

Impact of Personality Disorder on Self-Rated Health: Preliminary Results from the Population-Based Region Zealand Health Survey 2013

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OBJECTIVES

This study explores concurrent associations between Personality Disorder (PD) and self-rated health in a representative community sample.

METHODS AND MATERIALS

Population, sample, and procedure

From the entire eligible population of Region Zealand ($N = 664,587$) a randomly selected and stratified sample (aged 16 years or older) was invited to participate in the study ($N = 34,000$). The selected subjects were asked to either fill out a paper questionnaire or complete a web-based version of it. A total of 16,580 subjects responded either partially or fully, yielding an overall response rate of 49%. After data collection was finished Statistics Denmark provided statistical weights for the participants up against the entire population.

Measures

The Survey Questionnaire asked participants to report on socio-demographic and clinical characteristics.

To assess PD the self-report version of the *Standardised Assessment of Personality-Abbreviated Scale* (SAPAS) was used (1). *Self-rated health* was assessed with the question: "How is your health in general?" The available response options to this question were: Excellent, Very good, Good, Fair, or Poor. For statistical analyses the answers were dichotomised into either Good (Excellent, Very good, and Good) or Poor (Fair or Poor).

RESULTS

Socio-demographic and health related characteristics of the study sample, stratified by PD screen status, and presented as raw sample frequencies and percentages weighted up against the total population.

Characteristics	PD screen negative (n = 13904; Weighted % = 87.2)		PD screen positive (n = 1620; Weighted % = 12.8)	
	n	Weighted %	n	Weighted %
Age group				
16-24	961	11.1	259	20.7
25-64	8465	64.0	1025	65.8
65+	4478	25.0	336	13.5
Gender				
Female	7411	49.6	960	54.5
Male	6493	50.4	660	45.5
Ethnicity				
Danish	13372	93.5	1528	90.9
Other	532	6.5	92	9.1
Illness				
No	8684	62.9	978	60.5
Yes	4923	35.0	623	39.5
Smoking				
No	11145	78.3	1225	72.5
Yes	2550	20.2	364	25.7
Self-rated health				
Good	12039	85.5	1146	70
Poor	1797	13.1	466	29.8

Summary of weighted logistic regression of positive PD screen (SAPAS ≥ 4) and poor self-rated health.

Regression model	Odds-ratio	95% CI
Crude	2.80	2.75 to 2.85
Adjusted for sociodemographic and health characteristics	3.60	3.53 to 3.67

CONCLUSION

- According to the SAPAS 12.8% of the population was in high risk of PD, which is within bounds of published prevalence estimates from epidemiological community studies (2).
- Those in high risk of PD were younger, female, of non-Danish ethnicity, smokers, having longstanding illnesses, and poor self-rated health when compared against the low risk PD group.
- Subjects screening positive for PD were 2.8 times more likely to report poor health compared to those screening negative. When adjusting for potential co-variables results revealed that the odds were raised, suggesting that the high risk PD group now was 3.6 times more likely to report poor health as those in low PD risk. The raise in odds ratio for the adjusted model reveals that some of the socio-demographic and health co-variables acted as confounders.
- Taken together, the results of this study accord with previous findings suggesting that PD is not only a significant form of psychopathology in and of itself, but also constitutes a significant public health burden in relation to physical health in the community.

LITERATURE

- (1) Moran, P., Leese, M., Lee, T., Walters, P., Thornicroft, G., & Mann, A. (2003). Standardised assessment of personality - abbreviated scale (SAPAS): Preliminary validation of a brief screen for personality disorder. *British Journal of Psychiatry*, 183, 228-32.
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ACKNOWLEDGEMENTS

Region Zealand financed the Region Zealand Health Survey 2013, and collected the data.



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