Dependent Personality Disorder Associated With Phobic Avoidance in Patients With Panic Disorder

James Reich, M.D., M.P.H., Russell Noyes, Jr., M.D., and Ed Troughton, B.A.

Eighty-eight panic disorder patients were divided into three groups according to the extent of their phobic avoidance (none, limited, or extensive). These groups were compared on three personality disorder instruments: the Structured Interview for DSM-III *Personality Disorders, the Personality Diagnostic Questionnaire, and the Millon Clinical Multiaxial Inventory. Phobic patients were found to have significantly more dependent personality disorder and* DSM-III *third-cluster personality disorders than nonphobic patients. A subgroup of patients with social phobic symptoms was found to resemble the rest of the phobic group in terms of personality.*
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Clinicians have long suspected that patients with agoraphobia have more dependent personality traits than the average person. Andrews (1), for example, hypothesized that dependence on others was a major coping style of agoraphobic patients. Also, Shafar (2), using undefined ratings, concluded that dependence problems were present in 38% of her agoraphobic patients, and Buglass et al. (3), although reporting an overall negative study, found that 27% of their patients and none of their control subjects were aware of dependence about which they were resentful. Finally, Torgersen (4), in his study of monozygotic twins, found that the agoraphobic twin was most likely to be dependent. Researchers, however, have lacked the instruments and methodology to perform a definitive study.

Two developments have made it possible to examine with greater precision personality disorders in subgroups of patients with panic disorder. The first is that, unlike *DSM-III,* which separates panic and agoraphobic disorders, *DSM-III-R* (5) has brought them together and then made subdivisions (according to the extent of phobic avoidance) into uncomplicated panic disorder, panic disorder with limited phobic avoidance, and panic disorder with extensive phobic avoidance (agoraphobia). The second development is the introduction of standardized instruments for measuring *DSM-III* personality disorders (6). These two developments make it possible to compare the frequency of personality disorder in well delineated subgroups of patients with panic disorder by the use of standardized instruments for measuring personality. To our knowledge this is the first study to do so.

METHOD

Our sample consisted of the first 88 subjects admitted to a drug treatment study of panic disorder; they were volunteers recruited through the media. All were screened by the Structured Clinical Interview for DSM-III (7) and qualified for a diagnosis of panic disorder by *DSM-III-R* criteria. All gave informed consent. Volunteers were excluded from the study if they had organic brain syndrome, mental retardation, schizophrenia, or drug or alcohol abuse in the preceding year. Also excluded were volunteers who had symptoms of major depression that occurred before the onset of their anxiety disorder or that dominated the clinical picture. The clinical interview separated subjects with panic disorder according to *DSM-III-R* criteria into those without phobic avoidance (uncomplicated), those with limited phobic avoidance, and those with extensive

Received April 7, 1986; accepted Aug. 18, 1986. From the Department of Psychiatry, University of Iowa College of Medicine. Address reprint requests to Dr. Reich, Department of Psychiatry, University of Iowa College of Medicine, 500 Newton Rd., Iowa City, IA 52242.
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phobic avoidance (agoraphobia). In addition, chart review identified a subgroup of subjects who had social phobic symptoms. These social phobic patients would have qualified for *DSM-III* social phobia except that they met the exclusion criterion of having spontaneous panic attacks. For convenience we refer to them as social phobic patients.

Personality tests were given to all subjects after they had been free of all antianxiety medication for at least 1 week. A trained interviewer administered the Structured Interview for DSM-III Personality Disorders (SIDP) (8) and gave the subjects the Personality Diagnostic Questionnaire (PDQ) (9) and Millon Clinical Multiaxial Inventory (10) self-report forms with instructions to complete and return them within 24 hours.

The SIDP is a semistructured 160-item interview covering all 11 *DSM-III* personality disorders. Interrater reliabilities (kappas) for joint interview are .71 for "any" personality disorder, .85 for borderline, .75 for histrionic, .62 for schizotypal, .45 for avoidant, and .90 for dependent (6). As recommended by the instrument's developer, significant others for all patients were also interviewed before personality disorder diagnoses were made. The time frame for the SIDP is the preceding 5 years, excluding periods of acute periodic emotional illness, such as major depression. Our raters were trained in part by one of the developers of the instrument (D. Stangl) (11).

The PDQ is a 152-item true/false measurement instrument covering all 11 *DSM-III* axis II personality disorders. Kappas for test-retest reliability at 1 month for a selected group of psychiatric patients with personality disorders were above .56 for paranoid, schizotypal, antisocial, borderline, avoidant, and compulsive disorders (12). The questionnaire was given according to the instructions of the developer of the instrument, which called for subjects to answer in relation to how they had been "over the past several years."

The Millon Clinical Multiaxial Inventory is a 175-item self-report instrument that generates numerical scales for the 11 *DSM-III* personality disorder diagnoses. Test-retest reliability at 4–6 weeks for a group of psychiatric patients ranged from .77 to .85 (10). The scales have good agreement with clinician-diagnosed *DSM-III* personality traits (6). The instrument was administered according to the developer's instructions; the time frame for it is the present.

The three subgroups of panic disorder patients (those with extensive phobic avoidance, limited phobic avoidance, and no phobic avoidance) were compared for any personality disorder, *DSM-III* personality disorder clusters, and individual personality disorders on the three tests. In addition, since there is evidence for poor agreement among these instruments (Reich et al., manuscript in preparation), we did an analysis using agreement on two of the three instruments as a requirement for the diagnosis of a personality disorder. Finally, the group of subjects with social phobic symptoms was compared on personality measures to the uncomplicated panic disorder group and the agoraphobic group.

TABLE 1. Frequency of *DSM-III* Personality Disorders According to the SIDP, the PDQ, and the Millon Clinical Multiaxial Inventory in 88 Patients With Panic Disorder[a]

Type of *DSM-III* Personality Disorder	SIDP (N=88)		PDQ (N=82)		Million Inventory (N=83)	
	N	%	N	%	N	%
First cluster	5	5.7	28	34.2	10	12.1
Schizoid	0	0	1	1.2	9	10.8
Paranoid	5	5.7	4	4.9	1	1.2
Schizotypal	0	0	28	34.2	1	1.2
Second cluster	13	14.8	22	26.8	23	27.7
Histrionic	9	10.2	14	17.1	10	12.1
Borderline	6	6.8	13	15.9	9	10.8
Antisocial	1	1.1	1	1.2	4	4.8
Narcissistic	0	0	1	1.2	5	6.0
Third cluster	31	35.2	31	37.8	45	54.2
Dependent	16	18.2	22	26.8	26	31.3
Avoidant	18	20.5	11	13.4	13	15.7
Compulsive	7	8.0	10	12.2	9	10.8
Passive-aggressive	2	2.3	1	1.2	20	24.1

[a]Not all measures were available for all patients.

RESULTS

There were 29, 23, and 36 patients in the uncomplicated panic, panic plus limited phobic avoidance, and agoraphobic groups, respectively. The numbers of women in these groups were 13 (44.8%), 14 (60.8%), and 25 (69.4%), respectively. These percentages were not significantly different, although there was a nonsignificant trend toward a larger proportion of women in the limited and extensive phobic avoidance groups. No intergroup statistical comparisons were significant. The subjects' mean±SD ages were 37.8±1.9, 35.9±2.1, and 39.5±1.7 years for the uncomplicated, limited phobic, and agoraphobic groups, respectively; these were also not significantly different. Although selected because they had a primary diagnosis of panic disorder, some subjects also had other disorders. On a lifetime basis, 21 (23.9%) had major depression and four (4.5%) had dysthymia.

For the entire panic disorder sample, the numbers of subjects who had no personality disorders were 50 (56.8%), 44 (53.6%), and 32 (38.6%) on the SIDP, the PDQ, and the Millon inventory, respectively. Table 1 shows the prevalence of *DSM-III* personality disorders according to each instrument. The most frequent axis II diagnosis was that of dependent personality disorder. Roughly a third of the subjects qualified for a *DSM-III* third-cluster personality disorder diagnosis. Table 2 demonstrates the frequency of dependent and third-cluster personality disorders for the three panic subgroups. For dependent personality disorder as measured by the PDQ, not only was the overall analysis significant, but uncomplicated panic was also signifi-

TABLE 2. Frequency of Dependent and *DSM-III* Third-Cluster Personality Disorders in Subgroups of Panic Disorder Patients According to the SIDP, the PDQ, and the Millon Clinical Multiaxial Inventory[a]

Diagnosis and Measure	Uncomplicated Panic Disorder (N=29)		Limited Phobic Avoidance (N=23)		Extensive Avoidance (Agoraphobia) (N=36)		p (Fisher's exact test)
	N	%	N	%	N	%	
Dependent personality							
SIDP	2	6.9	6	26.1	8	22.2	n.s.
PDQ	2	7.4	8	38.1	12	35.3	.02
Millon inventory	3	11.1	9	42.9	14	40.0	.02
Consensus on two of the three tests	1	3.7	6	28.6	10	28.6	.03
DSM-III third cluster (anxious cluster)							
SIDP	7	24.1	11	47.8	13	36.1	n.s.
PDQ	6	22.2	11	52.4	14	41.2	n.s.
Millon inventory	9	33.3	15	71.4	21	60.0	.02
Consensus on two of the three tests	4	14.8	9	42.7	10	28.6	n.s.

[a]Not all tests were available for all subjects, so specific percentages may vary.

cantly different from both limited phobic avoidance ($\chi^2=5.1$, df=1, $p<.03$) and extensive phobic avoidance (agoraphobia) (p=.01, Fisher's exact test). Similarly, for dependent personality as measured by the Millon inventory, uncomplicated panic disorder was significantly different from limited phobic avoidance ($\chi^2=4.8$, df=1, $p<.03$) and extensive phobic avoidance (agoraphobia) ($\chi^2=5.0$, df=1, $p<.03$). For dependent personality disorder as identified by consensus (two of the three instruments), there was a similar finding (uncomplicated panic disorder versus limited phobic avoidance, p=.03, Fisher's exact test; uncomplicated panic disorder versus agoraphobia, p=.02, Fisher's exact test).

Avoidant personality disorder as measured by the SIDP was less frequent in the uncomplicated panic disorder group than in the limited phobic avoidance group (three, or 10.3%, versus eight, or 34.8%; p=.04, Fisher's exact test). This finding is consistent with the significant differences between groups found for the *DSM-III* third cluster on the Millon inventory (see the third-cluster findings in table 2). Also consistent was the finding that for the consensus on the three measures, the third cluster was significantly less frequent in the uncomplicated panic group than in the limited phobic avoidance group (four, or 14.8%, versus nine, or 42.7%; p=.05, Fisher's exact test).

Eight subjects were identified as having significant social phobic symptoms. The number of women (three, or 37.5%) and the mean±SD age (39.3±3.6 years) of this group were not significantly different from the remaining uncomplicated panic subjects (11 women, or 45.8%, and 36.7±2.1 years). There was significantly more PDQ-defined schizotypal personality disorder in the social phobic group than in the uncomplicated panic group (six, or 75%, versus four, or 18.2%; p=.007, Fisher's exact test) and a similar surplus for avoidant personality disorder as measured by the SIDP (four, or 50%, versus two, or 8.3%; p=.02, Fisher's exact test). There were also significantly more social phobic subjects with *DSM-III* third-cluster disorders as defined by the Millon inventory (six, or 75%, versus five, or 22.7%; p=.03, Fisher's exact test) and as defined by the consensus measure of third-cluster disorders (four, or 50%, versus two, or 9.1%; p=.03, Fisher's exact test). The social phobic subjects did not differ in terms of personality disorders from the limited phobic avoidance and agoraphobic groups.

DISCUSSION

The purpose of this study was to determine whether the subdivisions of panic disorder could be validated by differences in the prevalence of *DSM-III* personality disorders when these disorders were measured in a standard fashion. We found that dependent personality disorders were more prevalent in the subgroups with phobic avoidance. Depending on the instrument used, roughly 40% of the subjects with some phobic avoidance met criteria for this personality disorder type. Because agoraphobia is a disabling symptom complex that responds to behavior therapy, the subcategorization of patients as agoraphobic appears meaningful. Our finding of an association with dependent personality supports the retention of this category in the nomenclature.

It is not clear from our findings whether the dependent personality disorder we observed was primary or secondary. The possibility that this disorder might be a predisposing condition for the development of agoraphobia in persons with panic disorder is a plausible one and is supported by the findings of Nystrom and Lyndegard (13). In a prospective study of more than 3,000 subjects, these authors found similar premorbid personality traits in persons who later developed anxiety disorders. Consequently, it is not unreasonable to believe that personality traits or disorders contribute to the development of an illness. It is even possible that personality disorders predispose to panic disorder itself.

Alternatively, it may be that personality disturbances are secondary to panic disorder, especially when complicated by phobic avoidance. Some patients

claim that before the onset of their phobic disorder they had been independent and self-confident, in contrast to the fearful clinging to a companion that later accompanied their illness. Their avoidant behavior and phobic cognitive style may well have contributed to an unwelcome dependence. In two cases that have been documented, patients without a previous history of personality pathology developed dependent personality and other traits and disorders (as measured by standardized instruments) after years of chronic panic disorder (Neenan et al., unpublished manuscript). Limitations in life style secondary to illness could also contribute to changes in cognition and temperament. Conceivably, both panic and dependence are epiphenomena of the same genetic process. Only prospective studies can answer the question of cause and effect.

There also appears to be support for a socially phobic panic disorder subgroup. Whether these patients should be classified with social phobic patients remains an unsettled question. In its most general form, social phobia is indistinguishable from avoidant personality disorder, so the association with avoidant personality disorder is not unexpected. It is interesting that our group had a high number of personality disorders from both the first and third *DSM-III* clusters—an unlikely combination (avoidant and schizoid personality disorders are mutually exclusive in *DSM-III*). Presumably, this group would require more support and special treatment measures to overcome their difficulties.

In sum, it appears that the distribution of *DSM-III* personality disorders supports the subdivisions of panic disorder proposed in *DSM-III-R*. The ultimate validity of this subgrouping, of course, awaits family, prospective, follow-up, and treatment studies.

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