Personality Disorders in Later Life

Relatively little attention has been paid to how personality disorders develop over time, into later adulthood. A few longitudinal studies have been completed but, those have focused largely on the period ending in young adulthood. The Children in the Community (CIC) study documented the continuity of adolescent personality characteristics from childhood and adolescence and into adulthood. This study started with about 800 participants from whom data were collected at four subsequent periods, with the latest being when the participants averaged 38 years old (Cohen, 2008). Various types of personality disorder are associated with subsequent development of social impairment as well as the onset of other forms of psychopathology (Cohen, Crawford, Johnson, & Kasen, 2005).

A second important study regarding the stability of personality disorders over time has been the Collaborative Longitudinal Personality Disorder Study (CLPS), which included assessments of about 700 psychiatric patients between the ages of 18 and 45 (Skodol, Gunderson, Shea, McGlasha, Morey, et al., 2005). These patients were followed over a period of 10 years. These studies found that the symptoms of personality disorders are not as stable as previously believed. Functional impairment associated with personality pathology was found to be extensive and relatively more stable in comparison to personality disorder symptoms.

There are a number of reasons for the sparse research on personality disorders in later life:

- It is difficult to identify appropriate samples of older adults
- Samples of convenience (e.g., college students) often are not comprised of older adults
- Measurement instruments for personality disorders do not usually apply to the later life context.
- Existing diagnostic criteria do not have face validity for this age group

Personality disorders appear to be relatively common in the general population, and even more prevalent among clinical samples. It is difficult, however, to count how many people qualify for a personality disorder diagnosis – like asking how many people are tall or fat. Several reviews place the median prevalence for any type of DSM-IV personality disorder at approximately 10% to 14% (Lenzenweger, 2008; Torgersen, 2005), including those who exhibit mixed features and would be considered examples of personality disorder not otherwise specified.

According to the DSM-IV general definition of personality disorders, a personality disorder must begin by adolescence. This definition precludes the possibility of a late-onset personality disorder. **If the general criteria are followed literally, specific types of personality disorder cannot increase in prevalence as people get older** (Widiger & Seidlitz, 2002).

The specific features of some types of personality disorders increase in frequency as people get older. Other types of personality disorders decrease in frequency – sometimes described as “burnout”. Evidence regarding the prevalence of specific personality disorders in later life comes exclusively from cross-sectional comparisons of younger and older people using DSM-IV thresholds to decide whether or not each person qualifies for a specific personality disorder.
diagnosis. However, relatively little evidence has been collected in these studies. Several studies indicate that Cluster A disorders – paranoid and schizoid personality disorder, and Cluster C disorders – obsessive-compulsive personality disorder – are more prevalent among older people than younger people (Abrams & Horowitz, 1999). In contrast, Cluster B disorders, especially borderline and antisocial personality disorder are less prevalent among older people than younger people (Samuels et al., 2002).

The National Psychiatric Morbidity Survey (NPMS) (Singleton et al., 1998) reported on the prevalence of psychiatric disorders in the United Kingdom. Almost 9000 adults completed initial interviews. Evidence suggests that men experience a rather dramatic decline in disorders related to anxiety and depression around the age of 65, possibly in concert with retirement. Women showed a peak in prevalence rates around age 50, with a gradual decline in anxiety and depression over the next 25 years (Melzer et al, 2004). The NPMS data set has been used to provide estimates regarding differences in the frequency of personality disorder symptoms among people of various ages. Prevalence rates for any personality disorder decreased across age groups. Comparisons across age groups indicated increased frequency across age groups for symptoms of schizoid and obsessive-compulsive personality disorder. Conversely, the data indicated a decreased frequency across age groups for all of the other forms of personality disorders.

References:


