10.1037/per0000632. Epub 2023 Jul 6.

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PMID: [37410427](#)

DOI: [10.1037/per0000632](#)

## Abstract

The Alternative Model of Personality Disorders (AMPD), introduced in Section III of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013), was proposed as a new operationalization of personality disorders (PDs) aiming to overcome the several limitations of the traditional symptom-based model (Waugh et al., 2017; Zimmerman et al., 2019). In the AMPD, PDs are defined by two-dimensional criteria (the level of personality functioning and maladaptive personality traits), but as a hybrid model, it also allows for categorical assessment of PDs (i.e., "hybrid types") to facilitate continuity with clinical practice. The present study aimed to provide normative data for two widely used instruments assessing Criterion A (Level of Personality Functioning Scale-Self-Report; Morey, 2017) and B (Personality Inventory for DSM-5; Krueger et al., 2012) in a large populational French-Canadian sample. Regarding the categorical assessment, Gamache et al. (2022) recently tested scoring approaches for extracting the PD hybrid types from dimensional measures of the AMPD. In the present study, these approaches were used to estimate prevalence rates for these PD hybrid types in two samples. In the populational sample, results showed that prevalence rates varied from 0.2% (antisocial PDs) to 3.0% (trait-specified PDs), with an overall prevalence of 5.9% to 6.1% for any PD hybrid type. Prevalence was higher in men than in women in the populational sample, but the contrary was observed in the at-risk sample. Prevalence was higher in younger adults

than in middle-aged and older adults. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

### Full text links

83. [Parental criticism affects adolescents' mood and ruminative state: Self-perception appears to influence their mood response](#)

J Exp Child Psychol. 2023 Nov;235:105728. doi: 10.1016/j.jecp.2023.105728. Epub 2023 Jun 28.

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PMID: [37390784](#)

DOI: [10.1016/j.jecp.2023.105728](#)

## Abstract

Feeling and/or being criticized is a known risk factor for various psychiatric disorders in adolescents. However, the link between the experience of social stressors and the development of psychopathological symptoms is not yet fully understood. Identifying which adolescent subgroups are more vulnerable to parental criticism could be of great clinical relevance. In this study, 90 nondepressed 14- to 17-year-old adolescents were exposed to a sequence of auditory segments with a positive, neutral, and finally negative valence, mirroring parental criticism. Their mood and ruminative states were assessed before and after exposure to criticism. We observed an overall increase in mood disturbance and ruminative thoughts. Self-perception appeared to influence these mood changes, whereas no significant influence by perceived criticism, self-worth, or the general tendency to ruminate was found. Emotional awareness seemed to account for some of the variance in positive mood state changes. These findings point to the importance of adolescent self-perception (and emotional awareness) in dealing with parental criticism.

**Keywords:** Adolescents; Emotional awareness; Parental criticism; Perceived criticism; Ruminative coping; Self-worth.

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### Full text links

84. [Validating latent profiles of the Psychopathy Checklist-Revised with a large sample of incarcerated men](#)

Personal Disord. 2023 Nov;14(6):649-659. doi: 10.1037/per0000633. Epub 2023 Jun 15.

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PMID: [37326568](#)

DOI: [10.1037/per0000633](#)

## Abstract

There is a long tradition of theory and research on putative variants of psychopathic and other antisocial clinical presentations. However, using different samples, psychopathy measures, terminologies, and analytic methods makes interpretation of the findings difficult. Emerging research suggests that the validated four-factor model of the Psychopathy Checklist-Revised (PCL-R) provides a consistent and empirically robust framework for identifying psychopathic variants and antisocial subtypes (Hare et al., 2018; Neumann et al., 2016). The current study employed latent profile analysis (LPA) of the full range of PCL-R scores in a large sample of incarcerated men ( $N = 2,570$ ) to replicate and extend recent LPA research on PCL-R-based latent classes. Consistent with previous research, a four-class solution emerged as optimal, with the following antisocial subtypes: *Prototypic Psychopathic* (C1), *Callous-Conning* (C2), *Externalizing* (C3), and *General Offender* (C4). We validated the subtypes by examining their differential associations with theoretically meaningful external correlates: Child conduct disorder symptoms; adult nonviolent and violent offenses; Self-Report Psychopathy; Psychopathic Personality Inventory; Symptom Checklist-90 Revised; and behavioral activation system and behavioral inhibition system scores. The discussion focused on conceptions of the PCL-R-based subgroups and their potential

application to risk assessment and treatment/management programs.  
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### **Full text links**

85. [\*\*A crisis in college student mental health? Self-ratings of psychopathology before and after the COVID-19 pandemic\*\*](#)

Psychol Assess. 2023 Nov;35(11):1010-1018. doi:  
10.1037/pas0001241. Epub 2023 Jun 8.

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PMID: [37289503](#)

DOI: [10.1037/pas0001241](#)

### **Abstract**

The impact of the COVID-19 pandemic on the mental health of college students was investigated in a cross-sectional design using the Personality Assessment Inventory (PAI; Morey, 1991, 2007). Three large samples of college students were recruited for research purposes and given standard instructions: 825 students from two universities assessed in the 2021-2022 academic year (postpandemic), 558 students from three universities assessed between 2016 and 2019 (prepandemic), and 1,051 students from seven universities assessed in 1989 and 1990 (college norms). Comparisons of PAI scores with the prepandemic cohort revealed several significantly higher scores in the postpandemic cohort, especially for scales related to anxiety and depression. Comparisons with the college norms revealed significantly higher scores on several PAI scales in the prepandemic cohort, and these differences were largest for scales related to anxiety, depression, and somatic symptoms. PAI scales related to impulsivity, alcohol use, and other behavior problems showed no changes or decline from earlier to later cohorts. Taken together, the findings suggest that the COVID-19 pandemic has amplified problems with anxiety and depression that existed before the pandemic. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

#### **Full text links**

### 86. [\*\*A preliminary transcriptomic analysis of the orbitofrontal cortex of antisocial individuals\*\*](#)

CNS Neurosci Ther. 2023 Nov;29(11):3173-3182. doi: 10.1111/cns.14283. Epub 2023 Jun 2.

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PMID: [37269073](#)

PMCID: [PMC10580340](#)

DOI: [10.1111/cns.14283](#)

**Free PMC article**

## Abstract

**Aims:** Antisocial personality disorder (ASPD) and conduct disorder (CD) are characterized by a persistent pattern of violations of societal norms and others' rights. Ample evidence shows that the pathophysiology of these disorders is contributed by orbitofrontal cortex (OFC) alterations, yet the underlying molecular mechanisms remain elusive. To address this knowledge gap, we performed the first-ever RNA sequencing study of postmortem OFC samples from subjects with a lifetime diagnosis of ASPD and/or CD.

**Methods:** The transcriptomic profiles of OFC samples from subjects with ASPD and/or CD were compared to those of unaffected age-matched controls (n = 9/group).

**Results:** The OFC of ASPD/CD-affected subjects displayed significant differences in the expression of 328 genes. Further gene-ontology analyses revealed an extensive downregulation of excitatory neuron transcripts and upregulation of astrocyte transcripts. These alterations were paralleled by significant modifications in synaptic regulation and glutamatergic neurotransmission pathways.

**Conclusion:** These preliminary findings suggest that ASPD and CD feature a complex array of functional deficits in the pyramidal neurons and astrocytes of the OFC. In turn, these aberrances may contribute to the reduced OFC connectivity observed in antisocial subjects. Future analyses on larger cohorts are needed to validate these results.



**Keywords:** antisocial personality disorder; conduct disorder; orbitofrontal cortex; transcriptomics.

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## Conflict of interest statement

The authors declare no conflict of interest.

[58 references](#)

[4 figures](#)

## Full text links

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87. [Associations between different measures of personality pathology and resting-state autonomic function among adolescents](#)

Personal Disord. 2023 Nov;14(6):625-635. doi: 10.1037/per0000630. Epub 2023 May 25.

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PMID: [37227865](#)

## Abstract

Borderline personality disorder (BPD) has been associated with a reduced functional flexibility of the autonomic nervous system (ANS), indexed by decreased vagally mediated heart rate variability (vmHRV). Employing a comprehensive Section II-based assessment approach and a partial Section III-based assessment approach (including Criterion A of the alternative model of personality disorders [AMPD]), the present study investigates how different conceptualizations of personality disorders (PDs) according to the *Diagnostic and Statistical Manual for Mental Disorders, 5th edition* relate to ANS function. Using the BPD section of the Structured Clinical Interview for DSM-IV Axis II Disorders (SCID-II, a Section II-based assessment approach) and the Semistructured Interview for Personality Functioning DSM-5 (STiP-5.1, a Section III-based assessment approach), we conducted linear regression analyses to examine how categorical (BPD diagnosis) and dimensional (severity and domain) measures of PD are associated with ANS activity among adolescent psychiatric patients ( $N = 147$ ,  $M_{\text{age}} = 15.25$  years). Replicating earlier findings, analyses revealed a statistically significant positive association between the SCID-II measures of BPD and heart rate (HR),  $b = 0.43$ ,  $t(59) = 3.57$ ,  $p = .001$ ,  $f = .57$ , as well as a statistically significant negative association between the SCID-II measures of BPD and vmHRV,  $b = -0.34$ ,  $t(59) = -2.74$ ,  $p = .008$ ,  $f = .47$ . Neither the STiP-5.1 total score nor the subscales of the Level of Personality Functioning Scale (LPFS) were associated with HR or vmHRV. The present findings indicate that the SCID-II may capture features of PD that are more informative of variance in physiological function than the STiP-5.1. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

### Full text links

88. [\*\*Interrater reliability of criterion A of the alternative model for personality disorder \(Diagnostic and Statistical Manual for Mental\*\*](#)

# **Disorders, Fifth Edition-Section III): A meta-analysis**

Personal Disord. 2023 Nov;14(6):613-624. doi: 10.1037/per0000631. Epub 2023 May 25.

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PMID: [37227864](#)

DOI: [10.1037/per0000631](#)

## **Abstract**

The alternative model for personality disorder (AMPD) is currently included in Section III of the Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition (DSM-5). This review sought to summarize the literature concerning the interrater reliability (IRR) of the AMPD. Despite high heterogeneity, meta-analysis provided tentative support for the IRR of Criterion A of the AMPD, with pooled intraclass correlation coefficients (ICCs) for the Level of Personality Functioning Scale (LPFS) and its domains falling above DSM acceptability levels. Subgroup analysis of the LPFS suggested IRR scores could be improved by using a specific AMPD Structured Clinical Interview (SCI). Further research should in particular consider the IRR of Criterion B elements of the AMPD and overall PD diagnosis, where insufficient data were available to draw conclusions in the present study. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

[Cited by 1 article](#)

## **Full text links**

89. [Construction of item-level scales from the Personality Assessment Inventory to assess levels of personality functioning](#)

Personal Disord. 2023 Nov;14(6):603-612. doi: 10.1037/per0000628. Epub 2023 May 25.

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PMID: [37227863](#)

DOI: [10.1037/per0000628](#)

**Abstract**

The fifth edition of the Diagnostic and Statistical Manual for Mental Disorders (DSM-5; American Psychiatric Association, 2013) introduced the clinician-rated Levels of Personality Functioning Scale (LPFS) as an indicator of general personality functioning based on four elements: Identity, Self-Direction, Empathy, and Intimacy. Construct validation strategies were employed to select and evaluate items from the Personality Assessment Inventory (PAI; Morey, 2007) to measure the four elements of the LPFS. In Study 1, conceptual ratings of PAI items produced lists of candidate items for the four elements. In Study 2, a sample of student respondents ( $n = 312$ ) was used to select the final items for the PAI-Levels of Personality Functioning (PAI-LPF). In Study 3, a large sample of adults ( $n = 505$ ) gathered using Amazon's Mechanical Turk was used to cross-validate the psychometric properties of the PAI-LPF element scales. Means, standard deviations, and coefficient alpha values are reported for the PAI-LPF total score and element scales using the PAI community adult and clinical patient normative samples. The PAI-LPF offers clinicians and researchers the ability to include the LPFS as part of a comprehensive

assessment of personality and psychopathology offered by the PAI.  
(PsycInfo Database Record (c) 2023 APA, all rights reserved).

### Full text links

90. [Psychopathy and antisocial personality disorder in the fifth edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders: An attempted replication of Wygant et al. \(2016\)](#)

Personal Disord. 2023 Nov;14(6):636-648. doi: 10.1037/per0000626. Epub 2023 May 25.

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PMID: [37227862](#)

DOI: [10.1037/per0000626](#)

### Abstract

The fifth edition of the American Psychiatric Association's (APA) *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* Section III Alternative Model of Personality Disorder (AMPD) was developed to ameliorate some of the concerns of the *DSM-5* Section II categorical model by moving away from the discrete boundaries of behaviorally specific criteria to a hybridized dimensional trait-based approach. Wygant et al. (2016) examined the extent to which the AMPD improved the operationalization of antisocial personality disorder to more closely align with psychopathy, a notable weakness of *DSM-5* Section II (Crego & Widiger, 2015; Lynam & Vachon,

2012; Strickland et al., 2013). Wygant et al. found that the DSM-5 Section III AMPD outperformed Section II in predicting various operationalizations of psychopathy in a sample of 200 male inmates. In the spirit of the importance in exploring replication (Tackett et al., 2017), the current study sought to replicate and extend these findings by comparing the ability of the AMPD and alternative trait models to account for psychopathy. Analyses showed a partial replication of Wygant et al.'s findings, indicating that additional traits to account for psychopathy should be included in *DSM-5* Section III. The current study was not preregistered. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

### Full text links

91. [Increased cardiovascular events in young patients with mental disorders: a nationwide cohort study](#)

Eur J Prev Cardiol. 2023 Oct 26;30(15):1582-1592. doi: 10.1093/eurjpc/zwad102.

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PMID: [37156491](https://pubmed.ncbi.nlm.nih.gov/37156491/)

DOI: [10.1093/eurjpc/zwad102](https://doi.org/10.1093/eurjpc/zwad102)

## Abstract

**Aims:** It remains unclear whether young patients with mental disorders have a higher risk of cardiovascular diseases than does the general population. Using a nationwide database, we investigated the prognostic association between the risks of myocardial infarction (MI), ischaemic stroke (IS), and mental disorders in young patients.

**Methods and results:** Young patients aged between 20 and 39 years old who underwent nationwide health examinations between 2009 and 2012 were screened. A total of 6 557 727 individuals were identified and subsequently classified according to mental disorders including depressive disorder, bipolar disorder, schizophrenia, insomnia, anxiety disorder, post-traumatic stress disorder, personality disorder, somatoform disorder, eating disorder, and substance use disorder. Patients were then followed up for MI and IS until December 2018. Patients with mental disorders did not show unfavourable lifestyle behaviours or worse metabolic profiles than their counterparts. During the follow-up period (median, 7.6 years; interquartile range, 6.5-8.3), 16 133 cases of MI and 10 509 cases of IS occurred. Patients with mental disorders had higher risks of MI (log-rank  $P = 0.033$  in eating disorder and log-rank  $P < 0.001$  in all other mental disorders). Patients with mental disorders had higher risks of IS except post-traumatic stress disorder (log-rank  $P = 0.119$ ) and eating disorder (log-rank  $P = 0.828$ ). After adjusting for covariates, the overall diagnosis and each mental disorder were independently associated with increased cardiovascular endpoints.

**Conclusion:** Mental disorders in young patients may have deleterious effects which increase the incidence of MI and IS. Prevention efforts are needed to prevent MI and IS in young patients with mental disorders.

**Keywords:** Ischaemic stroke; Mental disorders; Myocardial infarction; Prognosis.

## **Plain language summary**

Although young patients with mental disorders did not show worse baseline characteristics in this nationwide study, mental disorders in young patients have deleterious effects on the incidence of both myocardial infarction (MI) and ischaemic stroke (IS) events, across depressive disorder, bipolar disorder, schizophrenia, insomnia, anxiety disorders, post-traumatic stress disorder, personality disorder, somatoform disorder, eating disorder, and substance use disorder. Patients with mental disorders are known to have a shorter life expectancy across schizophrenia, affective disorders, and other mental disorders than the general population; previous study verified that around 70% of deaths in those with mental disorders were due to physical diseases. If patients with mental disorders have higher risks of cardiovascular diseases, especially in young patients, prevention and surveillance of cardiovascular diseases among these young patients during their lifetime should be considered. A substantial number of young patients aged 20–39 years (13.1%) were diagnosed with mental disorders, and excessive risks of incident MI and IS were observed in patients with mental disorders including depressive disorder, bipolar disorder, schizophrenia, insomnia, anxiety disorder, post-traumatic stress disorder, personality disorder, somatoform disorder, eating disorder, and substance use disorder. In contrast to previous suggestion that unfavourable lifestyle behaviours and poor cardiometabolic profiles could lead to increased cardiovascular risks, patients with mental disorders did not show unfavourable lifestyle behaviours or worse metabolic profiles than their counterparts.

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## **Conflict of interest statement**



Conflict of interest: E.-K.C. has received research grants or speaking fees from Bayer, BMS/Pfizer, Biosense Webster, Chong Kun Dang, Daiichi-Sankyo, Dreamtech Co., Ltd., Medtronic, Samjinpharm, Sanofi-Aventis, Seers Technology, and Skylabs. G.Y.H.L. is a consultant and speaker for BMS/Pfizer, Boehringer Ingelheim, Daiichi-Sankyo, and Anthem. No fees are received personally.

## Comment in

[Mental disorders and cardiovascular disease: not just an issue of older age.](#)

Herrmann-Lingen C.

Eur J Prev Cardiol. 2023 Oct 26;30(15):1580-1581. doi: 10.1093/eurjpc/zwad118.

PMID: 37156490 No abstract available.

## Full text links

92. [Parental mental disorders and offspring schizotypy in middle childhood: an intergenerational record linkage study](#)

Soc Psychiatry Psychiatr Epidemiol. 2023 Nov;58(11):1637-1648. doi: 10.1007/s00127-023-02455-7. Epub 2023 Mar 13.

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PMID: [36912995](#)

PMCID: [PMC10562332](#)

DOI: [10.1007/s00127-023-02455-7](#)

**Free PMC article**

**Abstract**

**Purpose:** To investigate relationships between distinct schizotypy risk profiles in childhood and the full spectrum of parental mental disorders.

**Methods:** Participants were 22,137 children drawn from the New South Wales Child Development Study, for whom profiles of risk for schizophrenia-spectrum disorders in middle childhood (age ~ 11 years) were derived in a previous study. A series of multinomial logistic regression analyses examined the likelihood of child membership in one of three schizotypy profiles (true schizotypy, introverted schizotypy, and affective schizotypy) relative to the children showing no risk, according to maternal and paternal diagnoses of seven types of mental disorders.

**Results:** All types of parental mental disorders were associated with membership in all childhood schizotypy profiles. Children in the true schizotypy group were more than twice as likely as children in the no risk group to have a parent with any type of mental disorder (unadjusted odds ratio [OR] = 2.27, 95% confidence intervals [CI] = 2.01-2.56); those in the affective (OR = 1.54, 95% CI = 1.42-1.67) and introverted schizotypy profiles (OR = 1.39, 95% CI = 1.29-1.51) were also more likely to have been exposed to any parental mental disorder, relative to children showing no risk.

**Conclusion:** Childhood schizotypy risk profiles appear not to be related specifically to familial liability for schizophrenia-spectrum disorders; this is consistent with a model where liability for psychopathology is largely general rather than specific to particular diagnostic categories.

**Keywords:** Familial risk; Mental illness; Psychosis latent profile analysis; Schizophrenia-spectrum disorders.

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## **Conflict of interest statement**

The authors declare that there are no conflicts of interest in relation to the subject of the study.

[51 references](#)

**Full text links**

93. [\*\*A Moderated Mediation Analysis to Further Examine the Role of Verbal Intelligence in the Association Between Psychopathic Personality and Crime\*\*](#)

Int J Offender Ther Comp Criminol. 2023 Nov;67(15):1509-1525. doi: 10.1177/0306624X231159877. Epub 2023 Mar 10.

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PMID: [36896959](#)

DOI: [10.1177/0306624X231159877](#)

**Free article**

**Abstract**

The current study examined the association between psychopathy, criminal behavior, and the role of verbal intelligence. One promising approach is to examine alternative links between psychopathic traits and criminality like moderation and mediation effects by considering the potential relevance of verbal intelligence as a possible moderating variable. We hypothesized that psychopathic traits linearly predict antisocial behavior (ASB) but that a conviction because of ASB is moderated by verbal intelligence. To test a path model of this hypothesis,  $N = 305$  participants (42% women;  $n = 172$  inmates of German correctional facilities) filled in questionnaires to assess

psychopathic traits, ASB, criminal behavior, and verbal intelligence. The moderated mediation analysis revealed that high psychopathic traits go along with a higher number of ASB, whereas individuals with higher verbal intelligence were more likely to evade detection, thus being more successful in their antisocial acts. These results sheds further light on the construct of adaptive psychopathy, supporting the notion that also non-incarcerated psychopathic individuals act highly antisocial. Only separate factors like verbal intelligence might mitigate negative consequences. Further implications for the concept of successful psychopathy are discussed.

**Keywords:** antisocial behavior; criminality; moderated mediation; psychopathy; verbal intelligence.

## **Conflict of interest statement**

Declaration of Conflicting InterestsThe author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## **Full text links**

94. [\*\*The Role of Attachment Styles on Quality of Life and Distress Among Early-Stage Female Breast Cancer Patients: A Systematic Review\*\*](#)

J Clin Psychol Med Settings. 2023 Dec;30(4):724-739. doi: 10.1007/s10880-023-09940-w. Epub 2023 Feb 11.

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PMID: [36773123](#)

PMCID: [PMC10560157](#)

DOI: [10.1007/s10880-023-09940-w](#)

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## Erratum in

[Correction: The Role of Attachment Styles on Quality of Life and Distress Among Early-Stage Female Breast Cancer Patients: A Systematic Review.](#)

Karveli S, Galanis P, Mitropoulou EM, Karademas E, Markopoulos C.

J Clin Psychol Med Settings. 2023 Dec;30(4):740. doi: 10.1007/s10880-023-09955-3. Epub 2023 Mar 16.

PMID: 36928723 **Free PMC article.** No abstract available.

## Abstract

Cancer patients' quality of life (QoL) and distress are affected by dispositional factors such as attachment anxiety or avoidance. In this review, we aimed to provide a thorough overview of the relationship between attachment dimensions and QoL and distress among early-stage breast cancer patients. Following PRISMA guidelines, we conducted a systematic search using PubMed, PsycINFO, Scopus, Cinahl, Google Scholar, and PMC Europe. We reviewed 8 eligible studies describing 1180 patients. Insecure attachment appeared to be related to poorer QoL and higher distress levels. Avoidant attachment was more frequent and was more often

associated with more negative outcomes. Healthcare providers should consider investigating modifiable personality traits in the immediate post diagnosis period to identify patients more vulnerable to mental health problems, deliver personalized care, and reduce emotional burden.

**Keywords:** Attachment dimensions; Breast cancer survivors; Psychological distress; Quality of life.

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## **Conflict of interest statement**

The authors did not receive support from any organization for the submitted work and have not competing interests to declare that are relevant to the content of this article.

[72 references](#)

[1 figure](#)

## **Full text links**

95. [\*\*The Impact of Childhood Psychological Maltreatment on Mental Health Outcomes in Adulthood: A Systematic Review and Meta-Analysis\*\*](#)

Trauma Violence Abuse. 2023 Dec;24(5):3049-3064. doi: 10.1177/15248380221122816. Epub 2022 Sep 19.

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PMID: [36123796](#)

PMCID: [PMC10594835](#)

DOI: [10.1177/15248380221122816](#)

## Free PMC article

## Abstract

Childhood emotional abuse (CEA) and childhood emotional neglect (CEN) are the least well-studied forms of childhood maltreatment due to challenges in their definition and in detection. However, the available evidence suggests associations with multiple adulthood mental health problems in clinical and non-clinical populations. This systematic review and meta-analysis (PROSPERO registration number CRD42020197833) explored the associations between CEA and CEN and a range of adulthood mental health problems based on systematic searches of eight databases. In total, 79 English and 11 Chinese studies met our inclusion criteria. Results suggested that CEA and CEN had positive associations with various adulthood mental health problems ( $d = 0.02-1.84$ ), including depression, anxiety, substance abuse, suicidal ideation or attempts, personality disorders, eating disorders, and other psychological symptoms in the general population and across different geographic regions. Furthermore, findings suggested that compared with the non-clinical population, individuals in clinical populations were more likely to have experienced emotional abuse and neglect during childhood. The review highlights the need for more research on emotional abuse and emotional neglect. Furthermore, future research should include more populations from non-western countries and non-college populations. They further underline the importance of addressing issues related to CEA/CEN experiences in the prevention and treatment of mental health issues in adulthood.

**Keywords:** anxiety; childhood emotional abuse; childhood emotional neglect; childhood psychological maltreatment; depression; meta-analysis; substance abuse; suicidal ideation.



## Conflict of interest statement

Declaration of Conflicting Interests The authors declared no potential conflict of interest with respect to the research, authorship, and/or publication of this article.

[Cited by 2 articles](#)

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[7 figures](#)

### Full text links

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96. [Temperamental and psychomotor predictors of ADHD symptoms in children born after a threatened preterm labour: a 6-year follow-up study](#)

Eur Child Adolesc Psychiatry. 2023 Nov;32(11):2291-2301. doi: 10.1007/s00787-022-02073-9. Epub 2022 Sep 3.

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# Contributed equally.

PMID: [36056973](https://pubmed.ncbi.nlm.nih.gov/36056973/)

PMCID: [PMC10576661](https://pubmed.ncbi.nlm.nih.gov/PMC10576661/)

DOI: [10.1007/s00787-022-02073-9](https://doi.org/10.1007/s00787-022-02073-9)

**Free PMC article**

## Abstract

Children born after threatened preterm labour (TPL), regardless of whether it ends in preterm birth, may represent an undescribed "ADHD cluster". The aim of this cohort study is to identify early temperament and psychomotor manifestations and risk factors of TPL children who present ADHD symptoms. One hundred and seventeen mother-child pairs were followed

from TPL diagnosis until the child's 6 years of life. TPL children were divided according to the prematurity status into three groups: full-term TPL (n = 26), late-preterm TPL (n = 53), and very-preterm TPL (n = 38). A non-TPL group (n = 50) served as control. Temperament and psychomotor development at age 6 months and ADHD symptoms at age 6 years were assessed. Perinatal and psychosocial factors were also recorded. All TPL groups showed higher severity of ADHD symptoms compared with non-TPL children (difference in means + 4.19 for the full-term group, + 3.64 for the late-preterm group, and + 4.99 for the very-preterm group, all ps < 0.021). Concretely, very-preterm and late-preterm TPL children showed higher restless/impulsive behaviours, whereas full-term TPL children showed higher emotional lability behaviours. Higher surgency/extraversion and delayed fine motor skills at age 6 months predicted ADHD symptoms at 6 years in TPL children. Male sex, maternal state anxiety symptoms at TPL diagnosis, low parental education, and past maternal experience of traumatic events predicted higher ADHD symptoms in TPL children. Therefore, TPL children may have a higher risk for developing ADHD symptoms, presenting a phenotype that depends on the prematurity status. Moreover, the specific combination of early manifestations and risk factors suggests that TPL children may conform an undescribed group at-risk of ADHD symptoms.

**Keywords:** ADHD; Neurodevelopmental disorders; Pregnancy; Psychomotor development; Trauma.

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## **Conflict of interest statement**

On behalf of all authors, the corresponding author states that there is no conflict of interest.

[59 references](#)

[2 figures](#)

**Full text links**

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97. ['Is it in your basic personality?' Negotiations about traits and context in diagnostic interviews for personality disorders](#)

Health (London). 2023 Nov;27(6):1033-1058. doi: 10.1177/13634593221094701. Epub 2022 May 24.

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PMID: [35608173](#)

PMCID: [PMC10588267](#)

DOI: [10.1177/13634593221094701](#)

### Free PMC article

## Abstract

What does it mean to claim that somebody's personality is disordered? The aim in this paper is to examine how the process of diagnosing personality disorders (PD) unfolds on a practical level. We take an in-depth look at PD interviews, paying close attention to the occasional discrepancies in the clinicians' and the patients' approaches to generalising the behaviour of patients to describe their personality. Clinicians are guided by the medical model and structured interviews in their approach. We regard the interview situation as interplay between the institution, the clinician and the patient - and the final diagnosis as an interactional construction between them. Our data consists of video-recorded interviews in Finland with 10 adult patients and three psychiatric nurses. The collection was compiled from 22 excerpts in which the participants orient differently to the generalisability of

personality traits. Our observations show that, in these interviews, patients frequently make sense of their behaviour differently from what is expected - not as a reflection of their personality traits, but as an outcome of many situational factors. Our understanding leads us to emphasise the importance of making visible the practices that shape the diagnostic process in psychiatry.

**Keywords:** clinician-patient interaction; conversation analysis; discursive psychology; personality disorders; psychiatric interview.

## Conflict of interest statement

Declaration of conflicting interestsThe author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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1. **[Understanding Mental Health Issues in Different Subdomains of Social Networking Services: Computational Analysis of Text-Based Reddit Posts](#)**

J Med Internet Res. 2023 Nov 30;25:e49074. doi: 10.2196/49074.

**Authors**

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PMID: [38032730](#)

DOI: [10.2196/49074](#)

## Abstract

**Background:** Users increasingly use social networking services (SNSs) to share their feelings and emotions. For those with mental disorders, SNSs can also be used to seek advice on mental health issues. One available SNS is Reddit, in which users can freely discuss such matters on relevant health diagnostic subreddits.

**Objective:** In this study, we analyzed the distinctive linguistic characteristics in users' posts on specific mental disorder subreddits (depression, anxiety, bipolar disorder, borderline personality disorder, schizophrenia, autism, and mental health) and further validated their distinctiveness externally by comparing them with posts of subreddits not related to mental illness. We also confirmed that these differences in linguistic formulations can be learned through a machine learning process.

**Methods:** Reddit posts uploaded by users were collected for our research. We used various statistical analysis methods in Linguistic Inquiry and Word Count (LIWC) software, including 1-way ANOVA and subsequent post hoc tests, to see sentiment differences in various lexical features within mental health-related subreddits and against unrelated ones. We also applied 3 supervised and unsupervised clustering methods for both cases after extracting textual features from posts on each subreddit using bidirectional encoder representations from transformers (BERT) to ensure that our data set is suitable for further machine learning or deep learning tasks.

**Results:** We collected 3,133,509 posts of 919,722 Reddit users. The results using the data indicated that there are notable linguistic

differences among the subreddits, consistent with the findings of prior research. The findings from LIWC analyses revealed that patients with each mental health issue show significantly different lexical and semantic patterns, such as word count or emotion, throughout their online social networking activities, with  $P < .001$  for all cases. Furthermore, distinctive features of each subreddit group were successfully identified through supervised and unsupervised clustering methods, using the BERT embeddings extracted from textual posts. This distinctiveness was reflected in the Davies-Bouldin scores ranging from 0.222 to 0.397 and the silhouette scores ranging from 0.639 to 0.803 in the former case, with scores of 1.638 and 0.729, respectively, in the latter case.

**Conclusions:** By taking a multifaceted approach, analyzing textual posts related to mental health issues using statistical, natural language processing, and machine learning techniques, our approach provides insights into aspects of recent lexical usage and information about the linguistic characteristics of patients with specific mental health issues, which can inform clinicians about patients' mental health in diagnostic terms to aid online intervention. Our findings can further promote research areas involving linguistic analysis and machine learning approaches for patients with mental health issues by identifying and detecting mentally vulnerable groups of people online.

**Keywords:** NLP; clustering; mental disorder; mental health; natural language processing; sentiment analysis; text analysis.

©Seoyun Kim, Junyeop Cha, Dongjae Kim, Eunil Park. Originally published in the Journal of Medical Internet Research (<https://www.jmir.org>), 30.11.2023.

2. [\*\*Replicability of the five-factor structure of DSM-5 and ICD-11 trait systems and their associations with binge eating and bipolar spectrum psychopathology\*\*](#)

Personal Ment Health. 2023 Nov 29. doi: 10.1002/pmh.1600. Online ahead of print.

**Authors**



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PMID: [38031321](#)

DOI: [10.1002/pmh.1600](#)

## Abstract

Since the research on contemporary personality models-and psychopathology-mainly originate from the Western world, we aimed to test the factorial structure of two trait systems assessed with the Personality Inventory for DSM-5 (PID-5) in a non-Western sample and to compare the extracted models' relative associations with binge eating disorder (BED) and bipolar spectrum disorder (BSD) symptoms. A community sample (N = 516; 72% female) was administered the PID-5, which can operationalize both the DSM-5 and ICD-11 systems. The factor structures of both systems were tested using exploratory structural equation modeling (ESEM). The congruence coefficients of all factor loadings with international studies were calculated. The Binge Eating Scale (BES), Bipolar Spectrum Diagnostic Scale (BSDS), and Hypomania Checklist-32-Revised (HCL-32) were used to measure the criterion variables. Linear regression models were used for comparing the DSM-5 and ICD-11 systems in predicting the BED and BSD. The findings supported five-factor solutions for both trait systems. Both systems significantly predicted dimensional measures of both BED and BSD (all  $p < 0.001$ ). The present findings support an acceptable five-factor structure for both personality systems in the non-Western sample. Different

algorithms of maladaptive domains on both systems are related to binge eating and bipolar spectrum psychopathology.

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[91 references](#)

3. [\*\*A model of acceptance for family caregivers in the management of severe mental disorders\*\*](#)

Med J Malaysia. 2023 Nov;78(6):821-829.

**Authors**

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PMID: [38031227](#)

**Abstract**

**Introduction:** Managing severe mental disorders at home by family members as caregivers is considered the most efficient option compared to hospital care. However, on the other hand, it can lead to the emergence of physical and psychological burdens on the caregiver. To improve their role optimally in caregiving, families will undergo psychological adaptation, reaching the highest level of acceptance. Other factors, such as stigma, social support, social norms, caregiving experience and personal

characteristics, influence family acceptance. This study aims to determine a family acceptance model to enhance the role of the family.

**Materials and methods:** The research instruments used included The McMaster Family Assessment Device Adaptation, IEXPAC, and S.N.Q. 22, F.Q., P.S.Q., Social Support Questionnaire shortened version, The Family Focused Mental Health Practice Questionnaire and extraversion personality questionnaire. The questionnaire was distributed to caregivers with a population of 175 individuals. The sample size of this study was 133 individuals selected through proportional random sampling. The data were analysed using Structural Equation Modeling Partial Least Square (SEM-PLS) with Amos software v.26.0.

**Results:** The phase one research showed that intention and satisfaction are the leading indicators of family acceptance that can influence family roles. At the same time, family acceptance is influenced by personal character ( $p \leq 0.001$ ), care experience ( $p \leq 0.001$ ), social support ( $p \leq 0.001$ ), social norms ( $p = 0.004$ ), symptom severity ( $p \leq 0.001$ ), and stigma ( $p \leq 0.001$ ). Additionally, family acceptance significantly impacted the family's caregiving role ( $CR = 6.573$ ,  $p \leq 0.001$ ).

**Conclusion:** It was found that the family acceptance model to improve the family's role in the care of patients with severe mental disorders focuses on the acceptance that the family has to be able to carry out its role well in patients. To improve family acceptance, families still lack the personal character expected in caring for patients with severe mental disorders at home. It is necessary to increase commitment to care and positive values in life.

4. [\*\*Latent classes of alcohol and cannabis use among adults with binge-spectrum eating disorders: Associations with eating disorder symptom severity and personality features\*\*](#)

Eur Eat Disord Rev. 2023 Nov 29. doi: 10.1002/erv.3056. Online ahead of print.

**Authors**

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PMID: [38030958](#)

DOI: [10.1002/erv.3056](#)

## Abstract

**Objective:** Alcohol and cannabis use are prevalent among individuals with binge-spectrum eating disorders (B-ED) and vary in terms of frequency and associated problems. The current study aimed to identify latent classes of alcohol and cannabis use patterns among B-ED and examine associations between latent classes and demographic characteristics, eating disorder symptoms, and personality features.

**Methods:** Participants (N = 236) were treatment-seeking adults with B-ED who completed a clinical interview of eating pathology and self-report measures of alcohol and cannabis use in the past 3 months, alcohol and cannabis-related problems, and personality features (i.e., impulsivity, affect lability).

**Results:** Latent class analysis identified three heterogeneous classes, labelled as (a) Low Alcohol, (b) Moderate Drinking and Problems with Occasional Cannabis Use, and (c) No Alcohol and Cannabis Use. Latent classes significantly differed in terms of substance use engagement and problems, demographic characteristics, dietary restraint, impulsive personality features, and affect lability.

**Conclusions:** Study findings support heterogeneity in alcohol and cannabis use among B-ED and suggest patient characteristics and clinical severity associated with specific substance use presentations. Future research should replicate results using larger, diverse samples engaging in a broader range of alcohol and cannabis use symptoms.

**Keywords:** alcohol; binge eating; cannabis; latent class analysis.

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[61 references](#)

5. **[Personality Pathology and Suicide Risk: Examining the Relationship Between DSM-5 Alternative Model Traits and Suicidal Ideation and Behavior in College-Aged Individuals](#)**

Psychol Rep. 2023 Nov 29:332941231218940. doi: 10.1177/00332941231218940. Online ahead of print.

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PMID: [38029776](#)

DOI: [10.1177/00332941231218940](#)

**Abstract**

**Background:** This study examines the link between personality pathology and suicide risk regarding the DSM-5 alternative model of personality disorders.

**Method:** The study investigates the facets, domains, internalizing, and externalizing of personality pathology and their correlation and predictive significance for suicidal ideation and behavior. This study examined a diverse and balanced sample of 1,398 college students aged between 18-

and 29-year-olds from nine colleges in Kafrelshiekh University, with nearly equal representation of both genders (687 males, 711 females), a mix of rural and urban residents (807 rural, 591 urban), and a wide range of socioeconomic backgrounds (15 very low SES, 84 low SES, 878 moderate SES, 364 high SES, and 57 very high SES). The Personality Inventory for the DSM-5 (PID-5) was utilized to assess personality pathology. Columbia-Suicide Severity Rating Scale (C-SSRS) was used to evaluate suicidal ideation and behavior.

**Results and discussion:** Logistic regression reveals significant associations between personality traits and suicidal ideation (e.g., Anhedonia, Suspiciousness) and behavior (e.g., Risk Taking, Depressivity). Negative Affect and Detachment are significantly linked to suicidal ideation, while Detachment, Disinhibition, and Psychoticism are linked to suicidal behavior. Internalizing personality pathology predicts both ideation and behavior, indicating a contribution to suicidal thoughts and self-destructive acts. Externalizing is a significant predictor of suicidal behavior.

**Keywords:** Personality pathology; R programming language; binary logistic regression; suicidal behavior; suicidal ideation; suicidal risk factors; the DSM-5's alternative model.

## **Conflict of interest statement**

Declaration of Conflicting InterestsThe author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## 6. [\*\*Conduct disorder - a comprehensive exploration of comorbidity patterns, genetic and environmental risk factors\*\*](#)

Psychiatry Res. 2023 Nov 25;331:115628. doi: 10.1016/j.psychres.2023.115628. Online ahead of print.

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DOI: [10.1016/j.psychres.2023.115628](https://doi.org/10.1016/j.psychres.2023.115628)

## **Abstract**

Conduct disorder (CD), a common mental disorder in children and adolescents, is characterized by antisocial behavior. Despite similarities with antisocial personality disorder (ASPD) and possible diagnostic continuity, CD has been shown to precede a range of adult-onset mental disorders. Additionally, little is known about the putative shared genetic liability between CD and adult-onset mental disorders and the underlying gene-environment interplay. Here, we interrogated comorbidity between CD and other mental disorders from the Norwegian Mother, Father and Child Cohort Study (n = 114 500) and investigated how polygenic risk scores (PRS) for mental health traits were associated with CD/CD traits in childhood and adolescence. Gene-environment interplay patterns for CD was explored with data on bullying and parental education. We found CD to be comorbid with several child and adult-onset mental disorders. This phenotypic overlap corresponded with associations between PRS for mental disorders and CD. Additionally, our findings support an additive gene-environment model. Previously conceptualized as a precursor of ASPD, we found that CD was associated with polygenic risk for several



child- and adult-onset mental disorders. High comorbidity of CD with other psychiatric disorders reflected on the genetic level should inform research studies, diagnostic assessments and clinical follow-up of this heterogenous group.

**Keywords:** Antisocial behavior; Bullying; Genetic liability; MoBa; Polygenic scores.

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## **Conflict of interest statement**

Declaration of Competing Interest O.A.Andreassen is a consultant to HealthLytix and received speaker's honorarium from Lundbeck, Sunovion and Janssen. No other disclosures were reported.

## 7. **[Impact of type D personality and depressive symptoms on premature ejaculation in young adult males](#)**

Sex Med. 2023 Nov 20;11(5):qfad055. doi: 10.1093/sexmed/qfad055. eCollection 2023 Oct.

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PMCID: [PMC10661336](#)

DOI: [10.1093/sexmed/qfad055](#)

## Abstract

**Background:** Premature ejaculation (PE) is one of the most common male sexual dysfunctions with prominent psychological consequences. Type D personality (TDP) is also associated with multiple psychological disorders, such as depression and anxiety. However, the correlation between PE and TDP remains unknown.

**Aim:** The study sought to investigate the relationships between depressive symptoms, TDP, and PE.

**Methods:** Adult males in Taiwan who were 20 to 40 years of age and who had sexual intercourse in the past 6 months were recruited to complete online questionnaires composed of general demographics, the Premature Ejaculation Diagnostic Tool (PEDT), 5-item International Index of Erectile Function (IIEF-5), Type D Scale-14, and Depression and Somatic Symptom Scale (DSSS). Chi-square test and independent Student's *t* test were used to compare the parameters between the TDP and non-TDP groups. Univariate and multivariate logistic regression analyses were conducted to evaluate factors related to PE.

**Outcomes:** Outcomes were the prevalence of PE and TDP in young Taiwanese men, the associations between depressive symptoms and PE and TDP, and the predictive factors of PE.

**Results:** In total, 2558 men with a mean age of  $31.3 \pm 5.3$  years were included in the present study. Among them, 315 (12.3%) and 767 (30.1%) participants were classified as having PE and moderate-to-severe erectile dysfunction (ED), respectively. In total, 1249 (48.8%) participants met the criteria for TDP. The PEDT, IIEF-5, and DSSS, including the total scores and depression and somatic subscales, were significantly higher in men with TDP (all  $P < .001$ ). PE prevalence was significantly greater in men with TDP than in those without TDP (16.2% vs 8.6%;  $P < .001$ ). Most parameters, including age, moderate-to-severe ED, the Type D Scale-14 subscales, and the DSSS somatic and depressive subscales, were significantly associated with PE in the univariate analysis. Only the depressive subscale of the DSSS and moderate-to-severe ED (IIEF-5  $\leq 16$ ) were the independent predictors of PE in the multivariate analysis.

**Clinical implications:** The results suggest that it is important to consider the psychological effects of PE in young men, and the study has provided a biopsychosocial aspect to manage patients with PE.

**Strengths and limitations:** This is the first study to evaluate the association between PE, TDP, and depression in a large population of young adult males. However, the cross-sectional design may have limited the investigation of causality, and selection bias may be present.

**Conclusion:** Men with TDP tended to have higher PEDT scores and a prevalence of PE and ED. Moderate-to-severe ED and depressive symptoms are the independent predictive factors of PE.

**Keywords:** depression; depressive symptoms; premature ejaculation; type D personality.

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## **Conflict of interest statement**

All the authors proclaim that they have no conflict of interest or any relationships which could have a possibility to influence this work.

[39 references](#)

8. **[Attenuated maladaptive emotion processing as a potential mediator of the relationship between dispositional mindfulness and mental health](#)**

Heliyon. 2023 Nov 2;9(11):e21934. doi:  
10.1016/j.heliyon.2023.e21934. eCollection 2023 Nov.

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PMCID: [PMC10658320](#)

DOI: [10.1016/j.heliyon.2023.e21934](#)

**Abstract**

The emotion processing and regulation mechanisms by which dispositional (personality trait) mindfulness exerts its positive effects on mental health remain unclear. Here, we tested, using structural equation modeling, whether the relationship between higher dispositional mindfulness and better mental health is mediated by reduced maladaptive processing of emotional information (e.g., expressive suppression, impoverished emotional experiences, unprocessed emotions, avoidance, externalizing strategies) and associated lower negative affect, enhanced adaptive processing of emotional information (e.g., cognitive reappraisal) and associated higher positive affect, or a combination of these two emotion processing styles. Dispositional mindfulness, mental health, diverse emotional constructs with adaptive and maladaptive dimensions (including range and differentiation of emotional experiences, use of specific emotion regulation strategies, emotion processing deficits, negative affect repair strategies, negative mood regulation expectancies), and positive and negative affect were assessed using self-report measures in a non-clinical sample of 256 adults. The relationship between higher dispositional mindfulness and better mental health was found to be best explained by reduced maladaptive emotion processing styles and associated lower negative affect, rather than by enhanced adaptive emotion processing and higher positive affect. Further research should investigate whether the same mechanisms explain psychological benefits of cultivated mindfulness in people with low dispositional mindfulness and/or with mental health disorders following mindfulness skills training.

**Keywords:** Adaptive emotion processing; Dispositional mindfulness; Emotional pathways; Maladaptive emotion processing; Mental health; Negative affect; Positive affect.

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## **Conflict of interest statement**

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

[53 references](#)

[2 figures](#)

9. **Inflammation and emotion regulation: a narrative review of evidence and mechanisms in emotion dysregulation disorders**

Neuronal Signal. 2023 Nov 15;7(4):NS20220077. doi: 10.1042/NS20220077. eCollection 2023 Dec.

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PMCID: [PMC10653990](#)

DOI: [10.1042/NS20220077](#)

**Abstract**

Emotion dysregulation (ED) describes a difficulty with the modulation of which emotions are felt, as well as when and how these emotions are experienced or expressed. It is a focal overarching symptom in many severe and prevalent neuropsychiatric diseases, including bipolar

disorders (BD), attention deficit/hyperactivity disorder (ADHD), and borderline personality disorder (BPD). In all these disorders, ED can manifest through symptoms of depression, anxiety, or affective lability. Considering the many symptomatic similarities between BD, ADHD, and BPD, a transdiagnostic approach is a promising lens of investigation. Mounting evidence supports the role of peripheral inflammatory markers and stress in the multifactorial aetiology and physiopathology of BD, ADHD, and BPD. Of note, neural circuits that regulate emotions appear particularly vulnerable to inflammatory insults and peripheral inflammation, which can impact the neuroimmune milieu of the central nervous system. Thus far, few studies have examined the link between ED and inflammation in BD, ADHD, and BPD. To our knowledge, no specific work has provided a critical comparison of the results from these disorders. To fill this gap in the literature, we review the known associations and mechanisms linking ED and inflammation in general, and clinically, in BD, ADHD, and BD. Our narrative review begins with an examination of the routes linking ED and inflammation, followed by a discussion of disorder-specific results accounting for methodological limitations and relevant confounding factors. Finally, we critically discuss both correspondences and discrepancies in the results and comment on potential vulnerability markers and promising therapeutic interventions.

**Keywords:** Attention Deficit/Hyperactivity Disorder; Bipolar Disorder; Borderline Personality Disorder; emotion regulation; inflammation; neuroinflammation.

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## **Conflict of interest statement**

The authors declare that there are no competing interests associated with the manuscript.

[428 references](#)

[3 figures](#)

10. **Functions of nonsuicidal self-injurious behavior in Russian patients with suicidal ideation**

Front Public Health. 2023 Nov 7:11:1270944. doi: 10.3389/fpubh.2023.1270944. eCollection 2023.

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PMCID: [PMC10660280](#)

DOI: [10.3389/fpubh.2023.1270944](#)

**Abstract**

**Introduction:** Nonsuicidal self-injurious behavior (NSSI) is an important risk factor for future suicide attempts. Previous research has identified a number of motivations for engaging in NSSI. The aim of the present study was to translate the Inventory of Statements About Self-Injury (ISAS) into Russian and then to evaluate its psychometric properties in a sample of patients with non-psychotic mental disorders and suicidal ideation (SI).



Other aims were to determine the prevalence of specific NSSI functions in this population and to assess the relationship between different NSSI functions and clinical and psychological parameters.

**Participants and methods:** The study was conducted at the largest center for non-psychotic mental disorders in Moscow. All admitted patients with both NSSI and SI completed the Russian version of the ISAS-II, underwent the Self-Injurious Thoughts and Behaviors Interview, and completed the Personality Inventory for DSM-5 and ICD-11 Brief Form Plus-Modified, the Beck Depression Inventory, and the State-Trait Anxiety Inventory.

**Results:** A total of 614 patients were included in the study. 543 (88.4%) patients were assigned female at birth with a mean age of 24.86 (7.86) years. Factor analysis supported a two-factor structure (Intrapersonal and Interpersonal) of the Russian version of the ISAS-II, but in contrast to the original study, the "Marking distress" function loaded more strongly on the Interpersonal factor. In people with non-psychotic mental disorders and SI, Interpersonal functions of NSSI are associated with more severe depressive symptoms ( $r = 0.34$ ), 12 months history of NSSI ( $r = 0.30$ ), higher number of NSSI methods ( $r = 0.41$ ), likelihood of future NSSI ( $r = 0.35$ ) and psychoticism ( $r = 0.32$ ).

**Conclusion:** The Russian version of the ISAS-II is a valid and reliable instrument for assessing NSSI functions in a population at high risk for suicide attempts. Interpersonal functions are associated with a number of unpleasant clinical and psychological features.

**Keywords:** Inventory of Statements About Self-Injury; confirmatory factor analysis; non-psychotic mental disorders; nonsuicidal self-injury; validation.

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## **Conflict of interest statement**

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

[78 references](#)

11. [Effectiveness of a universal personalized intervention for the prevention of anxiety disorders: Protocol of a randomized controlled trial \(the prevANS project\)](#)

Internet Interv. 2023 Jun 22:34:100640. doi:  
10.1016/j.invent.2023.100640. eCollection 2023 Dec.

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PMCID: [PMC10630113](#)

DOI: [10.1016/j.invent.2023.100640](#)

## Abstract

**Background:** To date, all preventive anxiety disorders interventions are one-fit-all and none of them are based on individual level and risk profile. The aim of this project is to design, develop and evaluate an online personalized intervention based on a risk algorithm for the universal prevention of anxiety disorders in the general population.

**Methods:** A randomized controlled trial (RCT) with two parallel arms (prevANS vs usual care) and 1-year follow-up including 2000 participants without anxiety disorders from Spain and Portugal will be conducted. The prevANS intervention will be self-guided and can be implemented from the prevANS web or from the participants' Smartphone (through an App). The prevANS intervention will have different intensities depending on the risk level of the population, evaluated from the risk algorithm for anxiety: predictA. Both low and moderate-high risk participants will receive information on their level and profile (risk factors) of anxiety disorders, will have access to stress management tools and psychoeducational information periodically. In addition, participants with a moderate-high risk of anxiety disorders will also have access to cognitive-behavioral training (problem-solving, decision-making, communication skills, and working with thoughts). The control group will not receive any intervention, but they will fill out the same questionnaires as the intervention group. Assessments will be completed at baseline, 6 and 12-month follow-up. The primary outcome is the cumulative incidence of

anxiety disorders. Secondary outcomes include depressive and anxiety symptoms, risk probability of anxiety disorders (predictA algorithm) and depression (predictD algorithm), improvement in physical and mental quality of life, and acceptability and satisfaction with the intervention. In addition, cost-effectiveness and cost-utility analyses will also be carried out from two perspectives, societal and health system, and analyses of mediators and moderators will also be performed.

**Discussion:** To the best of our knowledge, prevANS study will be the first to evaluate the effectiveness and cost-effectiveness of a personalized online intervention based on a risk predictive algorithm for the universal prevention of anxiety disorders.

**Trial registration:** ClinicalTrials.gov: [NCT05682365](https://clinicaltrials.gov/ct2/show/study/NCT05682365).

**Keywords:** Anxiety disorders; Internet-based interventions, Mobile-based interventions, RCT; Prevention.

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## **Conflict of interest statement**

None.

[73 references](#)

[2 figures](#)

12. [\*\*Psychological support after stroke: unmet needs and workforce requirements of clinical neuropsychological provision for optimal rehabilitation outcomes\*\*](#)

Br J Hosp Med (Lond). 2023 Nov 2;84(11):1-8. doi: 10.12968/hmed.2023.0289. Epub 2023 Nov 20.

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PMID: [38019203](#)

DOI: [10.12968/hmed.2023.0289](#)

## Abstract

Stroke services must detect and manage psychological and neuropsychological problems that occur after stroke, such as cognitive and language impairments, post-stroke apathy, post-stroke emotionalism, depression, anxiety, post-traumatic stress disorder, personality changes and suicidality. Stroke neuropsychology plays a key role in the assessment, understanding and management of these consequences of stroke, as well as contributing to complex case management, staff supervision and training. Where these provisions are absent from the stroke rehabilitation pathway, this significantly limits potential rehabilitation outcomes. To manage the scale of psychological and neuropsychological needs post stroke, clinical guidance recommends the use of a matched care system, in which these needs are triaged and matched with corresponding levels of support. Recent workforce guidelines provide clear professional recommendations for psychological staffing skill mix and threshold requirements for clinical oversight and clinical governance assurances.

**Keywords:** Matched care; Neuropsychology; Psychological support; Stroke; Workforce recommendations.

13. [Limited prosocial emotions \(LPE\) specifier in conduct disorder and offending behavior: findings from a 10-year prospective longitudinal study of juveniles in residential care](#)

Child Adolesc Psychiatry Ment Health. 2023 Nov 28;17(1):132. doi: 10.1186/s13034-023-00676-x.

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PMCID: [PMC10685542](#)

**Free PMC article**

## **Abstract**

**Background:** Since the introduction of the Diagnostic and Statistical Manual of Mental Disorders (DSM)-5, a limited prosocial emotion (LPE) specifier has been added to the conduct disorder (CD) diagnosis in addition to the age of onset specifier. It was suggested that this would identify a subgroup with severe antisocial and/or aggressive behavior with serious current and future (mental health) impairment. Research in recent years has shown that this is indeed a subgroup with severe antisocial behavior; however, mental health problems do not appear to differ from those of youth with CD without LPE. Most research to date has been cross-sectional. However, longitudinal research is urgently needed to better understand the predictive value of the LPE specifier. The aim of the current longitudinal study is to examine future offending behavior of youth with CD with compared to youth without the LPE specifier. In addition, the predictive value of the categorical LPE specifier and the dimensional LPE score will be examined beyond factors that are strongly associated with future offending (i.e., gender, age, and prior offending).

**Methods:** Adolescents and young adults (12-25) with CD (assessed with the Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version [K-SADS-PL]) with (N = 61) and without (N = 75) the LPE specifier (assessed with the Callous-Unemotional [CU] dimension of the Youth Psychopathic traits Inventory [YPI]) (in line with Jambroes et al., 2016) were compared on sociodemographic characteristics, mental health problems and offending behavior. Future (general and violent) offending was based on official conviction data.

**Results:** Our results showed that youth with CD with and without the LPE specifier did not differ in self-reported and informant-reported mental health problems. However, youth with CD with the LPE specifier showed more offending behavior and personality pathology at baseline. In addition, the categorical LPE specifier was associated with future general offending, but not with future violent offending. The dimensional LPE score was associated with both future general and violent offending. However, after adjustment for gender, age, and prior delinquency, these associations disappeared, with the exception of the association between

the dimensional LPE score and violent offending, which remained significant even after controlling for gender, age, and prior violent offending.

**Discussion:** In conclusion, there seems to be evidence of a relationship between limited prosocial emotions and future offending behavior in youth with CD. This relationship, however, should not be overestimated, as there are other (static) factors (e.g. gender and prior offending behavior) that also have a strong influence on future (violent) offending behavior. Still, from a clinical point of view, a dynamic factor like prosocial emotional skills is a good focus for reducing the risk of future offending behavior.

**Keywords:** Conduct disorder; Juveniles; LPE specifier; Reoffending; YPI.

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## **Conflict of interest statement**

The authors declare that they have no competing interests.

[36 references](#)

[2 figures](#)

**Full text links**

14. [\*\*Understanding the association between normal and maladaptive personality traits: Replication and extension of Morey et al. \(2020\)\*\*](#)

J Pers. 2023 Nov 28. doi: 10.1111/jopy.12904. Online ahead of print.

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PMID: [38014708](#)

DOI: [10.1111/jopy.12904](#)

## Abstract

**Background/objective:** The Alternative Model for Personality Disorders (AMPD) within the DSM-5 includes separable components representing general personality dysfunction (Criterion A) and maladaptive personality traits (Criterion B). Some critique Criterion A for accounting for little incremental variance in PD beyond Criterion B. However, Morey et al. (2020) hypothesized that personality dysfunction is a key mechanism through which normal-range traits account for the maladaptive component of personality traits, justifying its inclusion. We sought to replicate and extend this work in a psychiatric sample with mixed methods.

**Method:** In total, 152 participants recruited from mental health clinics completed multiple measures of personality dysfunction and normal-range and maladaptive traits.

**Results:** Replication was only partially achieved. The degree of incremental prediction of maladaptive traits and the extent to which personality dysfunction explained the relations between normal-range and maladaptive traits varied significantly across traits, and those effects that reached significance were small in magnitude. Removing variance due to personality dysfunction reduced intercorrelations among maladaptive traits by only a small amount.

**Conclusion:** Counter to Morey et al. (2020), our results failed to support maladaptive traits as composites of normal-range traits and personality dysfunction, suggesting that other methods of distinguishing personality pathology severity and style are needed.

**Keywords:** alternative model for personality disorder; mixed-methods; personality; personality disorder; personality dysfunction.

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[45 references](#)

### Full text links

15. [\*\*Social and Monetary Reward Processing in Youth with Early Emerging Personality Pathology: An RDoC-Informed Study\*\*](#)

Res Child Adolesc Psychopathol. 2023 Nov 27. doi: 10.1007/s10802-023-01147-9. Online ahead of print.

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PMID: [38008786](#)

DOI: [10.1007/s10802-023-01147-9](#)

## Abstract

Very little is known about the mechanisms underlying the development of personality disorders, hindering efforts to address early risk for these costly and stigmatized disorders. In this study, we examined associations between social and monetary reward processing, measured at the neurophysiological level, and personality pathology, operationalized through the Level of Personality Functioning (LPF), in a sample of early adolescent females ( $M_{\text{age}} = 12.21$  years old,  $SD = 1.21$ ). Female youth with ( $n = 80$ ) and without ( $n = 30$ ) a mental health history completed laboratory tasks assessing social and monetary reward responsiveness using electroencephalogram (EEG) and completed ratings of personality pathology. Commonly co-occurring psychopathology, including depression, anxiety, attention-deficit/hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), and conduct disorder (CD) were also assessed. At the bivariate level, significant associations did not emerge between psychopathology and reward processing variables. When covarying symptoms of depression, anxiety, ADHD, ODD, and CD, an enhanced reward positivity (RewP) component to social reward feedback (accounting for response to social rejection) was associated with higher levels of personality impairment. Results were specific to social rather than monetary reward processing. Depression, anxiety, and ODD also explained unique variance in LPF. These findings suggest that alterations in social reward processing may be a key marker for early emerging personality pathology. Future work examining the role of social reward processing on the development of LPF across adolescence may guide efforts to prevent the profound social dysfunction associated with personality pathology.

**Keywords:** Electroencephalogram; Event-related potentials; Personality pathology; Reward processing.

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[77 references](#)

16. [\*\*Risk factors for mood disorders among offspring of parents with bipolar disorder: Findings from a discordant-sibling study\*\*](#)

Psychiatry Res. 2023 Nov 21:330:115615. doi:  
10.1016/j.psychres.2023.115615. Online ahead of print.

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PMID: [38007982](#)

DOI: [10.1016/j.psychres.2023.115615](https://doi.org/10.1016/j.psychres.2023.115615)

## Free article

## Abstract

The purpose of this naturalistic, prospective study was to identify risk factors for mood disorders in offspring of parents with bipolar disorder (BPD) using the discordant-sibling design by comparing premorbid psychopathology or symptoms, temperament, personality traits and coping style as well as the perception of family-related characteristics among affected and unaffected siblings within the same family. This approach controls for confounding by unmeasured genetic and environmental factors shared within families. Our sample comprised 24 families of a parent with BPD with at least one child that developed BPD or major depressive disorder ( $n = 31$ ), and at least one child who did not. Offspring were followed for a mean duration of 16.2 (s.d: 4.6) years. Information was collected from the offspring themselves. Generalized linear mixed models only revealed differences in three dimensions of the Dimension of Temperament Survey-Revised (DOTS-R) version: Offspring with mood disorders scored higher on "Approach-withdrawal", "Rhythmicity for daily habits", and "Task orientation" than their unaffected siblings. The higher scores, and not lower scores as expected, on these temperament dimensions observed in offspring that subsequently developed mood disorders may reflect increased vulnerability, but they could also mirror premorbid mood swings or strategies to cope with them.

**Keywords:** Family functioning; High-risk study; Premorbid psychopathology; Siblings; Temperament.

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## Conflict of interest statement

Declaration of Competing Interest All authors have no conflicts of interest to disclose.

## Full text links

17. [\*\*Frequency of Impulsive-Compulsive Behavior and Associated Psychological Factors in Parkinson's Disease: Lack of Control or Too Much of It?\*\*](#)

Medicina (Kaunas). 2023 Nov 2;59(11):1942. doi: 10.3390/medicina59111942.

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PMID: [38003991](#)

PMCID: [PMC10672754](#)

DOI: [10.3390/medicina59111942](#)

**Free PMC article**

**Abstract**

*Background and Objectives:* Impulse Control Disorders (ICDs) including pathological gambling, hypersexuality, compulsive eating, compulsive buying, and other related behaviors are well-known distinct non-motor symptoms in Parkinson's Disease (PD). Some large-scale studies present a prevalence of at least 10%, however, there are other reports providing

much higher rates. The majority of the conducted studies investigating ICDs focus mainly on pharmacological factors, however, from a psychological perspective, there is yet enough room for investigation. In order to address the above issues, we designed a two-part study. *Materials and Methods:* First, we aimed to identify the incidence of ICD and related behaviors in a cohort of 892 Greek PD patients. Second, we administered a comprehensive battery of psychometric tools to assess psychological factors such as personality dimensions, quality of life, defenses, coherence, and resilience as well as to screen general cognitive capacity in PD patients with ICD manifestations. *Results:* With regard to the first part, we identified ICD manifestations in 12.4% of the patients. Preliminary findings from the second part indicate elevated activity, rather than impulsivity, as well as interrelations between several variables, including measures of activity, coping mechanisms, and quality of life. *Conclusions:* We present a working hypothesis for the contribution of high activity channeled to specific behavioral patterns through specific coping mechanisms, concerning the emergence of ICDs and related behaviors in PD, and further stress the importance of compulsivity rather than impulsivity in this process.

**Keywords:** Impulsive-Compulsive Disorders; Parkinson's Disease; activity; impulsive-compulsive behavior; impulsivity; personality traits.

## **Conflict of interest statement**

Parts of this study have been previously presented at conferences. The authors have no conflict of interest to declare.

[75 references](#)

[4 figures](#)

**Full text links**

- 
18. [\*\*Assessment of the Genetic Characteristics of a Generation Born during a Long-Term Socioeconomic Crisis\*\*](#)

Genes (Basel). 2023 Nov 11;14(11):2064. doi: 10.3390/genes14112064.

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PMID: [38003007](#)

PMCID: [PMC10671057](#)

DOI: [10.3390/genes14112064](#)

## Free PMC article

## Abstract

**Background:** A socioeconomic crisis in Russia lasted from 1991 to 1998 and was accompanied by a sharp drop in the birth rate. The main factor that influenced the refusal to have children during this period is thought to be prolonged social stress.

**Methods:** comparing frequencies of common gene variants associated with stress-induced diseases among generations born before, after, and during this crisis may show which genes may be preferred under the pressure of natural selection during periods of increased social stress in urban populations.

**Results:** In the "crisis" group, a statistically significant difference from the other two groups was found in rs6557168 frequency ( $p = 0.001$ ); rs4522666 was not in the Hardy-Weinberg equilibrium in this group, although its frequency did not show a significant difference from the other groups ( $p = 0.118$ ). Frequencies of VNTRs in *SLC6A3* and *MAOA* as well as



common variants rs17689918 in *CRHR1*, rs1360780 in *FKBP5*, rs53576 in *OXTR*, rs12720071 and rs806377 in *CNR1*, rs4311 in *ACE*, rs1800497 in *ANKK1*, and rs7412 and rs429358 in *APOE* did not differ among the groups.

**Conclusions:** a generation born during a period of prolonged destructive events may differ from the rest of the gene pool of the population in some variants associated with personality traits or stress-related disorders.

**Keywords:** ACE; ANKK1; APOE; CHRNA4; CNR1; CRHR1; FKBP5; MAOA; OXTR; SLC6A3; genetic predisposition; polymorphism; stress.

## Conflict of interest statement

The authors declare no conflict of interest.

[84 references](#)

## Full text links

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19. [Neuropsychiatric disorders associated with recreational nitrous oxide use](#)

Clin Toxicol (Phila). 2023 Nov 24:1-7. doi: 10.1080/15563650.2023.2279936. Online ahead of print.

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PMID: [37999959](#)

DOI: [10.1080/15563650.2023.2279936](#)

## Abstract

**Background:** Recreational nitrous oxide use has grown in popularity among young people and has become a serious public health problem. Chronic use of nitrous oxide can lead to a functional vitamin B<sub>12</sub> deficiency and neuropsychiatric complications.

**Purpose:** This study aimed to investigate the characteristics of neuropsychiatric complications associated with nitrous oxide use and to enhance clinicians' awareness of this public health problem.

**Methods:** We retrospectively reviewed 16 patients with neuropsychiatric disorders related to nitrous oxide use who were treated in our hospital from June 2021 to October 2022. Their demographics, clinical features, investigations, treatments and outcomes were analyzed.

**Results:** There were ten males and six females between the ages of 17 and 25 with a mean age of  $20.5 \pm 2.6$  years. Thirteen patients sought medical help from the neurology clinic. Two patients presented to the psychiatric department and one patient presented to the emergency department with acute cognitive impairment. All 16 patients presented with neurological symptoms, such as paresthesia in four limbs or the lower limbs, unsteady gait and weakness. Twelve patients developed psychiatric symptoms, such as hallucinations, agitation, depression, emotional indifference and personality changes. Twelve patients had vitamin B<sub>12</sub> deficiency. All 16 patients had hyperhomocysteinemia. Fourteen patients showed abnormal high signal on T2-weighted imaging and an inverted "V" sign in axial view,

mainly involving the cervical cord. Neuropsychiatric symptoms improved with vitamin B<sub>12</sub> treatment and cessation of nitrous oxide use in all cases.

**Conclusion:** Young adults are predominately involved in recreational use of nitrous oxide, which can cause neuropsychiatric complications. The clinical response to vitamin B<sub>12</sub> supplementation and cessation of nitrous oxide use is generally good. Clinicians should recognize nitrous oxide use as a public health problem and a cause of a wide range of neuropsychiatric symptoms, particularly in younger patients.

**Keywords:** Nitrous oxide; homocysteine; neurological damage; psychiatric symptoms; vitamin B<sub>12</sub>.

### Full text links

## 20. [Feeding and Eating Disorders in Bariatric Surgery: A Retrospective Study](#)

Psychiatr Danub. 2023 Dec;35(Suppl 3):57-61.

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PMID: [37994062](#)

### Free article

## Abstract

**Introduction:** Obese subjects undergoing bariatric surgery often display medical and psychiatric comorbidities, influencing post-operative course and long-term prognosis. Candidates for bariatric surgery are evaluated

through a multidisciplinary assessment in the pre-operative phase, including a psychiatric visit. The psychiatric examination aims to screen psychiatric comorbidities, including feeding and eating disorders (FEDs). Indeed, there is evidence of the association between obesity and several psychiatric disorders, such as FEDs, but also anxiety disorders, mood disorders, psychotic disorders, neurodevelopment disorders and personality disorders, particularly B and C cluster personalities. This study aims to evaluate the presence of psychiatric comorbidities among a population of candidates for bariatric surgery, and to underline the clinical correlates of FEDs diagnosis at the pre-operative assessment.

**Subjects and methods:** Patients were recruited at the outpatient service of the Section of Psychiatry, Clinical Psychology and Rehabilitation of the General Hospital/University of Perugia. Psychiatric comorbidities were investigated by a psychiatric interview and hetero-administered scales for the evaluation of DSM-5 psychiatric syndromes (Structured Interview for DSM-5 Disorders - clinical version - SCID-5-CV), psychopathological and personality characteristics (Minnesota Multiphasic Personality Inventory - MMPI-2 and Structured Clinical Interview for DSM-5-Personality Disorders - SCID-5-PD) and specific scales for the evaluation of FEDs (Binge Eating Scale - BES, Obesity Questionnaire - OQ, Bulimia Test-Revised - BULIT-R and Body Shape Questionnaire - BSQ). After performing descriptive statistics, we performed bivariate analyses to assess significant differences between subjects with and without FEDs diagnosis ( $p < 0.05$ ).

**Results:** The sample was composed of 160 subjects (70.6% F versus 29.4% M). The average BMI was  $42.90 \pm 6.258$  and 86.8% of subjects had a Class 3 Obesity ( $BMI \geq 40$ ). 41.3% of patients received a psychiatric diagnosis and, specifically, a diagnosis of FEDs was highlighted in 28.7% cases. Individuals with FEDs more frequently had a family history of obesity and FEDs. As for psychopathological characteristics, altered scores on the BES and on the BULIT-R were more frequent in the group with psychiatric disorders excluding FEDs.

**Conclusions:** Patients evaluated in bariatric surgery pre-operative assessment often display FEDs. Patients with FEDs more frequently suffer from other psychiatric disorders, showing the need for specific support pathways in this group of patients.

**Keywords:** bariatric surgery - psychiatric disorders - feeding and eating disorders - comorbidity – obesity - personality disorders.

### Full text links

21. [\*\*Migrants' mental health recovery in Italian reception facilities\*\*](#)

Commun Med (Lond). 2023 Nov 22;3(1):162. doi: 10.1038/s43856-023-00385-8.

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DOI: [10.1038/s43856-023-00385-8](https://doi.org/10.1038/s43856-023-00385-8)

**Free PMC article**

## Abstract

**Background:** Forced migration leaves deep marks on the psychological well-being of migrants, with post-traumatic stress disorder (PTSD) and other psychological conditions being prevalent among them. While research has clarified the extent to which pre-migration trauma is a predictor of mental health outcomes, the role of post-migration stressors in the settlement environment are yet to be fully characterized.

**Methods:** We monitored mental health of a cohort of 100 asylum-seekers during their 14-day COVID-19-related quarantine in reception facilities in

Rome, Italy, through the administration of six questionnaires (a demographic survey, the WHO-5 well-being index, the Primary Care PTSD Screen for Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5), the Harvard Trauma Questionnaire, the Trauma and Loss Spectrum-Self Report, and the LiMEs-Italian version). Through the combination of statistical analysis and supervised learning, we studied the impact of the first contact with the reception system on asylum-seekers' mental health and sought for possible risk and shielding factors for PTSD.

**Results:** We find that sheltering in refugee centers has a positive impact on migrants' mental health; asylum-seekers with PTSD reported more traumatic events and personality characteristics related to loss and trauma; life events are predictors of PTSD in asylum-seekers.

**Conclusions:** We identify past traumatic experiences as predictors of PTSD, and establish the positive role the immediate post-migration environment can play on migrants' psychological well-being. We recommend for host countries to implement reception models that provide effective protection and integration of asylum-seekers, similar to those in the Italian system.

## **Plain language summary**

Traumatic experiences before and during migration can impact the psychological well-being of migrants. This can result in post-traumatic stress disorder (PTSD), a disorder in which prior experience of traumatic events can lead to severe anxiety. We asked migrants to fill in questionnaires about their well-being during a 14-day quarantine in reception facilities in Rome, Italy. We evaluated whether the migrants had symptoms of PTSD and the impact of the quarantine on their mental health. We found that migrants who had experienced past traumatic events were more likely to have PTSD, and that staying in a safe and welcoming place in Italy helped improve their mental wellbeing. These findings underline the importance of designing suitable policies to support migrants' mental health when they arrive in host countries.

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## **Conflict of interest statement**

The authors declare no competing interests.

[72 references](#)

[1 figure](#)

**Full text links**

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22. **[Personality disorders: the impact of severity on societal costs](#)**

Eur Arch Psychiatry Clin Neurosci. 2023 Nov 22. doi: 10.1007/s00406-023-01715-6. Online ahead of print.

**Authors**

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PMID: [37991536](#)

DOI: [10.1007/s00406-023-01715-6](#)

## Abstract

Personality disorders (PDs) are associated with high levels of societal costs. However, previous research has found limited or no evidence of unique contributions of individual PD categories on the overall level of societal costs. Recent research supports the validity of PD as a dimensional construct, and PD severity may be a better predictor of societal costs than specific PD categories. The aim of this study was to explore if PD severity could predict the level of societal costs among treatment-seeking patients with PDs, while controlling for the impact of comorbid mental health and substance use disorders. Four different severity indicators were explored: the number of PDs, the total number of PD criteria, the number of BPD criteria, and the Level of Personality Functioning Scale (LPFS) from the alternative model in DSM-5. Participants (n = 798/794) were retrieved from the quality register of the Norwegian Network for Personality Disorders for the period 2017-2020. Societal costs were assessed using a structured interview covering the six-month period prior to assessment. Diagnoses and diagnostic criteria were determined using a semi-structured diagnostic interview (SCID-5-PD and M.I.N.I), and the LPFS was assessed by the LPFS-Brief Form 2.0 (LPFS-BF 2.0) questionnaire. Statistics included multiple regression analyses. None of the severity indicators were significant predictors of overall societal costs among treatment-seeking patients, and effect sizes were small.

**Keywords:** Cost-of-illness; Personality disorders; Severity; Societal costs.

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[79 references](#)

**Full text links**

23. [\*\*Mental health treatment stigma, maladaptive personality trait domains, and treatment-seeking attitudes and behaviors\*\*](#)

J Clin Psychol. 2023 Nov 22. doi: 10.1002/jclp.23619. Online ahead of print.

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PMID: [37991428](#)

DOI: [10.1002/jclp.23619](#)

**Abstract**

**Objectives:** A barrier to seeking mental health care is treatment stigma, a form of stigma associated with seeking/receiving mental health treatment. Prior research has also demonstrated relationships between five-factor model personality traits and treatment-seeking attitudes. However, findings in this area are mixed and research has tended not to include assessments of maladaptive personality traits outlined in the Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition Section III: Emerging Measures and Models. The present study sought to examine relationships between maladaptive personality traits, treatment stigma, and treatment-seeking attitudes and behavior in an adult sample.

**Methods:** Participants (N = 500) completed a series of questionnaires assessing current and past mental health treatment-seeking behaviors, treatment stigma, attitudes toward treatment seeking, and maladaptive personality traits.

**Results:** Results revealed all five maladaptive personality traits were positively associated with increased treatment stigma, and in models controlling for the shared variance across maladaptive personality traits, negative affect, antagonism, psychoticism, and stigma exhibited unique associations with one's perceived value and need of mental health treatment, whereas negative affect, detachment, and stigma were uniquely associated with openness to seeking mental health treatment for emotional problems. While the five maladaptive personality traits were associated with a history of treatment-seeking behaviors at the bivariate level and after controlling for stigma, only negative affect was uniquely associated with treatment-seeking behaviors in a model including all five personality trait domains. Exploratory moderation analyses revealed associations between stigma and openness to seeking treatment varied as a function of maladaptive personality traits.

**Conclusions:** This study extends prior research on the role of personality traits in understanding treatment-seeking attitudes and behaviors and may have clinical implications for the use of maladaptive personality trait screeners in practice.

**Keywords:** five-factor model; maladaptive personality traits; mental health treatment-seeking; stigma; treatment stigma.

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[40 references](#)

24. [\*\*Living Situation of Juveniles After Secure Residential Treatment: Exploring the Role of Family Centeredness, Child, and Family Factors\*\*](#)

Int J Offender Ther Comp Criminol. 2023 Nov 22:306624X231206517. doi: 10.1177/0306624X231206517. Online ahead of print.

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PMID: [37991150](#)

DOI: [10.1177/0306624X231206517](#)

## **Free article**

## **Abstract**

To promote the return of juveniles to a home-like environment (e.g. living with (foster)parents) after secure residential treatment (SRT), it is important to know which factors are related to this outcome. The current study examined which characteristics of the juvenile, family, and SRT, including family centeredness and use of systemic interventions, are

related to the living situation after discharge. For 259 juveniles (mean age 15.82 years, 127 girls) in SRT and their parents, questionnaires were administered at admission, discharge, and 6-months follow-up. Furthermore, information about the living situation before and after SRT was gathered. Higher likelihood of living in a home-like setting after SRT correlated with more furlough moments with parents, receiving a systemic intervention, and a shorter duration of the SRT. Systemic interventions during SRT and spending furlough moments with parents may have a positive impact on returning to a home-like situation after SRT for juveniles.

**Keywords:** closed care; family centered; juveniles; residential care; systemic intervention; youth care.

## **Conflict of interest statement**

Declaration of Conflicting Interests The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

### **Full text links**

25. [\*\*Utility of the Work and Social Adjustment Scale \(WSAS\) in predicting long-term sick-leave in Danish patients with emotional disorders\*\*](#)

Nord J Psychiatry. 2023 Nov 21:1-8. doi: 10.1080/08039488.2023.2226123. Online ahead of print.

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PMID: [37988055](#)

DOI: [10.1080/08039488.2023.2226123](#)

## Abstract

**Background:** The Work and Social Adjustment Scale (WSAS) is a self-administered measure designed to assess the level of inability to function socially as a consequence of a defined problem or disorder.

**Methods:** A total of 230 patients with emotional disorders completed the Danish translation of the WSAS, measures of anxiety and depression, the Level of Personality Functioning Brief Form, the Personality Inventory for DSM-5 Short Form, and the World Health Organization Five-Item Well-Being Index (WHO-5). We conducted a confirmatory factor analysis of the previously suggested factor structure of the instrument. We furthermore evaluated the construct validity of the WSAS by means of its relationship with depression, anxiety, personality functioning, and overall well-being.

Finally, we evaluated the utility of the WSAS to identify those on long-term sick-leave by conducting receiver operating characteristic (ROC) curves.

**Results:** The instrument had a poor to average fit with the previously reported single-factor structure, but a better fit to a modified single-factor structure. Cronbach's alpha and McDonald's omega showed good internal scale reliability ( $\alpha = .79$ ,  $\omega_{\text{total}} = .85$ ). WSAS was positively correlated with measures of anxiety ( $r = .33$ ), depression ( $r = .44$ ), and personality functioning ( $r = .23$  and  $r = .20$ ), and negatively correlated with WHO-5 wellbeing ( $r = -.57$ ). The optimal cut-off point in the ROC-analyses was 23, which yielded a sensitivity of 74% and a specificity of 55% in the prediction of sick-leave status.

**Discussion:** The Danish WSAS shows promising psychometric properties, but has limited external validity insofar as predicting long-term sick leave in psychiatric patients with emotional disorders.

**Keywords:** WSAS; assessment; emotional disorders; personality disorders.

### Full text links

## 26. [Chronotypes-personality behavioural syndromes in wild marine fish](#)

Sci Rep. 2023 Nov 20;13(1):20281. doi: 10.1038/s41598-023-45579-1.

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PMID: [37985683](#)

PMCID: [PMC10662165](#)

DOI: [10.1038/s41598-023-45579-1](#)

**Free PMC article**

## **Abstract**

Chronotypes, the individual differences in daily activity timing, have profound associations with numerous physiological processes. Despite this, the covariance between chronotypes and other aspects of an individual's behaviour has been infrequently explored in non-human animals. This study delves into individual's variation across four axes of personality in a controlled environment, utilising the pearly razorfish, a model species for fish chronotype studies. We identified behavioural types across the aggressiveness continuum and established behavioural syndromes amongst exploration, activity, and boldness, irrespective of body size and condition. Subsequent to this, the experimental subjects were reintroduced to their natural habitat and individually tracked using high-resolution technology to ascertain their chronotypes. Our results revealed that whilst the exploration-activity-boldness syndrome bore no correlation with chronotypes, a significant association was observed between aggressiveness and chronotype. Hence, individuals with later awakening times and rest onsets were more aggressive than their counterparts with earlier awakening times and rest onsets. This study provides pioneering evidence linking fish chronotypes with other



behavioural traits, such as aggressiveness, suggesting that behavioural variation could be potentially linked to the individuals' variation in internal clocks and the environmental variables influencing their expression.

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## **Conflict of interest statement**

The authors declare no competing interests.

[68 references](#)

[5 figures](#)

### **Full text links**

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27. [\*\*Effect of severity of depression on augmentation of antidepressant medication in young adults with depression\*\*](#)

Acta Psychiatr Scand. 2023 Nov 20. doi: 10.1111/acps.13633. Online ahead of print.

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PMID: [37985246](#)

DOI: [10.1111/acps.13633](#)

## Abstract

**Background:** Antipsychotics (AP) have been used to augment antidepressant (AD) medication in treatment-resistant depression. In this study we examined factors (including severity of depression and initial antidepressant) affecting AP augmentation, as well as which APs were initiated as augmentation in young adults.

**Methods:** Data were extracted from Finnish nationwide registers. Of persons aged 18-29 years diagnosed with a depression during 2004-2017 we focused on incident AD users (who initiated AD 6 months before and after the diagnosis) whose severity level of depression was recorded (N = 21,966). AP augmentation was studied during 1 year after diagnosis of depression. Persons diagnosed with severe depression with psychotic features (n = 1486) were excluded from main analyses and analyzed separately.

**Results:** Overall, 8.4% of new antidepressant users initiated AP augmentation. Risk of augmentation increased with severity of depression as 3.9%, 5.8%, and 14.0% of persons with mild, moderate, and severe depression, respectively, initiated augmentation. Male sex, comorbid anxiety and personality disorders, substance abuse and selfharm/suicide attempt were positively associated with augmentation. Compared to citalopram, use of tricyclic antidepressant, paroxetine and venlafaxine were associated with increased risk of augmentation, while use of bupropion was associated with a decreased risk. Quetiapine and risperidone were the most common APs used in augmentation. Among persons with severe depression with psychotic features, use of sertraline was associated with AP augmentation, whereas use of fluoxetine decreased risk of augmentation.

**Conclusions:** Use of APs as augmentation of AD therapy was common in severe depression. Comorbidities had only a small effect to augmentation, but selection of initial AD was more closely associated to risk of augmentation. Interestingly, use of bupropion decreased risk of augmentation, which warrants further studies, as well as the decrease in risk of augmentation when fluoxetine in case of psychotic depression was used.

**Keywords:** antidepressants; antipsychotics; augmentation; depression; pharmacotherapy; young adults.

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[40 references](#)

**Full text links**

28. [\*\*A Multicenter Retrospective Chart Review on the Effectiveness and Tolerability of Electroconvulsive Therapy in Adolescents and Young Adults With Major Depressive Disorder or Bipolar Depression\*\*](#)

J ECT. 2023 Nov 16. doi: 10.1097/YCT.0000000000000978. Online ahead of print.

**Authors**

[Nout Schukking](#)<sup>1</sup>, [Karel W F Scheepstra](#), [Isidoor O Bergfeld](#), [Jeroen A van Waarde](#)<sup>2</sup>, [Indira Tendolkar](#)<sup>3</sup>, [Harm-Pieter Spaans](#)<sup>4</sup>, [Annette J M Hegeman](#)<sup>5</sup>, [Dominique S Scheepens](#), [Anja Lok](#)

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PMID: [37984354](#)

DOI: [10.1097/YCT.0000000000000978](#)

## Abstract

**Background:** Major depressive disorder and bipolar depression in adolescents and young adults are prevalent and major contributors to the global burden of disease, whereas effective interventions are limited. Available evidence is insufficient to assess effectiveness and tolerability of electroconvulsive therapy in depressed adolescents and young adults.

**Methods:** A retrospective chart review was conducted in patients with major depressive disorder or bipolar depression who underwent electroconvulsive therapy from 2001 to 2021 in 12 centers in the Netherlands. Patients were classified as young (15-25 years) and older adults (26-80 years). Primary outcome was effectiveness, expressed as response ( $\geq 50\%$  reduction in rating scale score compared with baseline) and remission. Rating scale scores were cross-sectionally assessed at baseline and at the end of the index course. Outcomes of remitters were included in responders. Secondary outcome was occurrence of subjective cognitive impairment and adverse events. Long-term outcomes were not available.

**Results:** In the young ( $n = 57$ ) and older adult ( $n = 41$ ) group, 40.4% and 56.1% ( $P = 0.153$ ) of patients achieved response and 28.1% and 39.0% ( $P = 0.281$ ) remission, respectively. Subjective cognitive impairment (80.5% vs 56.3%;  $P = 0.001$ ) and transient cardiac arrhythmia (14.6% vs 2.8%;  $P =$

0.020) were reported significantly more frequently in the older adult group.

**Conclusions:** Despite significantly more comorbidity of personality disorders, autism spectrum disorders, and anxiety disorders, effectiveness in the young was similar to the older adults. Tolerability was even superior in the young, despite significantly more bilateral treatment. Electroconvulsive therapy could be considered a viable treatment option in depressed adolescents and young adults.

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## **Conflict of interest statement**

The authors have no conflicts of interest or financial disclosures to report. This work was funded by the Amsterdam UMC Innovation grant 2017.

[62 references](#)

### **Full text links**

29. [\*\*Traits of narcissistic vulnerability in adults with autism spectrum disorders without intellectual disabilities\*\*](#)

Autism Res. 2023 Nov 20. doi: 10.1002/aur.3065. Online ahead of print.

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PMID: [37983956](#)

DOI: [10.1002/aur.3065](#)

## **Abstract**

The relationship between Autism Spectrum Disorders (ASD) and Narcissistic Personality Disorder (NPD), considering the dimensions of narcissistic grandiosity and vulnerability, represents an important differential diagnosis and potential ground of comorbidity, since both conditions show high grades of pervasiveness, a life-long course, ego-syntonic traits, and difficulties in building up and sustaining interpersonal relationships. Although the co-diagnosis rates, according to the categorical criteria in use, are limited (0%-6.4%), it is common to encounter diagnostic doubts in clinical practice. Here we investigated the dimensions of narcissistic vulnerability and grandiosity in a sample of 87 adults diagnosed with ASD without intellectual disabilities through the administration of the Pathological Narcissism Inventory-52 Items (PNI-52). The mean scores of our sample were compared with the normative distribution available in the literature, and we found that individuals with ASD scored significantly higher than neurotypical controls at the Total Score and at the Vulnerable Narcissism subscale, but not at the Grandiose Narcissism subscales. Demographic features did not influence these results. Vulnerable narcissism was significantly associated with the "Ritvo Autism and Asperger Diagnostic Scale - Revised" subscale Social Relatedness. These findings could potentially be indicative of a greater comorbidity rate between the two disorders with respect to the one reported to date, possibly because DSM-5 criteria are mainly focused on the grandiose dimension. Potential explanatory links between ASD

phenomenology and vulnerable narcissism, such as the personality dimension of neuroticism, are discussed, together with the possible role of narcissistic vulnerability in mediating internalizing symptoms (e.g., anxiety, depression) in individuals with ASD.

**Keywords:** autism spectrum disorders; comorbidity; grandiosity; narcissistic personality disorder; neuroticism; personality; personality disorders; vulnerability.

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[42 references](#)

**Full text links**

30. [\*\*Activity space during treatment with medication for opioid use disorder: Relationships with personality, mood, and drug use\*\*](#)

J Subst Use Addict Treat. 2023 Nov 18:157:209219. doi: 10.1016/j.josat.2023.209219. Online ahead of print.

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PMID: [37981240](#)

DOI: [10.1016/j.josat.2023.209219](#)

## Abstract

**Introduction:** Activity space in people with substance use disorders (SUDs) has been assessed for theoretical reasons and for detection/prevention of relapse. In this observational study, we relate passively obtained activity space measures to mental states and behaviors relevant to the success of treatment for opioid use disorder. Our long-term



goal is to use such data to assess risk in real time and to recognize when SUD patients might benefit from a just-in-time intervention.

**Methods:** We used GPS data from 238 urban residents in the first 16 weeks of stabilization on medication for opioid use disorder to test preregistered hypotheses about activity space (distance traveled, number of locations, time spent moving, and psychosocial-hazard levels of neighborhoods where participants spent time) in relation to certain static variables (personality, mood propensities) and time-varying treatment-relevant behaviors such as craving and use of opioids and cocaine.

**Results:** The most consistent findings were that 1) mobility decreased over the course of the study; 2) neuroticism was associated with overall lower mobility; 3) trait-like positive mood (averaged from momentary ratings) was associated with higher mobility; 4) participants who used cocaine more frequently had lower mobility; 5) early in treatment, participants spent less time moving (i.e., were more sedentary) on days when they were craving. Some of these findings were in the expected direction (i.e., the ones involving neuroticism and positive mood), and some were opposite to the expected direction (i.e., we expected cocaine use to be associated with higher mobility); others (e.g., changes in mobility over time or in relation to craving) involved nondirectional hypotheses.

**Conclusions:** Real-time information that patients actively provide is valuable for assessing their current state, but providing this information can be burdensome. The current results indicate that certain static or passively obtained data (personality variables and GPS-derived mobility information) are relevant to time-varying, treatment-relevant mental states and drug-related behavior, and therefore might be useful when incorporated into algorithms for detecting need for intervention in real time. Further research should assess how population-specific these relationships are, and how these passive measures can best be combined with low temporal-density, actively-provided data to obtain valid, reliable assessments with minimal burden.

**Keywords:** Activity space; Addiction; Cocaine use; GPS; Opioid use disorder.

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## Conflict of interest statement

Declaration of competing interest None.

## Full text links

31. [The effect of counseling with cognitive behavior approach on self-esteem and body image in lactating mothers: randomized clinical trial](#)

BMC Psychol. 2023 Nov 18;11(1):401. doi: 10.1186/s40359-023-01363-4.

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PMID: [37980540](#)

PMCID: [PMC10657559](#)

DOI: [10.1186/s40359-023-01363-4](#)

## Free PMC article

### Abstract

**Background:** Some of the women experience low self-esteem and negative body image in pregnancy and postpartum. These two factors along with other factors can reduce the rate of exclusive breastfeeding among women. Cognitive-behavior therapy (CBT) is one of the psychological approaches that is effective on the betterment of many of the psychological and personality disorders such as body image disorders as well as improvement of self-esteem. The aim of this randomized control trial is to recognize the effects of CBT during pregnancy period on self-esteem, body image (primary outcome) and exclusive breastfeeding (secondary outcome).

**Method:** In this randomized controlled trial, 70 eligible pregnant women referring to health centers of Tabriz- Iran were assigned to two groups of 35 as intervention and control groups using randomized blocking method. For intervention group, 8 sessions of CBT based on Cash and Strachan's body image protocol and Michael Free's for self-esteem were performed. Control group was received routine pregnancy care by their health provider. Rosenberg self-esteem scale and multidimensional body self-relation questionnaire (MBSRQ) were completed before intervention, immediately after intervention and 4 weeks after delivery. Likewise, exclusive breastfeeding questionnaire was completed 4 weeks after childbirth. Independent t-test, chi square and repeated measures ANOVA tests were used to analyze the data.

**Results:** According to repeated measures ANOVA test and with controlling baseline score, the mean scores on self-esteem (AMD): 7.18; 95%confidence interval (CI): 4.43 to 9.94;  $p < 0.001$ ) and body image (AMD: 49.74; 95%CI = 28.57 to 70.91;  $p < 0.001$ ) in the intervention group were significantly higher than the control group. Also, after intervention, the mean score of body image subscales including appearance evaluation ( $p = 0.010$ ), appearance orientation ( $p = 0.001$ ), fitness evaluation ( $p = 0.004$ ), fitness orientation ( $p = 0.001$ ), health evaluation ( $p = 0.001$ ), health orientation ( $p = 0.018$ ), and illness orientation ( $p = 0.002$ ) was significantly higher in the intervention group than the control group.

**Conclusions:** CBT was effective on the improvement of self-esteem and body image and through which might lead to the increase of exclusive breastfeeding among women.

**Trial registration number:** IRCT20110524006582N33. First Date of registration: 17/10/2022. Submission ID 4ca86cd4-8459-4b86-9fe5-63f6a8184956.

**Keywords:** Body image; Cognitive behavior therapy; Lactating mother; Self-esteem.

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## Conflict of interest statement

The authors declare no competing interests.

[50 references](#)

[1 figure](#)

**Full text links**

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32. [\*\*Voice Disorders and Personality: New Steps on an Old Path\*\*](#)

J Voice. 2023 Nov 16:S0892-1997(23)00359-4. doi: 10.1016/j.jvoice.2023.10.038. Online ahead of print.

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PMID: [37980210](#)

DOI: [10.1016/j.jvoice.2023.10.038](#)

## Abstract

**Objectives:** This study examined the association between voice disorders and personality by comparing a heterogenic group of dysphonic patients to non-dysphonic speakers using the NEO-FFI big-five personality inventory.

**Methods:** A group of 100 dysphonic patients diagnosed with 24 different pathologies was compared to 149 non-dysphonic speakers. Inter-group differences on the five NEO-FFI scales were evaluated using three analysis approaches, a general comparison between the dysphonic and non-dysphonic groups and arranging pathologies using a categorical and a continuous approach.

**Results:** Of the five NEO-FFI scales, Openness emerged as the single personality trait that yielded a statistically significant difference between the dysphonic group and the non-dysphonic group ( $P < 0.001$ ). Moreover, when the 24 pathologies were arranged categorically, people with structural pathologies were lower on the Openness scale than non-dysphonic speakers ( $P < 0.001$ ). Similarly, when pathologies were arranged continuously, people with pathologies characterized by high

organicity were low on the Openness scale compared to the non-dysphonic group ( $P < 0.001$ ).

**Conclusions:** This study represents a new approach to examining the association between voice disorders and personality. Openness emerged as the single personality trait that repeatedly and consistently differentiated between dysphonic and non-dysphonic people and among specific pathologies, using all analysis approaches. Our findings suggest that examining a spectrum of pathologies, rather than focusing on a particular pathology, provides a new perspective and sheds light on the complex association between voice disorders and personality.

**Keywords:** NEO-FFI; Openness; Personality; Voice pathology.

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## Conflict of interest statement

Declaration of Competing Interest None.

## Full text links

### 33. [Treatment of schizotypal disorder: a protocol for a systematic review of the evidence and recommendations for clinical practice](#)

BMJ Open. 2023 Nov 17;13(11):e075140. doi: 10.1136/bmjopen-2023-075140.

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PMID: [37977859](#)

PMCID: [PMC10660957](#)

DOI: [10.1136/bmjopen-2023-075140](#)

**Free PMC article**

## **Abstract**

**Introduction:** Schizotypal disorder is associated with a high level of disability at an individual level and high societal costs. However, clinical recommendations for the treatment of schizotypal disorder are scarce and based on limited evidence. This review aims to synthesise the current evidence on treatment for schizotypal disorder making recommendations for clinical practice.

**Methods and analysis:** This systematic review protocol follows the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines. A systematic literature search will be performed in PsychArticles, Embase, Medline and Cochrane Central Register of Controlled Trials. Additionally, we will search for relevant articles manually. Inclusion criteria are published studies including individuals diagnosed with schizotypal personality disorder according to Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria, or schizotypal disorder according to International Classification of Diseases (ICD) criteria. We will include interventional studies comprising any pharmacological and non-pharmacological treatment trials for patients with schizotypal disorder, and all relevant outcome measures will be reported. Risk of bias will be assessed by Cochrane risk-of-bias tools. Data will be synthesised using narrative or thematic analysis and, if suitable, through meta-analysis.

**Ethics and dissemination:** No original data will be collected as part of this study and ethics approval is, therefore, not applicable. The results will be disseminated through peer-reviewed publication and presented at international scientific meetings. We will aim at submitting the final paper for publication within 4 months of completion of analyses. Furthermore, this systematic review will inform clinicians and researchers on the current state of evidence on treatment for schizotypal disorder. Findings may guide proposals for further research and potentially guide recommendations for clinical practice using the Grading of Recommendations Assessment, Development and Evaluation.

**Prospero registration number:** CRD42022375001.



**Keywords:** MENTAL HEALTH; PSYCHIATRY; Personality disorders; Schizophrenia & psychotic disorders; Systematic Review.

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## **Conflict of interest statement**

Competing interests: BHE has received lecture fees and/or is part of Advisory Boards of Bristol-Myers Squibb, Eli Lilly and Company, Janssen-Cilag, Otsuka Pharma Scandinavia AB, Takeda Pharmaceutical Company, Boehringer Ingelheim and Lundbeck Pharma A/S.

[43 references](#)

## **Full text links**

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34. [\*\*Recognizing and Responding to Patients with Personality Disorders\*\*](#)

Emerg Med Clin North Am. 2024 Feb;42(1):125-134. doi: 10.1016/j.emc.2023.06.015. Epub 2023 Jul 31.

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PMID: [37977744](#)

DOI: [10.1016/j.emc.2023.06.015](#)

## Abstract

Caring for patients with personality disorders and traits presents unique challenges for physicians and other providers. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, recognizes 10 personality disorders, which are organized into 3 clusters (A, B, and C) based on shared diagnostic features. Personality disorders or traits create difficulty in clinical and interpersonal interactions, promoting missed diagnosis or underdiagnosis, nonadherence to medical recommendations, or other dangerous outcomes. It is important to recognize patients with potential personality disorders and understand strategies to achieve optimal patient interactions and best possible medical outcomes.

**Keywords:** Borderline; Cluster A; Cluster B; Cluster C; Countertransference; Personality disorder; Personality trait.

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### Full text links

35. [\*\*Suicide ideation and attempt among people with HIV: A statewide population-level cohort analysis between 2005-2020\*\*](#)

J Acquir Immune Defic Syndr. 2023 Nov 16. doi:  
10.1097/QAI.0000000000003342. Online ahead of print.

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DOI: [10.1097/QAI.00000000000003342](#)

## Abstract

**Background:** Risk factors for suicidality among people with HIV (PWH) may evolve over their disease course, particularly as they develop comorbidities such as mental health disorders over time.

**Setting:** This study compared the leading risk factors of suicide ideation/attempt among PWH in South Carolina across different combination antiretroviral therapy (cART) eras.

**Methods:** A statewide cohort of PWH who were diagnosed between 2005 and 2016, with a follow-up record until 2020, was involved in the study. A Cox proportional hazards model was employed to examine the association of suicide ideation/attempt and predictors including demographics, HIV-related characteristics, and mental health conditions.

**Results:** Among 8,567 PWH, the incidence of suicide ideation/attempt increased from 537.7 per 100,000 person-years (95% Confidence Interval [CI] 460.2-615.1) in the early cART cohort (2005-2008) to 782.5 (95% CI 697.6-867.4) in the late cART cohort (2009-2016). Leading risk factors of suicide ideation/attempt changed across cART cohort. In the early cART

cohort, PWH with suicide ideation/attempt were more likely to be White and diagnosed with bipolar disorder ( $P < .05$ ). In the late cART cohort, suicide ideation/attempt was positively associated with transmission through injection drug use, anxiety, post-traumatic stress disorder, schizophrenia, and personality disorder ( $P < .05$ ).

**Conclusions:** Mental health conditions have emerged as more prominent risk factors for suicide ideation/attempt in the late cART cohort. Enhanced access to psychiatric care could facilitate the early identification of mental health conditions, enabling timely counseling or psychosocial interventions that may mitigate mental health issues and, consequently, reduce the likelihood of suicide ideation/attempts among PWH.

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## **Conflict of interest statement**

The authors report no conflicts of interest related to this work.

## **Full text links**

36. [\*\*Psychometric properties of the Hungarian childhood trauma questionnaire short form and its validity in patients with adult attention-deficit hyperactivity disorder or borderline personality disorder\*\*](#)

Borderline Personal Disord Emot Dysregul. 2023 Nov 17;10(1):33. doi: 10.1186/s40479-023-00239-8.

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DOI: [10.1186/s40479-023-00239-8](#)

**Free PMC article**

## Abstract

**Background:** Compelling evidence supports the role of childhood traumatization in the etiology of psychiatric disorders, including adult

attention-deficit hyperactivity disorder (aADHD) and borderline personality disorder (BPD). The aim of this study was to examine the psychometric properties of the Hungarian version of the Childhood Trauma Questionnaire Short Form (H-CTQ-SF) and to investigate the differences between patients diagnosed with aADHD and BPD in terms of early traumatization.

**Methods:** Altogether 765 (mean age = 32.8 years, 67.7% women) patients and control subjects were enrolled from different areas of Hungary. Principal component analysis and confirmatory factor analysis were carried out to explore the factor structure of H-CTQ-SF and test the validity of the five-factor structure. Discriminative validity was assessed by comparing clinical and non-clinical samples. Subsequently, aADHD and BPD subgroups were compared with healthy controls to test for the role of early trauma in aADHD without comorbid BPD. Convergent validity was explored by measuring correlations with subscales of the Personality Inventory for DSM-5 (PID-5).

**Results:** The five scales of the H-CTQ-SF demonstrated adequate internal consistency and reliability values. The five-factor model fitted the Hungarian version well after exclusion of one item from the physical neglect scale because of its cross-loading onto the emotional neglect subscale. The H-CTQ-SF effectively differentiated between the clinical and non-clinical samples. The BPD, but not the aADHD group showed significant differences in each CTQ domain compared with the healthy control group. All CTQ domains, except for physical abuse, demonstrated medium to high correlations with PID-5 emotional lability, anxiousness, separation insecurity, withdrawal, intimacy avoidance, anhedonia, depressivity, suspiciousness, and hostility subscales.

**Conclusions:** Our study confirmed the psychometric properties of the H-CTQ-SF, an easy-to-administer, non-invasive, ethically sound questionnaire. In aADHD patients without comorbid BPD, low levels of traumatization in every CTQ domain were comparable to those of healthy control individuals. Thus, the increased level of traumatization found in previous studies of aADHD might be associated with the presence of comorbid BPD. Our findings also support the role of emotional neglect, emotional abuse and sexual abuse in the development of BPD.

**Keywords:** Adult attention-deficit hyperactivity disorder (aADHD); Borderline personality disorder (BPD); Childhood adversity; Childhood

maltreatment; Confirmatory factor analysis; Early life traumatization; Hungarian Childhood Trauma Questionnaire Short Form (H-CTQ-SF); Personality inventory for DSM-5 (PID-5); Principal component analysis.

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## Conflict of interest statement

The authors declare no competing interests.

[74 references](#)

[2 figures](#)

## Full text links

37. [\*\*Risk and protective factors for self-harm in adolescents and young adults: An umbrella review of systematic reviews\*\*](#)

J Psychiatr Res. 2023 Dec:168:353-380. doi: 10.1016/j.jpsychires.2023.10.017. Epub 2023 Oct 20.

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PMID: [37972513](#)

DOI: [10.1016/j.jpsychires.2023.10.017](#)

## Free article

## Abstract

We conducted an umbrella review to synthesise the evidence from systematic reviews and meta-analyses that examined the risk and protective factors for self-harm in young people. We searched six different databases and used the AMSTAR-2 checklist for quality assessment. The importance of each risk and protective factor was determined based on (1) the number of times it was identified by general reviews examining any risk or protective factor, and (2) the effect sizes from meta-analyses. There were 61 systematic reviews included in this review. The most frequently identified risk factors for self-harm in young people included childhood abuse, depression/anxiety, bullying, trauma, psychiatric illnesses, substance use/abuse, parental divorce, poor family relationships, lack of friends, and exposure to self-harm behaviour in others. The risk factors with the strongest evidence for an association with self-harm were



behavioural disorders, personality disorders and depression or anxiety. There was a dearth of systematic reviews examining protective factors but good family/friend relationships were most frequently identified. There was also evidence to show that non-suicidal and suicidal self-harm shared many of the same risk factors. Clinicians and other professionals who work with young people should be particularly cognisant of the psychiatric and adverse life event risk factors as well as the substance use, education-related and individual-level (e.g. being LGB) risk factors for self-harm. Knowledge of risk factors for self-harm can potentially be used to inform the design and implementation of prevention measures and further research is needed on the protective factors for self-harm.

**Keywords:** AYAs; Adolescents; Protective factors; Risk factors; Self-harm; Self-injury; Suicidal; Suicide; Teenagers; Young adults.

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## **Conflict of interest statement**

Declaration of competing interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

## **Full text links**

38. [\*\*Perfectionism in anorexia nervosa: Associations with clinical picture and personality traits\*\*](#)

Clin Psychol Psychother. 2023 Nov 16. doi: 10.1002/cpp.2931. Online ahead of print.

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PMID: [37970961](#)

DOI: [10.1002/cpp.2931](#)

## Abstract

Although many researchers addressed the topics, no consistent data are currently available regarding the relationship between perfectionism and personality traits in anorexia nervosa (AN). The present study aimed to assess differences between high- and low-perfectionism groups of patients with AN and to identify which variables show the strongest association with perfectionism. A group of inpatients with AN (n = 193) was recruited and completed a battery of self-report questionnaires regarding eating-related and general psychopathology, perfectionism, and personality. On the basis of perfectionism scores, patients were divided into high- and low-perfectionism groups. High-perfectionist patients displayed higher eating-related and general psychopathology; higher depressive, cyclothymic, irritable and anxious temperament, and lower self-directedness, cooperativeness and self-esteem. Perfectionism was associated with the drive for thinness, cooperativeness, self-esteem and anxious temperament. On the basis of the two personality traits most strongly correlated with perfectionism (i.e., cooperativeness and anxious temperament), patients could be correctly assigned to the high- or low-perfectionism group by an algorithm. The study suggests that perfectionism in AN is related to eating psychopathology, especially of restrictive type, and personality features such as cooperativeness and anxious temperament. These findings confirm the important role of perfectionism in AN, not only concerning eating behaviour but personality as well.

**Keywords:** affective temperament; anorexia nervosa; eating disorders; perfectionism; personality.

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[69 references](#)

### Full text links

39. [\*\*Life expectancy and years of potential life lost in people with mental disorders: a systematic review and meta-analysis\*\*](#)

EClinicalMedicine. 2023 Oct 31;65:102294. doi: 10.1016/j.eclinm.2023.102294. eCollection 2023 Nov.

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PMCID: [PMC10641487](#)

DOI: [10.1016/j.eclinm.2023.102294](#)

## Free PMC article

## Abstract

**Background:** Mental disorders are associated with premature mortality. There is increasing research examining life expectancy and years-of-potential-life-lost (YPLL) to quantify the disease impact on survival in people with mental disorders. We aimed to systematically synthesize studies to estimate life expectancy and YPLL in people with any and specific mental disorders across a broad spectrum of diagnoses.

**Methods:** In this systematic review and meta-analysis, we searched Embase, MEDLINE, PsychINFO, WOS from inception to July 31, 2023, for published studies reporting life expectancy and/or YPLL for mental disorders. Criteria for study inclusion were: patients of all ages with any mental disorders; reported data on life expectancy and/or YPLL of a mental-disorder cohort relative to the general population or a comparison group without mental disorders; and cohort studies. We excluded non-cohort studies, publications containing non-peer-reviewed data or those restricted to population subgroups. Survival estimates, i.e., life expectancy and YPLL, were pooled (based on summary data extracted from the included studies) using random-effects models. Subgroup analyses and random-effects meta-regression analyses were performed to explore sources of heterogeneity. Risk-of-bias assessment was evaluated using the Newcastle-Ottawa Scale. This study is registered with PROSPERO (CRD42022321190).

**Findings:** Of 35,865 studies identified in our research, 109 studies from 24 countries or regions including 12,171,909 patients with mental disorders were eligible for analysis (54 for life expectancy and 109 for YPLL). Pooled life expectancy for mental disorders was 63.85 years (95% CI 62.63-65.06;  $I^2 = 100.0\%$ ), and pooled YPLL was 14.66 years (95% CI 13.88-15.98;  $I^2 = 100.0\%$ ). Disorder-stratified analyses revealed that substance-use disorders had the shortest life expectancy (57.07 years [95% CI 54.47-59.67]), while neurotic disorders had the longest lifespan

(69.51 years [95% CI 67.26-71.76]). Substance-use disorders exhibited the greatest YPLL (20.38 years [95% CI 18.65-22.11]), followed by eating disorders (16.64 years [95% CI 7.45-25.82]), schizophrenia-spectrum disorders (15.37 years [95% CI 14.18-16.55]), and personality disorders (15.35 years [95% CI 12.80-17.89]). YPLLs attributable to natural and unnatural deaths in mental disorders were 4.38 years (95% CI 3.15-5.61) and 8.11 years (95% CI 6.10-10.13; suicide: 8.31 years [95% CI 6.43-10.19]), respectively. Stratified analyses by study period suggested that the longevity gap persisted over time. Significant cross-study heterogeneity was observed.

**Interpretation:** Mental disorders are associated with substantially reduced life expectancy, which is transdiagnostic in nature, encompassing a wide range of diagnoses. Implementation of comprehensive and multilevel intervention approaches is urgently needed to rectify lifespan inequalities for people with mental disorders.

**Funding:** None.

**Keywords:** Life expectancy; Mental illness; Meta-analysis; Premature mortality; YPLL; Years of potential life lost.

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## **Conflict of interest statement**

CUC has been a consultant and/or advisor to or has received honoraria from: AbbVie, Acadia, Alkermes, Allergan, Angelini, Aristo, Biogen, Boehringer-Ingelheim, Cardio Diagnostics, Cerevel, CNX Therapeutics, Compass Pathways, Darnitsa, Denovo, Gedeon Richter, Hikma, Holmusk, IntraCellular Therapies, Janssen/J&J, Karuna, LB Pharma, Lundbeck, MedAvante-ProPhase, MedInCell, Merck, Mindpax, Mitsubishi Tanabe Pharma, Mylan, Neurocrine, Neurelis, Newron, Noven, Novo Nordisk, Otsuka, Pharmabrain, PPD Biotech, Recordati, Relmada, Reviva, Rovi, Seqirus, SK Life Science, Sunovion, Sun Pharma, Supernus, Takeda, Teva, and Viatrix. He provided expert testimony for Janssen and Otsuka. He served on a Data Safety Monitoring Board for Compass Pathways, Denovo, Lundbeck, Relmada, Reviva, Rovi, Sage, Supernus, Tolmar, and Teva. He has received grant support from Janssen and Takeda. He received royalties from UpToDate and is also a stock option holder of Cardio Diagnostics,

Mindpax, LB Pharma, PsiloSterics, and Quantic. All other authors declare no competing interests.

[145 references](#)

[5 figures](#)

### Full text links

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40. [\*\*Life experienced as worth living and beyond: a qualitative study of the pathways to recovery and flourishing amongst individuals treated for borderline personality disorder\*\*](#)

BMC Psychiatry. 2023 Nov 14;23(1):838. doi: 10.1186/s12888-023-05357-9.

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DOI: [10.1186/s12888-023-05357-9](https://doi.org/10.1186/s12888-023-05357-9)

**Free PMC article**

## Abstract

**Background:** Dialectical Behaviour Therapy (DBT) is recognized as a leading evidence-based treatment, effective in reducing symptoms of borderline personality disorder (BPD), as well as co-occurring clinical syndromes. However, symptom remission may not be the same as a life experienced as worth living. The purpose of the study was to understand, from the perspective of individuals with lived experience, the concepts of recovery, life experienced as worth living and flourishing after treatment for BPD, and to describe the pathways to wellness after symptom remission.

**Methods:** Semi-structured interviews were conducted with nine adult women previously diagnosed with BPD, co-occurring clinical syndromes and severe self-harm behaviour who self-identified as recovered for a minimum of two years, recruited from a network for individuals with lived experience. The average duration of recovery was 5.7 years with a range from 2 to 10 + years. Data were analysed using thematic analysis.

**Results:** Four main themes and 14 subthemes were generated from our analyses. Main themes indicated that loved ones helped recovery and to create a life worth living, that participants identified as recovered and as

healthy and beyond, and that becoming well is a long process associated in part with reclaiming a healthy identity. Participants defined recovery as separate but related to a life worth living, which in turn was separate but related to being healthy and having lives they described as being beyond health and well-being. The wellness process was described as lengthy and non-linear, including setbacks that with time no longer derailed daily life. A proposed theoretical model depicting the wellness process over time from symptom remission to the experience of a life beyond health and wellness is presented.

**Conclusions:** This qualitative study contributes knowledge of what a life experienced as worth living means, as well as how wellness progressed into flourishing for some participants within a sample of individuals with lived experience. Our findings may inform treatment development that targets more than symptom reduction, which in turn may shorten trajectories from symptom remission to health, wellness, and flourishing.

**Keywords:** Borderline personality disorder (BPD); Dialectical Behaviour Therapy (DBT); Facilitators of recovery; Flourishing; Life worth living; Lived experience; Recovery; Thematic analysis.

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## **Conflict of interest statement**

The authors declare no competing interests.

[27 references](#)

[1 figure](#)

**Full text links**

- 
41. [\*\*Countertransference in the treatment of patients with personality disorders: A longitudinal study\*\*](#)



Psychother Res. 2023 Nov 14:1-15. doi:  
10.1080/10503307.2023.2279645. Online ahead of print.

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PMID: [37963354](#)

DOI: [10.1080/10503307.2023.2279645](#)

## Abstract

**Objective:** This study examines how therapist emotional response/countertransference (CT) develops during treatment for patients with personality disorders (PDs) and how pre-treatment patient factors (severity of personality pathology, PD category, level of symptom distress) predict CT responses. Secondly, we explored associations between patient clinical outcome and CT.

**Method:** A longitudinal, observational study including 1956 patients with personality pathology treated at psychotherapy units within specialist mental health services. Therapists' emotional response was repeatedly

assessed by the Feeling Word Checklist-Brief Version (FWC-BV) with three subscales-*Inadequate*, *Confident*, and *Idealized*.

**Results:** Levels of *Inadequate* CT were lowest and stable over time while *Confident* and *Idealized* increased over time. Greater severity of personality pathology and borderline PD predicted higher initial *Inadequate*, lower initial *Confident* and decreasing *Inadequate* over time. Antisocial PD predicted decreasing *Confident*. Number of PD criteria had higher impact on therapist CT than level of symptom distress. Clinical improvement was associated with decreasing *Inadequate*.

**Conclusion:** Therapists reported predominantly *Confident* CT when working with PD patients. More severe personality pathology, and borderline PD, specifically, predicted more negative CT initially, but the negative CT decreased over time. Patients who did not improve were associated with increasing *Inadequate*.

**Keywords:** Feeling Word Checklist; countertransference; personality disorders.

42. [\*\*National Comprehensive Cancer Network Guideline Recommendations of Cancer Drugs With Accelerated Approval\*\*](#)

JAMA Netw Open. 2023 Nov 1;6(11):e2343285. doi: 10.1001/jamanetworkopen.2023.43285.

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PMID: [37962889](#)

PMCID: [PMC10646727](#)

DOI: [10.1001/jamanetworkopen.2023.43285](#)

## Free PMC article

### Abstract

**Importance:** Many cancer drugs are approved under the US Food and Drug Administration (FDA) accelerated approval pathway based on preliminary evidence. It is unclear how this limited evidence is integrated into the National Comprehensive Cancer Network (NCCN) guidelines, which are common references for clinicians and are used by public and private payers to determine reimbursement for oncology treatments.

**Objective:** To analyze the NCCN guidelines' assessments for cancer drug indications that received FDA accelerated approval compared with cancer drug indications that received FDA regular approval.

**Design, setting, and participants:** This cross-sectional study analyzes FDA-approved indications for cancer drugs that were granted accelerated approval from program inception in 1992 to June 30, 2022. For each drug, the FDA-approved labeling was reviewed to identify all indications. All analyses were performed at the drug-indication level.

**Exposure:** The exposure was FDA regulatory status as of October 2022, including regular approval, accelerated approval, accelerated approval converted to regular approval, and withdrawn accelerated approval.

**Main outcomes and measures:** The level of evidence and consensus (category 1, 2A, 2B, and 3) and treatment preference (preferred, alternative preferred, other recommended, and useful in certain circumstances) ratings assigned by NCCN committees as of February 2023.

**Results:** A total of 315 oncology indications for 100 drugs were analyzed. These indications included 156 (50%) with regular approval, 60 (38%) with accelerated approval, 78 (49%) with accelerated approval that was converted to regular approval, and 21 (13%) with withdrawn accelerated approvals. Among all indications, 105 (33%) were rated by the NCCN as having category 1 evidence, 185 (59%) with category 2A, 6 (2%) with category 2B, and 2 (1%) with category 3 evidence. Compared with indications with regular approval, those with accelerated approval were less frequently assigned category 1 evidence (47% vs 3%;  $P < .001$ ) and were less often listed as preferred treatment options (58% vs 40%;  $P = .008$ ). Among the 21 withdrawn accelerated approval indications, 8 (38%) remained in the NCCN guidelines, with most having level 2A evidence ratings.

**Conclusions and relevance:** This study found that cancer drug indications with accelerated approval were less likely to be assigned high-level evidence ratings and preferred status in the NCCN guidelines compared with indications with regular approval; most accelerated and regular approval drugs had low-quality evidence ratings but high levels of consensus among oncologists on NCCN committees. Greater clarity on the thresholds and definitions of evidence levels would make the NCCN guidelines more useful to clinicians, patients, and payers.

## **Conflict of interest statement**

Conflict of Interest Disclosures: Drs Kesselheim and B. N. Rome reported receiving grants from The Elevance Health Public Policy Institute and The National Academy for State Health Policy outside the submitted work. No other disclosures were reported.

[35 references](#)

[2 figures](#)

**Full text links**

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43. [\*\*Personality Traits and Risk of Eating Disorders in Men: A Cross-Sectional Study\*\*](#)

Healthcare (Basel). 2023 Nov 6;11(21):2910. doi: 10.3390/healthcare11212910.

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PMID: [37958054](#)

PMCID: [PMC10649439](#)

DOI: [10.3390/healthcare11212910](#)

**Free PMC article**

**Abstract**

Eating disorders (EDs) have been understudied and misunderstood in men. Among the relevant factors in the risk, onset, and maintenance of EDs, personality stands out. Therefore, the aim of the study was to analyze the relationships between personality traits and risk variables for the development of EDs in men. A total of 443 male university students (mean = 22.16 years) who completed the Spanish versions of the Eating Disorder Inventory-3 (EDI-3) and the NEO Five-Factor Inventory (NEO-FFI) participated. Correlation analyses were performed, and in order to determine the predictive role of personality traits on risk scales, a hierarchical multiple regression was performed. The results showed that neuroticism was positively associated with drive for thinness, being its main predictor variable. In bulimia, the main relationships were positively associated with neuroticism and negatively with conscientiousness. As for body dissatisfaction, the main predictor variables were neuroticism and, in a negative sense, extraversion and openness to experience. In conclusion,

personality traits are related to the risk of developing EDs in male university students, with neuroticism being the main associated trait.

**Keywords:** body dissatisfaction; bulimia; conscientiousness; drive for thinness; eating disorders; extraversion; mental health; neuroticism; openness to experience; personality traits.

## **Conflict of interest statement**

The authors declare no conflict of interest.

[73 references](#)

## **Full text links**

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44. [\*\*Establishing efficacy and effectiveness in the treatment of personality disorders\*\*](#)

Personal Ment Health. 2023 Nov;17(4):295-299. doi: 10.1002/pmh.1595.

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PMID: [37957135](#)

DOI: [10.1002/pmh.1595](#)

*No abstract available*

[36 references](#)

## Full text links

45. [\*\*Does personality always matter for health? Examining the moderating effect of age on the personality-health link from life span developmental and aging perspectives\*\*](#)

J Pers Soc Psychol. 2023 Nov;125(5):1189-1206. doi: 10.1037/pspp0000485.

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PMID: [37956071](#)

PMCID: **PMC10651168** (available on 2024-11-01)

DOI: [10.1037/pspp0000485](#)

## Abstract

Extensive evidence has been found for the associations between personality traits and health. However, it remains unknown whether the relationships between personality and health show differential patterns across different life stages. The current research examined how the associations between the levels of and changes in the Big Five personality traits and different types of health outcomes (self-rated, physical, and physiological health outcomes) differ across ages over the life span (Sample 1, age range: 15-100) and during the aging process (Sample 2, age

range: 50-109) in particular. Using data from the two large longitudinal studies-the Household, Income, and Labor Dynamics in Australia Survey and the Health and Retirement Study, we observed three important patterns. First, levels of and changes in personality traits were significantly associated with health across different life phases, and these effects were observed even in very old ages. Second, overall, the prospective relations between personality traits/changes in personality traits and health outcomes increased in strength in middle adulthood and/or early stages of late adulthood; however, the strength of their connections diminished in very old ages. Finally, there were some trait-specific and health outcome-specific patterns in the age-differential associations between personality and health. Findings from the present study contribute to enhancing our understanding of the personality-health link from a developmental perspective and provide critical information for the design and implementation of screening and interventions targeting health promotion. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

[84 references](#)

#### **Full text links**

46. [\*\*Clinician-rated ICD-11 trait domains and personality disorder types\*\*](#)

Personal Disord. 2023 Nov 13. doi: 10.1037/per0000646. Online ahead of print.

#### **Authors**

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PMID: [37956048](#)



## Abstract

The *International Classification of Diseases* (11th edition; *ICD-11*) has adopted a classification of personality disorders (PDs) that abolishes the established *International Classification of Diseases* (10th edition; *ICD-10*) PD types in favor of global severity and stylistic trait domain specifiers. The goal of the current study was to describe the empirical relationship between traditional PD types and the *ICD-11* trait domains, which is anticipated to inform and guide clinicians in this profound transition. A total of 246 patients were rated by their clinicians. The Informant-Personality Inventory for *ICD-11* was used to rate *ICD-11* trait domains while PD types were assigned categorically according to *ICD-10*. Empirical associations were investigated by means of bivariate correlation and logistic regression analyses with bootstrapping. Results overall showed expected and conceptually meaningful associations between *ICD-11* trait domains and categorical *ICD-10* PD types, with only a few unexpected deviations. Findings suggest that *ICD-11* trait domains capture stylistic features of the established PD types in a conceptually coherent manner. These findings may facilitate continuity and guide translation between categorical PD types (i.e., *ICD-10* and *Diagnostic and Statistical Manual of Mental Disorders* [fifth edition]) and the new *ICD-11* classification in mental health care. Future research should seek to replicate these findings in various clinical settings while also integrating the essential PD severity classification. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

47. [Utility of the Minnesota Multiphasic Personality Inventory-2 in differentiating genuine from feigned dissociative identity disorder](#)

Psychol Trauma. 2023 Nov 13. doi: 10.1037/tra0001611. Online ahead of print.

## Authors

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PMID: [37956028](#)

DOI: [10.1037/tra0001611](#)

## Abstract

**Objective:** This study sought to determine the utility of the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) in accurately distinguishing genuine dissociative identity disorder (DID) patients from coached and uncoached DID simulators.

**Method:** DID patients ( $n = 34$ ) who were diagnosed using the Structured Clinical Interview for *DSM-IV*-Dissociative Disorders were recruited from inpatient and outpatient settings. Coached ( $n = 25$ ) and uncoached ( $n = 64$ ) simulator groups were recruited from a Mid-Atlantic university. All participants completed the MMPI-2.

**Results:** MMPI-2 validity scales reliably distinguished simulators from DID patients with high sensitivity (0.95) and specificity (0.97). The scales showing greatest promise making the distinction were F minus K index, back infrequency scale, and superlative self-presentation. Simulators and genuine DID patients also differed in their pattern of symptoms. All results were calculated with White female DID patients and simulators only.

**Conclusions:** Genuine DID patients can be differentiated from simulators. Simulators appear to overweight symptoms of paranoia and alienation relative to mood and somatic symptoms. Further research is needed to generalize these findings to male and non-White populations. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

48. [Prevalence and correlates of DSM-5 opioid withdrawal syndrome in U.S. adults with non-medical use of prescription opioids: results from a national sample](#)

Am J Drug Alcohol Abuse. 2023 Nov 10:1-10. doi: 10.1080/00952990.2023.2248646. Online ahead of print.

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PMID: [37948571](#)

DOI: [10.1080/00952990.2023.2248646](#)

## Abstract

*Background:* In the U.S. non-medical use of prescription opioids (NMOU) is prevalent and often accompanied by opioid withdrawal syndrome (OWS). OWS has not been studied using nationally representative data.*Objectives:* We examined the prevalence and clinical correlates of OWS among U.S. adults with NMOU.*Methods:* We used data from 36,309 U.S. adult participants in the 2012-2013 National Epidemiologic Survey on Alcohol and Related Conditions-III, 1,527 of whom reported past 12-month NMOU. Adjusted linear and logistic regression models examined associations between OWS and its clinical correlates, including psychiatric disorders, opioid use disorder (OUD; excluding the withdrawal criterion), medical conditions, and healthcare utilization among people with regular (i.e.  $\geq 3$  days/week) NMOU ( $n = 534$ ).*Results:* Over half (50.4%) of the sample was male. Approximately 9% of people with NMOU met criteria for DSM-5 OWS, with greater prevalence of OWS ( $\sim 20\%$ ) among people with regular NMOU. Individuals with bipolar disorder, dysthymia, panic disorder, and borderline personality disorder had greater odds of OWS (aOR range = 2.71-4.63). People with OWS had lower mental health-related quality of life ( $\beta = -8.32$ ,  $p < .001$ ). Individuals with OUD also had greater odds of OWS (aOR range = 26.02-27.77), an association that increased with more severe OUD. People using substance use-related healthcare services also had greater odds of OWS (aOR range = 6.93-7.69).*Conclusion:* OWS was prevalent among people with OUD and some psychiatric disorders. These findings support screening for OWS in people with NMOU and suggest that providing medication-assisted treatments and behavioral interventions could help to reduce the burden of withdrawal in this patient population.

**Keywords:** Opioid withdrawal; non-medical prescription opioids; opioid withdrawal syndrome; opioids.

**Full text links**

49. [The development and psychometric evaluation of the Questionnaire Epistemic](#)

# **Trust (QET): A self-report assessment of epistemic trust**

Clin Psychol Psychother. 2023 Nov 10. doi: 10.1002/cpp.2930. Online ahead of print.

## **Authors**

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PMID: [37947067](#)

DOI: [10.1002/cpp.2930](#)

## **Abstract**

Epistemic trust (ET) refers to the predisposition to trust information as authentic, trustworthy and relevant to the self. Epistemic distrust - resulting from early adversity - may interfere with openness to social learning within the therapeutic encounter, reducing the ability to benefit from treatment. The self-report Questionnaire Epistemic Trust (QET) is a newly developed instrument that aims to assess ET. This study presents

the first results on the psychometric properties of the QET in both a community and a clinical sample. Our findings indicate that the QET is composed of four meaningful subscales with good to excellent internal consistency. The QET shows relevant associations with related constructs like personality functioning, symptom distress and quality of life. QET scores clearly distinguish between a clinical and community sample and are associated with the quality of the therapeutic alliance. The QET provides a promising, brief and user-friendly instrument that could be used for a range of clinical and research purposes. Future studies with larger samples are needed to strengthen construct validity and to investigate the value of the QET to predict differential treatment responses or to study mechanisms of change.

**Keywords:** epistemic trust; personality functioning; psychometric evaluation; questionnaire; self-report.

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[42 references](#)

**Full text links**

50. [\*\*Delphi consensus study to develop guidelines for the management of adults with borderline personality disorder in the emergency department: a protocol\*\*](#)

BMJ Open. 2023 Nov 9;13(11):e075119. doi: 10.1136/bmjopen-2023-075119.

**Authors**

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PMID: [37945306](#)

PMCID: [PMC10649594](#)

DOI: [10.1136/bmjopen-2023-075119](#)

**Free PMC article**

## Abstract

**Introduction:** Clinicians caring for adults with borderline personality disorder (BPD) in acute settings such as the emergency department (ED) have little evidence/guidance to base decisions on. Specific/detailed guidance for managing BPD in the ED is needed given the morbidity and mortality risks, high service utilisation, unique challenges and risk of iatrogenic interventions. The primary objective of this study is to use a consensus method to develop a guideline for managing adults with BPD in the ED. This protocol and the key questions for the guideline were developed with the advice of people with BPD and their family members/support persons.

**Methods and analysis:** We will perform a four-phase Delphi study of an expert panel of clinicians, researchers, adults with BPD and their family

members/support persons. Various disciplines (psychiatry, psychology, emergency medicine, nursing, social work) and treatment approaches will be included in the expert panel. An online questionnaire will be developed from systematic reviews, qualitative assessments of pivotal literature, and opinions suggested by the panel (phase 1). The panel will rate their agreement on opinions for each key question covering areas of emergency care of adults with BPD using two rounds of this questionnaire (phases 2 and 3). Opinions meeting predefined thresholds for consensus will be brought to consensus meetings moderated by an independent chair (phase 4). The purpose of these meetings is to finalise the set and phrasing of the opinions for each area of emergency care. These final opinions will be the recommendations in the guideline. If there are significant differences of opinion, the guideline will present both recommendations alongside one another.

**Ethics and dissemination:** This study has received ethics approval by the Hamilton Integrated Research Ethics Board in Hamilton, Ontario, Canada. The results of this study will be disseminated through peer-reviewed publications, conferences and national professional and patient/family/support associations.

**Keywords:** ACCIDENT & EMERGENCY MEDICINE; PSYCHIATRY; Personality disorders; Suicide & self-harm.

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## **Conflict of interest statement**

Competing interests: PL is a codeveloper of GPM and VH published an expert opinion on the management of BPD in the ED based on GPM principles.

[21 references](#)

[1 figure](#)

**Full text links**

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51. [Long-term exposure to air pollution and incidence of mental disorders. A large longitudinal cohort study of adults within an urban area](#)

Environ Int. 2023 Nov;181:108302. doi: 10.1016/j.envint.2023.108302. Epub 2023 Nov 4.

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PMID: [37944432](#)

DOI: [10.1016/j.envint.2023.108302](#)

**Free article**

**Abstract**

**Background:** Recent epidemiological evidence suggests associations between air pollution exposure and major depressive disorders, but the literature is inconsistent for other mental illnesses. We investigated the associations of several air pollutants and road traffic noise with the

incidence of different categories of mental disorders in a large population-based cohort.

**Methods:** We enrolled 1,739,277 individuals 30 + years from the 2011 census in Rome, Italy, and followed them up until 2019. In detail, we analyzed 1,733,331 participants (mean age 56.43 +/- 15.85 years; 54.96 % female) with complete information on covariates of interest. We excluded subjects with prevalent mental disorders at baseline to evaluate the incidence (first hospitalization or co-pay exemption) of schizophrenia spectrum disorders, bipolar, anxiety, personality, or substance use disorders. In addition, we studied subjects with first prescriptions of antipsychotics, antidepressants, and mood stabilizers. Annual average concentrations of fine particulate matter (PM<sub>2.5</sub>), nitrogen dioxide (NO<sub>2</sub>), Black Carbon (BC), ultrafine particles (UFP), and road traffic noise were assigned to baseline residential addresses. We applied Cox regression models adjusted for individual and area-level covariates.

**Results:** Each interquartile range (1.13 µg/m<sup>3</sup>) increase in PM<sub>2.5</sub> was associated with a hazard ratio (HR) of 1.070 (95 % confidence interval [CI]: 1.017, 1.127) for schizophrenia spectrum disorder, 1.135 (CI: 1.086, 1.186) for depression, 1.097 (CI: 1.030, 1.168) for anxiety disorders. Positive associations were also detected for BC and UFP, and with the three categories of drug prescriptions. Bipolar, personality, and substance use disorders did not show clear associations. The effects were highest in the age group 30-64 years, except for depression.

**Conclusions:** Long-term exposure to ambient air pollution, especially fine and ultrafine particles, was associated with increased risks of schizophrenia spectrum disorder, depression, and anxiety disorders. The association of the pollutants with the prescriptions of specific drugs increases the credibility of the results.

**Keywords:** Air pollution; Cohort study; Drug prescription; Mental health; Noise; Psychiatric disorder.

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## **Conflict of interest statement**

Declaration of Competing Interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

### Full text links

52. [Longitudinal Description and Prediction of Smoking Among Borderline Patients: An 18-Year Follow-Up Study](#)

J Clin Psychiatry. 2023 Nov 8;84(6):22m14756. doi: 10.4088/JCP.22m14756.

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PMID: [37943989](#)

DOI: [10.4088/JCP.22m14756](#)

## Abstract

**Objective:** The objectives of this study were (1) to compare smoking between recovered and non-recovered patients with borderline personality disorder (BPD) over the course of 18 years and (2) to assess baseline predictors of tobacco use in patients with BPD.

**Methods:** A total of 264 borderline patients were interviewed concerning their smoking history beginning at the 6-year follow-up wave in a longitudinal study of the course of BPD (McLean Study of Adult Development) and re-interviewed at 2-year intervals over the next 18 years. Initial data collection of the larger study happened between June 1992 and December 1995, and the *DSM-III-R* and the Revised Diagnostic Interview for Borderlines (DIB-R) were used as the diagnostic instruments for BPD.

**Results:** Recovered patients had a 48% lower prevalence of smoking than non-recovered patients at 6-year follow-up (a significant difference;  $P = .01$ ). Also, the rate of decline in smoking for the recovered group was 68% and was significantly faster ( $P = .008$ ) than for the non-recovered group over the subsequent 18 years. Alcohol abuse or dependence (relative risk [RR] = 1.22; 95% CI, 1.06-1.40;  $P = .005$ ), lower levels of education (RR = 1.28; 95% CI, 1.15-1.42;  $P < .001$ ), and higher levels of the defense mechanism of denial (RR = 1.08; 95% CI, 1.03-1.13;  $P = .002$ ) were significant predictors of smoking in borderline patients in multivariate analyses.

**Conclusions:** Taken together, the results of this study suggest that recovery status was an important element in the prevalence of smoking among borderline patients over time. They also suggest that smoking was predicted by 3 factors: prior psychopathology, demographics, and psychological maturity.

**Full text links**

53. **[Narcissus' belief about his body: Aspects of narcissism, body image, and eating disorder symptoms](#)**

PLoS One. 2023 Nov 9;18(11):e0293578. doi:  
10.1371/journal.pone.0293578. eCollection 2023.

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PMID: [37943826](#)

PMCID: [PMC10635534](#)

DOI: [10.1371/journal.pone.0293578](#)

**Free PMC article**

## Abstract

**Objective:** Narcissism may play a role in shaping body image concerns. Here we examined the relationships between narcissism (i.e., agentic extraversion, antagonism, narcissistic neuroticism, leadership/authority, exhibitionism/entitlement) and body image concerns and disturbances (i.e., drive for thinness, drive for muscularity, eating disorder symptoms, body mass index, current/desired fat, and current/desired muscularity).

**Methods:** Mechanical Turk workers from the USA (N = 430; 64% male) completed the Narcissistic Admiration and Rivalry Questionnaire, the Hypersensitive Narcissism Scale, the Narcissistic Personality Inventory, the Drive for Muscularity Scale, the Drive for Thinness Scale, the Eating Disorder Examination Questionnaire-Short, and the Sex-Specific Somatomorphic Matrixes.

**Results:** All narcissistic factors were associated with a greater drive for thinness (except for leadership/authority) and for muscularity, more eating disorder symptoms, a greater desired body fat (except for leadership/authority), and a greater current muscularity. Greater agentic extraversion and exhibitionism/entitlement were associated with lower levels of current body fat, and greater antagonism was associated with a greater desired muscularity.

**Discussion:** Notably, individual differences in narcissism appeared to be important in understanding body image concerns, broadly speaking. We found that narcissism may be associated with body image concerns among both sexes differently, and especially that drive for thinness was more related to narcissism in men. Our results emphasize the importance of narcissism in formulating and treating body image-related disorders for both men and women. Ultimately, narcissistic features of personality may be risk factors for developing and perpetuating body image concerns, and therefore should be considered in assessment, formulation, diagnosis, and treatment of eating disorders.

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## Conflict of interest statement

The authors have declared that no competing interests exist.

[51 references](#)

### Full text links

54. [Effectiveness of compassion-focused therapy for self-criticism in patients with personality disorders: a multiple baseline case series study](#)

Personal Ment Health. 2023 Nov 9. doi: 10.1002/pmh.1597. Online ahead of print.

### Authors

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PMID: [37942561](#)

DOI: [10.1002/pmh.1597](https://doi.org/10.1002/pmh.1597)

## Abstract

**Objective:** Targeting self-criticism, the tendency to negatively evaluate and judge aspects of oneself, may improve treatment efficacy for personality disorders (PDs). This study aimed to test whether adding 12-week group compassion-focused therapy (CFT) that explicitly targets self-criticism to treatment as usual (TAU) would reduce self-criticism in patients with PDs.

**Method:** Twelve patients with PDs participated in a multiple baseline study, randomly allocated to different baseline lengths. The primary outcome was twice-weekly assessed self-critical beliefs during baseline, treatment, and follow-up phases. Secondary outcomes were self-criticism, self-compassion, and PD severity at the end of CFT and follow-up (trial registered: NL8131). Nine participants completed the intervention. No significant changes were observed during CFT, but at follow-up significant decrease in self-critical beliefs (Cohen's  $d = -0.43$ ; 95% CI =  $-0.73$  to  $-0.12$ ) was reported compared to baseline. On secondary outcomes, most participants showed reliable improvement on self-reported criticism (66.7%) and self-compassion (55.6%), and a minority of patients showed reliable improvement in PD severity (33.3%).

**Conclusions:** This study seems to provide preliminary evidence for the effectiveness of 12-week CFT for self-critical beliefs in patients with PDs compared to TAU. CFT for self-criticism in PDs may complement treatment offerings and warrant further research.

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[60 references](#)

**Full text links**



55. [\*\*From multimodal features to behavioural inferences: A pipeline to model engagement in human-robot interactions\*\*](#)

PLoS One. 2023 Nov 8;18(11):e0285749. doi: 10.1371/journal.pone.0285749. eCollection 2023.

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PMID: [37939030](#)

PMCID: [PMC10631623](#)

DOI: [10.1371/journal.pone.0285749](#)

**Free PMC article**

**Abstract**

Modelling the engaging behaviour of humans using multimodal data collected during human-robot interactions has attracted much research interest. Most methods that have been proposed previously predict engaging behaviour directly from multimodal features, and do not incorporate personality inferences or any theories of interpersonal behaviour in human-human interactions. This work investigates whether personality inferences and attributes from interpersonal theories of behaviour (like attitude and emotion) further augment the modelling of engaging behaviour. We present a novel pipeline to model engaging behaviour that incorporates the Big Five personality traits, the Interpersonal Circumplex (IPC), and the Triandis Theory of Interpersonal Behaviour (TIB). We extract first-person vision and physiological features from the MHHRI dataset and predict the Big Five personality traits using a Support Vector Machine. Subsequently, we empirically validate the

advantage of incorporating personality in modelling engaging behaviour and present a novel method that effectively uses the IPC to obtain scores for a human's attitude and emotion from their Big Five traits. Finally, our results demonstrate that attitude and emotion are correlates of behaviour even in human-robot interactions, as suggested by the TIB for human-human interactions. Furthermore, incorporating the IPC and the Big Five traits helps generate behavioural inferences that supplement the engaging behaviour prediction, thus enriching the pipeline. Engagement modelling has a wide range of applications in domains like online learning platforms, assistive robotics, and intelligent conversational agents. Practitioners can also use this work in cognitive modelling and psychology to find more complex and subtle relations between humans' behaviour and personality traits, and discover new dynamics of the human psyche. The code will be made available at: <https://github.com/soham-joshi/engagement-prediction-mhhri>.

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## **Conflict of interest statement**

The authors have declared that no competing interests exist.

[71 references](#)

[5 figures](#)

### **Full text links**

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56. [\*\*Polypharmacy in antipsychotic pharmacological treatment among patients with dual diagnosis in Denmark\*\*](#)

Nord J Psychiatry. 2023 Nov 8:1-8. doi: 10.1080/08039488.2023.2277820. Online ahead of print.

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PMID: [37938028](#)

DOI: [10.1080/08039488.2023.2277820](#)

## Abstract

**Introduction:** Antipsychotic polypharmacy is prevalent, however literature on antipsychotic polypharmacy during treatment among patients with dual diagnosis is largely non-existent. This study aims to investigate the extent of antipsychotic polypharmacy dual diagnosis patients during hospitalisations.

**Methods:** Utilizing cohort data from an integrated dual diagnosis inpatient facility from patients hospitalized between 1 March 2012, to 31 December 2016, we compared the mean antipsychotic medication administered at admission and discharge and examined covariate associations with logistic regressions.

**Results:** The study identified 907 hospital admissions, of which 641 were the first for each patient during the period. At admission, 74.1% received antipsychotics; polypharmacy spanned psychiatric disorders. categories. Patients with affective or personality spectrum disorders were less likely to have antipsychotic polypharmacy upon admission compared to those with psychosis spectrum disorders. 2013-2016 admissions presented less polypharmacy than 2012. Mean antipsychotic numbers remained

unchanged for >30-day hospitalizations. Patients admitted without antipsychotic polypharmacy with an affective spectrum disorder or aged 41-50 or over 51 years old were less likely to be discharged with antipsychotic polypharmacy when compared to patients with psychosis spectrum disorder or aged 18-30 years old.

**Conclusion:** Approximately three-quarters of admitted patients were treated with antipsychotic medication. Antipsychotic polypharmacy was observed across all psychiatric disorder categories, indicating potential off-label use. Addressing antipsychotic polypharmacy during treatment is challenging, even for specialised facilities. Rational antipsychotic prescribing, deprescribing protocols, and further prescription pattern research are needed.

**Keywords:** Denmark; Dual diagnosis; antipsychotics; co-occurring disorders; integrated care; polypharmacy; treatment.

#### **Full text links**

### 57. [Conceptualizing a less paranoid schizophrenia](#)

Philos Ethics Humanit Med. 2023 Nov 8;18(1):14. doi: 10.1186/s13010-023-00142-8.

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PMID: [37936219](#)

PMCID: [PMC10631169](#)

DOI: [10.1186/s13010-023-00142-8](#)

**Free PMC article**

## **Abstract**

Schizophrenia stands as one of the most studied and storied disorders in the history of clinical psychology; however, it remains a nexus of conflicting and competing conceptualizations. Patients endure great stigma, poor treatment outcomes, and condemnatory prognosis. Current conceptualizations suffer from unstable categorical borders, heterogeneity in presentation, outcome and etiology, and holes in etiological models. Taken in aggregate, research and clinical experience indicate that the class of psychopathologies oriented toward schizophrenia are best understood as spectra of phenomenological, cognitive, and behavioral modalities. These apparently taxonomic expressions are rooted in normal human personality traits as described in both psychodynamic and Five Factor personality models, and more accurately represent explicable distress reactions to biopsychosocial stress and trauma. Current categorical approaches are internally hampered by axiomatic bias and systemic inertia rooted in the foundational history of psychological inquiry; however, when such axioms are schematically decentralized, convergent cross-disciplinary evidence outlines a more robust explanatory construct. By reconceptualizing these disorders under a dimensional and cybernetic model, the aforementioned issues of instability and inaccuracy may be resolved, while simultaneously opening avenues for both early detection and intervention, as well as for more targeted and effective treatment approaches.

**Keywords:** Psychosis; Schizoid; Schizophrenia; Schizophrenia spectrum disorders; Schizotypy.

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## **Conflict of interest statement**

The authors declare that they have no competing interests.

[116 references](#)

**Full text links**

58. [\*\*Altered amygdalar emotion space in borderline personality disorder normalizes following dialectical behaviour therapy\*\*](#)

J Psychiatry Neurosci. 2023 Nov 7;48(6):E431-E438. doi: 10.1503/jpn.230085. Print 2023 Nov-Dec.

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PMID: [37935476](#)

PMCID: [PMC10635707](#)

DOI: [10.1503/jpn.230085](#)

**Free PMC article**

## Abstract

**Background:** Borderline personality disorder (BPD) is a mental health condition characterized by an inability to regulate emotions or accurately process the emotional states of others. Previous neuroimaging studies using classical univariate analyses have tied such emotion dysregulation to aberrant activity levels in the amygdala of patients with BPD. However, multivariate analyses have not yet been used to investigate how representational spaces of emotion information may be systematically altered in patients with BPD.

**Methods:** Patients with BPD performed an emotional face matching task while undergoing MRI before and after a 10-week inpatient program of dialectical behavioural therapy. Representational similarity analysis (RSA) was applied to activity patterns (evoked by angry, fearful, neutral and surprised faces) in the amygdala and temporo-occipital fusiform gyrus of patients with BPD and in the amygdala of healthy controls.

**Results:** We recruited 15 patients with BPD (8 females, 6 males, 1 transgender male) to participate in the study, and we obtained a neuroimaging data set for 25 healthy controls for a comparative analysis. The RSA of the amygdala revealed a negative bias in the underlying affective space (in that activity patterns evoked by angry, fearful and neutral faces were more similar to each other than to patterns evoked by surprised faces), which normalized after therapy. This bias-to-normalization effect was present neither in activity patterns of the temporo-occipital fusiform gyrus of patients nor in amygdalar activity patterns of healthy controls.

**Limitations:** Larger samples and additional questionnaires would help to better characterize the association between specific aspects of therapy and changes in the neural representational space.

**Conclusion:** Our findings suggest a more refined role for the amygdala in the pathological processing of perceived emotions and may provide new diagnostic and prognostic imaging-based markers of emotion dysregulation and personality disorders.**Clinical trial registration:** DRKS00019821, German Clinical Trials Register (Deutsches Register Klinischer Studien).

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## **Conflict of interest statement**

Competing interests: F. Padberg is a member of the European Scientific Advisory Board of BrainsWay Inc., Jerusalem, Israel; and the International Scientific Advisory Board of Sooma, Helsinki, Finland. He has received speaker's honoraria from Mag&More GmbH; the neuroCare Group, Munich, Germany; and Brainsway Inc. His lab has received support with equipment from neuroConn GmbH, Ilmenau, Germany; Mag&More GmbH; and BrainsWay Inc. R. Musil has received financial research support from the EU (H2020 No. 754740) and the Tourette Gesellschaft Deutschland e.V., and served as principal investigator (PI) in clinical trials from Abide Therapeutics, Böhringer Ingelheim, Emalex Biosciences, Lundbeck GmbH, Nuvelution TS Pharma Inc., Oryzon, Otsuka Pharmaceuticals and Therapix Biosciences. He is a member of the advisory board of the Tourette Gesellschaft Deutschland e.V. He has received speakers' honoraria from Otsuka Pharmaceuticals and Lundbeck. No other competing interests were declared.

[63 references](#)

[2 figures](#)

**Full text links**

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59. [Self-reported Xylazine Experiences: A Mixed-methods Study of Reddit Subscribers](#)

J Addict Med. 2023 Nov-Dec;17(6):691-694. doi: 10.1097/ADM.0000000000001216. Epub 2023 Aug 10.

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PMID: [37934533](#)

DOI: [10.1097/ADM.0000000000001216](#)

**Abstract**

**Objectives:** Xylazine is an  $\alpha 2$  -agonist increasingly prevalent in the illicit drug supply. Our objectives were to curate information about xylazine through social media from people who use drugs (PWUDs). Specifically, we sought to answer the following: (1) What are the demographics of Reddit subscribers reporting exposure to xylazine? (2) Is xylazine a desired additive? And (3) what adverse effects of xylazine are PWUDs experiencing?

**Methods:** Natural language processing (NLP) was used to identify mentions of "xylazine" from posts by Reddit subscribers who also posted

on drug-related subreddits. Posts were qualitatively evaluated for xylazine-related themes. A survey was developed to gather additional information about the Reddit subscribers. This survey was posted on subreddits that were identified by NLP to contain xylazine-related discussions from March 2022 to October 2022.

**Results:** Seventy-six posts were extracted via NLP from 765,616 posts by 16,131 Reddit subscribers (January 2018 to August 2021). People on Reddit described xylazine as an unwanted adulterant in their opioid supply. Sixty-one participants completed the survey. Of those who disclosed their location, 25 of 50 participants (50%) reported locations in the Northeastern United States. The most common route of xylazine use was intranasal use (57%). Thirty-one of 59 (53%) reported experiencing xylazine withdrawal. Frequent adverse events reported were prolonged sedation (81%) and increased skin wounds (43%).

**Conclusions:** Among respondents on these Reddit forums, xylazine seems to be an unwanted adulterant. People who use drugs may be experiencing adverse effects such as prolonged sedation and xylazine withdrawal. This seemed to be more common in the Northeast.

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## **Conflict of interest statement**

The authors report no conflicts of interest.

[15 references](#)

## **Full text links**

60. [\*\*Gender Differences in Civil Commitment Hearing Experience for Persons Who Use Opioids\*\*](#)

J Addict Med. 2023 Nov-Dec;17(6):e355-e360. doi: 10.1097/ADM.0000000000001196. Epub 2023 Jun 30.

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PMID: [37934523](#)

DOI: [10.1097/ADM.0000000000001196](#)

## Abstract

**Objectives:** Civil commitment has increasingly served as a court-based legal intervention for severe opioid use, but little research has examined the civil commitment (CC) hearing process from the perspective of the person who is committed. Despite documented gender differences in opioid use and experiences within the legal system, past research has also not investigated gender differences in perceptions of the CC process for persons who use opioids.

**Methods:** Participants were 121 persons (43% female) with opioid use who were interviewed upon arrival at the CC facility about their experience of the CC hearing process in Massachusetts.

**Results:** Two thirds of participants were taken to the commitment hearing by police, and 59.5% shared a cell with others while waiting. Overall, the commitment intake process at the courthouse took over 5 hours. Participants spent, on average, less than 15 minutes with their lawyer before the hearing, and a majority of CC hearings lasted less than 15

minutes. Once transferred to a CC facility, opioid withdrawal management began within 4 hours. Compared with women, men reported longer wait times between the hearing and transfer, as well as longer wait times for withdrawal management at the facility (  $P < 0.05$ ). Women perceived worse interactions with the judge and greater dissatisfaction with the commitment process compared with men (  $P < 0.05$ ).

**Conclusions:** There were few gender differences in the experience of CC. However, overall, participants reported a lengthy court process and low levels of perceived procedural justice.

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[35 references](#)

**Full text links**

61. [\*\*Pregnancy intention in relation to maternal and neonatal outcomes in women with versus without psychiatric diagnoses\*\*](#)

Acta Psychiatr Scand. 2023 Nov 7. doi: 10.1111/acps.13625. Online ahead of print.

**Authors**

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PMID: [37933529](#)

DOI: [10.1111/acps.13625](#)

## Abstract

**Background:** Studies have identified adverse maternal and neonatal outcomes for women with psychiatric disorders. Additionally, psychiatric disorders may pose an increased risk for unintended pregnancies (UPs) which in turn may also impact negatively on outcomes. The present study aims to compare the incidence of UPs in women with versus without current/past psychiatric diagnoses and investigates whether psychiatric history modifies the relation between delivery outcomes in women with and without UPs.

**Methods:** A retrospective cohort was compiled of women who gave birth in a large hospital in Amsterdam, the Netherlands. Women  $\geq 18$  years old with singleton pregnancies and birth registrations in the electronic patient file during January 1, 2015 to March 1, 2020 were included. Patient characteristics (including pregnancy intention and psychiatric history), maternal (gestational diabetes, mode of delivery) and neonatal outcomes (e.g., gestational age [GA], birthweight and Apgar scores) were registered by health care providers in hospital charts. Incidence of UPs was

compared between women with versus without current/past psychiatric diagnoses. Maternal and neonatal outcomes were compared between women with versus without UPs with linear or logistic regression models adjusted for relevant confounders with an interaction term for UP with current/past psychiatric diagnoses.

**Results:** We included 1219 women with and 1093 women without current/past psychiatric diagnoses. Current/past psychiatric diagnoses were significantly associated with UPs after adjustment for confounders (39.0% vs. 29.6%, OR 1.56, CI 1.23-2.00,  $p < 0.001$ ). In sub-analyses, women with depressive (OR 1.67, CI 1.24-2.26,  $p = 0.001$ ), personality (OR 2.64, CI 1.38-5.11,  $p = 0.004$ ) and substance-related and addictive disorders (OR 4.29, CI 1.90-10.03,  $p = 0.001$ ) had higher odds of UPs compared to women without current/past psychiatric diagnoses. Amongst women with UPs, current/past psychiatric diagnoses did not modify maternal or neonatal outcomes, except for GA at delivery as women with both UPs and current/past psychiatric diagnosis had a 2.21-day higher mean GA at delivery than women in the reference group ( $p$ -value interaction = 0.001).

**Conclusions:** Current/past psychiatric diagnoses are associated with a higher odd of UPs. In our sample, maternal and neonatal outcomes were comparable for women with and without UPs and these results were similar for women with and without current/past psychiatric diagnoses, except for GA at delivery. Although our study is limited by several factors, we found that women with current/past psychiatric diagnoses, irrespective of pregnancy planning status, do not have more adverse maternal or pregnancy outcomes. Increased efforts are needed to ensure that psychoeducation and conversations about pregnancy planning and UPs are available for women with current/past psychiatric diagnoses.

**Keywords:** pregnancy outcomes; pregnancy planning; psychiatry; unintended pregnancies.

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[52 references](#)

**Full text links**

62. [Maladaptive daydreaming, emotional dysregulation, affect and internalized stigma in persons with borderline personality disorder and depression disorder: A network analysis](#)

Clin Psychol Psychother. 2023 Nov 6. doi: 10.1002/cpp.2923. Online ahead of print.

**Authors**

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PMID: [37932952](#)

DOI: [10.1002/cpp.2923](#)

**Abstract**

Maladaptive daydreaming (MD) manifests through experiences of excessive, long-lasting daydreaming resulting in significant suffering, including isolation, distress and shame. Considering that one of its functions is a distraction from painful feelings, it is linked with escapism and plays a significant role in disorders associated with emotional dysregulation, maintaining negative symptoms, including internalized stigmatization and social withdrawal. The current study aimed to examine cognitive (internalized stigma), affective (affect, anhedonia, emotional dysregulation) and behavioural (escapism) aspects of MD in borderline personality disorder (BPD) and depression groups. The sample consisted of 188 persons, including 102 individuals with BPD. The results showed higher scores in emotional dysregulation, internalized stigma and escapism in the BPD group compared to the depression group; the

subgroups did not vary in MD rates. The network analysis revealed significant differences between groups in variables dynamics, with links between MD and self-suppression escapism, negative affect in the BPD group and MD with self-suppression escapism and social withdrawal in the depression group. Emotionally dysregulation and internalized stigma factors posed as the most robust expected influence components in both networks, suggesting that the cognitive and affective factors, not strictly behavioural, are pivotal for one's functioning and regulation strategies in the groups studied. The current study allows for clinical implications in interventions focused on persons developing MD and emotional dysregulation symptoms, including persons with BPD and depression.

**Keywords:** borderline personality disorder; depression; emotional dysregulation; escapism; maladaptive daydreaming.

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[63 references](#)

**Full text links**

63. [\*\*A close look at sociality in DSM criteria\*\*](#)

Soc Psychiatry Psychiatr Epidemiol. 2023 Nov 6. doi: 10.1007/s00127-023-02568-z. Online ahead of print.

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PMID: [37932472](#)



DOI: [10.1007/s00127-023-02568-z](https://doi.org/10.1007/s00127-023-02568-z)

## Abstract

**Purpose:** The importance of sociality in psychology and psychotherapy is quite undisputed; however, this construct risks being underestimated in psychiatric nosography. The aim of the review was to assess the relevance of sociality in DSM 5 criteria.

**Method:** Sociality-laden criteria of 192 selected DSM categories have been identified through a textual grid. Second, the criteria have been classified into 6 categories, i.e., (1) Affiliation and Attachment (AA), (2) Social Communication (SC), (3) Perception and Understanding of Others (PUO), (4) Culture, (5) Clinical Significance Criterion (CSC) (6), and No Specific Construct (NSC).

**Results:** 13% of all mental disorders mention AA in their criteria. 8.8% of all mental disorders mention SC; 8.8% of all mental disorders mention PUO in their criteria. 15% of all mental disorders mention culture in their criteria (exclusively ex negativo though). 40% of mental disorders mention non-specific sociality (NSC) in their criteria. CSC is mentioned in 85% of mental disorders. Personality disorders have the highest "concentration" of sociality mentions throughout the DSM categories.

**Conclusions:** The overall results suggest that DSM criteria offer a confused account of sociality. We believe that the descriptive approach is the underlying reason. We suggest that in the long run a theory-laden approach to sociality, informed by evolutionary insights about motivations, could be of help.

**Keywords:** DSM; Descriptive psychopathology; Diagnostic classifications; Evolutionary psychopathology; Sociality.

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[88 references](#)

**Full text links**

64. [\*\*Covariance patterns between sleep health domains and distributed intrinsic functional connectivity\*\*](#)

Nat Commun. 2023 Nov 6;14(1):7133. doi: 10.1038/s41467-023-42945-5.

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PMID: [37932259](#)

PMCID: [PMC10628193](#)

DOI: [10.1038/s41467-023-42945-5](#)

**Free PMC article**

## **Abstract**

Sleep health is both conceptually and operationally a composite concept containing multiple domains of sleep. In line with this, high dependence and interaction across different domains of sleep health encourage a transition in sleep health research from categorical to dimensional approaches that integrate neuroscience and sleep health. Here, we seek to identify the covariance patterns between multiple sleep health domains and distributed intrinsic functional connectivity by applying a multivariate approach (partial least squares). This multivariate analysis reveals a composite sleep health dimension co-varying with connectivity patterns involving the attentional and thalamic networks and which appear relevant at the neuromolecular level. These findings are further replicated and generalized to several unseen independent datasets. Critically, the identified sleep-health related connectome shows diagnostic potential for insomnia disorder. These results together delineate a potential brain connectome biomarker for sleep health with high potential for clinical translation.

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## **Conflict of interest statement**

The authors declare no competing interests.

[87 references](#)

[8 figures](#)

## Full text links

65. [Primary emotional systems, childhood trauma, and suicidal ideation in youths with bipolar disorders](#)

Child Abuse Negl. 2023 Dec;146:106521. doi: 10.1016/j.chiabu.2023.106521. Epub 2023 Nov 5.

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PMID: [37931544](#)

DOI: [10.1016/j.chiabu.2023.106521](#)

## Abstract

**Background:** Bipolar disorders (BD) in youths are strongly associated with suicidal ideation. Childhood trauma is a prominent environmental stressor associated with both BD diagnosis and suicide. Primary emotional systems are altered in adult BD and may contribute to suicide risk in youths.

**Objective:** The aim of this study was to investigate primary emotional systems distribution patterns and childhood trauma in youths' BD with and without suicidal ideation (BD-IS, BD-NIS).

**Participants and setting:** We assessed 289 participants, 103 youths with DSM-5 BD and 186 healthy controls (HCs).

**Methods:** Primary emotional systems were obtained with Panksepp's Affective Neuroscience Personality Scale (ANPS), and history of childhood trauma using the Childhood Trauma Questionnaire (CTQ). Suicidal ideation was assessed through the Columbia Suicide Scale for the Rating of Suicide Severity (C-SSRS). The associations with suicidal ideation were tested using two different multivariate models.

**Results:** Over 48 % of participants reported lifetime suicidal ideation and differed on clinical variables from BD-NIS. According to the first model (Wilk's Lambda = 0.72,  $p < 0.0001$ ), BD-IS scored higher on Panksepp's ANGER and lower on PLAY and CARE than BD-NIS. Both BD-SI and BD-NSI scored higher on ANGER and SEEK and lower on PLAY and CARE than HCs. BD-IS reported more emotional abuse than BD-NIS. They also reported more emotional, sexual, and physical abuse, and emotional neglect than HCs. Only ANGER (OR = 1.13, 95 % CI = 1.01-1.26, Wald = 5.72) and CTQ-Emotional abuse (OR = 1.26, 95 % C.I. = 1.04-1.52, Wald = 5.72) independently predicted suicidal ideation.

**Conclusions:** Findings support the importance of assessing primary emotional systems and childhood trauma, in particular emotional abuse, in youths with BD at risk for suicide.

**Keywords:** Anger; Bipolar disorders; Childhood trauma; Suicide; Youth.

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## **Conflict of interest statement**

Declaration of competing interest The authors report there are no competing interests to declare.

## **Full text links**

66. [\*\*Comparison of ACE-IQ and CTQ-SF for child maltreatment assessment: Reliability, prevalence, and risk prediction\*\*](#)

Child Abuse Negl. 2023 Dec:146:106529. doi: 10.1016/j.chiabu.2023.106529. Epub 2023 Nov 5.

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PMID: [37931543](#)

DOI: [10.1016/j.chiabu.2023.106529](#)

## Abstract

**Background:** Child maltreatment has profound effects on mental health. The Childhood Trauma Questionnaire Short Form (CTQ-SF) and the Adverse Childhood Experiences International Questionnaire (ACE-IQ) are commonly used retrospective assessment tools for evaluating child maltreatment.

**Objective:** This study aims to conduct a comprehensive comparison of the CTQ-SF and ACE-IQ, encompassing internal consistency, prevalence, and the predictive efficacy of trauma-related outcomes. It also seeks to enhance the scoring method of ACE-IQ based on the established comparability between the two instruments.

**Participants and setting:** 1484 college students from northern China were recruited, assessing demographic characteristics and outcomes related to traumatic experiences, including post-traumatic stress disorder

(PTSD), complex post-traumatic stress disorder (CPTSD), borderline personality disorder (BPD), anxiety, and depression.

**Methods:** A contingency correlation analysis was performed to evaluate the degree of agreement between the CTQ-SF and ACE-IQ. Binary logistic regression models were utilized to compare the predictive capabilities of distinct instruments.

**Results:** CTQ-SF and ACE-IQ instruments display favorable internal consistency and notable correlations across shared categories. However, the predictive relationships between trauma type and adverse outcomes are inconsistent across instruments. The ACE-IQ, encompassing 13 trauma categories, demonstrate a lower AIC and BIC index, indicating a superior model fit for elucidating outcomes.

**Conclusion:** This study introduces a scoring methodology for ACE-IQ, improving the comparability of the two measures and emphasizing the importance of capturing the full range of maltreatment types a child may have experienced. These findings have significant implications for clinical and epidemiological research, providing valuable insights for understanding the impact of child maltreatment.

**Keywords:** Adverse Childhood Experiences International Questionnaire (ACE-IQ); Borderline personality disorder (BPD); Child maltreatment; Childhood Trauma Questionnaire Short Form (CTQ-SF); Complex post-traumatic stress disorder (CPTSD); Post-traumatic stress disorder (PTSD).

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## **Conflict of interest statement**

Declaration of competing interest The authors declare they have no conflict of interest.

## **Full text links**

67. [\*\*Effects of a Self-Guided Transdiagnostic Smartphone App on Patient Empowerment\*\*](#)



# [and Mental Health: Randomized Controlled Trial](#)

JMIR Ment Health. 2023 Nov 6:10:e45068. doi: 10.2196/45068.

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PMCID: [PMC10660244](#)

DOI: [10.2196/45068](#)

**Free PMC article**

## Abstract

**Background:** Mental disorders impact both individuals and health systems. Symptoms and syndromes often remain undetected and untreated, resulting in chronification. Besides limited health care resources, within-person barriers such as the lack of trust in professionals, the fear of stigmatization, or the desire to cope with problems without professional help contribute to the treatment gap. Self-guided mental health apps may support treatment seeking by reducing within-person barriers and facilitating mental health literacy. Digital mental health interventions may also improve mental health related self-management skills and contribute to symptom reduction and the improvement of quality of life.

**Objective:** This study aims to investigate the effects of a self-guided transdiagnostic app for mental health on help seeking, reduced stigma, mental health literacy, self-management skills, mental health symptoms, and quality of life using a randomized controlled design.

**Methods:** Overall, 1045 participants (recruited via open, blinded, and web-based recruitment) with mild to moderate depression or anxiety-, sleep-, eating-, or somatization-related psychopathology were randomized to receive either access to a self-guided transdiagnostic mental health app (MindDoc) in addition to care as usual or care as usual only. The core features of the app were regular self-monitoring, automated feedback, and psychological courses and exercises. The coprimary outcomes were mental health literacy, mental health-related patient empowerment and self-management skills (MHPSS), attitudes toward help seeking, and actual mental health service use. The secondary outcomes were psychopathological symptom burden and quality of life. Data were collected at baseline and 8 weeks and 6 months after randomization. Treatment effects were investigated using analyses of covariance, including baseline variables as predictors and applying multiple imputation.

**Results:** We found small but robust between-group effects for MHPSS (Cohen  $d=0.29$ ), symptoms burden (Cohen  $d=0.28$ ), and quality of life (Cohen  $d=0.19$ ) 8 weeks after randomization. The effects on MHPSS were maintained at follow-up. Follow-up assessments also showed robust effects on mental health literacy and preliminary evidence for the improvement of help seeking. Predictors of attrition were lower age and higher personality dysfunction. Among the non-attriters, predictors for deterioration were less outpatient treatment and higher initial symptom severity.

**Conclusions:** A self-guided transdiagnostic mental health app can contribute to lasting improvements in patient empowerment. Symptoms of common mental disorders and quality of life improved faster in the intervention group than in the control group. Therefore, such interventions may support individuals with symptoms of 1 or more internalizing disorders, develop health-centered coping skills, prevent chronification, and accelerate symptom improvement. Although the effects for individual users are small and predictors of attrition and deterioration

need to be investigated further, the potential public health impact of a self-guided intervention can be large, given its high scalability.

**Trial registration:** German Clinical Trials Register  
DRKS00022531; <https://drks.de/search/de/trial/DRKS00022531>.

**Keywords:** help-seeking attitude; internet-based interventions; mental health literacy; mental health-related self-management skills; patient empowerment; self-guided; transdiagnostic mental health app; unguided.

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06.11.2023.

## Conflict of interest statement

Conflicts of Interest: IB is the chief science and clinical officer of MindDoc Health GmbH, the app manufacturer. All other authors declare no other conflicts of interest.

[97 references](#)

[2 figures](#)

### Full text links

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68. [\*\*Sleep Quality After Quetiapine Augmentation in Patients With Treatment-Resistant Depression and Personality Disorders\*\*](#)

J Clin Psychopharmacol. 2023 Nov-Dec;43(6):498-506. doi:  
10.1097/JCP.0000000000001768.

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PMID: [37930201](#)

DOI: [10.1097/JCP.0000000000001768](#)

## Abstract

**Purpose/background:** Quetiapine is a first-line augmenting agent for treatment-resistant depression (TRD) and is used off-label in insomnia. Quetiapine and its active metabolite norquetiapine act mostly on 5-HT<sub>2A</sub>, 5-HT<sub>2C</sub>, H<sub>1</sub>, and D<sub>2</sub> as antagonists and on 5-HT<sub>1A</sub> as partial agonists. Patients with TRD often have comorbid personality disorder (PD), and evidence suggests an association between sleep disturbance and recovery among patients with PD. Here, we aimed to evaluate the effects of quetiapine on sleep in TRD patients with and without PD (PD+/PD-).

**Methods/procedures:** We reviewed health records of 38 patients with TRD (20 TRD/PD+) who had been treated with a pharmacotherapy regimen including quetiapine. Clinical outcomes were determined by comparing changes in sleep items of the Hamilton Depression Rating Scale at the beginning (T<sub>0</sub>) and after 3 months of an unchanged treatment (T<sub>3</sub>).

**Findings/results:** Patients with TRD/PD+ and TRD/PD- taking quetiapine showed significant improvement in sleep items from T<sub>0</sub> to T<sub>3</sub> ( $P < 0.001$ ,  $\eta^2 \geq 0.19$ ). There was a significant personality  $\times$  time interaction for sleep-maintenance insomnia ( $P = 0.006$ ,  $\eta^2 = 0.23$ ), with TRD/PD+ showing a greater improvement at T<sub>3</sub> compared with TRD/PD- ( $P = 0.01$ ). While exploring other sleep items, no personality  $\times$  time interaction was found. In the TRD/PD- group, improvement in sleep items was associated with an overall improvement in depressive symptoms ( $r = 0.55$ ,  $P = 0.02$ ).

**Implications/conclusions:** Quetiapine induced greater improvements in sleep-maintenance insomnia among TRD/PD+ patients than TRD/PD-. These findings suggest quetiapine could have a therapeutic role for

insomnia in PD underscoring a distinct underlying neurobiological mechanism of sleep disturbance in people living with PD.

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[76 references](#)

### Full text links

69. [\*\*A 5-year longitudinal examination of the co-occurring patterns of gambling and other addictive behaviors\*\*](#)

Addict Behav. 2024 Feb;149:107894. doi:  
10.1016/j.addbeh.2023.107894. Epub 2023 Oct 28.

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PMID: [37925845](#)

DOI: [10.1016/j.addbeh.2023.107894](#)

## Abstract

**Objective:** We examined the co-occurring patterns of problem gambling and substance/behavioral addiction severity over a five-year period and the predictors of the different co-occurring patterns of problem gambling and addiction severity.

**Methods:** We conducted a secondary analysis of the Quinte Longitudinal Study (QLS) data. The QLS is a 5-year prospective longitudinal study of gambling and problem gambling in the Quinte Region in Southern Ontario. The QLS consists of a total of 4,121 participants, including a sample of participants at risk of developing problem gambling. Severity of problem gambling, substance use, and behavioral addictions were used to examine their co-occurring patterns over time. Predictors of the co-occurring patterns included the presence of mental health disorders, personality, stress, happiness, lifesatisfaction, social support, family history, and demographics.

**Results:** Six co-occurring patterns of problem gambling and addiction severity were identified. The largest co-occurring pattern was characterized by concurrent decrease in gambling and other addictive behaviors. Several co-occurring patterns were characterized by moderate-to-severe problem gambling and other addiction severity that remained stable over time. No co-occurring pattern represented a decrease in gambling followed by increase in other addictive behaviors (e.g., addiction substitution). The presence of mental health disorders, stress, and lifesatisfaction significantly predicted the different co-occurring patterns.

**Conclusions:** Taken together, the results suggest that in a non-clinical sample, gambling and other co-occurring addictive behaviors are likely to simultaneously decrease over time. Comorbidity of mental health disorders significantly influences co-occurring patterns of gambling and other addictive behaviors.

**Keywords:** Addiction substitution; Co-occurring pattern of addictive behavior; Dual-process model; Latent class growth analyses; Quinte Longitudinal Study.

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## **Conflict of interest statement**

Declaration of Competing Interest The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: Funding information: The Quinte Longitudinal Study was funded by the Ontario Problem Gambling Research Centre, now the Gambling Research Exchange Ontario (GREO). The secondary analyses was unfunded.

## **Full text links**

70. [\*\*Risk factors of frontotemporal dementia compared with Alzheimer disease: Single psychiatric hospital-based research in Japan\*\*](#)

Geriatr Gerontol Int. 2023 Nov 3. doi: 10.1111/ggi.14722. Online ahead of print.

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PMID: [37922917](#)

DOI: [10.1111/ggi.14722](#)

## Abstract

**Aim:** The objective of this study was to reveal risk factors for incident of frontotemporal dementia (FTD) compared with Alzheimer disease (AD) in Japan.

**Method:** Fifty consecutive subjects diagnosed with FTD according to the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5) under 75 years old were included retrospectively. As a control group, 48 subjects who were diagnosed with AD according to the DSM-5 and matched by age, sex, educational history, and Mini-Mental State Examination were also included. In order to examine the distinctive risk factors of FTD, we compared the relationship between symptomatologic features, Clinical Dementia Rating, clinical factors, and sociopsychological factors in the two groups.

**Result:** Patients with FTD were more likely than patients with AD to have meticulous premorbid personality and less likely to have a history of diabetes than patients with AD. Although the regression analysis was not significant, a history of psychiatric disorders tends to affect the incidence of FTD.

**Conclusions:** These findings regarding the risk of FTD are expected to lead to early diagnosis and care of FTD. *Geriatr Gerontol Int* 2023; ●●: ●●-●●.

**Keywords:** diabetes; frontotemporal dementia; history of psychiatric disorder; premorbid personality; risk factors.

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[35 references](#)

**Full text links**



71. [Personality characteristics, not clinical symptoms, are associated with anhedonia in a community sample: A preliminary investigation](#)

J Psychiatr Res. 2023 Dec:168:221-229. doi: 10.1016/j.jpsychires.2023.10.044. Epub 2023 Oct 27.

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PMID: [37922596](#)

DOI: [10.1016/j.jpsychires.2023.10.044](#)

## Abstract

Anhedonia is a salient transdiagnostic psychiatric symptom associated with increased illness severity and chronicity. Anhedonia is also present to varying degrees in non-clinical cohorts. Here, we sought to examine factors influencing expression of anhedonia. Participants (N = 335) were recruited through the Nathan Kline Institute-Rockland Sample, an initiative to deeply phenotype a large community sample across the lifespan. Utilizing a data-driven approach, we evaluated associations between anhedonia severity, indexed by Snaith-Hamilton Pleasure Scale (SHAPS), and 20 physical, developmental, and clinical measures, including Structured Clinical Interview for DSM-IV, Beck Depression Inventory, State-Trait Anxiety Inventory, NEO Five-Factor Inventory-3 (NEO-FFI-3), BMI, Hemoglobin A1C, and demography. Using a bootstrapped AIC-based backward selection algorithm, seven variables were retained in the final model: NEO-FFI-3 agreeableness, extraversion, and openness to experience; BMI; sex; ethnicity; and race. Though median SHAPS scores were greater in participants with psychiatric diagnoses (18.5) than those without (17.0) ( $U = 12238.5$ ,  $z = 2.473$ ,  $p = 0.013$ ), diagnosis and symptom measures were not retained as significant predictors in the final robust linear model. Participants scoring higher on agreeableness, extraversion, and openness to experience reported significantly lower anhedonia. These results demonstrate personality as a mild-to-moderate but significant driver of differences in experiencing pleasure in a community sample.

**Keywords:** Anhedonia; Depression; Health; NEO-FFI; Personality; SHAPS.

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## Conflict of interest statement

Declaration of competing interest R.H.T. has received grant support from Axial Therapeutics Inc., F. Hoffmann-La Roche Ltd, Janssen, and MapLight Therapeutics Inc. and has attended advisory boards for F. Hoffmann-La Roche Ltd. In the last ten years, D.V.I. has received consulting honoraria from Alkermes, Allergan, Angelini, Axsome, Biogen, Boehringer Ingelheim,

Centers for Psychiatric Excellence, Clexio, Global Medical Education, Jazz, Lundbeck, Neumora, Otsuka, Precision Neuroscience, Relmada, Sage, and Sunovion and research support (through his academic institutions) from Alkermes, AstraZeneca, Brainsway, LiteCure, NeoSync, Otsuka, Roche, and Shire. All other authors declare no competing interests.

### Full text links

72. [\*\*Psychiatric comorbidities and concurrent substance use among people who inject drugs: a single-centre hospital-based study\*\*](#)

Sci Rep. 2023 Nov 4;13(1):19053. doi: 10.1038/s41598-023-45633-y.

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PMID: [37925494](#)

PMCID: [PMC10625634](#)

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**Free PMC article**

## **Abstract**

The management of people who inject drugs (PWID) is compounded by the presence of psychiatric comorbidities leading to frequent relapses and poor treatment outcomes. Early identification and treatment of psychiatric comorbidities should be included in the management to enhance treatment outcomes. The objective of this study was to estimate the prevalence of psychiatric comorbidities and concurrent substance use among opioid injectors. This hospital-based, cross-sectional study was conducted from March 2021 to August 2022. This study included opioid injectors of all ages and both sexes. The Mini International Neuropsychiatric Interview-7 (MINI-7) and WHO-ASSIST were used to determine psychiatric comorbidities and concurrent substance use, respectively. Both crude and adjusted odds ratios were calculated to assess associations among demographic variables, concurrent substance use and psychiatric comorbidities. Among the 328 opioid injectors, the overall prevalence of psychiatric comorbidities was 88.1%, with the majority (68.6%) having more than one comorbidity. The most common psychiatric comorbidities were panic disorder (41.2%), social anxiety disorder (40.5%), and antisocial personality disorder (39.3%). Concurrent use of alcoholic beverages doubled the risk of ASPD (odds ratio 2.14 (1.24-3.72)). Cocaine (odds ratio 2.36 (1.10-5.03)) and amphetamines (odds ratio 7.68 (2.21-26.65)) increased the risk of OCD. Daily heroin injections were negatively associated (odds ratio 0.18 (0.03-0.94)) with psychotic disorders. Younger age (adjusted odds ratio 0.20 (0.79-0.53)) and never married status (adjusted odds ratio 2.62 (1.06-6.47)) were the only significant variables in the regression analysis. In conclusion, opioid injectors had a higher prevalence of numerous psychiatric comorbidities. The most common comorbidity was anxiety disorders. Concurrent use of tobacco, cannabis, cocaine, inhalants, etc., greatly increased the risk of psychiatric comorbidities.

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## **Conflict of interest statement**

The authors declare no competing interests.

[45 references](#)

### Full text links

73. [\*\*Rapid white matter changes in children with conduct problems during a parenting intervention\*\*](#)

Transl Psychiatry. 2023 Nov 4;13(1):339. doi: 10.1038/s41398-023-02635-8.

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PMCID: [PMC10625622](#)

DOI: [10.1038/s41398-023-02635-8](#)

**Free PMC article**

## **Abstract**

Studies report that the microstructural integrity of the uncinate fasciculus (UF; connecting the anterior temporal lobe to the orbitofrontal cortex) is abnormal in adults with psychopathy and children with conduct problems (CP), especially those with high callous-unemotional (CU) traits. However, it is unknown if these abnormalities are 'fixed' or 'reversible'. Therefore, we tested the hypothesis that a reduction in CP symptoms, following a parenting intervention, would be associated with altered microstructural integrity in the UF. Using diffusion tensor imaging tractography we studied microstructural differences (mean diffusivity (MD) and radial diffusivity (RD)) in the UF of 43 typically developing (TD) and 67 boys with CP before and after a 14-week parenting intervention. We also assessed whether clinical response in CP symptoms or CU traits explained changes in microstructure following the intervention. Prior to intervention, measures of MD and RD in the UF were increased in CP compared to TD boys. Following intervention, we found that the CP group had a significant

reduction in RD and MD. Further, these microstructural changes were driven by the group of children whose CU traits improved (but not CP symptoms as hypothesized). No significant microstructural changes were observed in the TD group. Our findings suggest, for the first time, that microstructural abnormalities in the brains of children with CP may be reversible following parenting intervention.

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## Conflict of interest statement

The authors declare no competing interests.

[85 references](#)

[3 figures](#)

## Full text links

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74. [Longitudinal transactions between negative urgency and fasting predict binge eating](#)

Appetite. 2024 Jan 1:192:107113. doi:  
10.1016/j.appet.2023.107113. Epub 2023 Nov 2.

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PMID: [37924849](#)

DOI: [10.1016/j.appet.2023.107113](#)

## Abstract

Fasting and negative urgency (the disposition to act rashly when distressed) are risk factors for binge eating. It may be that each influences the other over time to predict binge eating.

**Objective:** This study tested whether (1) fasting predicts binge eating through negative urgency, and (2) negative urgency predicts binge eating through fasting.

**Method:** Path analysis and mediation tests were used to investigate objectives in  $n = 302$  college women assessed three times over eight months. We controlled for each variable at the previous time point, and concurrent negative affect and body mass index at each time point.

**Results:** Time 1 (T1) fasting predicted elevated negative urgency three months later at Time 2 (T2) and T2 negative urgency predicted increases in binge eating five months later at Time 3 (T3). T2 negative urgency mediated the relationship between T1 fasting and T3 binge eating. T1 negative urgency predicted increases in T2 fasting, which then predicted increases in T3 binge eating. T2 fasting mediated the relationship between T1 negative urgency and T3 binge eating.

**Discussion:** Findings suggest fasting and negative urgency transact to predict binge eating among college women. Interventions targeting negative urgency may prevent or reduce both fasting and binge eating.

**Keywords:** Binge eating; Eating disorders; Fasting; Longitudinal; Negative affect; Negative urgency; Personality.

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## Conflict of interest statement

Declaration of competing interest The authors have no conflicts of interest to disclose.



## Full text links

75. [\*\*Psychosocial and pharmacological interventions for personality disorders in low- and middle-income countries: A systematic review\*\*](#)

PLOS Glob Public Health. 2023 Nov 3;3(11):e0002485. doi: 10.1371/journal.pgph.0002485. eCollection 2023.

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PMCID: [PMC10624326](#)

DOI: [10.1371/journal.pgph.0002485](#)

### Free PMC article

## Abstract

Personality disorders (PDs) have a global prevalence of 7.8% and are associated with increased rates of morbidity and mortality. Most research

on PDs has been conducted in High Income Countries (HICs). We conducted a systematic review to investigate the effectiveness of psychosocial and pharmacological interventions for personality disorders (PDs) in individuals from Low- and Middle-Income Countries (LMICs.) We systematically searched MEDLINE, Embase, APA PsycInfo, Web of Science, Cumulative Index of Nursing and Allied Health Literature (CINAHL), and The Cochrane Library from inception to January 5, 2023. Inclusion criteria were quantitative studies and grey literature where participants received a psychosocial or pharmacological intervention for PD. Exclusion criteria were qualitative studies, review articles, studies in which PD was not the primary condition, and articles not available in English. The Cochrane Risk of Bias tool version 2.0 and Joanna Briggs Institute instruments were used to measure risk of bias. Studies were pooled by type of study, PD investigated, type of intervention, assessment methods, and outcomes. Sixteen studies met inclusion criteria and were included. Fifteen were intervention studies related to borderline PD. Only one studied mixed PDs. Twelve studies were of psychotherapy, one pharmacotherapy, one combination of both, and two neurostimulation. Most of the studies showed improvement in symptoms though data was largely collected using self-report measures. There were only six RCTs. There is a dearth of literature on interventions for PDs in LMICs and funding bodies should prioritize research in LMICs. Systematic Review Registration Number: PROSPERO CRD42021233415.

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## **Conflict of interest statement**

I have read the journal's policy and the authors of this manuscript have the following competing interests: Nasim Chaudry has received travel grants from Lundbeck and Pfizer pharmaceutical companies to attend one national and one international academic meeting and conference in the last three years. She is the chief investigator and co-investigator for numerous research projects funded by various grant bodies such as the Medical Research Council, Wellcome Trust, NIH-R, and Global Challenges Research Fund. Usman Arshad has been supported through a grant from the Medical Research Council/DFID/NIHR program YCMAP and the UKRI

SAHAR-M program. Muhammad Omair Husain has received grants from the Canadian Institutes of Health Research (CHIR), Miner's Lamp Innovation Funding in Prevention and Early Detection of Severe Mental Illness, and from the Slight Centre for Youth in Transition Seed Fund. Muhammad Ishrat Husain reports grants from CIHR, CAMH Foundation, BBRF, University of Toronto, COMPASS Pathways Limited, and the PSI Foundation. He has also received consultation fees from Wake Network Inc. and payments/honoraria from SOBP, APA, ASCP, and WorkSafe BC. He owns shares of MindSet Inc and has received gifts or other services from Filament. The other authors declare no potential conflicts of interest.

[44 references](#)

[1 figure](#)

#### Full text links

76. [\*\*Borderline personality disorder and early psychosis: a narrative review\*\*](#)

Ann Gen Psychiatry. 2023 Nov 2;22(1):44. doi: 10.1186/s12991-023-00475-w.

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PMID: [37919718](#)

PMCID: [PMC10623785](#)

DOI: [10.1186/s12991-023-00475-w](#)

**Free PMC article**

## Abstract

**Background:** The purpose of the present review was to summarize the main literature contribution on the relationship between borderline personality disorder (BPD) and early psychosis. While retracing the historical path of the term "borderline", specific attention was paid to psychotic and psychotic-like symptoms in BPD. Its relationship with At Risk Mental State was evaluated, as well.

**Methods:** This search was conducted on PUBMED/MEDLINE and PsycInfo, looking for "Borderline personality disorder, First Episode Psychosis, Early Psychosis, Ultra-High Risk AND/OR Clinical High Risk" for psychosis.

**Results:** Eight pertinent papers were identified on this topic. Their main findings were then discussed. The term "borderline" has undergone different changes in meaning and use, despite always referring to states considered on the fence between neurosis and psychosis. However, considering the history of psychopathology and its relationship with diagnostic manuals, little attention has been given to its psychotic features. Being those symptoms highly burdensome, this neglect has often led to misdiagnosis and under-treatment.

**Conclusions:** Psychotic symptoms in BPD can be severe and distressing. Nonetheless they can be easily neglected, and when found they challenge clinicians in defining a differential diagnosis to distinguish between BPD and Psychosis Spectrum Disorders. Given specific needs and interventions for these different conditions, a dimensional, rather than categorical, approach should be considered, as well as specific care pathways and monitoring should be advised.

**Keywords:** Borderline personality disorder; Diagnosis; Early detection; Early intervention; Early psychosis; First episode psychosis; Psychopathology; Schizophrenia spectrum disorder.

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## Conflict of interest statement

The authors declare no competing interests.

[44 references](#)

## Full text links

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77. [\*\*Measurement invariance of the Personality Inventory for the DSM-5 across U.S. East Asian, Southeast Asian, and White participants\*\*](#)

Personal Disord. 2023 Nov 2. doi: 10.1037/per0000647. Online ahead of print.

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PMID: [37917512](#)

DOI: [10.1037/per0000647](#)

## Abstract

The Personality Inventory for the *Diagnostic and Statistical Manual of Mental Disorders (DSM), Fifth Edition (PID-5)* was developed as a measure of the traits included in the alternative model of personality disorders (AMPD) in Section III of the DSM. The PID-5 is composed of 25 scales

measuring each trait in the AMPD across five domains: negative affectivity, detachment, disinhibition, antagonism, and psychoticism. Previous research suggests that there may be important differences in the expression of personality pathology across race and culture, particularly between people with eastern and western cultural heritages. The goal of the current research was to examine the measurement invariance of the PID-5 across these groups. In the current study, 865 young men and women who identified as White, East Asian, or Southeast Asian completed the PID-5 and international personality item pool (IPIP). On the domain level, a multigroup exploratory structural equation model found that the PID-5 had configural and metric invariance, but lacked complete scalar invariance. On an item level, all scales had configural invariance, one lacked metric invariance, and 11 of the 25 scales lacked scalar invariance across race. For the invariant scales, East and Southeast Asians tended to have higher mean scores than White participants. The PID-5 scales had similar relations with IPIP scales across groups. These results suggest that the PID-5 scales are measuring similar constructs across groups on a global, structural level, but that mean scores may represent different levels of latent personality pathology across groups. The PID-5 may be confidently used in these groups, but mean comparisons should be interpreted with caution. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

78. [\*\*Influence of depressive disorders, stress, and personality traits on quality of life after cochlear implantation\*\*](#)

Eur Arch Otorhinolaryngol. 2023 Nov 2. doi: 10.1007/s00405-023-08284-3. Online ahead of print.

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PMID: [37917166](#)

DOI: [10.1007/s00405-023-08284-3](#)

## Abstract

**Purpose:** This study aimed to determine whether preoperative depressiveness, stress, and personality influence quality of life (QOL) after cochlear implant (CI) surgery.

**Methods:** In this prospective study, 79 patients undergoing CI surgery were evaluated preoperatively and 12 months postoperatively. Disease-specific QOL was assessed with the Nijmegen Cochlear Implant Questionnaire (NCIQ) and general QOL with the WHOQOL-BREF. Depressiveness and stress were assessed with the Patient Health Questionnaire (PHQ-D). The Charlson Comorbidity Index (CCI) was used to classify comorbidities. The Big Five Personality Test (B5T) was used to assess the basic personality dimensions. Speech comprehension was evaluated in quiet with the Freiburg monosyllable test and in noise with the Oldenburg sentence test.

**Results:** After CI surgery, the total NCIQ score improved significantly ( $\Delta 17.1 \pm 14.7$ ,  $p < 0.001$ ). General QOL (WHOQOL-BREF,  $\Delta 0.4 \pm 9.9$ ,  $p = 0.357$ ), stress ( $\Delta 0.25 \pm 3.21$ ,  $p = 0.486$ ), and depressiveness ( $\Delta 0.52 \pm 3.21$ ,  $p = 0.121$ ) were unaffected by CI surgery. Patients without elevated depressiveness ( $p < 0.01$ ) or stress ( $p < 0.001$ ) had significantly better total NCIQ scores. The results of the multiple regression analyses show that, after adjusting for the CCI, personality, age, and mental health stress ( $\beta = -0.495$ ,  $p < 0.001$ ) was significantly associated with postoperative NCIQ outcome scores. Depressiveness and neuroticism had the strongest influence on the generic QOL ( $\beta = -0.286$  and  $\beta = -0.277$ ,  $p < 0.05$ ).

**Conclusion:** Stress symptoms and personality traits are significant predictive factors for disease-specific QOL, as well as hearing status. This should be considered in the preoperative consultation and in optimizing the rehabilitation process.

**Keywords:** Depressiveness; Disease-specific health-related quality of life; Hearing disorders; Mental health; Patient-reported outcome measures; Rehabilitation.

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[61 references](#)

**Full text links**

79. [\*\*Evaluating the Psychometric Properties of the German Self and Interpersonal Functioning Scale \(SIFS\)\*\*](#)

J Pers Assess. 2023 Nov 2:1-13. doi: 10.1080/00223891.2023.2268199. Online ahead of print.

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PMID: [37916774](#)

DOI: [10.1080/00223891.2023.2268199](#)

## Abstract

The Self and Interpersonal Functioning Scale (SIFS) is a 24-item self-report questionnaire assessing personality functioning according to the alternative DSM-5 model for personality disorders. We evaluated the German SIFS version in a total sample of 886 participants from Germany and Switzerland. Its factor structure was investigated with confirmatory factor analysis comparing bifactor models with two specific factors (self- and interpersonal functioning) and four specific factors (identity, self-direction, empathy, and intimacy). The SIFS sum and domain scores were tested for reliability and convergent validity with self-report questionnaires and interviews for personality functioning, -organization, -traits, -disorder categories, and well-being. None of the bifactor models yielded good model fit, even after excluding two items with low factor loadings and including a method factor for reverse-keyed items. Based on a shortened 22-item SIFS version, models suggested that the g-factor explained 52.9-59.6% of the common variance and that the SIFS sum score measured the g-factor with a reliability of .68-.81. Even though the SIFS sum score showed large test-retest reliability and correlated strongly with well-established self-report questionnaires and interviews, the lack of structural validity appears to be a serious disadvantage of the SIFS compared to existing self-reports questionnaires of personality functioning.

80. [\*\*Self-esteem and optimism in patients with major depression disorder: a cross-sectional study\*\*](#)

Ann Med Surg (Lond). 2023 Sep 7;85(11):5379-5383. doi: 10.1097/MS9.0000000000001263. eCollection 2023 Nov.

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PMCID: [PMC10617889](#)

DOI: [10.1097/MS9.0000000000001263](#)

## Free PMC article

## Abstract

**Background:** Depressive disorders are common mental illnesses characterized by persistent feelings of sadness, hopelessness, and loss of interest in activities. Self-esteem refers to the appraisal of one's worth and personality, whereas optimism reflects a positive attitude and the expectation of positive outcomes. Therefore, the present study aims to determine the average self-esteem and optimism of patients with depression in 2022.

**Methods:** The present study is a single center and prospective descriptive-analytical study in which 121 patients out of 154 participants with major depression using convenience sampling were studied. Recruitment started on 10 June 2022 and ended on 12 July 2022. Data were collected using a demographic questionnaire, the Rosenberg Self-Esteem Scale (RSES), and the Revised Life Orientation Test (LOT -R). Data analysis was performed using statistical tests and the Pearson correlation coefficient with SPSS software version 21.

**Results:** The mean and SD of patients' self-esteem scores were  $14.68 \pm 1.30$ , and the mean and SD for optimism scores were  $9.90 \pm 1.68$ . Pearson correlation analysis showed that educational level had a significant inverse relationship with patients' self-esteem scores ( $r = -0.009$ ,  $P = 0.03$ ), and sex had a significant relationship with patients' optimism scores ( $r = 0.175$ ,  $P = 0.008$ ).

**Conclusion:** Considering the importance of self-esteem and optimism in the recovery and return to society of patients with major depression, it is necessary to take measures to strengthen and increase self-esteem and optimism in these patients.

**Keywords:** cross-sectional; major depressive disorder; optimism; self-esteem.

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## Conflict of interest statement

The authors declare that they have no financial conflict of interest with regard to the content of this report.

[32 references](#)

### Full text links

81. [\*\*Group interpersonal psychotherapy \(IPT-G\) for borderline personality disorder: A randomized controlled study\*\*](#)

J Psychiatr Res. 2023 Dec:168:157-164. doi: 10.1016/j.jpsychires.2023.10.049. Epub 2023 Oct 26.

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PMID: [37913742](https://pubmed.ncbi.nlm.nih.gov/37913742/)

DOI: [10.1016/j.jpsychires.2023.10.049](https://doi.org/10.1016/j.jpsychires.2023.10.049)

## Free article

## Abstract

Recent evidence supported the notion that add-on group therapy should be provided to individuals with borderline personality disorder (BPD) who already undergo individual psychotherapy. The present 20 week-study was aimed to evaluate the efficacy of the adjunction of group interpersonal psychotherapy (IPT-G) to individual interpersonal psychotherapy adapted for BPD - revised (IPT-BPD-R) in comparison with individual IPT-BPD-R alone in a group of BPD patients. In addition, demographical and clinical characteristics that can be considered predictors of response to add-on group therapy were investigated. Forty-six patients were randomly assigned to 1) IPT-BPD-R plus IPT-G or to 2) IPT-BPD-R in the waiting list for IPT-G. Patients were assessed at baseline and after 20 weeks with: the Clinical Global Impression Scale, Severity item (CGI-S); the Social Occupational Functioning Assessment Scale (SOFAS); the Satisfaction Profile (SAT-P); the Borderline Personality Disorder Severity Index (BPDSI); the Modified Overt Aggression Scale

(MOAS); the Childhood Trauma Questionnaire - Short Form (CTQ-SF); the Inventory of Interpersonal Problems (IIP-32); and the Reading the Mind in the Eyes Test (RMET). Statistical analyses included: ANOVA for repeated measures to compare score changes of the rating scales within groups (trial duration) and between groups (treatment modalities), and multiple regression analysis to identify which clinical factors are significantly and independently related to the difference of BPDSI score between baseline and week 20 ( $\Delta$  BPDSI). The significance level was  $P \leq 0.05$ . Both significant within-subjects effects (duration) and between-subjects effects (treatment modalities) were found for the following rating scales: MOAS; BPDSI items "feelings of emptiness", "outbursts of anger," and "affective instability"; RMET; SAT-P items "work" and "sleep, food, free time"; and IIP-32 scale "domineering/controlling". At the multiple regression analysis BPDSI item "impulsivity", RMET, and the subscale "socially inhibited" of the IIP-32 were significantly and independently related to  $\Delta$  BPDSI score. In conclusion, the add-on of IPT-G produced higher improvement in core BPD symptoms, social cognition, a dysfunctional interpersonal style, and subjective quality of life. Subjects who were less impulsive, less socially inhibited, and with higher abilities in social cognition obtained greater benefits from the adjunction of group therapy. CLINICAL TRIALS REGISTRATION NUMBER: ACTRN1262300002684, Australian New Zealand Clinical Trials Registry (ANZCTR).

**Keywords:** Borderline personality disorder; Group therapy; Interpersonal psychotherapy; Treatment.

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## **Conflict of interest statement**

Declaration of competing interest The authors declare no conflict of interest.

## **Full text links**

82. [\*\*The relationship between mood disorders, personality disorder and suicidality in\*\*](#)

# [adolescence: does general personality disturbance play a significant role in predicting suicidal behavior?](#)

Borderline Personal Disord Emot Dysregul. 2023 Nov 1;10(1):32. doi: 10.1186/s40479-023-00238-9.

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**Free PMC article**

## Abstract

**Introduction:** Current research points to the importance personality pathology and Major Depression e as relevant psycopathological risk

factors for understanding suicidal risk in adolescence. Literature has mainly focused on the role of BPD, however current orientations in personality pathological functioning suggest that BPD may be the representative of a general personality disturbance, a factor of vulnerability underlying diverse psychopathological variants and aspects of maladaptive functioning. However, recent studies seem to have neglected the contributions that other specific personality disorders and personality pathology as a general factor of vulnerability for suicidality; and only marginally investigated the interaction of personality disorder (PD) as an overall diagnosis and individual PDs and major depression (MDD). In this paper, the independent and cumulative effects of MDD and DSM-IV PDs on suicidal risk are investigated in a sample of adolescents observed in a longitudinal window of observation ranging from three months preceding the assessment to a six-month follow up period of clinical monitoring.

**Methods:** A sample of 118 adolescents (mean age =  $15.48 \pm 1.14$ ) referred for assessment and treatment on account of suicidal ideation or behavior were administered the CSSRS, SCID II, Kiddie-SADS at admission at inpatient and outpatient Units. All subjects included in the study had reported suicidal ideation or suicide attempts at the C-SSRS; The CSSRS was applied again to all patients who reported further suicidal episodes during the six-months follow-up period of clinical monitoring. Dimensional diagnoses of PDs was obtained by summing the number of criteria met by each subject at SCID-%-PD 5, In order, to test the significance of the associations between the variables chosen as predictors (categorical and dimensional PDs and MD diagnosis), and the suicidal outcomes variables suicide attempts, number of suicide attempts and potential lethality of suicide attempt, non-parametric bivariate correlations, logistic regression models and mixed-effects Poisson regression were performed PD.

**Results:** The categorical and dimensional diagnosis of PD showed to be a significant risk factors for suicide attempt and their recurrence, independently of BPD, that anyway was confirmed to be a specific significant risk factor for suicidal behaviors. Furthermore, PD assessed at a categorical and dimensional level and Major Depression exert an influence on suicidal behaviors and their lethality both as independent and cumulative risk factors.

**Limitations:** Besides incorporating dimensional thinking into our approach to assessing psychopathology, our study still relied on traditionally defined assessment of PD. Future studies should include AMPD-defined personality pathology in adolescence to truly represent dimensional thinking.

**Conclusion:** These results point to the importance of early identification of the level of severity of personality pathology at large and its co-occurrence with Major Depression for the management of suicidal risk in adolescence.

**Keywords:** Adolescence; Mood disorder; Personality dimensions; Personality disorders; Suicide.

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## **Conflict of interest statement**

The authors declare no competing interests.

[113 references](#)

## **Full text links**

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83. [\*\*A Model of Trust Processes in Borderline Personality Disorder: A Systematic Review\*\*](#)

Curr Psychiatry Rep. 2023 Nov;25(11):555-567. doi: 10.1007/s11920-023-01468-y. Epub 2023 Oct 27.

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PMCID: [PMC10654201](#)

DOI: [10.1007/s11920-023-01468-y](#)

### Free PMC article

## Abstract

**Purpose of review:** Unstable relationships are a core feature of borderline personality disorder (BPD). Impairments in trust processes (i.e., appraisal and learning regarding others' trustworthiness) can subserve interpersonal problems associated with BPD, but the determinants, mechanisms, consequences, and variations in trust impairments among individuals with BPD remain poorly characterized. Thus, a better understanding of such impairments could help target interventions that address the interpersonal problems of individuals with BPD beyond emotion dysregulation, impulsivity, and aggression.

**Recent findings:** We conducted a pre-registered systematic review of empirical studies on trust processes and BPD features ( $k = 29$ ). Results are organized around a heuristic model of trust processes in BPD comprising the following stages: developmental factors, prior beliefs and dispositions, situation perception, emotional states, trust appraisal, behavioral manifestations, and trust learning. Based on the synthesis of the findings, we recommended directions for future research and clinical assessment and intervention, such as managing trust during the early stages of therapy and considering improvements in trust processes as a central mechanism of change in treating individuals with BPD.

**Keywords:** Borderline personality disorder; Interpersonal problems; Systematic review; Trust.

© 2023. The Author(s).

## Conflict of interest statement

The authors declare no competing interests.

[86 references](#)

[2 figures](#)

### Full text links

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84. [\*\*Brain structural correlates of psychopathic traits in elite female combat-sports athletes\*\*](#)

Eur J Neurosci. 2023 Nov;58(10):4255-4263. doi: 10.1111/ejn.16171. Epub 2023 Oct 26.

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DOI: [10.1111/ejn.16171](#)

## Abstract

Psychopathy is characterized by glibness and superficial charm, as well as a lack of empathy, guilt and remorse, and is often accompanied by antisocial behaviour. The cerebral bases of this syndrome have been mostly studied in violent subjects or those with a criminal history. However, the antisocial component of psychopathy is not central to its conceptualization, and in fact, psychopathic traits are present in well-adjusted, non-criminal individuals within the general population. Interestingly, certain psychopathy characteristics appear to be particularly pronounced in some groups or professions. Importantly, as these so-called adaptive or successful psychopaths do not show antisocial tendencies or have significant psychiatric comorbidities, they may represent an ideal population to study this trait. Here, we investigated such a group, specifically elite female judo athletes, and compared them with matched non-athletes. Participants completed psychopathy, anger, perspective-taking and empathic concern questionnaires and underwent structural magnetic resonance imaging (MRI). Grey matter volume (GMV) was computed using voxel-based morphometry from the T1-weighted images. Athletes scored significantly higher in primary psychopathy and anger and lower in empathy and perspective taking. They also exhibited smaller GMV in the right temporal pole, left occipital cortex and left amygdala/hippocampus. GMV values for the latter cluster significantly correlated with primary psychopathy scores across both groups. These results confirm and extend previous findings to a little-studied population and provide support for the conceptualization of psychopathy as a dimensional personality trait which not only is not necessarily associated with antisocial behaviour but may potentially have adaptive value.

**Keywords:** amygdala/hippocampus; female; judo athletes; psychopathy; voxel-based morphometry.

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[61 references](#)

**Full text links**

85. [Transdiagnostic analysis of adverse childhood experiences and their association with psychopathology-A TRANS-D conform study](#)

Psychiatry Res. 2023 Nov;329:115545. doi: 10.1016/j.psychres.2023.115545. Epub 2023 Oct 15.

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DOI: [10.1016/j.psychres.2023.115545](https://doi.org/10.1016/j.psychres.2023.115545)

## **Abstract**

Transdiagnostic approaches challenge traditional psychiatric classification systems. Adverse childhood experiences (ACE) represent a transdiagnostic risk factor for psychopathology with dose dependency. As different qualities of ACE typically co-occur, we identified ACE patterns to assess their power for predicting psychopathology compared to traditional diagnoses. Following TRANS-D guidelines, we categorized participants (N=360) with persistent depressive disorder (PDD), borderline personality disorder (BPD), or healthy control status (HC) into subcategories defined by ACE pattern, using the Childhood Trauma Questionnaire (CTQ). Improvement of the transdiagnostic vs. diagnostic

approach in predicting psychopathology was evaluated in a cross-validated predictive modeling framework focusing on the clinical sample of PDD and BPD patients. Results were externally validated in another transdiagnostic sample (N=138). Seven pattern-based subcategories with distinct ACE profiles were identified in the primary sample and replicated in the validation sample. Patterns cut across diagnostic groups. Predictive modeling showed that diagnoses could not predict depressive symptoms and loneliness. Transdiagnostic constructs systematically predicted all measures. This study showcases ACE as a promising construct for transdiagnostic research. Our data-driven framework identified robust ACE subcategories mapping onto general and interpersonal psychopathology. Patterns of CTQ-based information may provide an approach to integrating information on co-occurring ACE to inform diagnostics and treatment.

**Keywords:** Borderline personality disorder; Cluster analysis; Depression; Prediction; Trauma; Vulnerability.

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## **Conflict of interest statement**

Declaration of Competing Interest FP is a member of the European Scientific Advisory Board of Brainsway Inc., Jerusalem, Israel, and has received speaker's honoraria from Mag&More GmbH and the neuroCare Group. His lab has received support with equipment from neuroConn GmbH, Ilmenau, Germany, and Mag&More GmbH and Brainsway Inc., Jerusalem, Israel. RM has received financial research support from the EU (H2020 No. 754,740), and served as PI in clinical trials from Abide Therapeutics, Böhringer-Ingelheim, Emalex Biosciences, Lundbeck GmbH, Nuvelution TS Pharma Inc., Oryzon, Otsuka Pharmaceuticals and Therapix Biosciences. The other authors have no competing interests to declare.

## **Full text links**

86. [\*\*Profiles of intolerance of uncertainty, separation anxiety, and negative affectivity in\*\*](#)

# [emerging adulthood: A person-centered approach](#)

J Affect Disord. 2024 Jan 15:345:51-58. doi:  
10.1016/j.jad.2023.10.108. Epub 2023 Oct 22.

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PMID: [37875226](#)

DOI: [10.1016/j.jad.2023.10.108](#)

## Free article

## Abstract

**Background:** Although Intolerance of uncertainty (IU), separation anxiety, and negative affectivity seem theoretically interrelated, no empirical study has considered them jointly so far. However, deepening this topic is clinically relevant, especially during the delicate phase of emerging adulthood. This study aimed to pinpoint psychological profiles based on IU, separation anxiety symptoms, and negative affectivity in a group of

Italian non-clinical emerging adults. Such profiles were then compared in terms of key psychological and psychosocial characteristics.

**Methods:** 868 young adults (73 % women) aged 18-26 years entered the study. They completed a socio-demographic survey and self-report tools assessing IU, separation anxiety symptomatology, and personality traits. Subgroups exhibiting distinctive patterns of IU, separation anxiety symptoms, and negative affectivity were identified using latent profile analysis. To deepen disparities in psychological and psychosocial features by profile, analyses of variance and chi-square tests were performed.

**Results:** Three profiles were detected, respectively with high, low, and moderate levels of the variables considered. In each profile, IU, separation anxiety symptoms, and negative affectivity had a consistent trend. The "High-level" profile had the greatest proportion of women and people who had not spent infancy with both parents.

**Limitations:** The sample included mainly women and university students, and data were collected using self-report questionnaires only.

**Conclusions:** IU, separation anxiety symptoms, and negative affectivity can co-occur, highlighting the importance of transdiagnostic interventions. Preventive efforts should be directed to emerging adult women and those who did not spend infancy with both parents, as they may be particularly vulnerable to internalizing distress.

**Keywords:** Emerging adults; Internalizing symptoms; Latent profile analysis; Transdiagnostic factors.

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## **Conflict of interest statement**

Declaration of competing interest The authors have no competing interests to declare that are relevant to the content of this article.

## **Full text links**



87. [\*\*Association of personality facets and cognition in the Lifelines population-based cohort study\*\*](#)

J Psychiatr Res. 2023 Dec:168:30-37. doi:  
10.1016/j.jpsychires.2023.10.034. Epub 2023 Oct 18.

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PMID: [37875035](#)

DOI: [10.1016/j.jpsychires.2023.10.034](#)

**Free article**

**Abstract**

**Background:** Personality traits have been associated with cognitive functioning and risk of cognitive decline. Fewer studies have investigated how personality facets are associated with cognition in large cohorts with a prospective design.

**Methods:** The association between eight personality facets and cognition (speed measures reflecting psychomotor speed and visual attention; hit rate measures reflecting visual learning and working memory) was analyzed in middle-aged adults from the Lifelines cohort (N = 79911; age  $43 \pm 11$  years).

**Results:** High hostility, high vulnerability, low excitement seeking, and low competence were associated with worse cognitive performance on all tasks. Impulsivity-related facets had weak and differential associations, with self-discipline negatively associated with accuracy and deliberation negatively associated with speed. These associations remained largely unchanged when accounting for lifestyle factors (smoking, alcohol consumption, physical activity). The associations with cognition were stronger in older people for impulsiveness, deliberation, and hostility, while stronger in younger people for excitement seeking, self-discipline, and vulnerability.

**Conclusion:** In a large population-based sample with a broad age range, the associations of personality facets with cognitive functioning had small effect sizes, were independent of lifestyle factors, and varied with age and among facets within the same personality domain. These findings highlight the importance of developmental stages and facet-level research in personality-cognition associations.

**Keywords:** Behavior and behavior mechanisms; Cognitive dysfunction; Cohort studies; Dementia; Personality traits; Risk factor.

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## **Conflict of interest statement**

Declaration of competing interest None.

## **Full text links**

88. [Are brief admissions helpful for adolescents with borderline personality traits? - Authors' reply](#)

Lancet Psychiatry. 2023 Nov;10(11):831. doi: 10.1016/S2215-0366(23)00336-X.

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PMID: [37863522](#)

DOI: [10.1016/S2215-0366\(23\)00336-X](#)

*No abstract available*

## Conflict of interest statement

We declare no competing interests.

## Comment on

[Are brief admissions helpful for adolescents with borderline personality traits?](#)

Mustafa FA.

Lancet Psychiatry. 2023 Nov;10(11):830-831. doi: 10.1016/S2215-0366(23)00294-8.

PMID: 37863520 No abstract available.

## Full text links

89. [Are brief admissions helpful for adolescents with borderline personality traits?](#)

Lancet Psychiatry. 2023 Nov;10(11):830-831. doi: 10.1016/S2215-0366(23)00294-8.

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PMID: [37863520](#)

DOI: [10.1016/S2215-0366\(23\)00294-8](#)

*No abstract available*

## **Conflict of interest statement**

I declare no competing interests.

## **Comment in**

[Are brief admissions helpful for adolescents with borderline personality traits? - Authors' reply.](#)

Johansson BA, Holmström E, Eberhard S, Lindgren A, Rask O.

Lancet Psychiatry. 2023 Nov;10(11):831. doi: 10.1016/S2215-0366(23)00336-X.

PMID: 37863522No abstract available.

## **Comment on**

[Introducing brief admissions by self-referral in child and adolescent psychiatry: an observational cohort study in Sweden.](#)

Johansson BA, Holmström E, Eberhard S, Lindgren A, Rask O.

Lancet Psychiatry. 2023 Aug;10(8):598-607. doi: 10.1016/S2215-0366(23)00157-8. Epub 2023 Jun 18.

PMID: 37343577

## **Full text links**

90. [\*\*Integrative analyses highlight functional regulatory variants associated with neuropsychiatric diseases\*\*](#)

Nat Genet. 2023 Nov;55(11):1876-1891. doi: 10.1038/s41588-023-01533-5. Epub 2023 Oct 19.

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PMID: [37857935](#)

DOI: [10.1038/s41588-023-01533-5](#)

## **Abstract**

Noncoding variants of presumed regulatory function contribute to the heritability of neuropsychiatric disease. A total of 2,221 noncoding variants connected to risk for ten neuropsychiatric disorders, including autism spectrum disorder, attention deficit hyperactivity disorder, bipolar disorder, borderline personality disorder, major depression, generalized anxiety disorder, panic disorder, post-traumatic stress disorder, obsessive-compulsive disorder and schizophrenia, were studied in developing human neural cells. Integrating epigenomic and transcriptomic data with massively parallel reporter assays identified differentially-active single-nucleotide variants (daSNVs) in specific neural cell types. Expression-gene mapping, network analyses and chromatin looping nominated candidate disease-relevant target genes modulated by these daSNVs. Follow-up integration of daSNV gene editing with clinical cohort analyses suggested that magnesium transport dysfunction may increase neuropsychiatric disease risk and indicated that common genetic

pathomechanisms may mediate specific symptoms that are shared across multiple neuropsychiatric diseases.

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[102 references](#)

### Full text links

## 91. [Sadism and Personality Disorders](#)

Curr Psychiatry Rep. 2023 Nov;25(11):569-576. doi: 10.1007/s11920-023-01466-0. Epub 2023 Oct 19.

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PMCID: [PMC10654167](#)



DOI: [10.1007/s11920-023-01466-0](https://doi.org/10.1007/s11920-023-01466-0)

**Free PMC article**

## **Abstract**

**Purpose of review:** Sadistic pleasure—the enjoyment of harm-infliction to others—can have devastating interpersonal and societal consequences. The goal of the current review is to illuminate the nomological net of traits related to sadism. We aim to achieve an understanding of the current empirical status on the link between sadism and personality disorders, psychopathy, the Dark Triad, and basic personality traits in clinical and community-based samples.

**Recent findings:** The field is dominated by self-report studies on the Dark Triad with convenience samples. The link with DSM personality disorders has hardly been empirically studied. Existing evidence shows that sadism is most strongly related to increased psychopathic personality traits. Sadism can originate both from the interpersonal, affective, and behavioural basis of dark personality traits. There are diverging ideas on the differential status between sadism, psychopathy, and other dark traits. Research is needed on the causal impact of the broader range of personality disorders on sadism, in more diverse samples, including behavioural assessments of sadistic pleasure, as well as on the interplay of such personality traits with situational and affective aspects, and victim attitudes.

**Keywords:** Dark Triad; Personality; Personality disorders; Sadism; Sadistic pleasure.

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## **Conflict of interest statement**

The authors declare no competing interests.

[73 references](#)

**Full text links**

92. [Cognitive-perceptual traits associated with autism and schizotypy influence use of physics during predictive visual tracking](#)

Eur J Neurosci. 2023 Nov;58(10):4236-4254. doi: 10.1111/ejn.16169. Epub 2023 Oct 18.

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PMID: [37850610](#)

DOI: [10.1111/ejn.16169](#)

**Abstract**

Schizophrenia and autism spectrum disorder (ASD) can disrupt cognition and consequently behaviour. Traits of ASD and the subclinical manifestation of schizophrenia called schizotypy have been studied in healthy populations with overlap found in trait profiles linking ASD social deficits to negative schizotypy and ASD attention to detail to positive schizotypy. Here, we probed the relationship between subtrait profiles, cognition and behaviour, using a predictive tracking task to measure individuals' eye movements under three gravity conditions. A total of 48 healthy participants tracked an on-screen projected ball under familiar gravity, inverted upward acceleration (against gravity) and horizontal

gravity control conditions while eye movements were recorded and dynamic performance quantified. Participants completed ASD and schizotypy inventories generating highly correlated scores,  $r = 0.73$ . All tracked best under the gravity condition, producing anticipatory downward responses from stimulus onset which were delayed under upward inverted gravity. Tracking performance was not associated with overall ASD or schizotypy trait levels. Combining measures using principal components analysis (PCA), we decomposed the inventories into subtraits unveiling interesting patterns. Positive schizotypy was associated with ASD dimensions of rigidity, odd behaviour and face processing, which all linked to anticipatory tracking responses under inverted gravity. In contrast, negative schizotypy was associated with ASD dimensions of social interactions and rigidity and to early stimulus-driven tracking under gravity. There was also substantial nonspecific overlap between ASD and schizotypy dissociated from tracking. Our work links positive-odd traits with anticipatory tracking when physics rules are violated and negative-social traits with exploitation of physics laws of motion.

**Keywords:** ASD; eye movements; gravity; prediction; schizotypy.

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[45 references](#)

**Full text links**

93. [\*\*Co-occurrence of bipolar disorder and personality disorders in the United States: Prevalence, suicidality, and the impact of substance abuse\*\*](#)

J Affect Disord. 2024 Jan 15:345:1-7. doi: 10.1016/j.jad.2023.10.087. Epub 2023 Oct 15.

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PMID: [37848089](#)

DOI: [10.1016/j.jad.2023.10.087](#)

## Abstract

**Background:** This study investigates prevalence rates of specific personality disorders (PDs) in individuals with bipolar disorder (BD) and

their impact on substance abuse and suicidality, addressing existing gaps in the literature.

**Methods:** Using Nationwide Inpatient Sample data (2016-2020), adult hospitalizations for BD with coexisting PDs were analyzed. Study variables were defined using ICD-10-CM codes. Prevalence of PD were reported as cases per 100,000 BD admissions. Regression models assessed the association between substance abuse and suicidality.

**Results:** About 993,000 admissions for BD were analyzed. The cohort was predominantly Caucasian (70.5 %) with higher female representation (54.5 %). The mean age was 41 years. 89.4 % of individuals had a Charlson Comorbidity Index score  $\leq 1$ . The most common diagnostic subtype was manic episode of BD with or without psychotic features (32.3 %). Coexisting PDs were observed in 12.2 % of the population, with borderline PD (8.2 %) and antisocial PD (2.6 %) being most prevalent. Substance abuse was common (44.8 %), with cannabis (23.8 %), alcohol (19.4 %), cocaine (10.5 %), and opioids (9.6 %) being most reported. Substance abuse was higher in individuals with BD and PD (50 %) compared to BD alone (44.1 %). 596 suicide attempts were recorded (60 per 100,000 BD admissions). Substance abuse and coexisting PD in bipolar individuals elevated the likelihood of attempts ( $P < 0.001$ ).

**Limitations:** Use of administrative data (retrospective, inpatient); treatment not studied.

**Conclusion:** The study reveals a notable prevalence of PDs in individuals with BD, with increased likelihood of substance abuse and suicide attempts in those with coexisting BD and PD compared to BD alone.

**Keywords:** Bipolar disorder; Depression; Mania; Personality disorders; Substance abuse; Suicide.

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## **Conflict of interest statement**

Declaration of competing interest The authors declare that they have no relevant financial or non-financial interests to disclose.

## Full text links

### 94. [How should narcissism be treated best?](#)

Lancet Psychiatry. 2023 Dec;10(12):914-916. doi: 10.1016/S2215-0366(23)00307-3. Epub 2023 Oct 13.

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PMID: [37844593](#)

DOI: [10.1016/S2215-0366\(23\)00307-3](#)

*No abstract available*

## Conflict of interest statement

JPK received funding for clinical trials (German Federal Ministry of Health, Servier), payments for presentations on internet interventions (Oberberg, Servier, Stillachhaus), consulting fees from developers and distributors of internet interventions (all about me, Boehringer, Ethypharm), and

payments for workshops and books (Beltz, Elsevier, Hogrefe and Springer) on psychotherapy for chronic depression and on psychiatric emergencies, outside of the submitted work. JPK serves as vice chairman of the chapter Digital Psychiatry of the German Psychiatric Association. TAF reports personal fees from Boehringer-Ingelheim, DT Axis, Kyoto University Original, Shionogi, SONY, and UpToDate, and a grant from Shionogi, outside the submitted work. TAF has patents 2020-548587 and 2022-082495 pending, and intellectual properties for Kokoro-app licensed to Mitsubishi-Tanabe. AS declares no competing interests.

### Full text links

95. [\*\*Narcissistic dimensions and depressive symptoms in patients across mental disorders in cognitive behavioural therapy and in psychoanalytic interactional therapy in Germany: a prospective cohort study\*\*](#)

Lancet Psychiatry. 2023 Dec;10(12):955-965. doi: 10.1016/S2215-0366(23)00293-6. Epub 2023 Oct 13.

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DOI: [10.1016/S2215-0366\(23\)00293-6](#)

## Abstract

**Background:** Narcissistic personality traits have been theorised to negatively affect depressive symptoms, therapeutic alliance, and treatment outcome, even in the absence of narcissistic personality disorder. We aimed to examine how the dimensional narcissistic facets of admiration and rivalry affect depressive symptoms across treatment modalities in two transdiagnostic samples.

**Methods:** We did a naturalistic, observational prospective cohort study in two independent adult samples in Germany: one sample pooled from an inpatient psychiatric clinic and an outpatient treatment service offering cognitive behavioural treatment (CBT), and one sample from an inpatient clinic providing psychoanalytic interactional therapy (PIT). Inpatients treated with CBT had an affective or psychotic disorder. For the other two sites, data from all service users were collected. We examined the effect of core narcissism and its facets admiration and rivalry, measured by Narcissistic Admiration and Rivalry Questionnaire-short version, on depressive symptoms, measured by Beck's Depression Inventory and Patient Health Questionnaire-Depression Scale, at baseline and after treatment in patients treated with CBT and PIT. Primary analyses were regression models, predicting baseline and post-treatment depression severity from core narcissism and its facets. Mediation analysis was done in the outpatient CBT group for the effect of the therapeutic alliance on the association between narcissism and depression severity after treatment.

**Findings:** The sample included 2371 patients (1423 [60.0%] female and 948 [40.0%] male; mean age 33.13 years [SD 13.19; range 18-81), with 517 inpatients and 1052 outpatients in the CBT group, and 802 inpatients in the PIT group. Ethnicity data were not collected. Mean treatment duration was 300 days (SD 319) for CBT and 67 days (SD 26) for PIT. Core narcissism did not predict depression severity before treatment in either group, but narcissistic rivalry was associated with higher depressive symptom load at baseline ( $\beta$  2.47 [95% CI 1.78 to 3.12] for CBT and 1.05 [0.54 to 1.55] for PIT) and narcissistic admiration showed the opposite effect (-2.02 [-2.62 to -1.41] for CBT and -0.64 [-1.11 to -0.17] for PIT). Poorer treatment response was predicted by core narcissism ( $\beta$  0.79 [0.10 to 1.47]) and narcissistic rivalry (0.89 [0.19 to 1.58]) in CBT, whereas admiration showed no effect. No effect of narcissism on treatment outcome was discernible in PIT. Therapeutic alliance mediated the effect of narcissism on post-treatment depression severity in the outpatient CBT sample.

**Interpretation:** As narcissism affects depression severity before and after treatment with CBT across psychiatric disorders, even in the absence of narcissistic personality disorder, the inclusion of dimensional assessments of narcissism should be considered in future research and clinical routines. The relevance of the therapeutic alliance and therapeutic strategy could be used to guide treatment approaches.

**Funding:** IZKF Münster.

**Translation:** For the German translation of the abstract see Supplementary Materials section.

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## **Conflict of interest statement**

Declaration of interests We declare no competing interests.

**Full text links**

96. [Prevalence rate trends of borderline personality disorder symptoms and self-injurious behaviors in college students from 2017 to 2021](#)

Psychiatry Res. 2023 Nov;329:115526. doi: 10.1016/j.psychres.2023.115526. Epub 2023 Oct 4.

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PMID: [37839319](#)

DOI: [10.1016/j.psychres.2023.115526](#)

**Abstract**

The current study examines the prevalence rates of borderline personality disorder (BPD) symptoms and nonsuicidal self-injury (NSSI) behaviors amongst college students over a five-year period, including pre- and during the COVID pandemic. Online prescreener surveys were completed by undergraduate students (n = 12,756) attending a large Southern Plains University every semester from Spring of 2017 to Spring of 2021. The percentage of students with NSSI history and significant BPD symptoms were visualized by semester to examine trends over time. A series of logistic regressions and negative binomial regressions were conducted on

NSSI history and BPD symptoms to examine whether the endorsement rates have been increasing over time and to compare before and during COVID pandemic. There was an increasing trend of NSSI rates and significant BPD symptoms over time for all sexes. Furthermore, there was a steeper increase in BPD symptoms specifically in female students over the last five years. Additionally, there was a significant increase in odds of elevated BPD symptoms and NSSI behaviors in the college students enrolled during the COVID pandemic compared with pre-COVID. Overall, there has been an increasing trend in BPD symptoms and NSSI rates over the last few years, including during the COVID pandemic.

**Keywords:** Borderline personality disorder; Nonsuicidal self-injury; Prevalence rate.

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## **Conflict of interest statement**

Declaration of Competing Interest All authors declare that they have no conflicts of interest.

## **Full text links**

97. [\*\*Borderline personality disorder and multidimensional impulsivity: The roles of positive and negative emotion dysregulation\*\*](#)

J Affect Disord. 2024 Jan 1:344:635-643. doi: 10.1016/j.jad.2023.10.030. Epub 2023 Oct 12.

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DOI: [10.1016/j.jad.2023.10.030](https://doi.org/10.1016/j.jad.2023.10.030)

## Abstract

**Background:** Risky, self-destructive impulsivity and emotion dysregulation are core features of borderline personality disorder (BPD). Yet impulsivity is multidimensional and has rarely been comprehensively assessed in BPD. Impulsivity has been linked to negative emotion dysregulation, yet explorations of the role of positive emotion dysregulation have been neglected. The current study attempts to extend existing literature by identifying the pattern of associations of specific domains of impulsivity, using both self-report and behavioral measures in BPD, and the role of both negative and positive emotion dysregulation in this link.

**Methods:** Adults with BPD ( $n = 48$ ), subthreshold BPD ( $n = 37$ ), and without BPD ( $n = 78$ ) completed a diagnostic interview, self-report measures, and multiple behavioral tasks. We examined correlations between primary variables, then examined the role of negative and positive emotion dysregulation in the association between BPD and specific domains of impulsivity.

**Results:** Negative emotion dysregulation accounted for the link between BPD and negative urgency, (lack of) premeditation, and (lack of) perseverance, while positive emotion dysregulation accounted for the relation between BPD and sensation seeking.

**Limitations:** Key limitations of this study include using a relatively homogeneous sample and using abbreviated versions of one behavioral task, among others discussed.

**Conclusions:** These findings locate the precise impulsivity impairments in BPD and highlight the differential roles of negative and positive emotion dysregulation. Understanding the impulsivity deficits associated with BPD will further explain the impulsive behaviors associated with this disorder, and the contexts in which they occur, which may streamline clinical treatments.

**Keywords:** Borderline personality disorder; Emotion dysregulation; Impulsivity.

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## **Conflict of interest statement**

Declaration of competing interest None.

## **Full text links**

98. [\*\*The Impact of Depression, Anxiety and Personality Disorders on the Outcome of Patients with Functional Limb Weakness - Individual Patient Data Meta-Analysis\*\*](#)

J Psychosom Res. 2023 Dec:175:111513. doi: 10.1016/j.jpsychores.2023.111513. Epub 2023 Oct 2.

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## Abstract

**Objective:** Psychiatric comorbidities such as depression, anxiety, and personality disorders are common in patients with functional limb weakness/paresis (FND-par). The impact of these conditions on the prognosis of FND-par has not been systematically reviewed. The aim of this study was to identify a potential prognostic effect of comorbid depression, anxiety, and/or personality disorder on prognosis in patients with FND-par.

**Methods:** A systematic review was performed to identify studies that reported measures of baseline depression, anxiety, and/or personality

disorder, and physical disability. An individual patient data meta-analysis was subsequently performed.

**Results:** Eight studies comprising 348 individuals were included (7 prospective cohorts; 1 case-control study). There was heterogeneity in sample size, follow-up duration, and treatment modality. Depression and anxiety were present in 51.4% and 53.0% of FND-par patients, respectively. In individuals whose FND-par improved, there was no significant difference between those with versus without depression (52.6% vs 47.4%,  $p = 0.69$ ) or those with versus without anxiety (50.3% vs 49.7%,  $p = 0.38$ ). Meta-analysis showed no clear impact of baseline depression or anxiety per se [pooled OR for depression 0.85 (95%CI 0.50-1.45;  $p = 0.40$ ) and anxiety 0.84 (95%CI 0.51-1.38;  $p = 0.91$ )]; and of depression or anxiety severity [pooled OR for depression 1.23 (95%CI 0.63-2.39;  $p = 0.91$ ) and anxiety 1.40 (95%CI 0.70-2.78;  $p = 0.58$ )] on FND-par outcome. Insufficient data were available to assess the impact of personality disorders.

**Conclusion:** We found no evidence that depression or anxiety influenced outcome in FND-par. Large-scale, prospective studies in FND-par, and other FND subtypes, are needed to fully contextualize the impact of concurrent mental health concerns on outcomes.

**Keywords:** Functional limb weakness; Functional motor disorder; Functional neurological disorder.

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## **Conflict of interest statement**

Declaration of Competing Interest David L. Perez has received honoraria for continuing medical education lectures on functional neurological disorder, royalties from Springer Nature for a functional movement disorder textbook, is a paid senior editor at Brain and Behavior, and has received funding from the NIH and the Sidney R. Baer Jr. Foundation unrelated to this work. Jon Stone reports honoraria from UptoDate, personal fees from expert witness work, grants from National Research Scotland and runs a self-help website for patients with Functional Neurological Disorder. He is medical advisor to FND Hope, FND Hope UK



and FND Action, and secretary of the FND society. All other authors do not report any relevant conflicts of interest / disclosures.

### Full text links

99. [\*\*Neuroticism facets and mortality risk in adulthood: A systematic review and narrative synthesis\*\*](#)

J Psychosom Res. 2023 Dec:175:111500. doi: 10.1016/j.jpsychores.2023.111500. Epub 2023 Sep 28.

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PMID: [37832272](#)

DOI: [10.1016/j.jpsychores.2023.111500](#)

**Free article**

### Abstract

**Objective:** This systematic review sought to summarize comprehensively the research investigating the association between facets of neuroticism and mortality risk.

**Methods:** A systematic review of prospective cohort studies utilizing rigorous reporting methods was conducted. Six electronic bibliographic databases, MEDLINE [Ovid], Embase, PsycINFO, CINAHL, Web of Science, and SCOPUS, were searched for eligible studies using keywords encompassing personality traits and mortality. Articles from inception to January 2023 were reviewed. The risk of bias was also assessed.

**Results:** Six of the 2358 identified studies met the inclusion criteria for extraction. Included studies had 335,715 participants, of whom 3.23% died. Participants ages at baseline ranged from 20 to 102, and 54% were female. Five of the six studies reported statistically significant associations between facets of neuroticism and mortality risk. Several underlying facets were reported to be associated with an increased mortality risk, namely vulnerability, cynicism, pessimistic, anxious, and depressive facets. Inadequacy, and worried-vulnerable were reported as protective. One study reported protective effects for impulsiveness, but this was not observed in a further follow-up study.

**Conclusions:** Various facets related to neuroticism are associated with an increased or decreased mortality risk. Encompassing all facets in a broad trait likely masks very important personality-health relations, which later impact longevity. Based on these findings, recommendations and future considerations are discussed.

**Keywords:** Big five; Facet; Mortality; Neuroticism; Personality; Systematic review.

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## **Conflict of interest statement**

Declaration of Competing Interest None.

**Full text links**

100. [Characterising subgroups of people with severe COVID anxiety by latent profile analysis](#)

J Affect Disord. 2024 Jan 1:344:115-121. doi: 10.1016/j.jad.2023.10.033. Epub 2023 Oct 10.

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PMID: [37827258](#)

DOI: [10.1016/j.jad.2023.10.033](#)

### Free article

## Abstract

**Background:** People with severe COVID anxiety have had experiences of the COVID-19 pandemic which are overwhelming, and have led to patterns of behaviours that add little protective benefit but are at the expense of other priorities in life. It appears to be a complex social and psychological phenomenon, influenced by demographic and social factors. Identifying subgroups of people with severe COVID anxiety would better place clinicians to assess and support this distress where indicated.

**Methods:** Measurement tools assessing depression, generalised and health anxiety, obsessive-compulsive symptoms, personality difficulty and alcohol use from 284 people living in United Kingdom with severe COVID anxiety were explored with latent profile analysis. Further analyses examined the associations of identified clusters with demographic and

social factors and daily functioning, quality of life and protective behaviours.

**Results:** A model with 4 classes provided the best fit. Distinct patterns of psychopathology emerged which were variably associated with demographic factors and COVID behaviours.

**Limitations:** Given the complex aetiology of COVID anxiety a number of factors which might better cluster subgroups are likely to have gone uncollected. Moreover, using data collected at a single time-point limits these results' ability to conclude whether observed relationships were the product of the pandemic or longstanding.

**Conclusions:** People living with severe COVID anxiety are a heterogenous group. This analysis adds to evidence that certain health behaviours and demographic factors are inextricably linked to poor mental health in people with COVID anxiety, and that targeting health behaviours with specific intervention might be beneficial.

**Keywords:** Anxiety disorders; COVID-19; Health behaviour; Hypochondriasis; Pandemic.

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## Conflict of interest statement

Declaration of competing interest Authors JDK, AM, VCL, OT and MJC have no conflicts of interest to declare.

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1. [Timing of imagery rescripting during schema therapy for borderline personality disorder: the LUCY trial](#)

Front Psychiatry. 2023 Dec 13;14:1204439. doi: 10.3389/fpsy.2023.1204439. eCollection 2023.

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PMID: [38152355](#)

PMCID: [PMC10751307](#)

DOI: [10.3389/fpsy.2023.1204439](#)

**Free PMC article**

**Abstract**

**Background:** Early childhood adversity plays an important role in the etiology of borderline personality disorder (BPD). Current evidence

suggests that trauma treatment for patients with BPD can be performed safely and that early trauma treatment has a positive effect on the course of PD. However, there is a scarcity of RCTs comparing the effects of the timing of trauma treatment during schema therapy (ST) for BPD on BPD severity. Therefore, the LUCY trial investigates the effects of the timing of trauma treatment by comparing early trauma treatment using imagery rescripting (ImRs) on the course of BPD during ST to trauma treatment in the middle of the treatment course.

**Methods:** In this multicenter RCT, two conditions are compared among 73 individuals with BPD. The participants receive combined individual and group ST in both conditions. However, in condition (A), participants directly start ImRs in the individual sessions in months 2-4, and in condition (B), participants receive ST-as-Usual (STAU), in which ImRs is not allowed during months 2-4. The treatment follows ST treatment protocols, consists of a fixed combination of individual sessions and group sessions with a maximum of nine patients, and has a maximum duration of 25 months. The primary outcome is change in BPD severity, which is assessed using the Borderline Personality Disorder Severity Index-5 by independent raters blinded to the treatment. Secondary outcome measures include treatment retention, disconnection/rejection schemas, general functioning, posttraumatic stress disorder symptoms, general psychopathological complaints, quality of life, happiness, schemas, and schema modes. Multilevel analysis will be performed to analyze and compare changes in BPD severity between conditions and generalized linear mixed model analyses to test predictors and moderators.

**Discussion:** This study will increase the knowledge on whether trauma treatment early in therapy positively affects the course of BPD manifestations during ST. When the early application of ImRs leads to a faster decrease in BPD manifestations, the treatment of BPD patients might be shortened, leading to improved treatment outcomes and decreased healthcare expenses. Moreover, the planned sub-studies will expand our knowledge of how ST works and the factors that influence the outcome of treatment.

**Keywords:** borderline personality disorder; imagery rescripting; randomized controlled trial; schema therapy; treatment.

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## Conflict of interest statement

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

[69 references](#)

[1 figure](#)

### Full text links

2. [Transdiagnostic inflammatory and oxidative biomarkers with predictive capacity of self-injurious behavior in impulsive and unstable disorders](#)

Prog Neuropsychopharmacol Biol Psychiatry. 2023 Dec 25;130:110927. doi: 10.1016/j.pnpbp.2023.110927. Online ahead of print.

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PMID: [38151169](#)

DOI: [10.1016/j.pnpbp.2023.110927](#)

## Abstract

**Introduction:** Alterations in inflammatory processes have previously been reported in impulsive and unstable disorders, as well as in other psychiatric conditions. In order to investigate transdiagnostic biomarkers associated

with various phenotypic features of these disorders, this study is designed to identify biomarkers of inflammatory and oxidative endophenotypes related to autolytic behavior.

**Methods:** Peripheral blood mononuclear cells were collected from 35 patients with borderline personality disorder (BPD), 29 patients with restrictive eating disorder (rED), 21 patients with purging eating disorder (pED) and 23 control subjects. Plasma levels of different inflammatory and oxidative factors were measured by ELISA and the expression of selected proteins was by Western Blot. Principal component analysis (PCA) was performed to categorize the different inflammatory factors. Additionally, Ancova was performed to observe the differences in the principal components among the different groups and logistic regression analysis was conducted to assess the predictive capacity of these components for autolytic behaviors.

**Results:** We found two inflammatory/oxidative components were associated with BPD, characterized by high levels of JNK and ERK and low levels of GPx, SOD and Keap1; and two other inflammatory/oxidative components were linked to pED, associated with more JNK, TBARS and TNF- $\alpha$  and less GPx and SOD. Two components, with more JNK and ERK and less GPx, SOD and Keap1, predicted non-suicidal self-injury and three components, with higher JNK, TBARS and TNF- $\alpha$  levels and lower GPx, SOD and iNOS levels, predicted suicide attempts.

**Conclusions:** These results strongly support the endophenotypic characterization of impulsivity and the identification of transdiagnostic inflammatory/oxidative biomarkers relevant to autolytic behavior in impulsive and unstable disorders. These dates lay the groundwork for developing of screening tests for these biomarker components to rapidly detect biological risk factors for specific impulse control disorders and future self-injurious behaviors.

**Keywords:** Borderline personality disorder; Eating disorders; Inflammation; Stress; Suicide.

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## **Conflict of interest statement**

Declaration of Competing Interest This work was supported by the PI20/01471 and PI16/01949 projects, integrated in the Plan National de I + D + I, AES 20–23 and 16–19 respectively; funded by the ISCIII and co-funded by the European Regional Development Fund (ERDF). “A way to make Europe”.

### Full text links

3. [Personality disorder type only sometimes matters: An exploration of patient's personality disorder as a source of variance in early therapeutic alliance](#)

Clin Psychol Psychother. 2023 Dec 27. doi: 10.1002/cpp.2943. Online ahead of print.

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PMID: [38149525](#)

DOI: [10.1002/cpp.2943](#)

### Abstract

**Objective:** The study aimed to analyse personality disorders among patients in the early phase of psychotherapy as a source of variance in the quality of the emerging alliance.

**Methods:** The sample consisted of 131 individual psychotherapy patients with borderline (BPD), narcissistic (NPD), dependent (DPD) and obsessive-compulsive (OCPD) personality disorders and 131 psychotherapists.

Different sources of alliance estimation were included. Therapeutic alliance was operationalized on several dimensions. The hypothesis was tested using an independent samples one-way analysis of variance.

**Results:** The study revealed a significant effect of personality disorder type on early therapeutic alliance quality. BPD patients rated their early alliance the lowest compared to NPD, DPD and OCPD patients. This trend was dominant and replicated regardless of who rated the alliance and which dimension of alliance was estimated.

**Conclusions:** NPD, DPD and OCPD patients have better initial therapeutic alliances than BPD patients, and their alliances do not differ significantly. BPD patients build weaker alliances, and what poses a challenge for them is not only developing a strong and close bond but also conceptualizing goals and reaching agreement on tasks.

**Keywords:** bonds; early therapeutic alliance; goals; personality disorders; tasks.

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[39 references](#)

**Full text links**

4. [\*\*Cognitive clinical intervention in a patient with schizoid personality disorder: Case report\*\*](#)

Medwave. 2023 Dec 26;23(11). doi: 10.5867/medwave.2023.11.2757.  
[Article in English, Spanish]

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PMID: [38147582](#)

DOI: [10.5867/medwave.2023.11.2757](#)

## **Abstract**

### **in [English, Spanish](#)**

The present case report describes a 19-year-old male patient whose main symptoms were emotional coldness, absence of close relationships, difficulty experiencing pleasure with other people, and lack of motivation to work or to continue his studies. A schizoid personality disorder was diagnosed as a product of early maladaptive patterns such as inhibition, emotional deprivation, social isolation, and inadequacy. Likewise, a rigid and fragmented family context was evidenced, with an affective absence of parents and a focus on strict behavioral rules. The study aimed to intervene, from a cognitive clinical approach, the early maladaptive patterns and symptoms that maintained the features of schizoid personality disorder in the patient. For this purpose, cognitive behavioral therapy was carried out, with techniques such as debates, images to re-parentalize, assignment of tasks, use of humor, and social skills training, among others. In conclusion, it can be stated that the early maladaptive patterns maintained the schizoid personality symptomatology. Finally, it was demonstrated through clinical and psychometric criteria that cognitive behavioral therapy decreased schizoid personality behaviors in the patient.

El presente reporte de caso describe a un paciente varón de 19 años, que presentaba como principales síntomas frialdad emocional, ausencia de relaciones cercanas, problemas para experimentar placer con otras personas y carencia de motivación para trabajar o retomar sus estudios. Se diagnosticó un trastorno de personalidad esquizoide, producto de esquemas maladaptativos tempranos como inhibición, privación emocional, aislamiento social e inadecuación. Asimismo, se evidenció un contexto familiar rígido y fragmentado, con ausencia afectiva de padres y direccionado hacia normas estrictas en la conducta. El objetivo del estudio

fue intervenir desde un enfoque clínico cognitivo los esquemas maladaptativos tempranos y síntomas que mantenían los rasgos de trastorno esquizoide de la personalidad en el paciente. Para esto se realizó una terapia cognitiva conductual, con técnicas como debates, imágenes para reparentalizar, asignación de tareas, uso del humor, entrenamiento de habilidades sociales, entre otros. Como conclusión se puede manifestar que los esquemas maladaptativos tempranos mantenían la sintomatología de personalidad esquizoide. Por último, se demostró a través de un criterio clínico y psicométrico que la terapia cognitiva conductual disminuyó las conductas de personalidad esquizoide en el paciente.

**Keywords:** Cognitive Behavioral Therapy; Schizoid Personality Disorder; Social Isolation; Social Skills.

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## **Conflict of interest statement**

The authors declare that they have no conflict of interest with the published data.

## 5. [\*\*A Systematic Review and Narrative Analysis of the Evidence for Individual Psychodynamically Informed Psychotherapy in the Treatment of Dissociative Identity Disorder in Adults\*\*](#)

J Trauma Dissociation. 2023 Dec 26:1-31. doi: 10.1080/15299732.2023.2293802. Online ahead of print.

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PMID: [38146918](#)

DOI: [10.1080/15299732.2023.2293802](#)

## Abstract

Dissociative Identity Disorder (DID) is a highly disabling diagnosis, characterized by the presence of two or more personality states which impacts global functioning, with a substantial risk of suicide. The International Society for the Study of Trauma and Dissociation (ISSTD) published guidelines for treating DID in 2011 that noted individual Psychodynamically Informed Psychotherapy (PDIP) was a cornerstone of treatment. This paper systematically reviews the evidence base for PDIP in the treatment of adults with DID according to the 2009 Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Thirty-five articles were located and reviewed: seven prospective longitudinal publications, 13 case series and 15 case studies. Results suggested that PDIP has been widely deployed in DID to reported good effect with a range of treatment protocols and using multiple theoretical models. Despite the positive findings observed, the evidence base remains at the level of observational-descriptive design. Creative approaches in recent years have been developed, which add empirical weight to the use of PDIP as an effective treatment. The elevation to observational-analytic designs in the Evidence-Based Medicine hierarchy has yet to take place. Bearing in mind the challenges of research in PDIP, suggestions are offered for how the evidence base might develop.

**Keywords:** Adults; Dissociative Identity Disorder; Individual Treatment; Psychodynamic Psychothera[y]; Review.

## 6. [Symptoms characteristics of personality disorders associated with suicidal ideation](#)

# and behaviors in a clinical sample of adolescents with a depressive disorder

Front Psychiatry. 2023 Dec 11:14:1269744. doi: 10.3389/fpsy.2023.1269744. eCollection 2023.

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PMID: [38146283](#)

PMCID: [PMC10749562](#)

DOI: [10.3389/fpsy.2023.1269744](#)

**Free PMC article**

## Abstract



**Introduction:** Pathological personality traits have repeatedly been identified as important risk factors for suicidal ideation and behaviors. Moreover, impulsive-aggressive traits, have shown a consistent association with suicidal behaviors across the lifespan. Adolescence represents a critical period for the emergence of different personality traits, mood disorders, and suicidal behaviors, but the relationship between these variables remain poorly understood.

**Methods:** These variables were examined in a cross-sectional case-control design involving three groups: 30 adolescents with a depressive disorder and past suicide attempt (Mean Age = 16.2, Females = 26), 38 adolescents with a depressive disorder but without past suicide attempt (Mean age = 16.0, Females = 29), and 34 healthy adolescent controls (Mean age = 15.2, Females = 22). Suicidal ideations were indexed using Suicidal Behavior Questionnaire (SBQ-R), psychiatric disorder assessed using a semi-structured questionnaire (K-SADS-PL), depressive symptoms with the Beck Depressive Inventory (BDI), symptoms characteristics of personality disorders with the Scheduled Clinical Interview for the DSM-IV (SCID-II) screening questionnaire, and impulsivity with the Barratt Impulsiveness Scale (BIS).

**Results:** Findings showed that impulsivity ( $F = 11.0, p < 0.0001$ ) and antisocial symptoms characteristics of personality disorders ( $p < 0.001, d = 0.70$ ) displayed the most robust association with adolescent suicide attempts. Borderline symptoms characteristics of personality disorders did not discriminate attempters from non-attempters but presented high correlations with suicidal ideation and depression severity. In an item-wise analysis, suicide attempt status was uniquely correlated with symptoms characteristics of an antisocial personality disorder. Suicide attempt status also correlated with non-suicidal self-injury and a chronic feeling of emptiness.

**Discussion:** The caveats of this cross-sectional study include the stability of symptoms characteristics of personality disorders in adolescence and the limited sample size. In sum, suicidal behaviors were characteristically correlated with increased impulsivity and antisocial symptoms characteristics of personality disorders, but other symptoms characteristics of personality disorders were relevant to adolescent depression and suicidal ideation. Understanding the emergence of symptoms characteristics of personality disorders and suicidal behaviors in a developmental context can ultimately inform not only the neurobiological

origin of suicidal behaviors, but also provide new avenues for early detection and intervention.

**Keywords:** adolescence; depressive disorder; suicidal ideation and behaviors; suicide attempt; symptoms characteristics of personality disorders.

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## **Conflict of interest statement**

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

[73 references](#)

[2 figures](#)

### **Full text links**

7. [\*\*Association of maternal and paternal personality disorders with risk of mental disorders in children: A nationwide, register-based cohort study of 1,406,965 children\*\*](#)

Acta Psychiatr Scand. 2023 Dec 25. doi: 10.1111/acps.13648. Online ahead of print.

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PMID: [38145901](#)

DOI: [10.1111/acps.13648](#)

## Abstract

**Background:** Knowledge of the association between parental personality disorders and mental disorders in children is limited. To examine the association between parental personality disorders and the risk of mental disorders in offspring.

**Methods:** We linked Danish health registers to create a cohort of children born from January 1, 1995, to December 31, 2016. Children were followed until their 18th birthday, diagnosis set, emigration, death, or December 31, 2016. Parental personality disorders according to the International Classification of Diseases (ICD) Eighth or 10th Revision. Poisson regression

analyses were used to estimate the incidence risk ratio (IRR) and cumulative incidence of ICD 10th mental disorders in offspring (age 0-17).

**Results:** The study cohort included 1,406,965 children. For girls, maternal or paternal personality disorder (MPD/PPD) was associated with mental disorders: MPD girls (IRR, 2.74; 95% CI, 2.59-2.89) and PPD girls (IRR, 2.10; 95% CI, 1.94-2.27). Likewise, the risk was increased for both MPD boys (IRR, 2.44; 95% CI, 2.33-2.56) and PPD boys (IRR, 2.04; 95% CI, 1.91-2.18). For girls and boys combined, exposure to two parents with a personality disorder was associated with the highest risk (IRR, 3.69; 95% CI, 3.15-4.33). At age 18, the cumulative incidence of any mental disorder in children of one or two parents with a personality disorder was 34.1% (95% CI, 33.0-35.1), which was twice the cumulative incidence of mental disorders in nonexposed children (15.2% [95% CI, 15.1-15.3]).

**Conclusion:** Children of parents with a personality disorder were at a 2 to 3.5 times higher risk of mental disorders compared with nonexposed offspring. Possible mechanisms of transmission of mental disorders from parent to child involve genetic, environmental, and gene-environment pathways. More research into these mechanisms and research into preventive interventions is warranted.

**Keywords:** antisocial; borderline; children of parents with a mental illness; epidemiology; familial high-risk children; offspring.

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[61 references](#)

**Full text links**

8. [\*\*Course and clinical correlates of obsessive-compulsive disorder with or without comorbid personality disorder\*\*](#)

J Affect Disord. 2023 Dec 23:S0165-0327(23)01509-4. doi: 10.1016/j.jad.2023.12.041. Online ahead of print.

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PMID: [38145841](#)

DOI: [10.1016/j.jad.2023.12.041](#)

## Abstract

**Background:** Personality disorders (PDs) are often comorbid with obsessive-compulsive disorder (OCD) which may influence symptom presentation and course. This investigation sought to examine the impact of comorbid PDs on clinical presentation and symptom chronicity in a large, prospective longitudinal OCD study.

**Methods:** Participants (n = 263) were treatment-seeking adults with a primary diagnosis of OCD separated into two groups: individuals with and without a co-occurring PD. We conducted two-tailed t-tests to compare symptom severity, functioning, and quality of life between the OCD + PD group (n = 117) and the OCD w/o PD group (n = 146). Chronicity analyses were conducted to compare the amount of time in-episode for OCD and major depressive disorder (MDD) between the two groups.

**Results:** The OCD + PD group reported greater OCD and depression severity, lower levels of psychosocial functioning and worse quality of life than the OCD w/o PD group. The OCD + PD group exhibited greater OCD and MDD symptom chronicity; over 5 years the OCD + PD group spent 16.2 % weeks longer at full criteria for OCD and three times as many weeks in episode for MDD than the OCD w/o PD group.

**Limitations:** Focusing on PDs as a group limited our ability to make observations about specific PDs. Further, the participants in our sample were predominantly White and all were treatment seeking which limits the generalizability of our findings.

**Conclusions:** Our results suggest that those with OCD and comorbid PDs present with greater overall impairment and may require additional considerations during treatment conceptualization and planning.

**Keywords:** Longitudinal; Obsessive compulsive disorder; Personality disorder.

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## **Conflict of interest statement**

Declaration of competing interest None.

## **Full text links**

### 9. [\*\*Toward explainable AI \(XAI\) for mental health detection based on language behavior\*\*](#)

Front Psychiatry. 2023 Dec 7:14:1219479. doi: 10.3389/fpsy.2023.1219479. eCollection 2023.

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**Free PMC article**

## **Abstract**

Advances in artificial intelligence (AI) in general and Natural Language Processing (NLP) in particular are paving the new way forward for the automated detection and prediction of mental health disorders among the population. Recent research in this area has prioritized predictive accuracy over model interpretability by relying on deep learning methods. However, prioritizing predictive accuracy over model interpretability can result in a lack of transparency in the decision-making process, which is critical in sensitive applications such as healthcare. There is thus a growing need for explainable AI (XAI) approaches to psychiatric diagnosis and prediction. The main aim of this work is to address a gap by conducting a systematic investigation of XAI approaches in the realm of automatic detection of mental disorders from language behavior leveraging textual data from social media. In pursuit of this aim, we perform extensive experiments to evaluate the balance between accuracy and interpretability across predictive mental health models. More specifically, we build BiLSTM models trained on a comprehensive set of human-interpretable features, encompassing syntactic complexity, lexical sophistication, readability, cohesion, stylistics, as well as topics and sentiment/emotions derived from lexicon-based dictionaries to capture multiple dimensions of language production. We conduct extensive feature ablation experiments to determine the most informative feature groups associated with specific mental health conditions. We juxtapose the performance of these models against a "black-box" domain-specific pretrained transformer adapted for mental health applications. To enhance the interpretability of the transformers models, we utilize a multi-task fusion learning framework

infusing information from two relevant domains (emotion and personality traits). Moreover, we employ two distinct explanation techniques: the local interpretable model-agnostic explanations (LIME) method and a model-specific self-explaining method (AGRAD). These methods allow us to discern the specific categories of words that the information-infused models rely on when generating predictions. Our proposed approaches are evaluated on two public English benchmark datasets, subsuming five mental health conditions (attention-deficit/hyperactivity disorder, anxiety, bipolar disorder, depression and psychological stress).

**Keywords:** artificial intelligence; automated mental health detection; deep learning; digital NLP-derived biomarkers; digital phenotyping; explainable AI (XAI); machine learning; natural language processing.

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## Conflict of interest statement

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

[81 references](#)

[6 figures](#)

### Full text links

10. [Plasma Endocannabinoid Levels in Patients with Borderline Personality Disorder and Healthy Controls](#)

Int J Mol Sci. 2023 Dec 14;24(24):17452. doi: 10.3390/ijms242417452.

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PMID: [38139281](#)

PMCID: [PMC10743563](#)

DOI: [10.3390/ijms242417452](#)

## Free PMC article

## Abstract

Borderline personality disorder (BPD) is a highly prevalent psychiatric disorder and presents a complex therapeutic challenge due to limited treatment modalities. Recent focus has converged on the endocannabinoid system (ECS) as a prospective modulator of psychopathological processes in BPD. To address this hypothesis, we analysed plasma endocannabinoid concentrations, specifically anandamide (AEA) and 2-arachidonoylglycerol (2-AG), in a cohort of 49 female BPD patients and 32 matched healthy controls (HC). Additionally, we examined the effect of the *FAAH* polymorphism rs324420 and correlates with psychopathology. The results indicate heightened AEA levels and, by trend, augmented 2-AG levels within the patient group, as compared to the HC group. Significant between group differences in AEA levels were evident in the CC genotype (*FAAH*\_rs324420) but not in A-allele carriers while the commonly observed difference in AEA levels between A-allele carriers as compared to the CC genotype was not evident in patients. An effect of genotype was found with higher ratings of depression (Beck's depression inventory, BDI-II) in the CC genotype compared to A-allele carriers (*FAAH*\_rs32442), particularly in the patients. Significant alterations in AEA (and by trend in 2-AG) in patients with BPD may relate to compensatory ECS activity. The finding that the

effect is most pronounced in CC homozygotes, might point towards a countermeasure to balance physiologically lower baseline AEA levels. The findings warrant further research to develop potentially beneficial psychopharmacological therapies.

**Keywords:** FAAH rs324420; anandamide; borderline personality disorder; depression; endocannabinoid system.

## Conflict of interest statement

The authors declare no conflict of interest.

[72 references](#)

[2 figures](#)

## Full text links

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11. [Impact of heat on mental health emergency visits: a time series study from all public emergency centres, in Curitiba, Brazil](#)

BMJ Open. 2023 Dec 22;13(12):e079049. doi: 10.1136/bmjopen-2023-079049.

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PMID: [38135317](#)

PMCID: [PMC10748883](#)

DOI: [10.1136/bmjopen-2023-079049](#)

## Free PMC article

## Abstract

**Objectives:** Quantify the risk of mental health (MH)-related emergency department visits (EDVs) due to heat, in the city of Curitiba, Brazil.

**Design:** Daily time series analysis, using quasi-Poisson combined with distributed lag non-linear model on EDV for MH disorders, from 2017 to 2021.

**Setting:** All nine emergency centres from the public health system, in Curitiba.

**Participants:** 101 452 EDVs for MH disorders and suicide attempts over 5 years, from patients residing inside the territory of Curitiba.

**Main outcome measure:** Relative risk of EDV ( $RR_{EDV}$ ) due to extreme mean temperature (24.5°C, 99th percentile) relative to the median (18.02°C),

controlling for long-term trends, air pollution and humidity, and measuring effects delayed up to 10 days.

**Results:** Extreme heat was associated with higher single-lag EDV risk of  $RR_{EDV}$  1.03(95% CI 1.01 to 1.05-single-lag 2), and cumulatively of  $RR_{EDV}$  1.15 (95% CI 1.05 to 1.26-lag-cumulative 0-6). Strong risk was observed for patients with suicide attempts ( $RR_{EDV}$  1.85, 95% CI 1.08 to 3.16) and neurotic disorders ( $RR_{EDV}$  1.18, 95% CI 1.06 to 1.31). As to demographic subgroups, females ( $RR_{EDV}$  1.20, 95% CI 1.08 to 1.34) and patients aged 18-64 ( $RR_{EDV}$  1.18, 95% CI 1.07 to 1.30) were significantly endangered. Extreme heat resulted in lower risks of EDV for patients with organic disorders ( $RR_{EDV}$  0.60, 95% CI 0.40 to 0.89), personality disorders ( $RR_{EDV}$  0.48, 95% CI 0.26 to 0.91) and MH in general in the elderly  $\geq 65$  ( $RR_{EDV}$  0.77, 95% CI 0.60 to 0.98). We found no significant  $RR_{EDV}$  among males and patients aged 0-17.

**Conclusion:** The risk of MH-related EDV due to heat is elevated for the entire study population, but very differentiated by subgroups. This opens avenue for adaptation policies in healthcare: such as monitoring populations at risk and establishing an early warning systems to prevent exacerbation of MH episodes and to reduce suicide attempts. Further studies are welcome, why the reported risk differences occur and what, if any, role healthcare seeking barriers might play.

**Keywords:** ACCIDENT & EMERGENCY MEDICINE; Health Services; MENTAL HEALTH; PUBLIC HEALTH.

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## Conflict of interest statement

Competing interests: None declared.

[49 references](#)

[4 figures](#)

**Full text links**

12. [Association of SARS-CoV-2 infection with neurological impairments in pediatric population: A systematic review](#)

J Psychiatr Res. 2023 Dec 11:170:90-110. doi:  
10.1016/j.jpsychires.2023.12.005. Online ahead of print.

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## Abstract

Neurological manifestations have been widely reported in adults with COVID-19, yet the extent of involvement among the pediatric population is currently poorly characterized. The objective of our systematic review is to evaluate the association of SARS-CoV-2 infection with neurological symptoms and neuroimaging manifestations in the pediatric population. A literature search of Cochrane Library; EBSCO CINAHL; Global Index Medicus; OVID AMED, Embase, Medline, PsychINFO; and Scopus was conducted in accordance with the Peer Review of Electronic Search Strategies form (October 1, 2019 to March 15, 2022). Studies were included if they reported (1) COVID-19-associated neurological symptoms and neuroimaging manifestations in individuals aged <18 years with a confirmed, first SARS-CoV-2 infection and were (2) peer-reviewed. Full-text reviews of 222 retrieved articles were performed, along with subsequent reference searches. A total of 843 no-duplicate records were retrieved. Of the 19 identified studies, there were ten retrospective observational studies, seven case series, one case report, and one prospective cohort



study. A total of 6985 individuals were included, where 12.8% (n = 892) of hospitalized patients experienced neurocognitive impairments which includes: 1) neurological symptoms (n = 294 of 892, 33.0%), 2) neurological syndromes and neuroimaging abnormalities (n = 223 of 892, 25.0%), and 3) other phenomena (n = 233 of 892, 26.1%). Based on pediatric-specific cohorts, children experienced more drowsiness (7.3% vs. 1.3%) and muscle weakness (7.3% vs. 6.3%) as opposed to adolescents. Agitation or irritability was observed more in children (7.3%) than infants (1.3%). Our findings revealed a high prevalence of immune-mediated patterns of disease among COVID-19 positive pediatric patients with neurocognitive abnormalities.

**Keywords:** COVID-19; Cognition fatigue; MIS-C; Neuroimaging manifestations; Neurological symptoms; Pediatrics.

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## **Conflict of interest statement**

Declaration of competing interest Dr. Roger S. McIntyre has received research grant support from CIHR/GACD/National Natural Science Foundation of China (NSFC) and the Milken Institute; speaker/consultation fees from Lundbeck, Janssen, Alkermes, Neumora Therapeutics, Boehringer Ingelheim, Sage, Biogen, Mitsubishi Tanabe, Purdue, Pfizer, Otsuka, Takeda, Neurocrine, Sunovion, Bausch Health, Axsome, Novo Nordisk, Kris, Sanofi, Eisai, Intra-Cellular, NewBridge Pharmaceuticals, Abbvie, Atai Life Sciences. Dr. Roger McIntyre is a CEO of Braxia Scientific Corp. Dr. Roger Ho has received research funding from NUS iHeattech Other Operating Expenses (R-722-000-004-731). Dr. Rodrigo B. Mansur has received research grant support from the Canadian Institutes of Health Research (CIHR), the Physicians' Services Incorporated (PSI) Foundation and the Baszucki Brain Research Fund; and support from an Academic Scholars Award from the Department of Psychiatry, University of Toronto. Dr. Joshua D. Rosenblat is the medical director of the Braxia Health (formally known as the Canadian Rapid Treatment Center of Excellence and is a fully owned subsidiary of Braxia Scientific Corp) which provides ketamine and esketamine treatment for depression; he has received research grant support from the American Psychiatric Association, the American Society of Psychopharmacology, the Canadian Cancer Society, the Canadian Psychiatric Association, the Joseph M. West Family Memorial Fund, the Timeposters Fellowship, the University

Health Network Centre for Mental Health, and the University of Toronto and speaking, consultation, or research fees from Allergan, COMPASS, Janssen, Lundbeck, and Sunovion. Dr. Taeho G. Rhee was supported in part by the National Institute on Aging (NIA) through Yale School of Medicine (#T32AG019134) in the past 3 years. Dr. Rhee has also been funded by the NIA and National Institute of Mental Health (#R21MH117438 and R21AG070666) and Institute for Collaboration on Health, Intervention, and Policy (InCHIP) of the University of Connecticut. Kayla M. Teopiz has received personal fees from Braxia Scientific Corp.

### Full text links

13. [Decreased amygdala-sensorimotor connectivity mediates the association between prenatal stress and broad autism phenotype in young adults: Project Ice Storm](#)

Stress. 2024 Jan;27(1):2293698. doi: 10.1080/10253890.2023.2293698. Epub 2023 Dec 22.

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PMID: [38131654](#)

DOI: [10.1080/10253890.2023.2293698](#)

## **Abstract**

Studies show that prenatal maternal stress (PNMS) is related to risk for child autism, and to atypical amygdala functional connectivity in the autistic child. Yet, it remains unclear whether amygdala functional connectivity mediates the association between PNMS and autistic traits, particularly in young adult offspring. We recruited women who were pregnant during, or within 3 months of, the 1998 Quebec ice storm crisis, and assessed three aspects of PNMS: objective hardship (events experienced during the ice storm), subjective distress (post-traumatic stress symptoms experienced as a result of the ice storm) and cognitive appraisal. At age 19, 32 young adults (21 females) self-reported their autistic-like traits (i.e., aloof personality, pragmatic language impairment and rigid personality), and underwent structural MRI and resting-state functional MRI scans. Seed-to-voxel analyses were conducted to map the amygdala functional connectivity network. Mediation analyses were implemented with bootstrapping of 20,000 resamplings. We found that greater maternal objective hardship was associated with weaker functional connectivity between the left amygdala and the right postcentral gyrus, which was then associated with more pragmatic language impairment. Greater maternal subjective distress was associated with weaker functional connectivity between the right amygdala and the left precentral gyrus, which was then associated with more aloof personality. Our results demonstrate that the long-lasting effect of PNMS on offspring autistic-like traits may be mediated by decreased amygdala-sensorimotor circuits. The differences between amygdala-sensory and amygdala-motor pathways mediating different aspects of PNMS on different autism phenotypes need to be studied further.

**Keywords:** Amygdala; broad autism phenotype; functional connectivity; postcentral gyrus; precentral gyrus; prenatal maternal stress.

### Full text links

14. [Association of Central serous chorioretinopathy with type of personality, anxiety and depression](#)

Indian J Ophthalmol. 2024 Jan 1;72(Suppl 1):S60-S65. doi: 10.4103/IJO.IJO\_1180\_23. Epub 2023 Dec 22.

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PMID: [38131544](#)

DOI: [10.4103/IJO.IJO\\_1180\\_23](#)

### Free article

### Abstract

**Purpose:** Central serous chorioretinopathy (CSCR) a relatively common cause of visual impairment, which is characterized by subretinal fluid accumulation in the macula and is more common in middle-aged males. Various risk factors have been reported in literature, among which

substantial role of psychological factors is cited. Our aim was to look for the prevalence and association of the psychiatric factors in CSCR patients and to compare them with other non-chorioretinal ocular pathologies.

**Methods:** A cross-sectional correlational study was undertaken involving 91 CSCR patients, along with 91 patients with other non-chorioretinal diseases. Their risk factors, clinical history, ocular examination, and psychiatric assessments were done using standardized tools, and the groups were compared in terms of scoring of Framingham Type A scale (FTAS), Hamilton Anxiety Rating Scale (HAM-A), and Hamilton Depression Rating Scale (HDRS).

**Results:** CSCR patients had a male:female ratio of 8:1. Chronic, bilateral, and recurrent diseases were found in 15%, 20%, and 23% cases, respectively. Anxiety disorder had a prevalence of 40%, followed by major depression with a prevalence of 24%, and these were significantly higher than non-chorioretinal disease patients (odds ratios 14.18 and 5.30, respectively). Also, these psychiatric disorders were significantly associated with an overall lower visual acuity and greater central macular thickness due to subretinal fluid accumulation.

**Conclusion:** Psychiatric comorbidities like Type A personality trait and depression and anxiety disorders were significantly more prevalent in CSCR patients, compared to non-chorioretinal pathologies. Focus on psychological health would certainly benefit these patients in terms of better management of not only CSCR, but their psychiatric morbidity as well.

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[40 references](#)

**Full text links**

15. [\*\*DSM-5 conduct disorder and symptoms in youths at high risk of psychosis in Kenya with\*\*](#)

# **DSM-5 mental disorders and substance use: towards integrated management**

Sci Rep. 2023 Dec 21;13(1):22889. doi: 10.1038/s41598-023-50192-3.

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PMID: [38129579](#)

PMCID: [PMC10739967](#)

DOI: [10.1038/s41598-023-50192-3](#)

## Free PMC article

### Abstract

Little is known about the prevalence of Conduct Disorder (CD) and symptoms of CD in high risk psychosis persons at both clinical and community populations in LMICs and in particular Kenya. This study aimed to document (1) the prevalence of CD diagnosis and symptoms in youth who screened positive for psychosis and (2) the associated mental disorders and substance use in the same cohort in LMIC. The sample size was 536 students who had screened positive on the Washington Early Recognition Center Affectivity and Psychosis (WERCAP) from a population of 9,742 high school, college and university students, but had not converted to a psychotic disorder. We collected data on socio-demographic characteristics and used the following tools: Economic indicators tool; the Diagnostic Interview Schedule (DIS) tool for DSM-5 diagnosis; World Health Organization (WHO) Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST). Basic descriptive statistics, chi-square test, Fisher's exact test, Pearson correlation and Poisson regression were conducted. Five percent (5%) of the respondents met the criteria for DSM-5 CD. Indeterminate CD comprised 10.1%. Male gender, all substances except hallucinogens lifetime, obsessive compulsive disorder, psychosis, agoraphobia, social phobia, drug abuse/dependence, antisocial personality disorder, oppositional defiant disorder, suicidality, WERCAP screen for bipolar disorder and WERCAP screen for schizophrenia were significantly ( $p < 0.05$ ) associated with CD. Deceitfulness or theft criteria symptoms showed that CD had no significant gender difference. Criteria symptoms in aggression to people and animals, destruction of property and serious violations of rules were more common among males. Our findings suggest the need to screen for and diagnose CD, mental disorders and substance use in high risk psychosis youths in Kenya. This will inform integrated management.

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### Conflict of interest statement

The authors declare no competing interests.

[56 references](#)

[1 figure](#)

**Full text links**

16. **[Brain activation during an emotional task in participants with PTSD and borderline and/or cluster C personality disorders](#)**

Neuroimage Clin. 2023 Dec 18:41:103554. doi: 10.1016/j.nicl.2023.103554. Online ahead of print.

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PMID: [38128160](#)

DOI: [10.1016/j.nicl.2023.103554](#)



## Free article

### Abstract

**Introduction:** Although comorbidity of post-traumatic stress disorder (PTSD) with borderline personality disorder (BPD) and/or cluster C personality disorders (CPD) is common, neural correlates of this comorbidity are unknown.

**Methods:** We acquired functional MRI scans during an emotional face task in participants with PTSD + CPD (n = 34), PTSD + BPD (n = 24), PTSD + BPD + CPD (n = 18) and controls (n = 30). We used ANCOVAs and Bayesian analyses on specific ROIs in a fearful vs. scrambled faces contrast. We also investigated associations with clinical measures.

**Results:** There were no robust differences in brain activation between the groups with ANCOVAs. Transdiagnostically, we found a negative association between severity of dissociation and right insula and right dmPFC activation, and emotion regulation problems with right dmPFC activation. Bayesian analyses showed credible evidence for higher activation in all ROIs in the PTSD + BPD + CPD group compared to PTSD + BPD and PTSD + CPD.

**Discussion:** Our Bayesian and correlation analyses support new dimensional conceptualizations of personality disorders.

**Keywords:** Avoidant personality disorder; Borderline Personality Disorder; Cluster c personality disorder; Emotional face task; PTSD; fMRI.

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### Conflict of interest statement

Declaration of competing interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

### Full text links

17. [\*\*An examination of the cross-cultural equivalence of the personality inventory for DSM-5 across Chinese and U.S. samples\*\*](#)

Psychol Assess. 2023 Dec 21. doi: 10.1037/pas0001293. Online ahead of print.

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PMID: [38127555](#)

DOI: [10.1037/pas0001293](#)

**Abstract**

The Personality Inventory for DSM-5 (PID-5) was designed to measure the personality traits of the alternative model of personality disorders (AMPD). It is comprised of 25 lower order facet scales. Factor analytic investigation of these scales has consistently recovered five factors corresponding to the trait domains of the AMPD. Most of these factor analytic studies, however, have been conducted in the United States and Western European countries and languages. Fewer studies have examined the factor structure of the PID-5 in East Asian countries; and no studies have examined whether the five-factor structure found in Western countries/cultures/languages is congruent with those from East Asia. In this study, we examine the PID-5 factor structure in adult community samples from the People's Republic of China (PRC;  $N = 233$  [116 females],  $M_{\text{age}} = 35.88$ , range = 22-60) and the United States ( $N = 237$  [118 females],  $M_{\text{age}} = 35.44$ , range = 22-60) using exploratory structural equation modelling and assess whether the factor structures across these samples are congruent using Tucker's congruence

coefficient. A five-factor solution was an adequate-to-good fit in both samples. The factor structure obtained from the U.S. sample was congruent with the PID-5 normative sample factor structure. The compositional configuration of the factors in the five-factor structure in the PRC sample, however, showed poor congruence with the U.S. sample. A six-factor model proved to be a better fitting model in the PRC sample. We conclude that the PID-5 does not have factor structure equivalence across U.S. and Chinese cultures/languages. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

18. [Transdiagnostic skills training group of dialectical behavior therapy: a long-term naturalistic study](#)

Borderline Personal Disord Emot Dysregul. 2023 Dec 21;10(1):37. doi: 10.1186/s40479-023-00243-y.

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PMCID: [PMC10734074](#)

DOI: [10.1186/s40479-023-00243-y](#)

## Free PMC article

## Abstract

**Introduction:** Dialectical Behavior Therapy (DBT) has assembled a large body of evidence for the treatment of emotional dysregulation in borderline personality disorder (BPD), but also in other disorders characterized by emotional dysregulation (e.g., bipolar disorder (BD) and ADHD). Standalone skills learning groups address the problem of limited resources in several clinical settings. Furthermore, transdiagnostic skills groups facilitate the recruitment and decrease the scattering of resources in psychiatric settings. However, few studies have focused on the pertinence of transdiagnostic standalone skills groups in naturalistic settings as well as their long-term outcomes. The goal of this study is to assess the impact of participation in a transdiagnostic DBT skills group one year after its completion.

**Method:** Transdiagnostic DBT skills training groups were provided for BPD, BD and ADHD patients in a University Psychiatric Department (Strasbourg, France), between 2019 and 2020. They consisted of 16 group sessions of 2.5 h and 3 individual sessions. At 1-year follow-up, ad-hoc questionnaires were proposed to all participants to assess the perceived impacts, the changes in symptomatology, and the maintenance of skills learned.

**Result:** 22 of the 31 participants were interviewed at the one-year post-group session (64% BPD, 41% ADHD and 27% BD). 73% participants estimated that group impact was important or very important, 64% stated using the skills learned often or very often, mainly emotion regulation skills. An improvement in emotional instability, substance use, impulsivity and suicidal thoughts was reported by respectively 100%, 91%, 86% and 85% of participants. Quality of life improved according to 90% participants. All patients reported an improvement in suicidality during the post-group year,

especially in suicide attempts. Psychotropic medication decreased in 59% of participants.

**Discussion:** Our one-year naturalistic study suggests that transdiagnostic DBT skills training groups are promising for the treatment of emotional dysregulation in people with BPD, BD and/or ADHD. The observational design and the lack of control group are the main limitations. Randomized controlled studies are required to confirm the long-term efficacy of transdiagnostic skills learning groups in naturalistic settings.

**Keywords:** Attention deficit/hyperactivity disorder; Bipolar disorder; Borderline personality disorder; Dialectical behavior therapy; Emotion dysregulation; Emotion regulation; Skills training; Transdiagnostic.

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## Conflict of interest statement

The authors declare no competing interests.

[42 references](#)

[5 figures](#)

## Full text links

19. [\*\*The language of marketing hyperbole and consumer perception-The case of Glasgow\*\*](#)

PLoS One. 2023 Dec 20;18(12):e0295132. doi: 10.1371/journal.pone.0295132. eCollection 2023.

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PMCID: [PMC10732446](#)

DOI: [10.1371/journal.pone.0295132](#)

**Free PMC article**

## **Abstract**

The aim of the study was to explore the potential of a timed word association task to generate detailed insights into the perception of Glasgow city and its people which could inform destination and brand marketing. Destination marketers have a challenge to convey the tourist destination image to attract and satisfy the expectations of its visitors. Yet destination perceptions are often the result of multiple tourist visitor experiences at a location, neglecting the voice of the resident. The extent to which word associations varied by participants' relationship to Glasgow was identified in terms of Aaker's brand personality scale, an extension of personality research on brands and destinations. Surveying of 1,219 UK participants generated a total of 5,993 terms (city; 1,144 unique) and 5,034 terms (people; 944 unique). The value of capturing the perceptions of a destination by its residents is identified. The results showed that the city of Glasgow was often described as cold and busy, while the people were primarily described as friendly and funny. Evidence was found in support of dual-processing theory suggesting word associations based on lived experiences of a city may be generated later (in terms of the order in which the terms were generated) in a word association task, while common linguistic associations (e.g. synonyms, antonyms, hierarchies etc.) tend to be generated earlier in the task. As hypothesised, analyses revealed a significant relationship between several of the Aaker-dimensions of brand personality, and the consumers' relationship to Glasgow, extending marketing research with an empirical approach to identifying differences in the perceived personality of a destination. The study offers a practical, fast,

and replicable method for destination marketers to study consumer perception at scale, which is currently not widely utilised in this field. In particular, the use of semantic distance and word embeddings provides a readily available approach to automatically categorise content derived from word associations studies, or indeed, any text-based content. In contrast, financial investment in non-validated branding and destination marketing campaigns appear to be increasingly problematic. Advances were made in testing an approach to interpreting word associations through the lens of linguistic and situated simulation (LASS) theory to provide deeper analysis to both categorise and interpret consumers' perception. Traditional approaches to tourism marketing and destination branding rarely provide such a level of analytical appraisal. The analysis presented in this paper challenges the orthodoxy and validity of investment in brand and destination marketing at a city level and the potential for word association tasks to be used as a valuable alternative method to create more effective destination marketing and branding.

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## **Conflict of interest statement**

The authors have declared that no competing interests exist.

[71 references](#)

[11 figures](#)

### **Full text links**

- 
20. [\*\*Does the interplay of emotion-related personality traits and reproductive hormones predict individual variation in emotion recognition?\*\*](#)

PLoS One. 2023 Dec 20;18(12):e0295176. doi:  
10.1371/journal.pone.0295176. eCollection 2023.

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PMCID: [PMC10732445](#)

DOI: [10.1371/journal.pone.0295176](#)

## Free PMC article

## Abstract

Person-related variation has been identified in many socio-cognitive domains, and there is evidence for links between certain personality traits and individual emotion recognition. Some studies, utilizing the menstrual cycle as a hormonal model, attempted to demonstrate that hormonal fluctuations could predict variations in emotion recognition, but with merely inconsistent findings. Remarkably, the interplay between hormone fluctuations and other person-related factors that could potentially influence emotion recognition remains understudied. In the current study, we examined if the interactions of emotion-related personality traits, namely openness, extraversion, and neuroticism, and the ovulatory cycle predict individual variation in facial emotion recognition in healthy naturally cycling women. We collected salivary ovarian hormones measures from N = 129 (n = 72 validated via LH test) women across their late follicular and mid-luteal phases of the ovulatory cycle. The results revealed a negative association between neuroticism scores and emotion recognition when progesterone levels (within-subject) were elevated. However, the



results did not indicate a significant moderating influence of neuroticism, openness, and extraversion on emotion recognition across phases (late follicular vs. mid-luteal) of the menstrual cycle. Additionally, there was no significant interaction between openness or extraversion and ovarian hormone levels in predicting facial emotion recognition. The current study suggests future lines of research to compare these findings in a clinical setting, as both neuroticism and ovarian hormone dysregulation are associated with some psychiatric disorders such as premenstrual dysphoric disorder (PMDD).

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## **Conflict of interest statement**

The authors have declared that no competing interests exist.

[86 references](#)

[1 figure](#)

## **Full text links**

- 
21. [\*\*Applications of dialectical behavioural therapy in the perinatal period: A scoping review\*\*](#)

Clin Psychol Psychother. 2023 Dec 20. doi: 10.1002/cpp.2937. Online ahead of print.

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PMID: [38116846](#)

DOI: [10.1002/cpp.2937](#)

## Abstract

Psychological distress is the most common complication of pregnancy. High-risk concerns can include severe emotion dysregulation, suicidality and self-injury, and health risk behaviours, which bear substantial consequences for caregivers and families. Yet, effective, comprehensive interventions for high-risk caregivers have received limited attention. Dialectical behaviour therapy (DBT) is a frontline treatment for such concerns. Accordingly, we conducted a scoping review on the implementation of DBT in the perinatal period. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines were followed. Seven studies were identified; study designs included case studies and single-arm pilot trials. Most studies used DBT-informed protocols with significant adaptations, few included multiple components of DBT (i.e. skills group, individual therapy, phone coaching and consultation team), and none met criteria for adherent delivery of all four modes of DBT treatment. Findings suggest DBT-informed interventions may be successfully implemented to treat a range of perinatal mental health symptoms,

including borderline personality disorder, depression, anxiety, and post-traumatic stress, and to promote emotion regulation and positive parenting behaviours. While results provide preliminary support for perinatal DBT, this literature is scant and empirical rigour considerably lacking. Clinical implications and future directions are outlined to aid researchers and providers in addressing the ongoing perinatal mental health crisis and developing sorely needed interventions to address the needs of high-risk caregivers.

**Keywords:** affective disorders; dialectical behaviour therapy (DBT); emotion; postpartum; pregnancy; transdiagnostic.

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[117 references](#)

**Full text links**

22. [\*\*The neural circuits and molecular mechanisms underlying fear dysregulation in posttraumatic stress disorder\*\*](#)

Front Neurosci. 2023 Dec 5:17:1281401. doi: 10.3389/fnins.2023.1281401. eCollection 2023.

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PMID: [38116070](#)

PMCID: [PMC10728304](#)

DOI: [10.3389/fnins.2023.1281401](#)

**Free PMC article**

## **Abstract**

Post-traumatic stress disorder (PTSD) is a stress-associated complex and debilitating psychiatric disorder due to an imbalance of neurotransmitters in response to traumatic events or fear. PTSD is characterized by re-experiencing, avoidance behavior, hyperarousal, negative emotions, insomnia, personality changes, and memory problems following exposure to severe trauma. However, the biological mechanisms and symptomatology underlying this disorder are still largely unknown or poorly understood. Considerable evidence shows that PTSD results from a dysfunction in highly conserved brain systems involved in regulating stress, anxiety, fear, and reward circuitry. This review provides a contemporary update about PTSD, including new data from the clinical and preclinical literature on stress, PTSD, and fear memory consolidation and extinction processes. First, we present an overview of well-established laboratory models of PTSD and discuss their clinical translational value for finding various treatments for PTSD. We then highlight the research progress on the neural circuits of fear and extinction-related behavior, including the prefrontal cortex, hippocampus, and amygdala. We further describe different molecular mechanisms, including GABAergic, glutamatergic, cholinergic, and neurotropic signaling, responsible for the structural and functional changes during fear acquisition and fear extinction processes in PTSD.

**Keywords:** amygdala; hippocampus; neural circuitry; posttraumatic stress disorder; prefrontal cortex.

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## **Conflict of interest statement**

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

[189 references](#)

[2 figures](#)

### **Full text links**

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23. [\*\*Prevalence of personality disorders in adults with binge eating disorder-A systematic review and Bayesian meta-analysis\*\*](#)

Obes Rev. 2023 Dec 19:e13669. doi: 10.1111/obr.13669. Online ahead of print.

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PMID: [38114201](#)

DOI: [10.1111/obr.13669](#)

## **Abstract**

Binge eating disorder (BED) is a complex mental health problem entailing high risk for obesity, overweight, and other psychiatric disorders. However, there is still unclear evidence of the prevalence of personality disorders (PDs) in BED patients. We conducted a systematic review and a Bayesian meta-analysis for studies examining the prevalence of any PD in adult BED patients. Data sources included PubMed, Cochrane library, EBSCO, PsycINFO, and Science Direct. A Bayesian meta-analysis was conducted to estimate effect sizes for the prevalence of any PD in BED patients. Twenty eligible articles were examined with a total of 2945 BED patients. Borderline personality disorder and "Cluster C" PD, particularly obsessive-compulsive and avoidant PD, were the most frequent PD found in BED patients. BED diagnosis was associated with 28% probability of a comorbid diagnosis of any PD (0.279, 95%CrI: [0.22, 0.34]), with high levels of between-study heterogeneity ( $\tau = 0.61$ , 95% CrI [0.40, 0.90]). Sensitivity analysis suggested effect sizes ranging from 0.27 to 0.28. The high comorbidity of PDs in BED patients draws attention to the potential complexity of BED clinical presentations, including those that might also be comorbid with obesity. Clinical practice should address this complexity to improve care for BED and obesity patients.

**Keywords:** Bayesian estimation; binge-eating; eating disorders; meta-analysis; personality disorders.

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[62 references](#)

**Full text links**

24. [\*\*2D:4D-ratios among individuals with amphetamine use disorder, antisocial personality disorder and with both amphetamine use disorder and antisocial personality disorder\*\*](#)

J Psychiatr Res. 2023 Dec 11:170:81-89. doi: 10.1016/j.jpsychires.2023.12.004. Online ahead of print.

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PMID: [38113678](#)

DOI: [10.1016/j.jpsychires.2023.12.004](#)

**Free article**

## **Abstract**

**Background:** There is sufficient evidence that the index-finger-to-ring-finger-ratio (2D:4D-ratio) is associated with testosterone and estrogen exposure during the fetal stage. More specifically, a lower 2D:4D-ratio (that



is; a shorter index finger, compared to a longer ring finger) was associated with a prenatally higher testosterone and lower estrogen exposure during the first trimester of the fetal stage. At a behavioral level, among adults, a lower 2D:4D-ratio was associated with a higher competitive performance among both female and male professional athletes, and with personality traits such as higher scores for mental toughness, dark triad traits, and aggressive behavior, and internet use disorder. Here, we tested, if 2D:4D-ratios differed among three clinical samples of individuals with amphetamine use disorder (AUD), antisocial personality disorder (ASPD), or both AUD and ASPD (AUD + ASPD), and when compared to healthy controls.

**Method:** The sample consisted of 44 individuals (mean age: 32.95 years; 22.7% females) diagnosed either with AUD (n = 25), ASPD (n = 10) or both AUD + ASPD (n = 9), and of 36 healthy controls (mean age: 23.28; 25% females). After a thorough clinical assessment, participants provided the scans of their right-hand palm to measure the lengths of their index finger and ring finger. Further, participants with AUD, ASPD and both AUD + ASPD completed a series of self-rating questionnaires on Dark Triad traits, narcissism sensitivity, and intolerance of uncertainty.

**Results:** Compared to healthy controls, participants with AUD, ASPD, or AUD + ASPD showed statistically significantly lower 2D:4D-ratios. Participants with AUD + ASPD showed statistically significantly lowest 2D:4D-ratios, compared to participants with AUD and compared to healthy controls. For the clinical sample, a lower 2D:4D-ratio was associated with higher Dark Triad traits. 2D:4D-ratios were unrelated to narcissism sensitivity or intolerance of uncertainty. Higher scores for Dark Triad traits were associated with higher scores for narcissism sensitivity and intolerance of uncertainty.

**Conclusions:** Compared to healthy controls, individuals with amphetamine use disorder and concomitant antisocial personality disorder (AUD + ASPD) appeared to have been exposed to particularly high prenatal testosterone and particularly low estrogen concentrations, which, at a behavioral level, might have led to a fast life history for immediate resource acquisition.

**Keywords:** 2D:4D-ratio; Amphetamine use disorder; Antisocial personality disorder; Dark triad traits; Intolerance of uncertainty; Narcissism sensitivity.

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## Conflict of interest statement

Declaration of competing interest All authors declare no conflicts of interest.

## Full text links

### 25. [The family dynamics of children on the streets of Ibadan, Southwest Nigeria](#)

S Afr Fam Pract (2004). 2023 Dec 14;65(1):e1-e11. doi: 10.4102/safp.v65i1.5774.

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**Free PMC article**

## Abstract

**Background:** Children roaming the streets estimated at 1 in 10 by a 2021 United Nation Children's Funds (UNICEF) report is a growing problem, in cities of lower- and middle-income African countries. Studies of street children with no family ties abound, but there is a paucity of studies on children on the street who exist within families and return home daily. We explored the family dynamics of children on the streets of Ibadan, emphasising family structure, resources and relationships.

**Methods:** Using an exploratory design based on a qualitative approach 53 participants were interviewed, including children on the streets, parental figures, child-welfare officers and street shop owners. Participants were selected from streets in the five urban local government areas of Ibadan, Nigeria. Recorded data were transcribed, and framework analysis was performed.

**Results:** The family dynamics included family structural problems, poor family resources and poor parent-child relationships. The family structural problems included: broken homes, large families and ambivalence around polygamy as subthemes. Family resources comprised: poor economic resources, poor social resources, educational challenges, cultural ambivalence and spiritual backdrops. The family relationships patterns included: poor adaptability, economic-oriented partnership, poor growth support, poor emotional connection and poor family bonding.

**Conclusion:** The dynamics driving a family's choice for child streetism in Ibadan, mostly to hawk, are devaluation of family life, parenting irresponsibility, and poor filial relationship, underscored by economic constraints and socio-cultural decadence. The results of this research buttress the need for family-level interventions to forestall the escalating phenomenon of child streetism in Ibadan, Nigeria. **Contribution:** This research highlights the family dynamics of children on the streets, and buttresses family-level interventions are necessary to forestall escalating child-streetism in Ibadan, Nigeria.

**Keywords:** APGAR; Ibadan; SCREEM; children; family dynamics; hawking; interpersonal relationship; streetism.

## Conflict of interest statement

The authors declare that they have no financial or personal relationships that may have inappropriately influenced them in writing this article.

[48 references](#)

## Full text links

### 26. [Impulsivity, decision-making, and risk behavior in bipolar disorder and major depression from bipolar multiplex families](#)

Brain Behav. 2023 Dec 18:e3337. doi: 10.1002/brb3.3337. Online ahead of print.

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PMID: [38111335](#)

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## Free article

## Abstract

**Objectives:** Bipolar disorder (BD) and major depressive disorder (MDD) are characterized by specific alterations of mood. In both disorders, alterations in cognitive domains such as impulsivity, decision-making, and risk-taking have been reported. Identification of similarities and differences of these domains in BD and MDD could give further insight into their etiology. The present study assessed impulsivity, decision-making, and risk-taking behavior in BD and MDD patients from bipolar multiplex families.

**Methods:** Eighty-two participants (BD type I, n = 25; MDD, n = 26; healthy relatives (HR), n = 17; and healthy controls (HC), n = 14) underwent diagnostic interviews and selected tests of a cognitive battery assessing neurocognitive performance across multiple subdomains including impulsivity (response inhibition and delay aversion), decision-making, and risk behavior. Generalized estimating equations (GEEs) were used to analyze whether the groups differed in the respective cognitive domains.

**Results:** Participants with BD and MDD showed higher impulsivity levels compared to HC; this difference was more pronounced in BD participants. BD participants also showed lower inhibitory control than MDD participants. Overall, suboptimal decision-making was associated with both mood disorders (BD and MDD). In risk-taking behavior, no significant impairment was found in any group.

**Limitations:** As sample size was limited, it is possible that differences between BD and MDD may have escaped detection due to lack of statistical power.

**Conclusions:** Our findings show that alterations of cognitive domains-while present in both disorders-are differently associated with BD and MDD. This

underscores the importance of assessing such domains in addition to mere diagnosis of mood disorders.

**Keywords:** bipolar disorder; bipolar multiplex families; decision-making; impulsivity; major depression disorder; risk behavior.

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[44 references](#)

**Full text links**

27. [\*\*The relationship between patterns of negative life experiences and clinical presentation in a psychiatric sample\*\*](#)

J Clin Psychol. 2023 Dec 18. doi: 10.1002/jclp.23631. Online ahead of print.

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PMID: [38111170](#)

DOI: [10.1002/jclp.23631](#)

**Abstract**

**Background:** Attempts have been made to classify the patterns of polytraumatization using a person-centered approach. However, most studies have only focused on maltreatment and interpersonal trauma and have been unable to examine various clinical symptoms.

**Objectives:** This study aimed to explore patterns of negative life experiences, including maltreatment, lifetime trauma, and recent stressful life events, and compare diverse dimensions of the clinical manifestations among the subtypes in a clinical sample.

**Method:** We investigated childhood maltreatment, lifetime trauma, and recent stressful events using a self-report method in 1410 psychiatric patients; we classified the patterns of lifelong negative life experiences using latent profile analysis (LPA). We used the rates of psychiatric diagnosis, the Beck Depression Inventory, the Impact of Event Scale-Revised (IES-R-K), and the Multiphasic Minnesota Personality Inventory-2-Restructured Form to compare various symptom dimensions among the derived subtypes.

**Results:** LPA indicated a four-class solution: mild, recent stress, maltreatment, and multiple adversity group. The multiple adversity group experiencing both lifetime trauma and recent stressful life events, in addition to maltreatment, including sexual abuse, had a high rate of severe mental illness and more symptom dimensions of thought and behavior problems. However, the rates of depressive disorders and emotional/internalizing symptoms were not more than those in the other two groups (recent stress and maltreatment groups) experiencing moderate levels of lifetime trauma. There was no significant difference between the recent stress and maltreatment groups for most symptom dimensions.

**Conclusions:** The findings indicate that distinct symptom profiles may be associated with the pattern of negative experiences, suggesting that negative experiences need multidimensional investigation in clinical settings.

**Keywords:** latent profile analysis; maltreatment; patterns of negative life experience; recent stressful events; traumatic event.

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[51 references](#)

**Full text links**

28. [\*\*The biosocial correlates and predictors of emotion dysregulation in autistic adults compared to borderline personality disorder and nonclinical controls\*\*](#)

Mol Autism. 2023 Dec 18;14(1):47. doi: 10.1186/s13229-023-00580-3.

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DOI: [10.1186/s13229-023-00580-3](#)

**Free PMC article**

**Abstract**

**Background:** Emotion dysregulation (ED) is a core symptom of borderline personality disorder (BPD), whose aetiology has been attributed to



biosocial factors. In autism spectrum condition (ASC), although ED is prevalent and is associated with decreased well-being (e.g. self-harm, suicidality), it has been understudied, especially in adults. It is therefore crucial to further understand ED in autistic adults to improve its treatment. Our study investigates ED, its behavioural correlates (e.g. self-harm, suicidality) and biosocial predictors in autistic adults relative to BPD and nonclinical controls (NC).

**Methods:** A total of 724 participants (ASC = 154; BPD = 111; NC = 459) completed 11 self-reported questionnaires assessing ED, ASC and BPD traits, co-occurring disorders, alexithymia, emotional vulnerability and invalidating experiences (e.g. bullying, autistic camouflaging). The occurrence of ED behavioural correlates (i.e. self-harm, history of suicide attempts, and psychiatric hospitalizations) was collected. In addition, between-groups analyses, linear regressions and machine learning (ML) models were used to identify ED predictors in each group.

**Results:** ED and its behavioural correlates were higher in ASC compared to NC, but milder than in BPD. While gender did not predict ED scores, autistic women had increased risk factors to ED, including sexual abuse and camouflaging. Interestingly, BPD traits, emotional vulnerability and alexithymia strongly predicted ED scores across the groups. Using ML models, sensory sensitivity and autistic camouflaging were associated with ED in ASC, and ADHD symptoms with ED in BPD.

**Limitations:** ASC and BPD diagnoses were self-reported, which did not allow us to check their accuracy. Additionally, we did not explore the transactional and the moderating/mediating relationships between the different variables. Moreover, our research is cross-sectional and cannot draw conclusions regarding the direction and causality of relationships between ED and other clinical dimensions.

**Conclusions:** ED and its behavioural correlates are heightened in BPD compared to ASC and nonclinical controls. In the ASC group, there were no gender differences in ED, despite the heightened exposure of autistic women to ED risk factors. BPD traits, emotional vulnerability, and alexithymia are core to ED regardless of diagnosis. Although less central, sensory sensitivity and autistic camouflaging seem to be specific predictors of ED in autistic adults.

**Keywords:** Aetiology; Autism spectrum condition; Biosocial; Borderline personality disorder; Emotion dysregulation; Non-suicidal self-injury; Suicidality.

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## **Conflict of interest statement**

The authors declare that they have no competing interests.

[156 references](#)

[2 figures](#)

## **Full text links**

- 
29. [\*\*Group schema therapy: the temporal relationship between early maladaptive schemas and global psychological distress\*\*](#)

Psychother Res. 2023 Dec 18:1-10. doi: 10.1080/10503307.2023.2292151. Online ahead of print.

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## Abstract

Schema therapy is an effective treatment for personality disorders (PDs). The theory of schema therapy assumes that the decrease of global psychological distress is mediated by change in Early Maladaptive Schemas. The few studies that have investigated a temporal relationship have produced contradictory results. This study examined the temporal relationship between changes in Early Maladaptive Schemas and global psychological distress in Group Schema Therapy (GST) for patients with personality disorders.

Assessments were made of 115 patients at baseline, after 20, 40 and after 60 sessions of treatment. We used the Young Schema Questionnaire (YSQ) to measure the severity of Early Maladaptive Schemas and the Symptom Check List-90 Revisited (SCL-90R) to measure global psychological distress. Linear mixed model analyzes were used to examine the temporal relationship between the initial phase (0-20 and 0-40 sessions) and the later phase (40-60 sessions).

Change in Early Maladaptive Schemas does not precede change in global psychological distress. Conversely, global psychological distress does not precede change in Early Maladaptive Schemas; the improvement in both indicators is concurrent.

In this study, we could not confirm that the decrease of Early Maladaptive Schemas precedes decrease of global psychological distress. We found a concurrent relationship.

**Keywords:** early maladaptive schemas; personality disorders; schema therapy; temporal relationship; working mechanism.

30. [\*\*Childhood maltreatment, dissociation and borderline personality disorder: Preliminary\*\*](#)

# [data on the mediational role of mentalizing in complex post-traumatic stress disorder](#)

Psychol Psychother. 2023 Dec 18. doi: 10.1111/papt.12514. Online ahead of print.

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DOI: [10.1111/papt.12514](#)

## Abstract

**Objectives:** Treatments for borderline personality disorder (BPD) and post-traumatic stress disorder (PTSD) are less effective for patients with co-occurring symptoms of both disorders, who are considered to have complex PTSD (cPTSD), compared with patients with either condition alone. Evidence suggests that co-occurrence of symptoms indicates greater impairment in mentalizing. This study examines evidence for targeting mentalizing when treating individuals with co-occurring symptoms, irrespective of their exposure to developmental trauma and, for the first time, investigates the mediational role of mentalizing in the associations between BPD symptomatology and cPTSD.

**Design:** We identified in a routine clinical service a group of patients with BPD, with or without co-occurring symptoms of PTSD. We hypothesized that patients with co-occurring symptoms and a history of childhood maltreatment will show more severe clinical profiles and greater mentalizing problems, which in turn lead to symptoms consistent with cPTSD.

**Method:** Clinical profiles of 72 patients with BPD (43 with and 29 without co-occurring symptoms of PTSD; mean age in both groups 28 years, 79% and 83% female, respectively) were identified using the Structured Clinical Interview for DSM-IV Axis I Disorders. Patients completed self-report measures of BPD and PTSD symptoms, well-being, dissociation and reflective functioning. Childhood trauma histories were evaluated.

**Results:** Compared with patients with BPD-only, those with co-occurring BPD and PTSD showed greater severity in terms of BPD and dissociative symptoms, met a broader range of BPD diagnostic criteria, had a greater sense of personal worthlessness and self-evaluated their well-being as considerably diminished. This group was also more inclined to recall increased instances of childhood sexual abuse. In a mediation analysis, mentalizing acted as a partial mediator for the relationship between BPD severity and cPTSD, as well as between dissociative symptoms and cPTSD. Interestingly, mentalizing did not mediate the relationship between childhood sexual abuse and cPTSD.

**Conclusions:** Overall, the correlational findings are consistent with an intended focus on mentalizing to treat cPTSD symptoms in individuals who also meet criteria for a diagnosis of BPD.

**Keywords:** borderline personality disorder; complex PTSD; dissociation; mentalizing; post-traumatic stress disorder; trauma.

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[55 references](#)

**Full text links**

31. [\*\*Evidence for a shared genetic contribution to loneliness and borderline personality disorder\*\*](#)

Transl Psychiatry. 2023 Dec 18;13(1):398. doi: 10.1038/s41398-023-02705-x.

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## **Abstract**

Loneliness, influenced by genetic and environmental factors such as childhood maltreatment, is one aspect of interpersonal dysfunction in Borderline Personality Disorder (BPD). Numerous studies link loneliness and BPD and twin studies indicate a genetic contribution to this association. The aim of our study was to investigate whether genetic predisposition for loneliness and BPD risk overlap and whether genetic risk for loneliness contributes to higher loneliness reported by BPD patients, using genome-



wide genotype data. We assessed the genetic correlation of genome-wide association studies (GWAS) of loneliness and BPD using linkage disequilibrium score regression and tested whether a polygenic score for loneliness (loneliness-PGS) was associated with case-control status in two independent genotyped samples of BPD patients and healthy controls (HC; Witt2017-sample: 998 BPD, 1545 HC; KFO-sample: 187 BPD, 261 HC). In the KFO-sample, we examined associations of loneliness-PGS with reported loneliness, and whether the loneliness-PGS influenced the association between childhood maltreatment and loneliness. We found a genetic correlation between the GWAS of loneliness and BPD in the Witt2017-sample ( $r_g = 0.23$ ,  $p = 0.015$ ), a positive association of loneliness-PGS with BPD case-control status (Witt2017-sample:  $NkR^2 = 2.3\%$ ,  $p = 2.7 \times 10^{-12}$ ; KFO-sample:  $NkR^2 = 6.6\%$ ,  $p = 4.4 \times 10^{-6}$ ), and a positive association between loneliness-PGS and loneliness across patient and control groups in the KFO-sample ( $\beta = 0.186$ ,  $p = 0.002$ ). The loneliness-PGS did not moderate the association between childhood maltreatment and loneliness in BPD. Our study is the first to use genome-wide genotype data to show that the genetic factors underlying variation in loneliness in the general population and the risk for BPD overlap. The loneliness-PGS was associated with reported loneliness. Further research is needed to investigate which genetic mechanisms and pathways are involved in this association and whether a genetic predisposition for loneliness contributes to BPD risk.

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## **Conflict of interest statement**

The authors declare no competing interests.

[66 references](#)

[2 figures](#)

**Full text links**

- 
32. [\*\*Psychosocial factors of insomnia in depression: a network approach\*\*](#)

BMC Psychiatry. 2023 Dec 16;23(1):949. doi: 10.1186/s12888-023-05454-9.

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PMCID: [PMC10725021](#)

DOI: [10.1186/s12888-023-05454-9](#)

## Free PMC article

## Abstract

**Background:** Insomnia symptoms in patients with major depressive disorder (MDD) are common and deleterious. Childhood trauma, personality traits, interpersonal distress, and social support contribute to insomnia, but how they interact to affect insomnia remains uncertain.

**Methods:** A total of 791 patients with MDD completed the Insomnia Severity Index, Eysenck Personality Questionnaire, Interpersonal Relationship Comprehensive Diagnostic Scale, Childhood Trauma Questionnaire, Social Support Rating Scale and Hamilton Depression Scale-

17. This study utilized network analyses to identify the central symptoms of insomnia and their associations with psychosocial factors.

**Results:** Worrying about sleep was identified as the central symptom in the insomnia network, insomnia and associated personality network, insomnia and associated interpersonal disturbance network, insomnia and associated childhood trauma network, insomnia and associated social support network, and the integrated network of insomnia symptoms and associated psychosocial factors. In the networks of insomnia symptoms and individual psychosocial factors, most psychosocial factors (other than childhood trauma) were directly or indirectly related to insomnia symptoms; however, neuroticism was the only factor directly associated with insomnia symptoms before and after controlling for covariates. In the final integrated network of insomnia symptoms and psychosocial factors, neuroticism was a bridge node and mediated the relationships of social support and interpersonal disturbances with insomnia symptoms, which is clearly presented in the shortest pathways.

**Conclusions:** Worrying about sleep and neuroticism were prominent in the integrated network of insomnia symptoms and associated psychosocial factors, and the edge between them connected psychosocial factors and insomnia symptoms in MDD patients.

**Keywords:** Child maltreatment; Insomnia; Interpersonal distress; Major depressive disorder; Network analysis; Personality; Social support.

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## **Conflict of interest statement**

The authors declare no competing interests.

[53 references](#)

[3 figures](#)

**Full text links**

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33. [Increased risk of incident mental disorders in adults with new-onset type 1 diabetes diagnosed after the age of 19: a nationwide cohort study](#)

Diabetes Metab. 2023 Dec 14:101505. doi: 10.1016/j.diabet.2023.101505. Online ahead of print.

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PMID: [38103865](#)

DOI: [10.1016/j.diabet.2023.101505](#)

**Abstract**

**Aim:** -This population-based study aimed to investigate the risk of mental disorders in adults with new-onset type 1 diabetes mellitus compared to the general population without diabetes.

**Methods:** We selected 10,391 adults with new-onset type 1 diabetes and 51,995 adults in the general population without diabetes with a median follow-up of 7.94 years using the National Health Insurance Database in South Korea between January 2009 and December 2020. The adjusted hazard ratios (aHRs) were estimated for the occurrence of mental disorders.

**Results:** The incidence of mental disorders was more than twice as high in patients with new-onset type 1 diabetes (66 per 1000 person-years) than in those without diabetes (29 per 1000 person-years). The aHR [95% confidence interval] comparing adults with new-onset type 1 diabetes with those without diabetes were 2.20 [2.12.2.29] for mental disorders, 3.16 [2.99.3.35], for depression, 2.55 [2.32.2.80] for mood disorders, 1.89 [1.80.1.97] for anxiety and stress related disorders, 2.50 [1.48.4.22] for eating disorders, 2.62 [1.45.4.73] for personality and behavior disorders and 4.39 [3.55.5.43] for alcohol and drug misuse disorders. When new-onset type 1 diabetes occurred at the age of 41 to 50, the aHR of developing mental illness was 2.43 [2.19.2.70], compared to those without diabetes.

**Conclusions:** In this nationwide prospective study, new-onset type 1 diabetes in adulthood was significantly associated with a higher risk of mental disorders than in the general population without diabetes.

**Keywords:** Cohort study; Depression; Mental disorders; Type 1 diabetes.

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## **Conflict of interest statement**

**Declaration of Competing Interest** The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

**Full text links**

34. [Short report: Siblings of children with neurodevelopmental disorders, a phenomenological perspective on parental perception](#)

Res Dev Disabil. 2023 Dec 14:144:104654. doi: 10.1016/j.ridd.2023.104654. Online ahead of print.

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PMID: [38101210](#)

DOI: [10.1016/j.ridd.2023.104654](#)

## Abstract

**Background:** Siblings, typically developing brothers and sisters of children with neurodevelopmental disorders (NDD), are at risk for long-term psychosocial difficulties.

**Objective:** The present study aims at obtaining an in-depth insight on the lived experience of siblings of children with NDD through their parents' perspective.

**Methods:** Seven mothers and three fathers who signed up their sibling children (12-15 years) to a peer-support intervention participated in a semi-structured videoconference interview according to the Interpretative Phenomenological Analysis (IPA) qualitative approach. Interviews were conducted by trained personnel and independently coded.

**Results:** Thematic analysis highlighted three core themes and twelve sub-themes: "The complexity of the fraternal relationship" (three sub-themes), "Growing up with diversity" (six sub-themes), and "Me as a sibling" (three sub-themes).

**Conclusions:** The study provides insight on parents' perception of the lived experience of their sibling children, thus spreading awareness on the everyday difficulties families with a child with NDD may encounter.

**What this paper adds:** The present study contributes to the scarce literature on the lived experience of siblings of children with NDD, and notably it is one of the few qualitative studies on the topic which makes use of an IPA interviewing style. This methodological choice allowed for an in-depth understanding of siblings' strengths and struggles as perceived by their own parents, and of how their brother/sister's condition impacted on their family role, socio-emotional development and personality. Recounting siblings' experiences contributes in spreading awareness on the everyday

difficulties siblings and their families face when cohabitating with a child with NDD.

**Keywords:** Educational intervention; Interpretive phenomenological analysis; Neurodevelopmental disorder; Parent; Peer-support; Qualitative methods; Siblings.

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### Full text links

## 35. [Key factors behind various specific phobia subtypes](#)

Sci Rep. 2023 Dec 14;13(1):22281. doi: 10.1038/s41598-023-49691-0.

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PMID: [38097804](#)



PMCID: [PMC10721914](#)

DOI: [10.1038/s41598-023-49691-0](#)

**Free PMC article**

## **Abstract**

While it has been suggested that more than a quarter of the whole population is at risk of developing some form of specific phobia (SP) during their lives, we still know little about the various risk and protective factors and underlying mechanisms. Moreover, although SPs are distinct mental disorder categories, most studies do not distinguish between them, or stress their differences. Thus, our study was manifold. We examined the psychometric properties of the Specific Phobia Questionnaire (SPQ) and assessed whether it can be used for screening in the general population in a large sample (N = 685). Then, using general linear modeling on a second sample (N = 432), we tested how potential socio-demographic, cognitive emotion regulatory, and personality variables were associated with the five SP subtypes. Our results show that the SPQ is a reliable screening tool. More importantly, we identified transdiagnostic (e.g., younger age, female gender, rumination, catastrophizing, positive refocusing) as well as phobia-specific factors that may contribute to the development and maintenance of SPs. Our results support previous claims that phobias are more different than previously thought, and, consequently, should be separately studied, instead of collapsing into one category. Our findings could be pertinent for both prevention and intervention strategies.

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## **Conflict of interest statement**

The authors declare no competing interests.

[76 references](#)

[1 figure](#)

**Full text links**

36. [Pre-clinical indications of brain stimulation treatments for non-affective psychiatric disorders, a status update](#)

Transl Psychiatry. 2023 Dec 14;13(1):390. doi: 10.1038/s41398-023-02673-2.

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PMCID: [PMC10721798](#)

DOI: [10.1038/s41398-023-02673-2](#)

**Free PMC article**

**Abstract**

Over the past two decades noninvasive brain stimulation (NIBS) techniques have emerged as powerful therapeutic options for a range of psychiatric and neurological disorders. NIBS are hypothesized to rebalance pathological brain networks thus reducing symptoms and improving functioning. This development has been fueled by controlled studies with

increasing size and rigor aiming to characterize how treatments induce clinically effective change. Clinical trials of NIBS for specific indications have resulted in federal approval for unipolar depression, bipolar depression, smoking cessation, and obsessive-compulsive disorder in the United States, and several other indications worldwide. As a rapidly emerging field, there are numerous pre-clinical indications currently in development using a variety of electrical and magnetic, non-convulsive, and convulsive approaches. This review discusses the state-of-the-science surrounding promising avenues of NIBS currently in pre-approval stages for non-affective psychiatric disorders. We consider emerging therapies for psychosis, anxiety disorders, obsessive-compulsive disorder, and borderline personality disorder, utilizing transcranial magnetic stimulation (TMS), transcranial direct current stimulation (tDCS), and magnetic seizure therapy (MST), with an additional brief section for early-stage techniques including transcranial focused ultrasound stimulation (tFUS) and transcranial alternating current stimulation (tACS). As revealed in this review, there is considerable promise across all four psychiatric indications with different NIBS approaches. Positive findings are notable for the treatment of psychosis using tDCS, MST, and rTMS. While rTMS is already FDA approved for the treatment of obsessive-compulsive disorder, methodologies such as tDCS also demonstrate potential in this condition. Emerging techniques show promise for treating non-affective disorders likely leading to future regulatory approvals.

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## **Conflict of interest statement**

The authors declare no competing interests.

[135 references](#)

## **Full text links**

- 
37. [Examining the structure of personality dysfunction](#)

Personal Disord. 2023 Dec 14. doi: 10.1037/per0000648. Online ahead of print.

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PMID: [38095995](#)

DOI: [10.1037/per0000648](#)

## Abstract

Personality impairment is a core feature of personality disorders in both current (i.e., *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition [DSM-5] personality disorders, *International Classification of Diseases*, 11th revision personality disorders) and emerging (i.e., DSM-5's alternative model of personality disorders) models of psychopathology. Yet, despite its importance within clinical nosology, attempts to identify its optimal lower-order structure have yielded inconsistent findings. Given its presence in diagnostic models, it is important to better understand its empirical structure across a variety of instantiations. To the degree that impairment is multifaceted, various factors may have different nomological networks and varied implications for assessment, diagnosis, and treatment. Therefore, participants were recruited from two large public universities in the present preregistered study ( $N = 574$ ) to explore the construct's structure with exploratory "bass-ackward" factor analyses at the item level. Participants completed over 250 items from six commonly used measures of personality dysfunction. Criterion variables in its nomological network were also collected (e.g., general and pathological personality traits,

internalizing/externalizing behavior, and personality disorders) using both self- and informant-reports. These factor analyses identified four lower-order facets of impairment (i.e., negative self-regard, disagreeableness, intimacy problems, and lack of direction), all of which showed moderate to strong overlap with traits from both general and pathological models of personality. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

38. [\*\*Psychological and neural correlates of social affect and cognition in narcissism: A multimethod study of self-reported traits, experiential states, and behavioral and brain indicators\*\*](#)

Personal Disord. 2023 Dec 14. doi: 10.1037/per0000645. Online ahead of print.

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PMID: [38095994](#)

DOI: [10.1037/per0000645](#)

#### **Abstract**

"Lack of empathy" is a diagnostic criterion of narcissism, but the nature of interpersonal functioning in narcissism is still being debated. Both, empathy and narcissism, are multidimensional constructs, and their relation might depend upon contextual factors. We investigated social affect and cognition in narcissism spanning self-reported traits and experiential states

(Ecological Momentary Assessment) as well as behavioral and brain indicators (task-related functional magnetic resonance imaging).  $N = 140$  individuals were selected to cover the full dimensional range of grandiose and vulnerable narcissism, including their constituent self-regulatory dimensions of agentic, antagonistic, and neurotic narcissism. Grandiose narcissism was associated with lower social affect at almost all analysis levels. The associations can be attributed to antagonistic self-regulatory dynamics, and are associated with lower brain activation during subjective experiencing of social affect in regions of the salience network. Social cognition was habitually lowered but not impaired in antagonistic narcissism. Our findings do not support a general "lack of empathy." (PsycInfo Database Record (c) 2023 APA, all rights reserved).

39. [\*\*Eating behaviours and personality characteristics of clinicians and researchers working in eating disorders\*\*](#)

Eat Disord. 2023 Dec 14:1-17. doi: 10.1080/10640266.2023.2293502. Online ahead of print.

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DOI: [10.1080/10640266.2023.2293502](#)

## Abstract

Disturbances in eating behaviours and differences in personality characteristics, such as perfectionism, cognitive flexibility, and obsessive-compulsive behaviours, are commonly reported in individuals with eating disorders (ED) and can influence the development and maintenance of EDs. The presence of these characteristics in ED professionals may also have an influence on their patients. The aim of this study was to gain a better understanding of the presence of these behaviours and characteristics in ED clinicians/researchers (EDCR). This study examined whether these constructs differed amongst 83 EDCR and 47 general mental health clinicians/researchers (MHCR), who completed an online survey, measuring eating disorder symptomology, orthorexia nervosa, perfectionism, cognitive flexibility, and obsessive-compulsive traits. Significantly less dietary restraint, eating concerns and orthorexia nervosa behaviours, but significantly poorer ability to seek out alternative solutions (i.e. a component of cognitive flexibility) were found in the EDCR group compared with the MHCR group. Moderation analysis found no effect of ED history on the relationship between eating behaviours and group. These results suggest that working in the ED field may be a protective factor against developing certain disordered eating behaviours. However, poorer cognitive flexibility may adversely impact EDCRs, and should be considered when carrying out their clinical and/or research duties.

### Full text links

40. [\*\*Affectivity in danish patients with emotional disorders: assessing the validity of the Positive and Negative Affect Schedule \(PANAS\)\*\*](#)

BMC Psychiatry. 2023 Dec 13;23(1):943. doi: 10.1186/s12888-023-05450-z.

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PMID: [38093282](#)



PMCID: [PMC10720164](#)

DOI: [10.1186/s12888-023-05450-z](#)

**Free PMC article**

## Abstract

**Background:** The Positive and Negative Affect Schedule (PANAS) was designed to measure trait positive affect (PA) and trait negative affect (NA).

**Methods:** The Danish PANAS was administered to outpatients with depression and anxiety disorders. Internal consistency was assessed using Cronbach's alpha and McDonald's omega and factorial structure was evaluated using confirmatory factor analysis (CFA). Convergent validity was evaluated by means of correlations with the negative affectivity and the detachment domain of the Personality Inventory for DSM-5 Short Form (PID-5-SF), the Hamilton Anxiety Rating Scale 6 (HARS-6) and the Hamilton Depression Rating Scale 6 (HDRS-6).

**Results:** PANAS Scores of 256 patients were analyzed. Cronbach's alpha and McDonald's omega showed good internal consistency for both the PA score (alpha = .84 and omega = .89) and the NA score (alpha = .86 and omega = .90). CFA analysis confirmed a structure with two factors corresponding to the PA and NA factors. PA was negatively correlated with the detachment domain of PID-5 ( $r = -.47$ ), HARS-6 ( $r = -.15$ ) and HDRS-6 ( $r = -.37$ ). NA was positively correlated with PID-5-SF negative affectivity domain ( $r = .43$ ), HARS-6 ( $r = .51$ ) and HDRS-6 ( $r = .52$ ).

**Discussion:** The Danish PANAS has promising internal consistency and construct validity, which are comparable to other studies of the instrument.

**Keywords:** Affectivity; Emotional disorders; PANAS.

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## Conflict of interest statement

The authors declare no competing interests.

[55 references](#)

[1 figure](#)

**Full text links**

41. [\*\*Diagnosing callous-unemotional personality traits by heart rate orienting responses to images inducing threat and distress\*\*](#)

Sci Rep. 2023 Dec 12;13(1):22063. doi: 10.1038/s41598-023-49307-7.

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PMID: [38086856](#)

PMCID: [PMC10716146](#)

DOI: [10.1038/s41598-023-49307-7](#)

**Free PMC article**

**Abstract**

The present study aimed at developing a rather easily applicable method of testing physiological reactions to images of threats and misery. To this end, rapid-changing, transient heart rate orienting responses were used for gaining physiologically based, objective responses to the images. Additionally, subjective ratings were obtained. A significant insensitivity to other's welfare and well-being was already demonstrated as a core feature of callous-unemotional personalities. Thus, physiologically based methods may supplement and possibly improve existing assessments and, in particular, may contribute to a multimodal assessment of psychopathic traits. Out of a non-forensic community sample of 122 men, we selected two extreme groups of 30 participants with the lowest and highest callous-unemotional traits respectively, ascertained by questionnaires. As expected, participants with higher scores of callous-unemotional traits showed smaller responses to distress cues in both heart rate responses and subjective ratings. Moreover, within the group with high callous-unemotional traits heart rate responses to threatening as well as distress cues did not significantly differ from responses to neutral pictures. The study provides further evidence for the idea that a lack of responsiveness to distress cues may be seen as a central feature of callous-unemotional personalities.

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## **Conflict of interest statement**

The authors declare no competing interests.

[68 references](#)

**Full text links**

- 
42. [\*\*Non-standard diagnostic assessment reliability in psychiatry: a study in a Brazilian outpatient setting using Kappa\*\*](#)

Eur Arch Psychiatry Clin Neurosci. 2023 Dec 12. doi: 10.1007/s00406-023-01730-7. Online ahead of print.

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DOI: [10.1007/s00406-023-01730-7](#)

## Abstract

The use of Structured Diagnostic Assessments (SDAs) is a solution for unreliability in psychiatry and the gold standard for diagnosis. However, except for studies between the 50 s and 70 s, reliability without the use of Non-SDAs (NSDA) is seldom tested, especially in non-Western, Educated, Industrialized, Rich, and Democratic (WEIRD) countries. We aim to measure reliability between examiners with NSDAs for psychiatric disorders. We compared diagnostic agreement after clinician change, in an outpatient academic setting. We used inter-rater Kappa measuring 8 diagnostic groups: Depression (DD: F32, F33), Anxiety Related Disorders (ARD: F40-F49, F50-F59), Personality Disorders (PD: F60-F69), Bipolar Disorder (BD: F30, F31, F34.0, F38.1), Organic Mental Disorders (Org: F00-F09), Neurodevelopment Disorders (ND: F70-F99) and Schizophrenia Spectrum Disorders (SSD: F20-F29). Cohen's Kappa measured agreement between groups, and Bapthkar's test assessed if any diagnostic group have a higher tendency to change after a new diagnostic assessment. We analyzed 739 reevaluation pairs, from 99 subjects who attended IPUB's outpatient clinic. Overall inter-rater Kappa was moderate, and none of the groups had a different tendency to change. NSDA evaluation was moderately reliable, but the lack of some prevalent hypothesis inside the pairs raised concerns about NSDA sensitivity to some diagnoses. Diagnostic momentum bias (that is, a tendency to keep the last diagnosis observed) may have inflated the observed agreement. This research was approved by IPUB's ethical committee, registered under the CAAE33603220.1.0000.5263, and the UTN-U1111-1260-1212.

**Keywords:** Clinical decision-making; Clinical reasoning; Diagnoses and examinations; Differential diagnosis; Medical history-taking.

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[77 references](#)

**Full text links**

43. [Psychiatric disorders and management of sexual offenders in the prison psychiatric consultation unit of Marseille](#)

J Forensic Sci. 2023 Dec 11. doi: 10.1111/1556-4029.15450. Online ahead of print.

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## Abstract

Since 2017, complaints of sexual violence have increased in France. At the same time, the management of sexual offenders has been at the center of international public health policies. The prevalence of mental disorders among sexual offenders is an essential field of research. There are some published studies on the prevalence of psychiatric disorders in sexual offenders in detention, but there are few recent published studies among French individuals who were detained. Our objectives were to determine the prevalence of psychiatric disorders among persons detained for sexual offenses and the level of care received according to their diagnosis. For this purpose, we carried out a retrospective observational study from January 2017 to October 2021 of all adult sexual offenders, whether accused or convicted, who were seen in the psychiatric consultation unit of Les Baumettes prison, Marseille, France. The primary outcome measure was the psychiatric diagnosis entered in the medical records. One hundred forty-two patients were included in analysis. All patients were men, and the majority (n = 97, 68.3%) of these patients presented with at least one psychiatric disorder, principally a personality disorder (31.7%). 10.6% presented with a schizophrenic disorder, 4.9% a bipolar disorder, 3.5% a depressive disorder, 5.6% pedophilic paraphilia, and 25.4% an addictive disorder. Their management and comorbid addictions were analyzed in subgroups for each psychiatric disorder. Patients appeared to receive an appropriate level of care for their diagnosed disorder. It seems important to develop structured assessment of recidivism risk for better management of sexual offenders.

**Keywords:** forensic psychiatry; management of sexual offenders; mental health care in prison; penal institution; psychiatric disorders; sexual offender.

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[79 references](#)

**Full text links**

44. [\*\*Estimating bidirectional effects between social connectedness and mental health in adolescent students: Addressing biases due to endogeneity\*\*](#)

PLoS One. 2023 Dec 11;18(12):e0294591. doi: 10.1371/journal.pone.0294591. eCollection 2023.

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**Free PMC article**

**Abstract**

Research on the bidirectional relationship between social connectedness and health/mental health in adolescents is scarce, with most studies on adults. Some of the existing studies exploited the availability of longitudinal data to provide evidence of the existence of a causal relationship, either from social connectedness to health or establish a bidirectional



relationship. There are at least two weaknesses associated with earlier research to assess the size of the effects. As acknowledged in the literature, one relates to attributing causality to empirical findings, due to well-known but inadequately addressed endogeneity biases. The other relates to failure to account for potentially important covariates, sometimes due to data limitations, or because such variables are not frequently used in sociological research. Existing research predominantly finds that the strongest path is from social connectedness to health/mental health, with effect estimates modest in size. I followed a quasi-experimental strategy by modelling adolescent students' perceptions of social connectedness and mental health perceptions as potentially endogenous variables when estimating bidirectional effects. An instrumental variables (IV) modelling approach was followed, supplemented with a recently developed alternative approach to testing the exclusion restrictions of individual instruments. I exploited the rich information available in the PISA 2018 multi-country dataset, which allows for conditioning for a wide array of information on adolescent students' personal circumstances, self-reported personality-related attributes, relationships with parents; and school characteristics. I found that (1) accounting for endogeneity biases is important; and (2) as opposed to findings reported in the literature, the dominant effect is from mental health perceptions to social connectedness for both male and female participants. The policy relevance of the findings is that adolescent mental health should be the primary focus of interventions, i.e., identifying and treating mental health symptoms as a primary intervention and as a precursor to improving the social connectedness of adolescents.

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## **Conflict of interest statement**

The author declares that they have no financial or non-financial competing interests.

[44 references](#)

[16 figures](#)

## Full text links

45. [Can new approaches to synthesising evidence help achieve a consensus in psychotherapy research?](#)

Australas Psychiatry. 2023 Dec 11:10398562231219851. doi: 10.1177/10398562231219851. Online ahead of print.

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### Free article

## Abstract

**Objective:** The recent debate around the College's Clinical Practice Guidelines on mood disorders have highlighted differences in opinion on interpreting evidence from randomised control trials (RCTs) for psychodynamic psychotherapy. This paper discusses new techniques of synthesising research evidence (e.g., umbrella reviews) that may help minimise disagreements in the interpretation of RCTs and foster greater consensus on treatment guidelines.

**Conclusions:** Findings from the latest umbrella review suggest that psychodynamic therapy is an evidence-based approach, among several, for common mental disorders.

**Keywords:** anxiety disorders; common mental disorders; depressive disorders; personality disorders; psychodynamic therapy; psychotherapies; somatic symptom disorders; umbrella reviews.

## **Conflict of interest statement**

DisclosureThe author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## **Full text links**

### 46. [\*\*An amygdala-centered effective connectivity network in trait anxiety\*\*](#)

Brain Imaging Behav. 2023 Dec 11. doi: 10.1007/s11682-023-00837-8. Online ahead of print.

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## Abstract

Previous studies have established that the amygdala plays an important role in trait anxiety. However, there remains limited knowledge regarding the changes in amygdala-centered effective connectivity network associated with this trait. The current study employed the Granger Causal analysis to investigate the directional connectivity patterns involving the amygdala in relation to trait anxiety in a large cohort of young adults (N = 424). The results revealed a negative association between trait anxiety scores and the Granger causality from the left middle frontal gyrus and right superior frontal gyrus to the right amygdala. Conversely, higher trait anxiety levels were found to be associated with increased effective connectivity from the left amygdala to the left hippocampus. These results demonstrated the significance of the prefrontal cortex-amygdala-hippocampus neural circuitry in the neurobiological mechanisms underlying trait anxiety. Our findings advance the comprehension of this characteristic, holding promise for informing strategies in the prevention and treatment of related mental disorders.

**Keywords:** Amygdala; Granger causal analysis; Hippocampus; Prefrontal cortex; Trait anxiety.

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47. **This is a preprint.**

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## **[Normative Modeling of Brain Morphometry Across the Lifespan Using CentileBrain: Algorithm Benchmarking and Model Optimization](#)**

bioRxiv. 2023 Dec 2:2023.01.30.523509. doi:  
10.1101/2023.01.30.523509. Preprint

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## Free PMC article

## Abstract

We present an empirically benchmarked framework for sex-specific normative modeling of brain morphometry that can inform about the biological and behavioral significance of deviations from typical age-related neuroanatomical changes and support future study designs. This framework was developed using regional morphometric data from 37,407 healthy individuals (53% female; aged 3-90 years) following a comparative evaluation of eight algorithms and multiple covariate combinations pertaining to image acquisition and quality, parcellation software versions, global neuroimaging measures, and longitudinal stability. The Multivariate Factorial Polynomial Regression (MFPR) emerged as the preferred algorithm optimized using nonlinear polynomials for age and linear effects of global measures as covariates. The MFPR models showed excellent accuracy across the lifespan and within distinct age-bins, and longitudinal stability over a 2-year period. The performance of all MFPR models plateaued at sample sizes exceeding 3,000 study participants. The model and scripts described here are freely available through CentileBrain (<https://centilebrain.org/>).

## Conflict of interest statement

Declaration of interests SSH is supported by NIH National Institute of Mental Health (T32MH122394), and received a travel award from the Society of Biological Psychiatry to attend the annual meeting in 2023. HB declares an institutional grant from the National Health and Medical Research Council; has received compensation for being on an advisory board or a consultant to Biogen, Eisai, Eli Lilly, Roche, and Skin2Neuron; payment for being on the Cranbrook Care Medical Advisory Board, and honoraria for being on the Montefiore Homes Clinical Advisory Board. RMB and HEHP declare partial funding through the Geestkracht programme of the Dutch Health Research Council (Zon-Mw, grant No 10-000-1001), and matching funds from participating pharmaceutical companies (Lundbeck, AstraZeneca, Eli Lilly, Janssen Cilag) and universities and mental health care organizations (Amsterdam: Academic Psychiatric Centre of the Academic Medical Center and the mental health institutions: GGZ Ingeest, Arkin, Dijk en Duin, GGZ Rivierduinen, Erasmus Medical Centre, GGZ Noord Holland Noord. Groningen: University Medical Center Groningen and the mental health institutions: Lentis, GGZ Friesland, GGZ Drenthe, Dimence, Mediant, GGNet Warnsveld, Yulius Dordrecht and Parnassia psycho-medical center The Hague. Maastricht: Maastricht University Medical Centre and the mental health institutions: GGzE, GGZ Breburg, GGZ Oost-Brabant, Vincent van Gogh voor Geestelijke Gezondheid, Mondriaan, Virenze riagg, Zuyderland GGZ, MET ggz, Universitair Centrum Sint-Jozef Kortenberg, CAPRI University of Antwerp, PC Ziekeren Sint-Truiden, PZ Sancta Maria Sint-Truiden, GGZ Overpelt, OPZ Rekem. Utrecht: University Medical Center Utrecht and the mental health institutions Altrecht, GGZ Centraal and Delta), Nederlandse Organisatie voor Wetenschappelijk Onderzoek (NWO 51.02.061 to H.H., NWO 51.02.062 to D. B., NWO-NIHC Programs of excellence 433-09-220 to H.H., NWO-MagW 480-04-004 to D. B., and NWO/SPI 56-464-14192 to D.B.); FP7 Ideas: European Research Council (ERC-230374 to D. B.); and Universiteit Utrecht (High Potential Grant to H. H.). RB declares funding by NIH National Institute on Aging (R01AG067420); compensation for being on the scientific advisory board from Alkermes and Cognito Therapeutics with no conflict to the present work; honoraria from academic institutions for talks all under \$1000 and \$1000 for speaking at MGH/HMS course; travel fees for services to attend the annual meeting from the Simons Foundation; serves as a Director on the Simons Foundation collaborative initiative on aging (SCPAB); is a paid scientific advisory board member for philanthropic grants for The Foundation for OCD Research and the Klarman Family Foundation. BF has received educational speaking fees from Medice. DG reports funding from

the NIH. UD is funded through the German Research Foundation (DFG; DA 1151/9- 1, DA 1151/10- 1, DA 1151/11- 1). GS declares funding from the European Commission, DFG, and NSFC. CKT has received grants from the Research Council of Norway and the Norwegian Regional Health Authority, unrelated to the current work. HW reports funding from the German Research Foundation (WA 1539/11-1). NJ reports funding from the NIH and compensation from the International Neuropsychological Society. PT declares a grant from the NIH and travel funded by NIH grants. All other authors declare no competing interests.

[30 references](#)

[8 figures](#)

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48. [\*\*Computational modelling of reinforcement learning and functional neuroimaging of probabilistic reversal for dissociating compulsive behaviours in gambling and cocaine use disorders\*\*](#)

BJPsych Open. 2023 Dec 11;10(1):e8. doi: 10.1192/bjo.2023.611.

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**Free PMC article**

## **Abstract**



**Background:** Individuals with cocaine use disorder or gambling disorder demonstrate impairments in cognitive flexibility: the ability to adapt to changes in the environment. Flexibility is commonly assessed in a laboratory setting using probabilistic reversal learning, which involves reinforcement learning, the process by which feedback from the environment is used to adjust behavior.

**Aims:** It is poorly understood whether impairments in flexibility differ between individuals with cocaine use and gambling disorders, and how this is instantiated by the brain. We applied computational modelling methods to gain a deeper mechanistic explanation of the latent processes underlying cognitive flexibility across two disorders of compulsivity.

**Method:** We present a re-analysis of probabilistic reversal data from individuals with either gambling disorder ( $n = 18$ ) or cocaine use disorder ( $n = 20$ ) and control participants ( $n = 18$ ), using a hierarchical Bayesian approach. Furthermore, we relate behavioural findings to their underlying neural substrates through an analysis of task-based functional magnetic resonance imaging (fMRI) data.

**Results:** We observed lower 'stimulus stickiness' in gambling disorder, and report differences in tracking expected values in individuals with gambling disorder compared to controls, with greater activity during reward expected value tracking in the cingulate gyrus and amygdala. In cocaine use disorder, we observed lower responses to positive punishment prediction errors and greater activity following negative punishment prediction errors in the superior frontal gyrus compared to controls.

**Conclusions:** Using a computational approach, we show that individuals with gambling disorder and cocaine use disorder differed in their perseverative tendencies and in how they tracked value neurally, which has implications for psychiatric classification.

**Keywords:** Cocaine use disorder; expected value; gambling disorder; prediction error; reinforcement learning.

## **Conflict of interest statement**

J.W.D. has received funding from GlaxoSmithKline and Boehringer Ingelheim Pharma GmbH and is a co-investigator on an MRC programme grant (grant number MR/N02530X/1). T.W.R. is also a co-investigator of the

latter grant. J.W.K. was supported by an Angharad Dodds John Bursary in Mental Health and Neuropsychiatry. A.V.-G. is supported by a Leadership Investigator Grant from the Australian National Health and Medical Research Council (grant number GNT2009464). J.V.-R., N.A.-U. and C.S.-M. have no financial or conflicts of interest to declare. L.C. is the director of the Centre for Gambling Research at UBC, which received funding from the Province of British Columbia and the British Columbia Lottery Corporation. L.C. has received a speaker/travel honorarium from the International Center for Responsible Gaming (US) and Scientific Affairs (Germany), and has received fees for academic services from the International Center for Responsible Gaming (US), GambleAware (UK), Gambling Research Exchange Ontario (Canada) and Gambling Research Australia.

[40 references](#)

[6 figures](#)

**Full text links**

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49. [\*\*Borderline personality disorder and the diagnostic co-occurrence of mental health disorders and somatic diseases: A controlled prospective national register-based study\*\*](#)

Acta Psychiatr Scand. 2023 Dec 10. doi: 10.1111/acps.13642. Online ahead of print.

**Authors**

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PMID: [38072006](#)

DOI: [10.1111/acps.13642](#)

## Abstract

**Objective:** Information on borderline personality disorder (BPD) and its comorbidities is often limited to concentrate on a few diagnoses. The aim of the study was to use national register data to investigate all diagnostic co-occurring mental health disorders and somatic diseases 3 years before and after initial BPD diagnosis compared with a matched control group.

**Method:** The study was a register-based cohort of 2756 patients with incident BPD (ICD F60.3) and 11,024 matched controls, during 2002-2016. Comorbidity data were classified into main disease groups, in accordance with the World Health Organization ICD-10 criteria.

**Results:** Almost half the patients had been diagnosed with mental and behavioral disorders before the BPD diagnosis as compared to 3% in the control group. Further, the co-occurrence of diseases due to external causes of morbidity, including injury, self-harm, and poisoning were more represented in the BPD group before diagnosis as compared to the control group. In addition, co-occurring morbidity related to diseases in the

circulatory, the respiratory, the digestive, the musculoskeletal, and the genitourinary system was more represented in the BPD group. After diagnosis, the proportion of patients with co-occurring morbidity increased further in all main disease groups in the BPD group. As many as 87% of patients had mental and behavioral co-occurring morbidity and 15% nervous diseases as compared with 3% and 4%, respectively, in the control group. Also, comorbidities related to external causes of morbidity, including for example, injury and self-harm were more represented in the BPD group. The BPD group had more somatic co-occurring morbidity, especially digestive, respiratory, circulatory, and endocrine diseases. Finally, the mortality over 12 years was statistically significantly higher in people with BPD than in the control group.

**Conclusion:** Patients with BPD have higher odds for multiple physical health conditions and co-occurrence of mental health disorders.

**Keywords:** borderline personality disorder; co-occurring morbidity; comorbidity; health service utilization; register study.

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[47 references](#)

**Full text links**

50. [\*\*Suicide in individuals with no psychiatric disorders-what makes you vulnerable?\*\*](#)

QJM. 2023 Dec 9;hcad279. doi: 10.1093/qjmed/hcad279. Online ahead of print.

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PMID: [38070495](#)

DOI: [10.1093/qjmed/hcad279](#)

## **Abstract**

Globally, hundreds of thousands of people die by suicide every year. Suicides are usually associated with psychiatric illness. However, considerable evidence suggests that a significant number of individuals who die by suicide do not have diagnosable psychiatric disorders. The goal of this article is to attract attention to an overlooked issue of suicide in persons with no psychiatric disorders and to discuss some aspects of this issue. Research on identification and prevention of suicidal behavior in people with no psychiatric disorders is very limited. The available data indicates that suicides in individuals without psychiatric disorders are related to life stressors, lack of social support, and certain personality traits such as impulsivity. Suicide risk may be increased in military veterans with no psychiatric disorders. Many physical disorders, especially conditions associated with pain increase suicide risk in individuals with no diagnosable psychiatric disorders. Developmental, genetic, and physical factors may play a role in the psychobiology of suicide in people with no psychiatric conditions. Promoting resilience may reduce suicide risk in the general population. Clinicians who work with medical or surgical patients need to have sufficient training in suicide prevention. Possibly, shifting some suicide prevention resources from individuals who are regarded as high-risk suicide patients to the general population may reduce suicide rates. Public education and better awareness about suicide may reduce suicide deaths among people with no psychiatric disorders.

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**Full text links**

51. [Linguistic characteristics in bipolar disorder versus borderline personality disorder](#)

Sci Rep. 2023 Dec 7;13(1):21715. doi: 10.1038/s41598-023-46038-7.

**Authors**

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PMCID: [PMC10709396](#)

DOI: [10.1038/s41598-023-46038-7](#)

**Free PMC article**

**Abstract**

Scientific evidence has documented throughout the research carried out in recent years, the neuropsychological, behavioral and adaptive difficulties presented by people with Bipolar Disorder and Borderline Personality Disorder at different stages of their development. However, little importance has been given to other factors such as communication, especially in the adult population. The objective of this research was to know the language characteristics presented by people from both groups and the differences in linguistic development. The sample consisted of 60 participants between the ages of 17 and 42:31 of them with a diagnosis of Borderline Personality Disorder and the remaining 29 with a diagnosis of

Bipolar Disorder. The standardized evaluation instruments were: the Social Skills Scale and the Pragmatic Competence Questionnaire completed by three different informants (families, professionals and the own person). The results obtained show that both populations manifest linguistic difficulties in adulthood and that there are differences depending on the perception of the agent involved in the language assessment. These results are highly relevant since they provide up-to-date information about language level, support the need for language intervention in adulthood, and reflect a different communicative profile in Bipolar Disorder and Borderline Personality Disorder.

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## **Conflict of interest statement**

The authors declare no competing interests.

[66 references](#)

## **Full text links**

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52. [\*\*Narcissism and antisocial behaviour in sport: The moderating role of self-compassion\*\*](#)

Psychol Sport Exerc. 2024 Jan;70:102528. doi: 10.1016/j.psychsport.2023.102528. Epub 2023 Aug 30.

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PMID: [38065660](#)

DOI: [10.1016/j.psychsport.2023.102528](#)

## Abstract

Narcissism, which features the chronic disposition to seek the opportunity to construct and maintain an inflated self, is a known risk for antisocial behaviour. However, knowledge of factors that mitigate the effects of narcissism on antisocial behaviour is lacking. In two studies we explored the hypothesis that self-compassion would protect against the link between narcissism and antisocial behaviour, such that narcissism would be less related to antisocial behaviour when self-compassion was high. Study 1 was a cross-sectional study with a sample of professional footballers (N = 208). Study 2 utilised a sample of competitive athletes from a variety of sports (N = 324) over an eight-month period. The data from both studies supported the hypothesis: Greater self-compassion was associated with a null (Study 1) or significantly attenuated (Study 2) relationship between narcissism and antisocial behaviour. We discuss the implications of the findings, including the benefits of incorporating self-compassion in sport settings.

**Keywords:** Compassion; Grandiosity; Latent growth curve modelling; Moderation; Moral behaviour; Narcissist.

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## Conflict of interest statement

Declaration of competing interest This research received financial support from the School of Human Sciences, University of Derby, UK on paying compensation to participants. The authors do not have any conflict of interests. The data that support the findings of the research are not publicly available due to ethics restriction. The data and codes for analysis are available for qualified researchers on request from the corresponding authors.



53. [Online psychoeducation and digital assessments as a first step of treatment for borderline personality disorder: A protocol for a pilot randomized controlled trial](#)

PLoS One. 2023 Dec 7;18(12):e0294331. doi: 10.1371/journal.pone.0294331. eCollection 2023.

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PMCID: [PMC10703320](#)

DOI: [10.1371/journal.pone.0294331](#)

### Free PMC article

## Abstract

**Background:** Treatment trials for borderline personality disorder (BPD) have consistently demonstrated that approaches that are diagnostically tailored are superior to those which are not. Currently, gold standard treatments for BPD are highly intensive, lengthy, and specialized, leading to a critical gap between the supply and demand of effective, evidence-based treatment for patients who receive a diagnosis of BPD. Psychoeducation, which is a common component of most treatments known to be effective, is

a low-cost, low-burden intervention proven to relieve symptoms. The present study builds on psychoeducation research, assessing online video prescriptions as a means of disseminating information patients need to know about their diagnosis and care.

**Methods:** This article presents the study protocol for a safety, feasibility, and preliminary efficacy trial of psychoeducational video prescriptions and online assessment with feedback for newly diagnosed individuals with BPD. We aim to recruit 100 adults recently diagnosed with BPD to be randomly assigned to receive videos about BPD or videos about non-BPD mental health topics that are matched in length in the first step of the study. All participants will complete daily surveys about their emotions, interpersonal interactions, and behaviors, as well as self-report assessments and cognitive tests at 4 different time points. Half of the participants in the intervention group will receive feedback on their symptom ratings and cognitive test performance to assess whether there is incremental value in tailoring this online set of interventions with individualized feedback unique to each participant. This study aims to assess the effects of BPD-focused psychoeducational videos with and without personalized feedback, on BPD and depressive symptom severity as well as core mechanisms of the disorder such as loneliness, rejection sensitivity, cognitive control difficulties, and self-clarity. Results will inform efforts to progress to a larger, more definitive trial.

**Trial registration:** Clinical trials registration: The protocol is registered with ClinicalTrials.gov [NCT05358925](https://clinicaltrials.gov/ct2/show/study/NCT05358925).

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## **Conflict of interest statement**

The authors have declared that no competing interests exist.

[43 references](#)

[2 figures](#)

## Full text links

54. [The role of mindfulness and emotion regulation in dialectical behavioral therapy for borderline personality disorder](#)

Personal Disord. 2023 Dec 7. doi: 10.1037/per0000640. Online ahead of print.

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DOI: [10.1037/per0000640](#)

## Abstract

Despite nearly 30 years of research demonstrating its effectiveness in the treatment of borderline personality disorder (BPD) and related problems, few studies have investigated mechanisms of change for dialectical behavior therapy (DBT; Linehan, 1993a). Improvements in mindfulness and emotion regulation have been highlighted as key potential mechanisms of change in DBT (Lynch et al., 2006). The present study examined the time course of and associations between mindfulness, emotion regulation, and BPD symptoms during DBT. Participants were 240 repeatedly and recently self-harming adults ( $M_{\text{age}} = 27.75$ ) with BPD who were randomly assigned to receive either 6 or 12 months of standard DBT. Primary hypotheses were

that: (a) changes in mindfulness would occur before changes in emotion regulation, and (b) changes in emotion regulation would mediate the association of changes in mindfulness with changes in BPD symptoms. Results from changepoint analysis illuminated the proportion of participants for whom first changes occurred in emotion regulation (40.7%), mindfulness (32.4%), or both (26.9%). Contrary to hypotheses, five-wave, cross-lagged analyses did not indicate mediational effects of either mindfulness or emotion regulation on the association of either variable with change in BPD symptoms. Supplemental analyses, however, suggested that changes in emotion regulation mediated the inverse association of changes in mindfulness with changes in BPD symptoms. Findings highlight patterns of change in key, proposed mechanisms of change in DBT and suggest important future research directions. (PsychoInfo Database Record (c) 2023 APA, all rights reserved).

55. [\*\*Disease trajectory of high neuroticism and the relevance to psychiatric disorders: A retro-prospective cohort study\*\*](#)

Acta Psychiatr Scand. 2023 Dec 6. doi: 10.1111/acps.13645. Online ahead of print.

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PMID: [38057974](#)

DOI: [10.1111/acps.13645](#)

## Abstract

**Background:** Neuroticism is a psychological personality trait that has a significant impact on public health and is also a potential predisposing factor for adverse disease outcomes; however, comprehensive studies of the subsequently developed conditions are lacking. The starting point of disease trajectory in terms of genetic variation remains unclear.

**Method:** Our study included 344,609 adult participants from the UK Biobank cohort who were virtually followed up from January 1, 1997. Neuroticism levels were assessed using 12 items from the Eysenck Personality Questionnaire. We performed a phenome-wide association analysis of neuroticism and subsequent diseases. Binomial tests and logistic regression models were used to test the temporal directionality and association between disease pairs to construct disease trajectories. We also investigated the association between polygenic risk scores (PRSs) for five psychiatric traits and high neuroticism.

**Results:** The risk for 59 diseases was significantly associated with high neuroticism. Depression, anxiety, irritable bowel syndrome, migraine, spondylosis, and sleep disorders were the most likely to develop, with hazard ratios of 6.13, 3.66, 2.28, 1.74, 1.74, and 1.71, respectively. The disease trajectory network revealed two major disease clusters: cardiometabolic and chronic inflammatory diseases. Medium/high genetic risk groups stratified by the PRSs of four psychiatric traits were associated with an elevated risk of high neuroticism. We further identified eight

complete phenotypic trajectory clusters of medium or high genetic risk for psychotic, anxiety-, depression-, and stress-related disorders.

**Conclusion:** Neuroticism plays an important role in the development of somatic and mental disorders. The full picture of disease trajectories from the genetic risk of psychiatric traits and neuroticism in early life to a series of diseases later provides evidence for future research to explore the etiological mechanisms and precision management.

**Keywords:** disease trajectory; genetic risk; neuroticism; phenome-wide association study; psychiatric disorder.

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[55 references](#)

**Full text links**

56. [\*\*Risk Factors for Suicide Reattempt among Adolescents and Young Adults: The Role of Psychiatric Disorders\*\*](#)

Psychiatr Q. 2023 Dec 7. doi: 10.1007/s11126-023-10064-5. Online ahead of print.

**Authors**

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PMID: [38057631](#)

DOI: [10.1007/s11126-023-10064-5](#)

## **Abstract**

Suicidal behaviour among young people is a serious public health concern. Each suicide attempt is related to further suicide attempts and completed suicide. This study aims to explore risk factors associated with repeated suicide attempt among adolescents and young adults. The cohort included 510 patients aged 12-29 years residing in Piedmont Region in North-Western Italy, who had been admitted to hospital or emergency department with a diagnosis of suicide attempt between 2010 and 2020. Cox regression models were used to evaluate potential risk factors for repeated suicide attempt. During the 11-years follow-up, 20.6% of adolescents and young adults repeated suicide attempt, 24.8% of females and 12.3% of males. Nearly 90% of youth who attempted suicide had a diagnosis of psychiatric disorder. After adjustment, younger age of onset of suicidal behaviour, and diagnosis of schizophrenia, bipolar disorder, depressive disorder, anorexia nervosa and personality disorder were significantly associated with repeated suicide attempt. The early identification of patients at higher risk of repetition of suicidal behaviour is of crucial importance. Better understanding of risk factors and effective treatment of mental disorders could help suicide prevention to reduce the burden of the problem among young people. Special attention should be paid during the initial months

following discharge from hospital or emergency department, when suicide reattempt risk is very high.

**Keywords:** Adolescents; Italy; Psychiatric disorders; Repeated suicide attempt; Young adults.

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[58 references](#)

**Full text links**

57. [\*\*Yoga-Nidra as a mental health booster: A narrative review\*\*](#)

J Ayurveda Integr Med. 2023 Dec 5;14(6):100842. doi: 10.1016/j.jaim.2023.100842. Online ahead of print.

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PMCID: [PMC10714319](#)

DOI: [10.1016/j.jaim.2023.100842](#)

**Free PMC article**



## Abstract

Mental health disorders are treated with all the available advanced health techniques. The pioneers of Indian philosophy, sages, saints, and yogis, through their experiences and rational explanations, expressed the importance of yoga, and their treatment effects. Yoga-Nidra (YN), one of a particular forms of yoga, is described as a simple and precise way of dealing with mental disorders. The use of YN as an intervention has been reported to reduce anxiety, anger, depression, post-traumatic stress disorder (PTSD), and other different kinds of psycho-physiological abnormalities. In addition to the role of Yoga-Nidra as an intervention tool, it also brings relaxation to the mind and brain, mental catharsis, a positive attitude, self-improvement, and personality refinement. At the same time, YN contributes to boost concentration, memory, and other cognitive capacities, including attention, and thoughts. Because of its important therapeutic contribution to psychological well-being and mental health, it is currently used as a therapy and medical intervention. Yoga-Nidra and other yogic practices will play an important role in treating mental, physical, and psychological problems and improving cognitive abilities, and will help to connect with oneself.

**Keywords:** Intervention; Therapy; Yoga-nidra; Yogic sleep.

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[33 references](#)

[1 figure](#)

**Full text links**

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58. [\*\*A head-to-head comparison of eight unique personality systems in predicting somatization phenomenon\*\*](#)

BMC Psychiatry. 2023 Dec 5;23(1):912. doi: 10.1186/s12888-023-05424-1.

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PMCID: [PMC10698954](#)

DOI: [10.1186/s12888-023-05424-1](#)

## Free PMC article

## Abstract

**Background:** If somatization is an independent personality trait, it is not clear whether it is specific to the temperament or maladaptive spectrum of personality. We aimed at the head-to-head comparison of temperament and maladaptive systems and spectra of personality to predict both somatization and somatic symptom and related disorders (SSRD).

**Methods:** The samples included 257 cases with SSRD (70.8% female) and 1007 non-SSRD (64.3% female) from Western Iran. The Personality Inventory for DSM-5 (PID-5), Personality Diagnostic Questionnaire-4 (PDQ-

4), Temperament and Character Inventory (TCI), Temperament Evaluation of Memphis, Pisa, Paris, and San Diego-Autoquestionnaire (TEMPS-A), Affective and Emotional Composite Temperament Scale (AFECTS), and Positive Affect and Negative Affect Model (PANAS) was used to data collection. A somatization factor plus temperament and maladaptive spectra of personality were extracted using exploratory factor analysis. Several hierarchical linear and logistic regressions were used to test the predictive systems and spectra.

**Results:** All personality systems jointly predict both somatization and SSRD with a slightly higher contribution for temperament systems. When the temperament and maladaptive spectra were compared, both spectra above each other significantly predicted both somatization ( $R^2 = .407$  versus  $.263$ ) and SSRD ( $R^2 = .280$  versus  $.211$ ). The temperament spectrum explained more variance beyond the maladaptive spectrum when predicting both the somatization factor (change in  $R^2 = .156$  versus  $.012$ ) and SSRD (change in  $R^2 = .079$  versus  $.010$ ).

**Conclusion:** All temperament and maladaptive frameworks of personality are complementary to predicting both somatization and SSRD. However, the somatization is more related to the temperament than the maladaptive spectrum of personality.

**Keywords:** DSM-5; Health anxiety; ICD-11; Maladaptive personality; Somatic symptom disorder; Temperament.

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## **Conflict of interest statement**

The authors declare no competing interests.

[62 references](#)

[1 figure](#)

**Full text links**

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59. [Association between personality characteristics and sleep quality among Chinese middle-aged and older adults: evidence from China family panel studies](#)

BMC Public Health. 2023 Dec 5;23(1):2427. doi: 10.1186/s12889-023-17352-6.

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**Free PMC article**

**Abstract**

**Background:** Poor sleep quality will have adverse effects on physical and mental health, quality of life and other aspects of middle-aged and older adults. Sleep quality is affected by many factors. Whether the sleep quality measures of the participants had changed in the previous or subsequent time period is not easily taken into account. Moreover, there have been no studies on this topic in Chinese middle-aged and older adults. The objective of this study was to mitigate the bias of sleep quality assessment, and

analyze the association between personality traits and sleep quality in Chinese middle-aged and older adults.

**Methods:** The data came from the China Family Panel Studies (CFPS). A total of 6031 participants aged  $\geq 45$  years were included in this study. Personality characteristics were evaluated based on the scores of each dimension of Big Five personality traits. Sleep duration and sleep perception were used as indicators to measure sleep quality. Logistic models were used to analyze the relationship between personality traits and sleep duration or sleep perception, respectively.

**Results:** 4.5% of the participants had abnormal sleep duration, and 14.4% had a pessimistic sleep perception. Conscientiousness was rated the highest among the personality traits ( $3.97 \pm 0.6$ ). Participants with higher scores for extraversion personality traits had more normal sleep duration (OR = 0.77, 95% CI: 0.64-0.93) and more optimistic sleep perception (OR = 0.86, 95% CI: 0.76-0.96). Using the Internet and feeling unwell in the past week have a moderating effect on the impact of conscientiousness personality characteristics on sleep duration or sleep perception, respectively (but not overall sleep quality). In addition, participants with a spouse or no recent physical discomfort tended to have a normal sleep duration and a more optimistic sleep perception.

**Conclusions:** The higher the score of extraversion personality traits, the better the overall sleep quality of middle-aged and older adults. Having a spouse and feeling unwell were the important factors affecting their sleep quality. Specific personality traits intervention should be carried out for middle-aged and older adults with poor sleep quality to make their personality traits are closer to extraversion. In addition, middle-aged and older adults without spouses should be encouraged to marry or remarry. We will strengthen health management and medical expenditures for middle-aged and older adults.

**Keywords:** China; Middle-aged and older adults; Personality characteristics; Sleep duration; Sleep perception.

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## **Conflict of interest statement**

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

[61 references](#)

[2 figures](#)

### Full text links

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60. [\*\*The dominant findings of a recessive man: from Mendel's kid pea to kidney\*\*](#)

Pediatr Nephrol. 2023 Dec 5. doi: 10.1007/s00467-023-06238-9. Online ahead of print.

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PMID: [38051388](#)

DOI: [10.1007/s00467-023-06238-9](#)

### Abstract

The research of Mendel, born two centuries ago, still has many direct implications for our everyday clinical work. He introduced the terms "dominant" and "recessive" characters and determined their 3:1 ratio in the offspring of heterozygous "hybrid" plants. This distribution allowed calculation of the number of the phenotype-determining "elements," i.e., the

alleles, and has been used ever since to prove the monogenic origin of a disorder. The Mendelian inheritance of monogenic kidney disorders is still of great help in distinguishing them from those with multifactorial origin in clinical practice. Inheritance of most monogenic kidney disorders fits to Mendel's observations: the equal contribution of the two parents and the complete penetrance or the direct correlation between the frequency of the recessive character and the degree of inbreeding. Nevertheless, beyond the truth of these basic concepts, several observations have expanded their genetic characteristics. The extreme genetic heterogeneity, the pleiotropy of the causal genes and the role of modifiers in ciliopathies, the digenic inheritance and parental imprinting in some tubulopathies, and the incomplete penetrance and eventual interallelic interactions in podocytopathies, reflect this expansion. For all these reasons, the transmission pattern in a natural setting may depend not only on the "character" but also on the causal gene and the variant. Mendel's passion for research combined with his modest personality and meticulous approach can still serve as an example in the work required to understand the non-Mendelian universe of genetics.

**Keywords:** Genetics; Inheritance; Mendel; Mendelian; Monogenic; Oligogenic; Penetrance.

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[73 references](#)

**Full text links**

61. [\*\*The relationship between personality traits and dysfunctional attitudes in individuals with or without major depressive disorder: a case control study\*\*](#)

BMC Psychiatry. 2023 Dec 4;23(1):901. doi: 10.1186/s12888-023-05392-6.

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PMCID: [PMC10694876](#)

DOI: [10.1186/s12888-023-05392-6](#)

**Free PMC article**



## Abstract

**Background:** Dysfunctional attitudes, which are characterized by distorted self-cognitions, were considered to be linked to personality traits. It was found that certain personality traits may predict dysfunctional attitudes in patients with major depressive disorder (MDD). Nonetheless, the relationship between personality traits and dysfunctional attitudes remains under-researched.

**Aims:** The aim of this study is to examine the relationship between specific domains of Sixteen Personality Factor (16PF) and dysfunctional attitudes in Chinese participants with or without MDD. In addition, the present study explores the associations between 16PF and eight subtypes of dysfunctional attitudes, based on the proposed eight-factor structure of the Chinese version of the Dysfunctional Attitude Scale-Form A (C-DAS-A).

**Methods:** One hundred and sixty-eight participants with MDD and 130 healthy participants were included in the study (Trial Registration Number: ChiCTR1800014591). Personality was assessed using the 16PF Questionnaire. Dysfunctional attitudes were measured through the C-DAS-A.

**Results:** The 16PF dimensions associated with dysfunctional attitudes and the eight subtypes were mainly concentrated in the four anxiety facets including factors C, L, O, and Q4, in both MDD and HC groups. There were significant differences in the 16 PF dimensions that would explain dysfunctional attitudes between the two groups, which were as follows: factors C, G, and O in the MDD group, and factors L and Q4 in the HC group.

**Conclusions:** Personality traits, especially the anxiety-related personality traits, were distinctly associated with the development of dysfunctional attitudes in people with or without MDD.

**Keywords:** Anxiety-related personality traits; Dysfunctional attitudes; Hierarchical regression; Major depressive disorder; Sixteen personality factor (16PF).

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## Conflict of interest statement

The authors declare no competing interests.

[19 references](#)

## Full text links

62. [Health-care resource use among patients who use illicit opioids in England, 2010-20: A descriptive matched cohort study](#)

Addiction. 2023 Dec 4. doi: 10.1111/add.16401. Online ahead of print.

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DOI: [10.1111/add.16401](#)

## Abstract

**Background and aims:** People who use illicit opioids have higher mortality and morbidity than the general population. Limited quantitative research has investigated how this population engages with health-care, particularly regarding planned and primary care. We aimed to measure health-care use among patients with a history of illicit opioid use in England across five settings: general practice (GP), hospital outpatient care, emergency departments, emergency hospital admissions and elective hospital admissions.

**Design:** This was a matched cohort study using Clinical Practice Research Datalink and Hospital Episode Statistics.

**Setting:** Primary and secondary care practices in England took part in the study.

**Participants:** A total of 57 421 patients with a history of illicit opioid use were identified by GPs between 2010 and 2020, and 172 263 patients with no recorded history of illicit opioid use matched by age, sex and practice.

**Measurements:** We estimated the rate (events per unit of time) of attendance and used quasi-Poisson regression (unadjusted and adjusted) to estimate rate ratios between groups. We also compared rates of planned and unplanned hospital admissions for diagnoses and calculated excess admissions and rate ratios between groups.

**Findings:** A history of using illicit opioids was associated with higher rates of health-care use in all settings. Rate ratios for those with a history of using illicit opioids relative to those without were 2.38 [95% confidence interval (CI) = 2.36-2.41] for GP; 1.99 (95% CI = 1.94-2.03) for hospital outpatient visits; 2.80 (95% CI = 2.73-2.87) for emergency department visits; 4.98 (95% CI = 4.82-5.14) for emergency hospital admissions; and 1.76 (95% CI = 1.60-1.94) for elective hospital admissions. For emergency hospital admissions, diagnoses with the most excess admissions were drug-related and respiratory conditions, and those with the highest rate ratios were personality and behaviour (25.5, 95% CI = 23.5-27.6), drug-related (21.2, 95% CI = 20.1-21.6) and chronic obstructive pulmonary disease (19.4, 95% CI = 18.7-20.2).

**Conclusions:** Patients who use illicit opioids in England appear to access health services more often than people of the same age and sex who do not use illicit opioids among a wide range of health-care settings. The difference

is especially large for emergency care, which probably reflects both episodic illness and decompensation of long-term conditions.

**Keywords:** Crack cocaine; general practice; health-care use; heroin; secondary care; substance-related disorders.

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[47 references](#)

**Full text links**

63. [\*\*Distortions in time perception related to videogames, pornography, and TV series exposure: An experimental study in three independent samples\*\*](#)

J Behav Addict. 2023 Dec 4;12(4):938-952. doi: 10.1556/2006.2023.00067. Print 2023 Dec 22.

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DOI: [10.1556/2006.2023.00067](#)

## Abstract

**Background and aims:** Time perception is a cognitive process involving both the ability to estimate the duration of an event (time estimation, TE) and the subjective perception of its passage (time passage, TP). Studies show that alteration in TE/TP is associated with substance use disorders. However, little is known about the impact of these alterations in potentially problematic online behaviors. We explore TE and TP while participants were exposed to cues related to videogames, pornography, and TV series, and the relationship of TE and TP with scores from instruments that measure problematic gaming (PG), problematic pornography use (PPU), and problematic binge-watching (BW).

**Methods:** Participants from three independent samples (40 men from Luxembourg; 99 Spanish men, 111 Spanish women) completed an experimental task designed to assess TE and TP while they were exposed to short clips related to videogames, pornography, TV series, and documentaries (control condition). Participants also completed different self-reports.

**Results:** Whereas men underestimated the time that they were exposed to pornography and TV series, women overestimated it. For videogames, we showed a consistent pattern of overestimation of time duration. Time was systematically perceived as passing faster while participants were presented with TV series and pornography. Regarding the association between time perception and PG, PPU, and BW, TE did not correlate with

any of the indicators of problematic engagement assessed; but TP correlated with several of these indicators.

**Discussion and conclusions:** The present preliminary results showed mixed evidence regarding the involvement of time perception in gaming, pornography use, and binge-watching.

**Keywords:** binge watching; problematic gaming; problematic pornography use; time estimation; time passage; time perception.

### Full text links

## 64. [Psychiatric and obstetric characteristics of pregnant crack users admitted to a referral center in Southern Brazil](#)

J Addict Dis. 2023 Dec 4:1-10. doi: 10.1080/10550887.2023.2279473. Online ahead of print.

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DOI: [10.1080/10550887.2023.2279473](https://doi.org/10.1080/10550887.2023.2279473)

## Abstract

**Background:** Psychoactive substance use among pregnant women has reached alarmingly high rates. Our aim was to characterize the psychiatric and clinical profiles of pregnant crack users in Brazil.

**Methods:** This was a cross-sectional study of 24 pregnant crack users admitted to a referral hospital for psychiatric disorders in pregnant women, in Porto Alegre, Brazil, over three years. The following instruments were applied: a clinical-obstetric questionnaire; the condensed version of the Addiction Severity Index; a diagnostic interview for psychoactive substance use based on DSM-5; the Mini International Neuropsychiatric Interview for DSM-IV; and the Semi-Structured Clinical Interview for DSM-IV Axis II Personality Disorders (SCID-II).

**Results:** Most patients had severe crack dependence and used other substances, such as tobacco, cannabis, and alcohol. The median duration of crack use was three years, ranging between three and 12 years. Most women subsisted from illegal or informal activities; a fifth had previously been arrested and often had relationship problems. Twenty percent had HIV ( $n = 5$ ), and 37.5% ( $n = 9$ ) had syphilis. Borderline personality disorder was the most prevalent mental condition (62.5%), followed by suicidal tendencies (45.8%), hypomanic episodes due to substance use (37.5%), and past major depressive episodes (33.3%).

**Conclusions:** An alarmingly high prevalence of consumption of other drugs, psychiatric disorders, and difficult-to-treat personality disorders was observed in our study. Investigating the psychiatric profile of women who use substances is essential to minimize the impacts on the mother and child, optimize therapeutic approaches to comorbidities, and enable more effective relapse prevention.

**Keywords:** Substance-related disorders; cocaine-related disorders; crack cocaine; pregnancy; pregnant women.

65. [Predictors for early and long-term readmission in involuntarily admitted patients](#)

Compr Psychiatry. 2024 Jan;128:152439. doi: 10.1016/j.comppsy.2023.152439. Epub 2023 Nov 18.

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PMID: [38039919](#)

DOI: [10.1016/j.comppsy.2023.152439](#)

## Free article

## Abstract

**Background:** It is a common aim to reduce psychiatric readmissions. Although risk factors for readmissions were described, specific data in the group of patients with potentially aversively experienced involuntary admissions are lacking. To better understand underlying mechanisms, it is important to identify factors that are linked to readmissions in this specific patient group, which is the purpose of the current paper.

**Methods:** A four-year cohort of N = 3575 involuntary admissions (IA) was followed-up for subsequent re-hospitalization. Demographic, administrative and clinical factors associated with short- (within 30 days) or long-term (> 30 days) readmissions were examined using logistic regression modelling.

**Results:** Almost half of all IA cases were readmitted within the observation period, whereof every fifth readmission was within the first month after discharge from the involuntary index hospitalization. Adjusted regression modelling revealed problematic substance use at admission and assisted living or homelessness as risk factors for readmission, while high functioning at discharge, anxiety disorders, no subsequent treatment after discharge or IA due to danger to others were negatively associated with readmission. Factors specifically linked to short-term readmission were substance use and personality disorders, abscondence or discharge by initiation of the clinic, as well as being discharged to any place except the patient's home. There were no specific risk-factors for long-term readmission.

**Conclusions:** To prevent readmissions after IA, especially for patients at risk, the aim of treatment strategies should be to focus on intensive discharge planning, enable continuous treatment in the outpatient setting, and provide social support.

**Keywords:** Coercion; Involuntary admission; Recovery; Revolving-door; Short-term readmission.

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## **Conflict of interest statement**

Declaration of Competing Interest All authors declare none.

## **Full text links**

### 66. [Effect of severity of depression on augmentation of antidepressant medication in young adults with depression](#)

Acta Psychiatr Scand. 2024 Jan;149(1):41-51. doi: 10.1111/acps.13633. Epub 2023 Nov 20.

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PMID: [37985246](#)

DOI: [10.1111/acps.13633](#)

## Abstract

**Background:** Antipsychotics (AP) have been used to augment antidepressant (AD) medication in treatment-resistant depression. In this study we examined factors (including severity of depression and initial antidepressant) affecting AP augmentation, as well as which APs were initiated as augmentation in young adults.

**Methods:** Data were extracted from Finnish nationwide registers. Of persons aged 18-29 years diagnosed with a depression during 2004-2017 we focused on incident AD users (who initiated AD 6 months before and after the diagnosis) whose severity level of depression was recorded (N = 21,966). AP augmentation was studied during 1 year after diagnosis of depression. Persons diagnosed with severe depression with psychotic features (n = 1486) were excluded from main analyses and analyzed separately.

**Results:** Overall, 8.4% of new antidepressant users initiated AP augmentation. Risk of augmentation increased with severity of depression as 3.9%, 5.8%, and 14.0% of persons with mild, moderate, and severe depression, respectively, initiated augmentation. Male sex, comorbid anxiety and personality disorders, substance abuse and selfharm/suicide attempt were positively associated with augmentation. Compared to citalopram, use of tricyclic antidepressant, paroxetine and venlafaxine were associated with increased risk of augmentation, while use of bupropion was associated with a decreased risk. Quetiapine and risperidone were the most common APs used in augmentation. Among persons with severe depression with psychotic features, use of sertraline was associated with AP augmentation, whereas use of fluoxetine decreased risk of augmentation.

**Conclusions:** Use of APs as augmentation of AD therapy was common in severe depression. Comorbidities had only a small effect to augmentation, but selection of initial AD was more closely associated to risk of augmentation. Interestingly, use of bupropion decreased risk of augmentation, which warrants further studies, as well as the decrease in risk of augmentation when fluoxetine in case of psychotic depression was used.

**Keywords:** antidepressants; antipsychotics; augmentation; depression; pharmacotherapy; young adults.

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[40 references](#)

**Full text links**

67. [\*\*Self-regulation profiles in addictive behaviors among adolescents: A transdiagnostic approach\*\*](#)

Appetite. 2024 Jan 1;192:107128. doi: 10.1016/j.appet.2023.107128. Epub 2023 Nov 18.

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DOI: [10.1016/j.appet.2023.107128](https://doi.org/10.1016/j.appet.2023.107128)

## **Abstract**

Dual-pathway models suggest that poor self-regulation (immature regulatory combined with strong reactive processes) is an important factor underlying addictive behaviors among adolescents. This study examined whether there are different self-regulation profiles among community adolescents, and how these profiles are related to the presence, severity and comorbidity of different addictive behaviors. A community sample of 341 adolescents (54.5% female; 13-17 years) was recruited. Participants self-reported on regulatory (inhibitory control) and reactive (reward and punishment sensitivity) processes, as well as on different addictive behaviors (binge eating, tobacco-, cannabis- and alcohol use, gaming, gambling and pathological buying). A model-based clustering analysis found evidence for three meaningful profiles: 'impulsive/under-controlled', 'anxious' and 'protective'. The 'impulsive/under-controlled' profile was characterized by the highest prevalence and severity of cannabis use and the most severe alcohol use. The 'impulsive/under-controlled' and 'protective' profiles demonstrated the highest prevalence and severity of tobacco use, whereas the 'impulsive/under-controlled' and 'anxious' profiles showed the highest binge eating scores. Adolescents who reported more than three types of addictive behaviors generally belonged to the 'impulsive/under-controlled' profile. The profiles did not differ for gaming, gambling and pathological buying. The 'impulsive/under-controlled' profile

emerged as the most vulnerable profile in the context of addictive behaviors (especially for binge eating and substance use).

**Keywords:** Addictive behaviors; Adolescents; Dual-pathway perspective; Self-regulation; Transdiagnostic.

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## **Conflict of interest statement**

Declaration of competing interest On behalf of all authors, the corresponding author states that there is no conflict of interest.

## **Full text links**

### 68. [\*\*Treatment Effects on Psychophysiological Stress Responses in Youth With Obesity\*\*](#)

Psychosom Med. 2024 Jan 1;86(1):11-19. doi: 10.1097/PSY.0000000000001262. Epub 2023 Nov 9.

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PMID: [37982535](#)

DOI: [10.1097/PSY.0000000000001262](#)

## **Abstract**

**Objective:** Stress plays a central role in obesity development, but research on treatment options to tackle elevated stress levels in youth with obesity is

scarce. The present study examined the impact of the Multidisciplinary Obesity Treatment (MOT; lifestyle intervention including physical exercise, healthy meals, and cognitive behavioral techniques) on physiological stress parameters in youth with obesity and assessed whether adding emotion regulation (ER) training on top of MOT is beneficial.

**Methods:** From an inpatient treatment center for obesity, 92 youngsters (mean [standard deviation] age = 12.50 [1.66] years, 43.5% boys) were randomly assigned to a control group (MOT) or experimental group (MOT + ER training). Before (T1) and after 12 weeks of treatment (T2), high-frequency heart rate variability (HF-HRV) and heart rate were measured at rest and during a stress induction (= psychophysiological reactivity).

**Results:** At T2, after MOT only, participants displayed a lower resting heart rate ( MT2/T1 = 74.7/78.6) and a reduced stress response (i.e., less decrease in HF-HRV [ MT2/T1 = -0.06/-0.01] and less increase in heart rate [ MT2/T1 = 0.03/0.06] after the stress induction). No further improvements were revealed after adding ER training. However, when considering the weight changes, the significant results in resting heart rate and HF-HRV and heart rate reactivity decreased in the control group, and additional improvements in psychophysiological parameters were discovered in the experimental group.

**Conclusions:** The results suggest that MOT may effectively reduce physiological stress responses and also provide preliminary evidence for a potential additional effect of ER training. Further research in a larger sample with extended follow-up measurements is needed.

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[72 references](#)

**Full text links**

69. [Longitudinal transactions between negative urgency and fasting predict binge eating](#)

Appetite. 2024 Jan 1:192:107113. doi: 10.1016/j.appet.2023.107113. Epub 2023 Nov 2.

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PMID: [37924849](#)

DOI: [10.1016/j.appet.2023.107113](#)

## Abstract

Fasting and negative urgency (the disposition to act rashly when distressed) are risk factors for binge eating. It may be that each influences the other over time to predict binge eating.

**Objective:** This study tested whether (1) fasting predicts binge eating through negative urgency, and (2) negative urgency predicts binge eating through fasting.

**Method:** Path analysis and mediation tests were used to investigate objectives in n = 302 college women assessed three times over eight months. We controlled for each variable at the previous time point, and concurrent negative affect and body mass index at each time point.

**Results:** Time 1 (T1) fasting predicted elevated negative urgency three months later at Time 2 (T2) and T2 negative urgency predicted increases in binge eating five months later at Time 3 (T3). T2 negative urgency mediated the relationship between T1 fasting and T3 binge eating. T1 negative urgency predicted increases in T2 fasting, which then predicted increases in T3 binge eating. T2 fasting mediated the relationship between T1 negative urgency and T3 binge eating.



**Discussion:** Findings suggest fasting and negative urgency transact to predict binge eating among college women. Interventions targeting negative urgency may prevent or reduce both fasting and binge eating.

**Keywords:** Binge eating; Eating disorders; Fasting; Longitudinal; Negative affect; Negative urgency; Personality.

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## **Conflict of interest statement**

Declaration of competing interest The authors have no conflicts of interest to disclose.

## **Full text links**

### 70. [\*\*Do attention-deficit/hyperactivity symptoms influence treatment outcome in gambling disorder?\*\*](#)

Compr Psychiatry. 2024 Jan;128:152433. doi: 10.1016/j.comppsy.2023.152433. Epub 2023 Oct 27.

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PMID: [37924691](#)

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**Free article**

## **Abstract**

**Background and aims:** Numerous studies point to the comorbidity between gambling disorder (GD) and attention deficit hyperactivity disorder (ADHD). However, there is a lack of research exploring how ADHD symptoms might influence psychological treatment outcomes for GD. Therefore, we aimed to explore differences between patients with GD with and without self-reported ADHD symptoms regarding psychopathology, personality, sociodemographic and treatment outcome measures.

**Method:** This longitudinal study included 170 patients with GD receiving cognitive behavioral therapy. Multiple self-reported instruments were used to assess clinical variables and sociodemographic measures prior to treatment.

**Results:** A clinical profile characterized by greater GD severity, higher psychopathology and impulsivity, and less adaptive personality features was observed in patients with self-reported ADHD symptoms compared to those without. No significant differences in treatment response (measured by dropout and relapse rates) were observed between the two groups. However, patients with self-reported ADHD symptoms experienced more

severe relapses (i.e., gambled more money) and GD patients who relapsed scored higher on measures of ADHD, particularly inattention.

**Conclusion:** Individuals with GD and self-reported symptoms of ADHD may experience more severe relapses following treatment, suggesting a need for more vigilant follow-up and interventions for patients with this comorbidity.

**Keywords:** ADHD; Addictive behaviors; Cognitive-behavioral therapy; Gambling disorder; Impulsivity; Relapse.

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## **Conflict of interest statement**

Declaration of Competing Interest FFA and SJM received consultancy honoraria from Novo Nordisk. The rest of the authors declare no conflict of interest. The funders had no role in the design of the study, in the collection, analyses or interpretation of data, in the writing of the manuscript or in the decision to publish the results. Dr. Potenza has consulted for Opiant Pharmaceuticals, Idorsia Pharmaceuticals, AXA, Game Day Data, Baria-Tek and the Addiction Policy Forum; has been involved in a patent application with Yale University and Novartis; has received research support (to Yale) from Mohegan Sun Casino and Connecticut Council on Problem Gambling; and has consulted for and/or advised gambling and legal entities on issues related to impulse-control/addictive disorders.

## **Full text links**

71. [\*\*Outcomes of electroconvulsive therapy in patients with depressive symptoms with versus without comorbid personality disorders/traits: A systematic review and meta-analysis\*\*](#)

Acta Psychiatr Scand. 2024 Jan;149(1):18-32. doi:  
10.1111/acps.13631. Epub 2023 Oct 29.

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PMID: [37899505](#)

DOI: [10.1111/acps.13631](#)

## Abstract

**Aims:** To assess electroconvulsive therapy (ECT) outcomes in patients affected by depressive symptoms with versus without additional comorbid personality disorders/traits.

**Methods:** We identified observational studies investigating ECT clinical outcomes in patients affected by depressive symptoms with versus without comorbid personality disorders/traits in Embase/Medline in 11/2022. Our protocol was registered with PROSPERO (CRD42023390833). Study quality was evaluated using the Newcastle-Ottawa-Scale. Our primary outcomes were ECT response and remission rates. Meta-regression analyses included effects of in/outpatient percentages, age, number of ECT sessions, and electrode placement; subgroup analyses included the assessment methods for personality disorders/traits. We performed sensitivity analyses after excluding poor-quality studies.

**Results:** A total of 20 studies (n = 11,390) were included in our analysis. Patients with comorbid personality disorders/traits had lower remission rates (OR = 0.42, 95% CI = 0.31, 0.58, p < 0.001) with substantial heterogeneity (I<sup>2</sup> = 93.0%) as well as lower response rates (OR = 0.35, 95% CI = 0.24, 0.51, n = 5129, p < 0.001) with substantial heterogeneity (I<sup>2</sup> = 93.0%) compared with patients without comorbid personality disorders/traits. Relapse rates were higher in patients with versus without comorbid personality disorders/traits (OR = 3.23, 95% CI = 1.40, 7.45, k = 4, n = 239, p = 0.006) with moderate heterogeneity (I<sup>2</sup> = 75.0%) and post-ECT memory impairment was more frequent in patients with versus without comorbid personality disorders/traits (OR = 1.41, 95% CI = 1.36, 1.46, k = 4, n = 471, p < 0.001) with minimal heterogeneity (I<sup>2</sup> = 0.0%). Dropout rates were higher in patients with versus without comorbid personality disorders/traits (OR = 1.58, 95% CI = 1.13, 2.21, k = 3, n = 6145, p = 0.008).

**Conclusions:** Patients with comorbid personality disorders/traits treated with ECT are reported to have lower response and remission rates and higher rates of side effects and relapse rates compared with patients without personality disorders/traits.

**Keywords:** ECT; electroconvulsive therapy; major depressive disorders; mood disorders; personality disorders; personality traits.

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[53 references](#)

**Full text links**

72. [\*\*Virtual reality exposure with vibrotactile stimulation for the treatment of fear of flying: A pilot study\*\*](#)

J Behav Ther Exp Psychiatry. 2024 Mar;82:101915. doi: 10.1016/j.jbtep.2023.101915. Epub 2023 Oct 10.

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PMID: [37862878](#)

DOI: [10.1016/j.jbtep.2023.101915](#)

## Free article

## Abstract

**Background and objectives:** Virtual reality (VR) interventions are becoming more prevalent in treating fear of flying (FoF). Since multisensory stimulation can enhance the sense of presence in a virtual environment, the present study compared virtual reality exposure with and without vibrotactile cues to determine its contribution to the realism of the virtual experience.

**Methods:** A repeated measures design was used. Thirty-one participants were exposed to two experimental conditions with a minimum of a one-week interval between them: one in which participants were exposed to the virtual environment with vibrotactile cues (smart chair, SC), and another in which participants were exposed to the virtual environment without

vibrotactile cues (ordinary chair, OC). The administration order of both conditions was counterbalanced to avoid possible order effects.

**Results:** Participants felt higher levels of sense of presence when using the SC than the OC. However, the addition of vibrotactile stimulation partially influenced experienced anxiety. Some personality traits were also associated with participants' sense of presence and anxiety responses during the exposure.

**Limitations:** The sample size was smaller than required. Moreover, only self-reported measures were used. Finally, a roller coaster instead of an airplane scenario was used for the exposure, which might not have been suitable enough for provoking anxiety in participants with FoF.

**Conclusions:** Vibrotactile cues enhanced the sense of presence. However, the addition of vibrotactile stimulation did not have a consistent effect on anxiety experienced during exposure. Therefore, the benefits of incorporating vibrotactile cues in virtual reality environments for exposure therapy are not clear.

**Keywords:** Exposure; Fear of flying; Presence; Vibrotactile; Virtual reality.

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## **Conflict of interest statement**

Declaration of competing interest The authors have no relevant financial or non-financial interests to disclose.

### **Full text links**

73. [\*\*Pathological narcissism and relationship obsessive-compulsive disorder \(ROCD\) symptoms: Exploring the role of vulnerable narcissism\*\*](#)



J Clin Psychol. 2024 Jan;80(1):144-157. doi: 10.1002/jclp.23601. Epub 2023 Oct 13.

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PMID: [37830404](#)

DOI: [10.1002/jclp.23601](#)

## Abstract

**Objective:** Relationship obsessive-compulsive disorder (ROCD) symptoms, which include obsessive preoccupation, doubts, and compulsive behaviors focusing on the suitability of the relationship and/or partner, have been receiving increasing clinical, theoretical, and empirical attention. This clinical variant of OCD is associated with significant functional, personal, and dyadic consequences. ROCD symptoms have also been linked to several cognitive vulnerability factors, such as maladaptive relationship catastrophization. However, little is known about the connection between ROCD symptoms and specific personality traits. In this study, we examine whether vulnerable narcissistic personality traits may constitute a general vulnerability factor for ROCD symptoms. Specifically, we assess whether partner value self-contingencies moderate the association between vulnerable narcissistic traits and obsessive preoccupation with a romantic partner's perceived flaws.

**Method:** A total of 310 individuals self-reporting ROCD symptoms completed questionnaires assessing narcissistic personality traits, ROCD symptoms and cognitions, and partner value self-contingencies.

**Results:** Vulnerable narcissistic traits were uniquely associated with ROCD symptoms over and above ROCD-related cognitions. Self-worth contingent on the partner's perceived value partially mediated the effect of vulnerable narcissistic traits on ROCD symptoms.

**Conclusion:** Results supported the role of vulnerable narcissistic traits and domain-relevant self-vulnerabilities on obsessive preoccupation with romantic partners' perceived flaws. Further research is needed to explore the susceptibility of vulnerable individuals to the development and maintenance of ROCD symptoms.

**Keywords:** narcissism; obsessive-compulsive disorder; personality disorders.

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[Cited by 1 article](#)

[54 references](#)

**Full text links**

74. [\*\*Potential biopsychosocial factors mediating/moderating the relationship between depressive symptoms and body size among children and adolescents: A systematic review\*\*](#)

Obes Rev. 2024 Jan;25(1):e13645. doi: 10.1111/obr.13645. Epub 2023 Oct 9.

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PMID: [37814428](#)

DOI: [10.1111/obr.13645](#)

## **Abstract**

The prevalence of depression and obesity in the pediatric population has increased along with multiple adverse health outcomes in later life. However, the mechanisms underlying the bidirectional relationship between obesity and depression have not yet been clarified. We aim to systematically summarize the literature reporting on mediational or moderational biopsychosocial factors in the relationship between depression and body size among children and adolescents. Four electronic databases (PubMed, Web of Science, PsycINFO, and PsychArticles) were systematically searched from inception until December 23, 2021, and subsequently updated until June 9, 2023. The study protocol was registered with PROSPERO (CRD42022301475). A total of 36 unique records reporting 152,513 children and adolescents meeting the inclusion criteria were identified. The results indicate that disparate psychological variables (e.g., body image, victimization and bullying, eating disorders, and sleep problems) may mediate the bidirectional relationship between depressive symptoms and body size. Moreover, the mediational/moderational effect of biological factors has not been well established. The moderational effect of social factors was inconsistently reported. Future research should aim to identify and characterize factors that may impact the bidirectional

relationship between depression and obesity to inform prevention intervention strategies for affected children and adolescents.

**Keywords:** adolescent; body image; depression; obesity.

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[61 references](#)

### Full text links

75. [\*\*How to assess eating disorder severity in males?The DSM-5 severity index versus severity based on drive for thinness\*\*](#)

Eat Disord. 2024 Jan 2;32(1):81-97. doi:  
10.1080/10640266.2023.2259682. Epub 2023 Dec 27.

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PMID: [37791835](#)

DOI: [10.1080/10640266.2023.2259682](#)

## Abstract

Using a male eating disorder (ED) sample, this study assessed the clinical utility of the Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5) severity indices for males with anorexia nervosa (AN) and bulimia nervosa (BN) and compared it to an alternative transdiagnostic severity categorisation based on drive for thinness (DT). The participants included 143 males with an ED (60 [42.0%] AN and 83 [58.0%] BN) diagnosis, who were classified using these two severity classifications. The different severity categories were then compared based on ED symptoms, general psychopathology, and personality traits. Our results revealed that the DSM-5 "*mild*" and DT "*low*" severity categories were most prevalent in the AN and BN male patients. Clinically significant findings were strongest for the DT categorisation for both AN and BN. The current findings provide initial support for an alternative transdiagnostic DT severity classification for males that may be more clinically meaningful than the DSM-5 severity indices.

[Cited by 1 article](#)

**Full text links**

76. [Resilience Phenotypes and Psychological Functioning among Individuals with Opioid Use Disorder](#)

Subst Use Misuse. 2024;59(1):41-49. doi: 10.1080/10826084.2023.2259450. Epub 2023 Dec 1.

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PMID: [37752751](#)

DOI: [10.1080/10826084.2023.2259450](#)

### Abstract

**Background:** Opioid use disorder (OUD) is a heterogeneous disorder. However, there is a lack of deep phenotyping investigations focusing on important psychological constructs such as resilience that may impact OUD. The present study aimed to investigate the relationship between trait resilience and the five-factor model of personality (FFM) among individuals with opioid use disorder (OUD). We also explored whether the FFM and trait resilience form specific phenotypes associated with psychological functioning.

**Methods:** This secondary analysis of an epigenetic study included participants of African ancestry ( $n = 72$ ), an understudied population, who met DSM-5 criteria for OUD. Participants completed measures to assess

personality traits, trait resilience, current and previous drug use, and psychological functioning (depression, anxiety, and stress).

**Results:** Linear regression revealed a significant relationship between resilience (CD-RISC-25 score) and the FFM,  $R^2 = 0.56$ ,  $F(5,62) = 15.7$ ,  $p < .001$ . Further, a two-cluster classification emerged as the optimal solution from the cluster analysis. Cluster 1 ( $n = 33$ , 45.8% of the sample) showed lower resilience (CD-RISC-25 score:  $M = 58.6$ ,  $SD = 11.2$ ) compared to Cluster 2 ( $n = 35$ , 48.6%; CD-RISC-25 score:  $M = 76.1$ ,  $SD = 11.9$ ). The "High-Resilience Cluster" (Cluster 2) was characterized by higher FFM traits of: Extraversion, Openness, Agreeableness, and Conscientiousness, and lower Neuroticism versus Cluster 1. Multivariate analysis of variance revealed statistically significant differences between the two resilience clusters concerning other psychological symptoms,  $\Lambda = 0.732$ ,  $F(4, 50) = 7.05$ ,  $p < 0.003$ .

**Conclusions:** These findings suggest associations between the FFM and trait resilience among individuals with OUD. Two distinct "resilience phenotypes" emerged, with high-resilience individuals displaying less stress, anxiety, and depressive symptoms. Results highlight the clinical importance of resilience as a potential target for intervention in people with OUD.

**Keywords:** Resilience; five factor model of personality; heroin; heterogeneity; opioid use disorder.

#### **Full text links**

77. [\*\*The association between methylmalonic acid, a biomarker of mitochondria dysfunction, and phenotypic age acceleration: A population-based study\*\*](#)

Arch Gerontol Geriatr. 2024 Feb;117:105176. doi: 10.1016/j.archger.2023.105176. Epub 2023 Sep 1.

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PMID: [37713936](#)

DOI: [10.1016/j.archger.2023.105176](#)

## Abstract

Phenotypic age acceleration (PAA) is a sensitive marker of biological aging. Circulating methylmalonic acid (MMA) is a novel biomarker of mitochondrial dysfunction and has been associated with age-related disorders. Our study aimed to investigate to what extent circulating MMA was associated with PAA, and whether the association was independent of vitamin B12 status and renal function in the general population. We analyzed cross-sectional data from 13,023 participants across a wide age range (mean age: 38.9 years, range: 12 - 85 years, 51.1% women) from the US National Health and Nutrition Examination Survey (NHANES). PAA was calculated based on the published algorithm. Linear regression models were performed to assess the association between circulating MMA and PAA. Only 31% of the variation in MMA levels was explained by age, sex, race/ethnicity, social economic status, vitamin B12 status, and renal function. Per unit increase in circulating MMA (1.0 nmol/L) was associated with 1.59 years increase in PAA ( $\beta = 1.59$ , 95% CI: 1.17, 2.00,  $p < 0.001$ ) after adjusting for multiple confounders. Importantly, PAA increased with circulating MMA levels independent of vitamin B12, creatine, and homocysteine levels. The association was more pronounced in subgroups of age  $\geq 65$  years, women, underweight, vitamin B12  $< 400$   $\mu\text{mol/L}$ , and homocysteine  $\geq 10$   $\mu\text{mol/L}$ . The association was much stronger among



participants with cardiovascular diseases (CVDs) than without CVDs. In conclusion, our current population-based study showed that mitochondria-derived circulating MMA was associated with increased phenotypic age acceleration in the general population.

**Keywords:** Biological aging; Methylmalonic acid; Mitochondria; Phenotypic age.

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## **Conflict of interest statement**

Declaration of Competing Interest The authors declare that they have no competing interests.

## **Full text links**

### 78. [Hand-blink reflex modulation: The role of primary emotions and attachment dimensions](#)

Psychophysiology. 2024 Jan;61(1):e14432. doi: 10.1111/psyp.14432. Epub 2023 Sep 6.

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PMID: [37670673](#)

DOI: [10.1111/psyp.14432](#)

## Abstract

The hand-blink reflex (HBR) is a subcortical response elicited by the electrical stimulation of the median nerve. HBR magnitude is enhanced when the stimulated hand is close to the face and is modulated by high-level structures according to the perceived threat magnitude. Psychological factors may contribute to threat evaluation and possibly to HBR amplitude modulation. In this study, we assessed distinctively emotional and relational aspects of personality and evaluated their associations with the HBR response, or lack thereof, in healthy subjects. Seventy-one volunteers filled the Experiences in Close Relationships Scale, the Affective Neuroscience Personality Scales, and the State-Trait Anxiety Inventory Form Y questionnaires and underwent HBR recording. We found that the HBR could be evoked only in 50.7% of all subjects (responders). Non-responders subjects showed higher scores in the avoidance dimension ( $p = .005$ ), and lower scores in the care dimension ( $p = .008$ ), compared with responders. In responders, regression analysis showed a negative association of HBR amplitude (difference in near vs. far responses) with anger dimension and a positive association with state anxiety ( $R^2 = 0.239$ ). A positive association also emerged with HBR latency and fear dimension ( $R^2 = 0.419$ ). We conclude that primary emotional and relational factors may play an important role in the modulation of brainstem circuits mediating the HBR response. Our results may also contribute to the question about the absence of the HBR in about half of the subjects since high-level cognitive processes seem to play an important role in the differentiation between responder and non-responder.

**Keywords:** attachment style; hand-blink reflex; near peripersonal space; primary emotion; state-trait anxiety.

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[82 references](#)

**Full text links**

79. [Personality predicting relapse: A facet analysis of the NEO PI-R](#)

Am J Addict. 2024 Jan;33(1):58-64. doi: 10.1111/ajad.13477. Epub 2023 Sep 4.

**Authors**

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PMID: [37667561](#)

DOI: [10.1111/ajad.13477](#)

**Abstract**

**Background and objectives:** Revised NEO Personality Inventory (NEO PI-R) domains are associated with substance use disorders (SUD), including potential for relapse. However, individual facets of the NEO PI-R domains have not been rigorously analyzed. This paper assesses NEO PI-R individual facets among participants with SUD and their value in predicting relapse.

**Methods:** Between 2015 and 2018, all patients admitted to a single private rehabilitation center (n = 642) were offered participation in this study. Participants who completed NEO PI-R questionnaires at the start of treatment and with known relapse outcomes up to 1-year posttreatment were included (n = 441). Statistical analysis included a series of unadjusted

univariate logistic regressions and additional adjusted multivariate regression controlling for employment status in healthcare.

**Results:** Neuroticism, Agreeableness, and Conscientiousness domains had significant impacts on relapse. Three individual facets of Neuroticism were significant predictors of relapse, and seven individual facets within the Conscientiousness and Agreeableness domains were inversely related to relapse. When controlling for employment, Conscientiousness and three of its individual facets (Dutifulness, Competence, and Self-Discipline) continued to be significant in predicting relapse. The individual facets Impulsiveness and Straightforwardness also continued to be significant in predicting relapse.

**Conclusions and scientific significance:** Several personality domains and facets were significantly related to relapse, confirming and expanding on prior literature. This study focuses on the risk of relapse as it relates to NEO PI-R individual facets, which have not been previously explored with a sample size of this magnitude. These findings can guide clinical care of patients with SUD, allowing for more targeted treatment.

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[30 references](#)

**Full text links**

## 80. [Childhood Schizotypy and Adolescent Mental Disorder](#)

Schizophr Bull. 2024 Jan 1;50(1):69-77. doi: 10.1093/schbul/sbad132.

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PMID: [37665656](#)

PMCID: [PMC10754169](#)

DOI: [10.1093/schbul/sbad132](#)

## Free PMC article

## Abstract

**Background and hypothesis:** Schizotypy provides a framework for understanding the developmental nature of psychotic disorders and a means of identifying "at-risk" individuals early in the lifespan. However, there is a lack of prospective longitudinal research examining the relationship between schizotypy in childhood and later psychotic and other mental disorders. We hypothesized that distinct profiles of schizotypy in childhood would be differentially associated with psychotic and other mental disorders emerging later in adolescence.

**Study design:** In a large population cohort of Australian young people (n = 26 837), we prospectively examined the relationship between person-centered profiles of schizotypy identified in middle childhood (age ~11

years) and adolescent diagnoses (age ~13-18 years) across 7 types of mental disorders using multinomial logistic regression.

**Results:** Membership in any of 3 childhood schizotypy profiles (true schizotypy, affective schizotypy, or introverted schizotypy) was associated with an increased likelihood of being diagnosed with any type of mental disorder in adolescence; effects were strongest for the true schizotypy group (aOR = 3.07, 95% CI = 2.64, 3.57), followed by the introverted (aOR = 1.94, 95% CI = 1.75, 2.15) and affective (aOR = 1.29, 95% CI = 1.13, 1.47) schizotypy groups. Six of the 7 types of mental disorders measured (including psychotic disorders) were associated with at least 1 schizotypy group.

**Conclusions:** Schizotypy in middle childhood is an important correlate of mental disorders in adolescence; however, it does not appear to be specifically associated with psychotic disorders in this age group.

**Keywords:** latent profile analysis; longitudinal; mental illness; psychopathology; record linkage; schizophrenia-spectrum disorders.

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[51 references](#)

**Full text links**

81. [Reasons for hospitalisation in youth with type 1 diabetes, 2010-2019](#)

Diabet Med. 2024 Jan;41(1):e15218. doi: 10.1111/dme.15218. Epub 2023 Sep 11.

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PMID: [37652152](#)

DOI: [10.1111/dme.15218](#)

## Abstract

**Aims:** To determine the incidence of hospitalisation for all diagnoses among Australian youth with type 1 diabetes.

**Methods:** We linked Australians aged under 20 years with type 1 diabetes on the National Diabetes Services Scheme (n = 45,685) to hospital admission data from 2010 to 2019. We determined relative risks (RR) of hospitalisation among those with type 1 diabetes in the states of Victoria and Queensland (n = 21,898) compared to the general population for 2010-2017 using Poisson regression.

**Results:** Australian youth with type 1 diabetes had increased risk for almost all reasons for hospitalisation compared to the general population, especially infections such as anogenital herpesviral infections (RR 54.83, 95% CI 33.21-90.53), and mental health disorders including personality disorders (RR 9.70, 95% CI 8.02-11.72). Among those with type 1 diabetes, over 60% of hospitalisations were directly related to diabetes, almost half of which were for ketoacidosis. Approximately 15% of ketoacidosis admissions occurred within 3 months of diabetes diagnosis. One quarter of

those with admissions for ketoacidosis were readmitted for ketoacidosis within 12 months. Residence in areas of high socio-economic disadvantage was an independent risk factor for admission and readmission for ketoacidosis.

**Conclusions:** Youth with type 1 diabetes are susceptible to a wide range of complications. Clinicians should consider screening and prevention for conditions such as infections and mental health disorders. Targeted support and education around glycaemic management should be considered in those at high risk for ketoacidosis admission including those living in areas of high socio-economic disadvantage.

**Keywords:** adolescent; child; diabetes mellitus complications; diabetes mellitus, type 1; diabetic ketoacidosis; epidemiology; hospitalisation.

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[26 references](#)

**Full text links**

82. [\*\*Healthy orthorexia, orthorexia nervosa, and personality traits in a community sample in Turkey\*\*](#)

Int J Psychiatry Med. 2024 Jan;59(1):83-100. doi: 10.1177/00912174231194745. Epub 2023 Aug 5.

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PMID: [37542522](#)

DOI: [10.1177/00912174231194745](#)

## Abstract

**Objective:** Orthorexia nervosa is an eating disorder characterized by a rigid preoccupation with a perceived healthy diet. However, little is known about healthy orthorexia compared to orthorexia nervosa. The current study examined the relationship between healthy orthorexia and orthorexia nervosa and personality traits in a Turkish sample.

**Methods:** Three hundred fifty participants from a community sample aged 18-65 were included in the study. Participants completed a sociodemographic data collection form, Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), Teruel Orthorexia Scale (TOS), and the 10-Item Personality Inventory (TIPI).

**Results:** The frequency of healthy orthorexia was 32.3% and orthorexia nervosa was 10.2%. There were no differences between genders regarding healthy orthorexia and orthorexia nervosa scores. Healthy orthorexia symptoms were negatively correlated with depression and anxiety ( $r = -0.11$  and  $r = -0.20$ , respectively,  $P < .05$ ), while they were positively correlated with agreeableness ( $r = 0.17$ ), conscientiousness ( $r = 0.14$ ), and extraversion ( $r = 0.15$ ). Orthorexia nervosa symptoms were positively associated with anxiety ( $r = 0.12$ ), depression ( $r = 0.10$ ), and healthy orthorexia ( $r = 0.55$ ). Hierarchical regression analyses demonstrated that depression was negatively associated with healthy orthorexia symptoms, explaining 4% of the variance. The agreeableness trait was positively associated with healthy orthorexia symptoms, explaining 4% of the variance. However, no specific personality trait was associated with orthorexia nervosa symptoms.

**Conclusion:** To our knowledge, the present study is the first to examine the relationships between personality traits, healthy orthorexia, and orthorexia nervosa symptoms in a Turkish sample. Sociocultural factors may be

important for understanding orthorexia nervosa and healthy eating behaviors in this population.

**Keywords:** gender; obsessive healthy eating; orthorexia; orthorexia nervosa; personality.

## **Conflict of interest statement**

Declaration of Conflicting InterestsThe author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## **Full text links**

### 83. [Recidivism risk in male adult sex offenders with psychopathic traits assessed by PCL-R: A systematic review](#)

Med Sci Law. 2024 Jan;64(1):41-51. doi:  
10.1177/00258024231187186. Epub 2023 Jul 24.

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PMID: [37487207](#)

DOI: [10.1177/00258024231187186](#)

## **Abstract**

Psychopathy has been empirically associated with various forms of antisocial behavior including sexual assault. In fact, the lack of empathy

characterizing psychopathic offenders may facilitate the perpetration of more extreme violence. This systematic review aims to explore the relationship between psychopathy traits in male adult sex offenders and the increase in recidivism risk for any type of reoffence, with a special focus on sexual recidivism. From an initial sample of 757 articles related to the topic, only 14 were selected from the current literature at the end of the inclusion process. Each of these assessed the relation between psychopathy traits (measured by PCL-R) and recidivism risk in male sex offenders (age > 18), providing an effect size (quantitative findings). The results of their analysis agree with the currently available literature: the presence of psychopathic traits in sex offenders would seem to correlate with an increased risk of recidivism of general but non-sexual. Furthermore, almost half of the included works highlighted a positive relationship between psychopathy and violent reoffences. However, the limited availability of studies and the unevenness in their results indicate the need to expand future research in this direction.

**Keywords:** Sex offenders; criminal recidivism; psychopathic traits; psychopathy; recidivism; sexual recidivism.

## **Conflict of interest statement**

Declaration of conflicting interestsThe author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## **Full text links**

### 84. [\*\*Differentiation of Self and Interpersonal Functioning with the Level of Personality Functioning Scale - Brief Form 2.0\*\*](#)

J Pers Assess. 2024 Jan-Feb;106(1):60-71. doi: 10.1080/00223891.2023.2218931. Epub 2023 Jun 12.

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PMID: [37306356](#)

DOI: [10.1080/00223891.2023.2218931](#)

## Abstract

Research on Criterion A of the alternative model for personality disorders is recently expanding and provides mixed results concerning the unidimensional operational definition of severity by the model, characterized by impaired self (identity and self-direction) and interpersonal (empathy and intimacy) functioning. Studies resulted in one, as well as two or more factor structures. The present study demonstrated the importance of the structural and relational differentiation of self and interpersonal dimensions of personality functioning. One thousand seventy-four participants (community and clinical mixed sample) completed the Level of Personality Functioning Scale - Brief Form 2.0 (LPFS-BF 2.0), the Personality Inventory for DSM-5 Short Form and the Questionnaire for the World Health Organization Disability Assessment. An LPFS-BF 2.0 two-factor structure with self and interpersonal functioning factors was corroborated by confirmatory factor analyses and bifactor modeling. Joint Exploratory Factor Analysis of the LPFS-BF 2.0 domains with maladaptive personality domains clearly differentiated the personality functioning factors. While the self-functioning factor was more closely linked to negative affect (and to disinhibition and psychoticism), the interpersonal functioning factor connected to detachment. Self-functioning predicted functional impairment along and beyond personality domains. The LPFS-BF 2.0 appears a useful tool for clinical routine monitoring of both self and interpersonal functioning.

85. [\*\*A Personality Disorder Scavenger Hunt\*\*](#)

Nurse Educ. 2024 Jan-Feb;49(1):E45. doi:  
10.1097/NNE.0000000000001457. Epub 2023 Jun 5.

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PMID: [37229699](#)

DOI: [10.1097/NNE.0000000000001457](#)

*No abstract available*

**Conflict of interest statement**

The author declares no conflict of interest.

**Full text links**

86. [\*\*Using the Personality Assessment Inventory to Assess the Alternative Model for Personality Disorders: Criterion Validity in a Clinical Sample\*\*](#)

J Pers Assess. 2024 Jan-Feb;106(1):72-82. doi:  
10.1080/00223891.2023.2203240. Epub 2023 May 23.

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PMID: [37220386](#)

DOI: [10.1080/00223891.2023.2203240](#)

## Abstract

The Personality Assessment Inventory (PAI) is a broadband measure of psychopathology that is widely used in applied settings. Researchers developed regression-based estimates that use the PAI to measure constructs of the Alternative Model for Personality Disorders (AMPD) - a hybrid dimensional and categorical approach to conceptualizing personality disorders. Although prior work has linked these estimates to formal measures of the AMPD, there is little work investigating the clinical correlates of this scoring approach of the PAI. The current study examines associations between these PAI-based AMPD estimates and life data in a large, archival dataset of psychiatric outpatients and inpatients. We found general support for the criterion validity of AMPD estimate scores, such that a theoretically consistent pattern of associations emerged with indicators such as prior academic achievement, antisocial behavior, psychiatric history, and substance abuse. These results provide preliminary support to this scoring approach for use in clinical samples.

87. [\*\*The Proposed Specifiers for Conduct Disorder \(PSCD\) in Iranian School-Attending Adolescents: A Multi-Informant Validation\*\*](#)

# [Study of the PSCD Parent- and Youth Self-Report Versions](#)

J Pers Assess. 2024 Jan-Feb;106(1):100-115. doi:  
10.1080/00223891.2023.2212760. Epub 2023 May 23.

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PMID: [37219404](#)

DOI: [10.1080/00223891.2023.2212760](#)

## **Abstract**

The Proposed Specifier for Conduct Disorder (PSCD) was developed to measure the broad psychopathy construct with grandiose-manipulative, callous-unemotional, daring-impulsive, and conduct disorder subscales. This study tested the psychometric properties of Persian parent-and-child self-report PSCD versions with 974 parents (86% mothers) and

children/adolescents (46.5% boys) dyads. Results showed that with some modifications the proposed hierarchical four-factor structure for both PSCDs was confirmed and was found to be invariant across gender. Across versions, all PSCD scores were internally consistent and demonstrated expected correlations with parent-reported externalizing problems, anxiety/depression, and poor school performance, supporting the PSCDs scores' validity. This study also is the first to examine and establish acceptable to excellent parent-child agreement of PSCD scores. Finally, all PSCD child-report scores offered small though significant incremental validity over their corresponding PSCD parent-version scores in predicting parent-reported conduct problems and proactive aggression. Findings indicated that both Persian PSCDs may hold promise for assessing psychopathy components in Iranian school-attending adolescents and generating additional research on this topic.

[Cited by 1 article](#)

88. [\*\*Investigating the Validity of the MMPI-3 Eating Concerns \(EAT\) scale across Men and Women in a University Sample\*\*](#)

J Pers Assess. 2024 Jan-Feb;106(1):17-26. doi: 10.1080/00223891.2023.2195497. Epub 2023 Apr 24.

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PMID: [37092781](#)

DOI: [10.1080/00223891.2023.2195497](#)

**Abstract**



Disordered eating is a major health epidemic that occurs at disproportionate rates among young adults and for which gender plays a major role in symptom presentation. Broadband psychological instruments have historically not included disordered eating as a core scale construct. The recent release of the Minnesota Multiphasic Personality Inventory-3 (MMPI-3) offers an opportunity to address this shortcoming through the newly developed Eating Concerns Scale (EAT) for which the existing literature is promising but limited. This study expands research on EAT by investigating its validity and comparing findings across gender. In 345 college students (102 men, 243 women), we examined gender differences between men and women in the EAT scale's structure, item endorsement rates, mean scores, and correlations with measures of body image and eating pathology. Differences emerged in item endorsement rate, scale score elevation rate, and correlation magnitudes. Broadly, findings further support EAT's use in detecting eating pathology and highlight ways in which the EAT scale may not effectively capture masculine expressions of eating pathology, namely bingeing and purging behaviors. To assess eating pathology more comprehensively, clinicians and researchers should consider including assessments of eating pathology inclusive of masculine eating patterns. Limitations and future research directions are also discussed.

89. [\*\*Character Traits Predict Health and Well-Being beyond Personality\*\*](#)

J Pers Assess. 2024 Jan-Feb;106(1):116-126. doi: 10.1080/00223891.2023.2197064. Epub 2023 Apr 10.

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PMID: [37036124](#)

DOI: [10.1080/00223891.2023.2197064](#)

## Abstract

We examined the incremental validity of character in predicting health outcomes and well-being beyond personality traits and investigated the extent to which health-related behaviors mediate the relationship between character and well-being. Findings indicate that several character cores (e.g., transcendence, fortitude) predict well-being, health behaviors, and health outcomes beyond different measures of personality traits, indicating that character is discriminable from personality as indicated by incremental prediction. In particular, fortitude, temperance, transcendence, and sincerity appear to be key players. Implications for character research are discussed.

90. [\*\*A cautionary note on interpreting research findings in the presence of statistical suppression\*\*](#)

J Soc Psychol. 2024 Jan 2;164(1):149-152. doi: 10.1080/00224545.2023.2197775. Epub 2023 Apr 2.

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PMID: [37004513](#)

DOI: [10.1080/00224545.2023.2197775](#)

## Abstract

In regression analyses predictor variables can suppress the effects of other predictor variables, sometimes even resulting in "flipped" relations relative

to their zero-order relations (i.e. negative suppression). Drawing on research examining the relations between religion and prejudice, and between ideology and desiring "tall poppies" (successful people) to fall, we highlight examples where researchers appear to have made inappropriate or confusing interpretations of their findings. We compare these examples to a best practice illustration involving associations between psychopathy and counter-productive work behavior. Finally, we provide practical guidelines for thinking about suppression effects in research programmes.

**Keywords:** best practice; research interpretation; statistical suppression.

[Cited by 1 article](#)

91. [\*\*Evaluating the Construct Validity of the Norwegian Version of the Level of Personality Functioning Scale - Brief Form 2.0 in a Large Clinical Sample\*\*](#)

J Pers Assess. 2024 Jan-Feb;106(1):49-59. doi:  
10.1080/00223891.2023.2182694. Epub 2023 Mar 10.

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## Abstract

The Level of Personality Functioning - Brief Form 2.0 (LPFS-BF 2.0) is a 12-item self-report questionnaire developed to gain a quick impression of the severity of personality pathology according to the DSM-5 Alternative Model for Personality Disorders (AMPD). The current study evaluated the construct validity and reliability of the Norwegian version of the LPFS-BF 2.0 in a large clinical sample (N = 1673). Dimensionality was examined using confirmatory factor analysis and bifactor analysis followed by an analysis of distinctiveness of the subscales using the proportional reduction in mean squared error (PRMSE), and the concurrent validity was examined using correlations with self-report questionnaires and clinical interviews assessing PDs according to section II of the DSM-5. Taking the findings of the dimensionality and concurrent validity results together, we found moderate to good support for the use of total scores for the Norwegian version of the LPFS-BF 2.0. We would advise against the use of subscale scores, since the subscales provided only a small amount of reliable unique variance.

[Cited by 2 articles](#)

92. [\*\*The contribution of self-disclosure as a personal and interpersonal characteristic within the couple relationship to recovery from posttraumatic stress\*\*](#)

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## **Abstract**

**Objective:** Much research has been conducted on the clinical course of posttraumatic stress disorder (PTSD), from the perspective of viewing it as a chronic disorder. In the present study, however, we propose viewing PTSD via the recovery paradigm, based on the sociointerpersonal model for understanding posttrauma, which offers a holistic and multidimensional definition of recovery and prognosis (Maercker & Horn, 2013). Specifically, the contribution to recovery of both self-disclosure as a personality trait and self-disclosure of traumatic experiences within the couple relationship were examined. Posttraumatic distress levels and perception of the response following self-disclosure in the couple relationship were examined as mediating variables.

**Method:** The study population included 180 participants between the ages of 20-71 who had been exposed to at least one traumatic event in their lives.

**Results:** The study findings revealed that people with a high propensity for self-disclosure and more self-disclosure in the couple relationship had higher levels of personal recovery. The level of posttraumatic distress mediated the relation between self-disclosure in the couple relationship and the perception of recovery. Only the perception of a positive response following exposure of trauma in the couple relationship was a mediator in the association between self-disclosure of traumatic experiences in the couple relationship and recovery.

**Conclusions:** The study indicates the importance of communication regarding the traumatic event in general, and with reference to the perception of the response to the exposure itself. In addition, the study

contributes to broadening the recovery paradigm regarding PTSD.  
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