

The Alternative Model of Personality Disorders and Older Adults: The Role of Perceived Health Status



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INTRODUCTION

Background:

- The alternative model of personality disorders (AMPD) was proposed in Section III of *DSM-5* as a potential alternative to the traditional categorical model of 10 PDs that is presented in Section II.
- The limited research on the AMPD among older adults suggests that the unique biopsychosocial context of later life may lead to unique patterns of presentation under the AMPD.
- Additional research is needed to determine specific later life contexts that lead to such unique patterns.
- Changes in perceived health status may be one such context that affects AMPD scores.

Objective:

- Examine overlap between perceived health status and the AMPD's two constructs (personality functioning and pathological personality traits) among older adults.

METHOD

Sample:

- 222 older adults (*M* age = 66.6; 50% female) who were recruited via Amazon's MTurk.

Procedure:

- Completed questionnaires, including measures of health status and the AMPD's two diagnostic criteria.

Measures:

- Short Form-36 (SF-36)*: 36-item self-report measure containing eight health scales.
- Personality Inventory for DSM-5-Brief Form (PID-5-BF)*: 25-item self-report measure of maladaptive personality traits, assessing 5 major domains.
- Levels of Personality Functioning Scale-Self-Report (LPFS-SR)*: 80-item self-report measure of personality functioning, assessing four domains. Higher scores reflect more impaired functioning.

Personality pathology under the AMPD could lead to poorer health outcomes in later life.

Health status could create artificial elevations in PD pathology under the AMPD.

Table 1. Correlations between Perceived Health Status and the AMPD.

	Physical Functioning	Role Limitations-P	Role Limitations-E	Energy/Fatigue	Emotional Well-Being	Social Functioning	Pain	General Health
PID-5-BF								
Negative Affect	-.44	-.45	-.51	-.30	-.55	-.61	-.51	-.45
Detachment	-.45	-.39	-.52	-.23	-.49	-.61	-.50	-.39
Antagonism	-.48	-.47	-.59	-.26	-.51	-.65	-.50	-.36
Disinhibition	-.49	-.44	-.56	-.28	-.52	-.68	-.55	-.36
Psychoticism	-.50	-.47	-.57	-.26	-.49	-.64	-.53	-.37
LPFS-SR								
Identity	-.53	-.51	-.58	-.33	-.59	-.69	-.53	-.43
Self-Direction	-.55	-.50	-.59	-.28	-.56	-.67	-.54	-.40
Empathy	-.52	-.49	-.56	-.29	-.52	-.66	-.51	-.39
Intimacy	-.53	-.49	-.58	-.30	-.58	-.65	-.51	-.36

Note. All correlations are significant at $p < .001$. Role Limitations-P = Role Limitations due to Physical Health; Role Limitations-E = Role Limitations due to Emotional Health

Table 2. Regressions with Health Status Predicting AMPD Domains.

	Identity	Self-Direction	Empathy	Intimacy	Negative Affect	Detachment	Antagonism	Detachment	Psychoticism
Physical Functioning	-.06	-.12	-.09	-.11	.07	-.004	-.02	-.009	-.05
Role Limitations-P	-.004	.03	.13	.03	.01	.17*	.09	.14	.01
Role Limitations-E	-.18*	-.24**	-.28***	-.22**	-.17*	-.31***	-.33***	-.29***	-.30***
Energy/Fatigue	.01	-.16**	.09	.05	.06	-.14*	.11	.07	.11
Emotional Well-Being	-.22***	-.21**	-.13	-.24***	-.22**	-.14*	-.14**	-.13*	-.11*
Social Functioning	-.38***	-.33***	-.39***	-.31***	-.32***	-.36***	-.37***	-.41***	-.36***
Pain	-.03	-.06	-.05	-.05	-.11	-.11	-.06	-.14*	-.11
General Health	-.17**	-.17**	-.17**	-.07	-.23***	-.23***	-.15*	-.12*	-.16**
R^2	.59***	.58***	.53***	.55***	.51***	.49***	.53***	.55***	.52***

Note. *indicates $p < .05$. **indicates $p < .01$. ***indicates $p < .001$.

Role Limitations-P = Role Limitations due to Physical Health; Role Limitations-E = Role Limitations due to Emotional Health

RESULTS

- Pearson correlations were computed. All eight health scales were significantly and negatively correlated with all four LPFS-SR domains and all five PID-5-BF domains (**Table 1**).
- Next, multiple regressions were computed with the SF-36 scales predicting each of the LPFS-SR and PID-5-BF domains (**Table 2**).
 - LPFS-SR domains: R^2 ranged from .53 to .59. General Health, Social Functioning, and Role Limitations due to Emotional Health were significant negative predictors.
 - PID-5-BF domains: R^2 ranged from .49 to .55. General Health, Social Functioning, Role Limitations due to Emotional Health, and Emotional Well-Being were significant negative predictors.

DISCUSSION

- Overall, there was significant overlap between older adults' perceived health status and the AMPD's two diagnostic constructs, with worse perceived health associated with increased PD pathology.
- Greater correlational overlap was detected among this sample of older adults than previous research among younger adults (Nelson et al., 2018).
- Older adults' sense of their general physical health and their perceived affective distress had the strongest negative associations with the AMPD's constructs.
- Findings could indicate:
 - Personality pathology conceptualized by the AMPD might lead to poorer health outcomes in later life (e.g., due to accumulated chronic stress, lifelong impulsive/risky behaviors, interpersonal dysfunction); or
 - Poorer health status might artificially elevate PD pathology under the AMPD, suggesting a possible age-bias.

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