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Rates of Avoidant, Schizotypal, Schizoid and Paranoid Personality Disorders in Psychometric High-Risk Groups at Five Year Follow-up

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Letter to the Editors

We read the recent Fogelson et al. (2007) article with considerable interest. The findings of the UCLA family study provide strong evidence that avoidant personality disorder occurs at significantly greater rates among first-degree relatives of schizophrenia probands than among relatives of community controls. This increased prevalence held true even when controlling for the presence of schizotypal and paranoid personality disorders. Thus, the Fogelson et al. (2007) findings are consistent with those of other family studies in terms of suggesting that avoidant personality disorder should be included as a schizophrenia-spectrum disorder.

The psychometric high-risk method is an alternative strategy for identifying individuals at heightened risk for the later development of schizophrenia and/or schizophrenia-spectrum disorders. Given the possibility that avoidant personality symptoms may reflect an expression of vulnerability to schizophrenia, we reanalyzed our data from a recent longitudinal follow-up of a prospective psychometric high-risk study (cf. Gooding, Tallent, & Matts, 2005). The study participants had all been originally selected from an undergraduate subject pool and screened using the Chapmans' psychosis-proneness scales (Chapman, Chapman, & Raulin, 1976, 1978; Eckblad, Chapman, & Chapman, 1983; Eckblad et al., 1982).

In our study, there were two at-risk groups, identified on the basis of significantly elevated scores on either Perceptual Aberration and/or Magical Ideation scales (Per-Mag group; n=59) or the revised Social Anhedonia scale (SocAnh group; n = 32). These groups were compared to controls (n = 44) who scored below the same-sex group means on each of the Chapman psychosis-proneness scales. At the five year follow-up assessment, the groups were compared in terms of diagnosable DSM disorders as well as endorsed personality disorder symptoms. Only the following personality disorders were considered schizophrenia-spectrum disorders:

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paranoid, schizotypal, schizoid, and avoidant personality disorders. Individuals were rated for the presence or absence of schizophrenia spectrum disorder. When calculating the rates of the schizophrenia-spectrum disorders by group, we divided the number of individuals affected by the total number in the group.

Table 1 provides the Axis II diagnoses of the individuals in each group. In both high-risk groups, some participants met criteria for more than one personality disorder. In the control group, 1 person met criteria for obsessive-compulsive personality disorder and another met criteria for depressive personality disorder. However, none of the participants in the control group met criteria for any of the schizophrenia-spectrum disorders. Thus, if avoidant personality disorder is included as a schizophrenia-spectrum disorder, the SocAnh group (6 of 32; 18.75%) exceeded both the Per-Mag group (4 of 59) and the control group (0 of 44) in terms of the proportion of participants diagnosed with any schizophrenia-spectrum disorder at the follow-up (6.78% and 0%; Fisher's exact test, $p < .05$ and $p < .01$, respectively). In two out of five (40%) of the cases, the participant who met diagnostic criteria for DSM-IV Avoidant Personality Disorder did not meet diagnostic criteria for schizotypal, schizoid, or paranoid personality disorder. This finding also suggests avoidant personality disorder may be a separable schizophrenia-spectrum disorder.

It is noteworthy that our at-risk groups did not differ from the controls in terms of the proportion of individuals with a family history of either schizophrenia-spectrum disorders or psychosis, $\chi^2(2) = 0.01$ or 0.77 , n.s., respectively. Indeed, the use of a psychometric high-risk strategy may identify some at-risk individuals who might not be detected with a genetic high-risk approach. In closing, there is growing evidence from family studies supporting the notion that avoidant personality disorder may be part of the schizophrenia-spectrum. This possibility has already affected the interpretation of our data, and indeed, strengthened our findings, namely, that assessment of social anhedonia may enhance prediction of heightened vulnerability for the later development of schizophrenia-spectrum disorders. Reanalysis of our longitudinal data indicates significantly elevated rates of avoidant, schizotypal, and paranoid personality disorder among the individuals identified as being at heightened risk for the later development of schizophrenia-spectrum disorders on the basis of their psychometric profiles.

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Table 1

Axis II Diagnoses by Participant Group

SocAnh Group (n = 32)	
<u>Axis II Diagnosis</u>	<u>Number of Participants</u>
Schizotypal	1
Schizotypal, Obsessive Compulsive	1
Paranoid, Obsessive Compulsive	1
Schizoid	1
Schizoid, Depressive	1
Avoidant, Depressive	1
Per-Mag Group (n= 59)	
<u>Axis II Diagnosis</u>	<u>Number of Participants</u>
Schizotypal	1
Schizotypal, Paranoid	1
Schizotypal, Avoidant	1
Avoidant, Depressive	1
Obsessive Compulsive	2
Borderline	1
Control Group (n = 44)	
<u>Axis II Diagnosis</u>	<u>Number of Participants</u>
Depressive	1
Obsessive Compulsive	1