

A brief screening for personality disorders: Comparisons between clinical and nonclinical samples

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Introduction

The purpose of the present study is screening for personality disorders and specific dimensions in a clinical and a community sample .

Methodology

One purposeful community sample (N=399; 299 teachers of primary and secondary schools in Pristina and 100 students of UET in Tirana) and one clinical sample (N=41; patients of one private outpatient clinic in Prizren) filled out IIP-PD-25 questionnaire (Pilkonis et al.; 1996). In terms of gender composition there were 151 men (34.3 %) and 289 women (65.7 %). As regards residence, 397 participants lived in urban areas and, 90.2 % and 43 in rural areas (9.8 %). The age range of participants was between 16 and 65 years old ($M_{\text{age}}=37.93$; $SD=14.25$).

The measuring instrument used in the present study was the Inventory of Interpersonal Problems-Personality Disorders -25 (IIP-PD-25) (Pilkonis, Kim, Proietta, & Barkham, 1996).

The study was a cross-sectional correlational study, with age, gender, place of residence (urban, rural), community vs clinical setting as independent variables and Personality Screen Index as the dependent variable.

Results

In terms of classification by PD screen index level, 217 (54.4%) of participants in the community sample reported definitely possibility for PD, 85 (21.3 %) possibly to probably and 82 participants (20.6 %) were not likely to have PD; 15 (3.8%) were dismissed because they did not answer correctly. As regards the clinical sample classification by PD screen index level, 25 (61%) of participants reported definitely possibility for PD, 6 (14.6 %) possibly to probably and 10 participants (24.4 %) were not likely to have PD.

Mann-Whitney U test did not find statistically significant differences regarding levels of PD screen index based on gender in both samples. Similarly no differences were found regarding levels of PD screen index between community and clinical sample, despite the higher levels in clinical sample.

No significant correlations between PD screen index and gender in both samples.

PD index shows a significant negative correlation with residence in the community sample (but not the clinical one) ($r=-.12$, $p<.01$), i.e., participants from urban areas show higher rates of personality disorders.

Age also shows a significant negative correlation with PD index at the community but not the clinical sample ($r=-.23$, $p<.00$).

The classification of clinical and community participants based on the

Personality Disorder Screen Index has been tested through the Receiver Operating Characteristic (ROC). The table indicates that the Personality Disorder Screen Index does not reliably distinguish between clinical and nonclinical cases ($\text{sig}=.478$).

Conclusions

Personality disorders often cause problems for others and are costly to society; early screening, identification and treatment is highly valued public health topic to be addressed.

Screening with the IIP-PD-25 gives the possibility to conclude a high presence of Personality Disorders in both our samples. The study did not find significant differences between the clinical and community settings.

The findings might be explained in terms of sampling limitations; convenience samples do not allow for epidemiological conclusions. (Loranger, Janca & Sartorius; 1997).

The measure used in the study also does not show discriminating validity, i.e., does not distinguish between clinical and community samples.

Future research with improved methodology (both as regards sampling and measures) is required, especially considering the high prevalence rates found in the present study.