

PREDICTIVE CAPACITY OF THE DAPP-BQ FACETS ON PERSONALITY DISORDERS COMPARED TO A CONTROL GROUP

Iratxe Alonso Olea (53787219V)

RESUMEN

Introducción. La clasificación categorial de los Trastornos de Personalidad (TP) no está exenta de dificultades, motivo por el cual el DSM 5 planteó un sistema dimensional alternativo (PID-5; Krueger et al., 2010) basado en el DAPP-BQ (Livesley, 1996), un instrumento que evalúa 4 dimensiones de personalidad patológica, compuestas por 18 facetas. **Objetivo.** Examinar la capacidad predictiva (sensibilidad y especificidad) de las 18 facetas del DAPP-BQ sobre los TP frente a una muestra control. **Método.** *Participantes:* 352 personas [226 (64.2%) mujeres] [126 (35.8%) hombres], con una edad media de 22.7 (DT = 5.87), de las cuales 290 (82.4%) conforman un grupo control (GC) y 62 (17.6%) proceden de una muestra clínica con diagnóstico de TP (GTP). Medidas: Adaptación española del DAPP-BQ (Gutiérrez-Zotes et al., 2008). *Análisis de datos:* t de Student. Análisis de curvas ROC. Análisis discriminante. **Resultados.** Comparación de medias (*p<.05, **p<.01, ***p<.001): el GTP presenta puntuaciones mayores que el grupo control en Distorsión cognitiva (**), Problemas de identidad (***), Afectividad restringida (***), Ansiedad (***), Evitación social (*), Autolisis (*), Problemas de intimidad (***) y menores puntuaciones en Oposicionismo (*), Narcisismo (*), Búsqueda de estímulos (***), Insensibilidad (***), Rechazo (***), Problemas de conducta (***), y Compulsividad (*). *Análisis ROC significativos* (AUC, Overall Model Quality): Distorsión cognitiva (.62, .53), Problemas de identidad (.75, .67), Labilidad afectiva (.65, .57), Ansiedad (.70, .62), Problemas de intimidad (.67, .58). *Análisis discriminante:* $\lambda = .84^{***}$, 84.4% clasificados correctamente (96.6% GC y 27.4% GTP).

Conclusión: Cinco facetas emergen como significativas para caracterizar dimensionalmente los TP, aunque con una sensibilidad muy baja (.27).

Palabras clave: trastorno de personalidad, DAPP-BQ, clasificación dimensional, sensibilidad, especificidad.

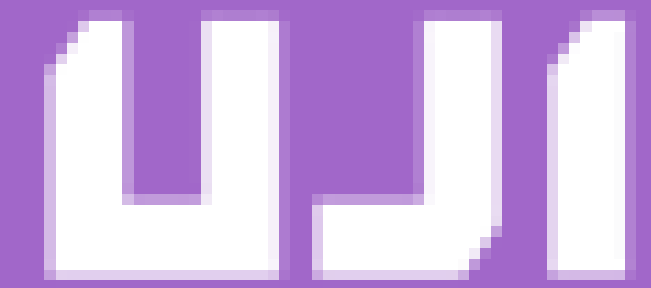
ABSTRACT

Introduction. The categorical classification of Personality Disorders (PD) is not exempt from difficulties, which is why DSM 5 proposed an alternative dimensional system (PID-5; Krueger et al., 2010) based on the DAPP-BQ (Livesley, 1996), an instrument that evaluates 4 dimensions of pathological personality, composed of 18 facets. **Objective.** Examine the predictive capacity (sensitivity and specificity) of the 18 facets of the DAPP-BQ on PDs compared to a control sample. **Method.** *Participants:* 352 people [226 (64.2%) women] [126 (35.8%) men], with a mean age of 22.7 (SD = 5.87), of which 290 (82.4%) are part of a control group (CG) and 62 (17.6%) come from a clinical sample with a diagnosis of Personality Disorder (PDG). *Measurements:* Spanish adaptation of the DAPP-BQ (Gutiérrez-Zotes et al., 2008). *Data analysis:* Student's t-test. ROC curve analysis. Discriminant analysis. **Results.** *Comparison of means* (*p<.05, **p<.01, ***p<.001): the PDG presents higher scores than the control group in Cognitive distortion (**), Identity problems (***), Restricted affectivity (***), Anxiety (***), Social avoidance (*), Autolysis (*), Intimacy problems (***), and lower scores in Oppositionism (*), Narcissism (*), Stimulus seeking (***), Insensitivity (***), Rejection (***), Behavior problems (***), and Compulsiveness (*). *Significant ROC analysis* (AUC, Overall Model Quality): Cognitive distortion (.62, .53), Identity problems (.75, .67), Affective lability (.65, .57), Anxiety (.70, .62), Intimacy problems (.67, .58). *Discriminant analysis:* $\lambda = .84^{***}$, 84.4% correctly classified (96.6% CG and 27.4% PDG).

Conclusion: Five facets emerge as significant to dimensionally characterize PDs, although with a very low sensitivity (.27).

Keywords: personality disorder, DAPP-BQ, dimensional classification, sensitivity, specificity.

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INTRODUCTION

Personality disorders are defined as permanent patterns of internal experiences and behaviors that deviate from the expectations of the culture, they are generalized and inflexible phenomena, stable over time and their onset is in adolescence or early adulthood, leading to discomfort (APA, 2013). Traditionally, the DSM has followed a categorical classification which is not exempt from difficulties, which is why DSM 5 proposed an alternative dimensional system (PID-5; Krueger et al., 2010) based on the DAPP-BQ (Livesley, 1996), an instrument that evaluates 4 dimensions of pathological personality, composed of 18 facets. Previous studies have favored dimensional classification (Widiger, 1992; Skodol et al, 2005) and have assessed the factor structure and sensitivity and specificity of the DAPP-BQ (Pukrop, 2002; Bagge et al., 2003).

OBJECTIVE

Examine the predictive capacity (sensitivity and specificity) of the 18 facets of the DAPP-BQ on PDs compared to a control sample.

HYPOTHESIS

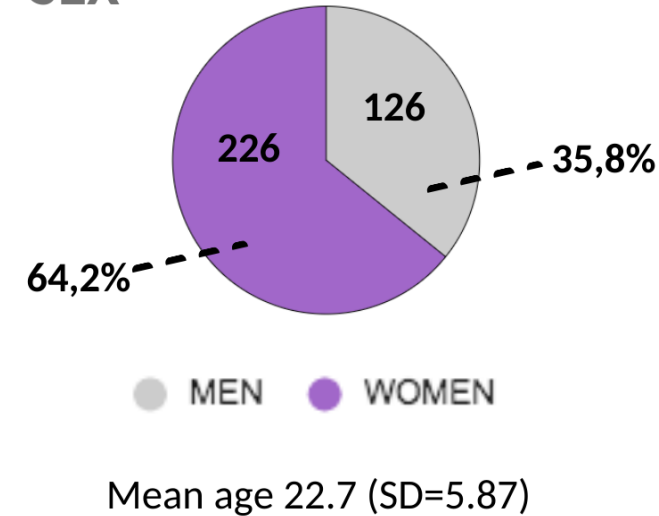
Facets of emotional dysregulation will differentiate the personality disorder group from the control group.

MEASURES

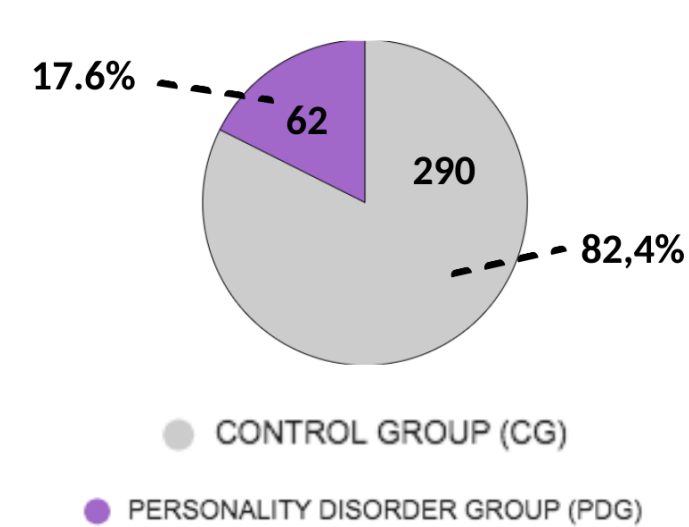
Spanish adaptation of the DAPP-BQ (Gutiérrez-Zotes et al., 2008). The questionnaire assesses PDs dimensionally. It has four dimensions: emotional dysregulation, dissocial behavior, inhibition, and compulsiveness. They are grouped into eighteen facets.

SAMPLE

SEX



GROUP

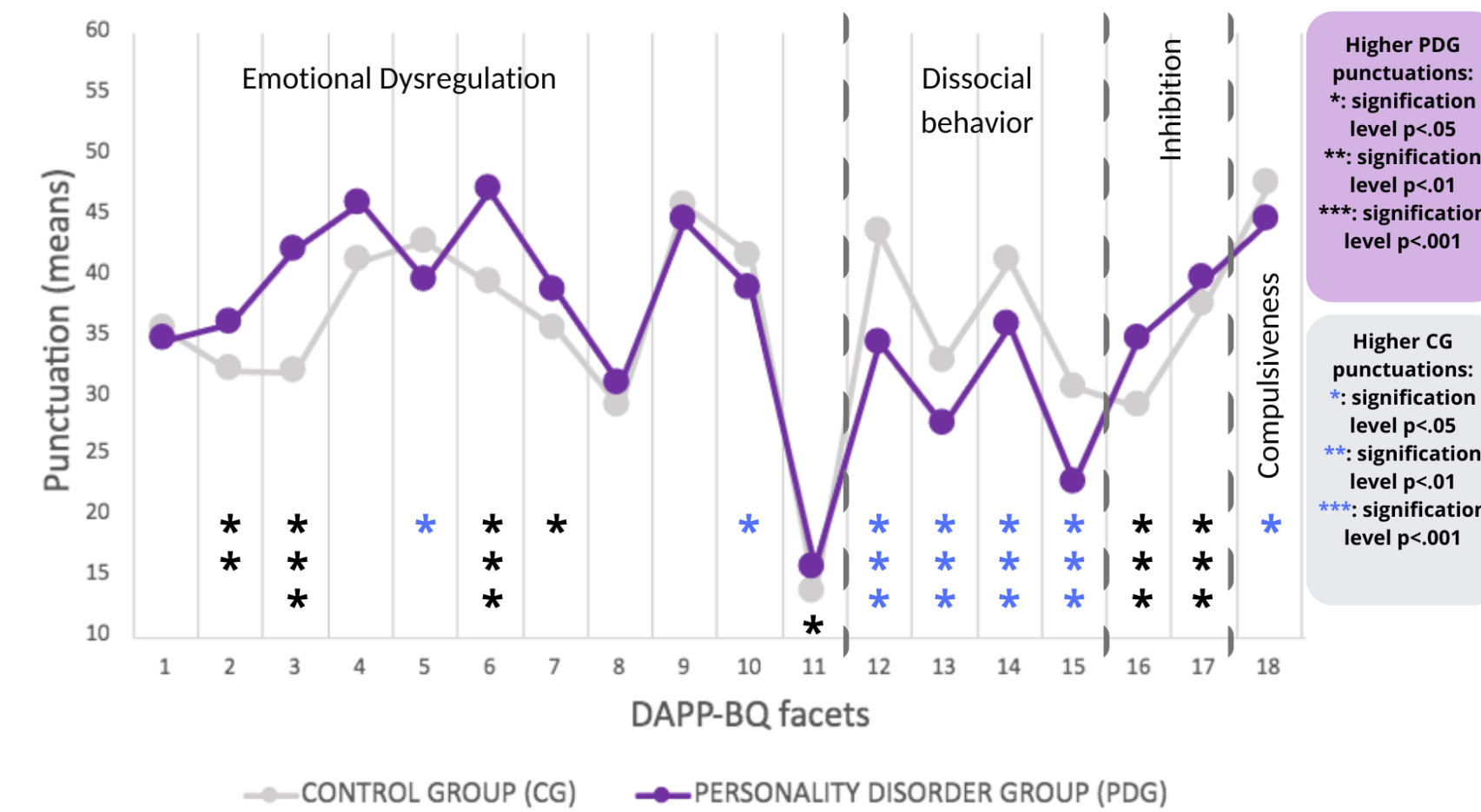


ANALYSIS

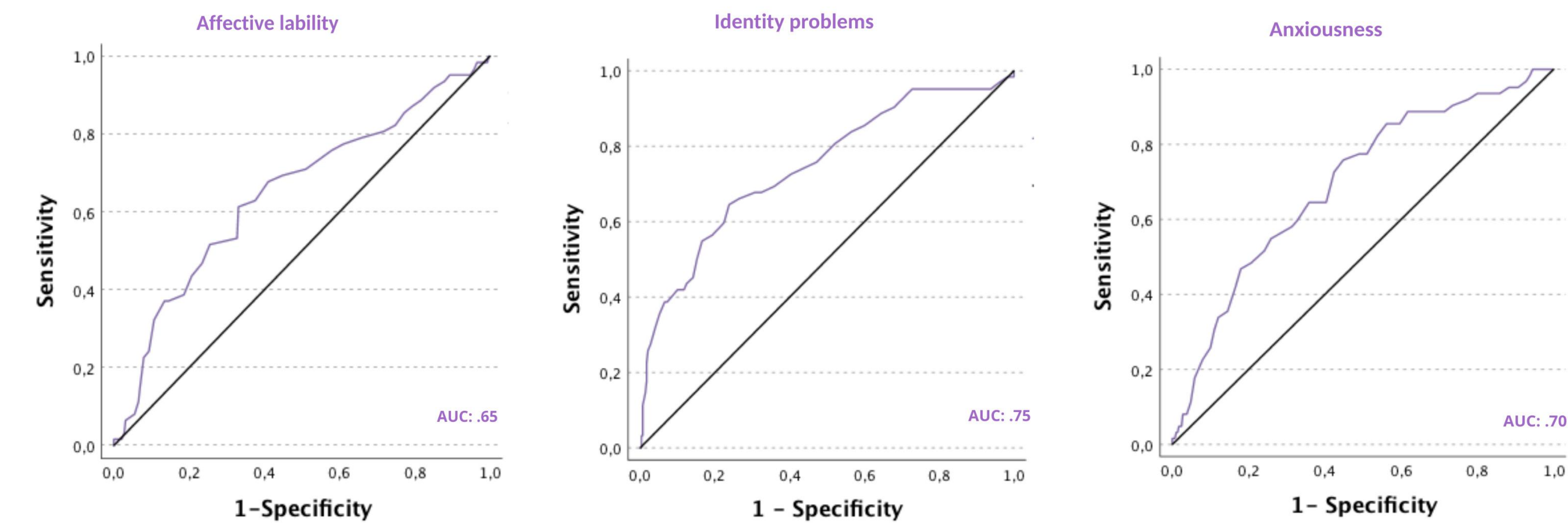
SPSS version 27 was employed to perform the analysis: Student's t test. ROC curve analysis. Discriminant analysis.

RESULTS

Comparison of means

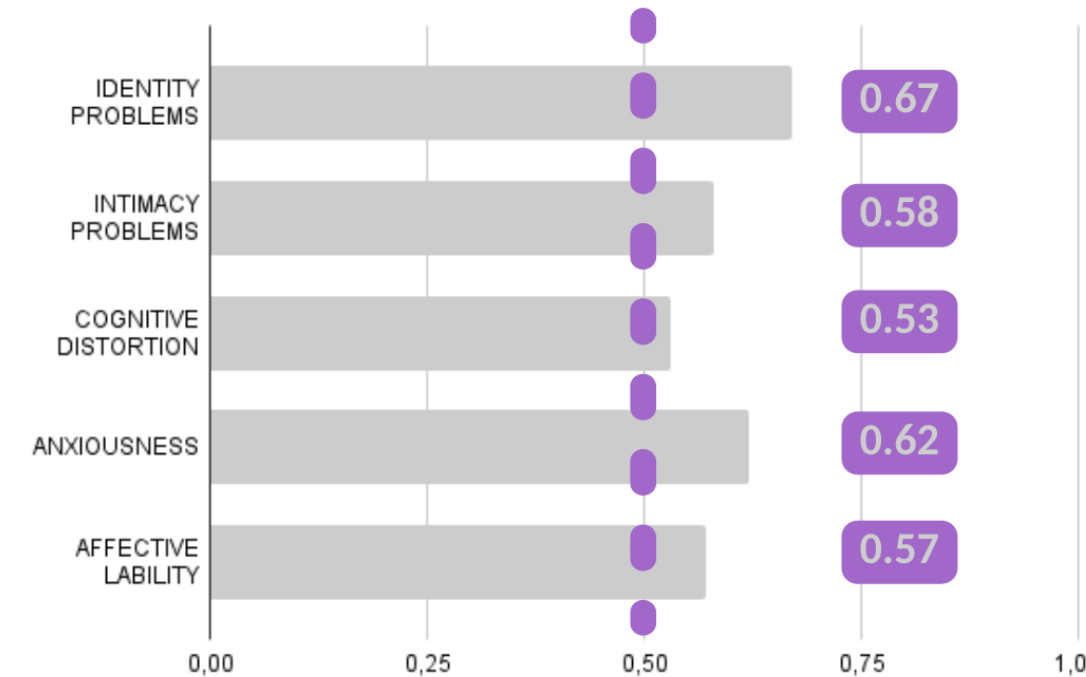


ROC curves

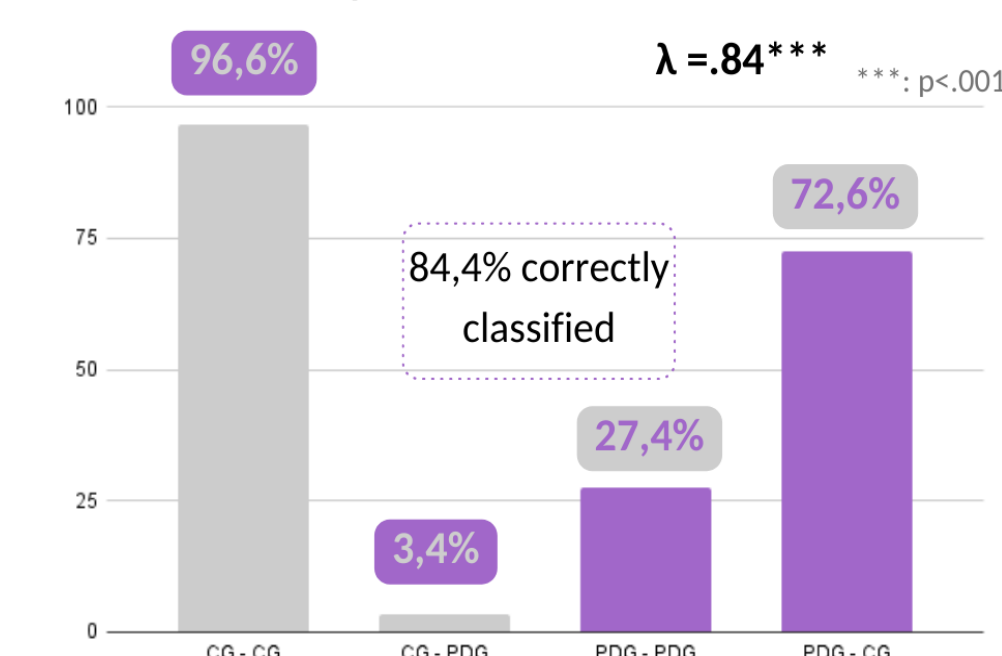


1. Submission; 2. Cognitive distortion; 3. Identity problems; 4. Affective lability; 5. Oppositionality; 6. Anxiousness; 7. Social avoidance; 8. Suspiciousness; 9. Insecure attachment; 10. Narcissism; 11. Self-harm; 12. Stimulus seeking; 13. Callousness; 14. Rejection; 15. Conduct problems; 16. Intimacy problems; 17. Restricted expression; 18. Compulsivity

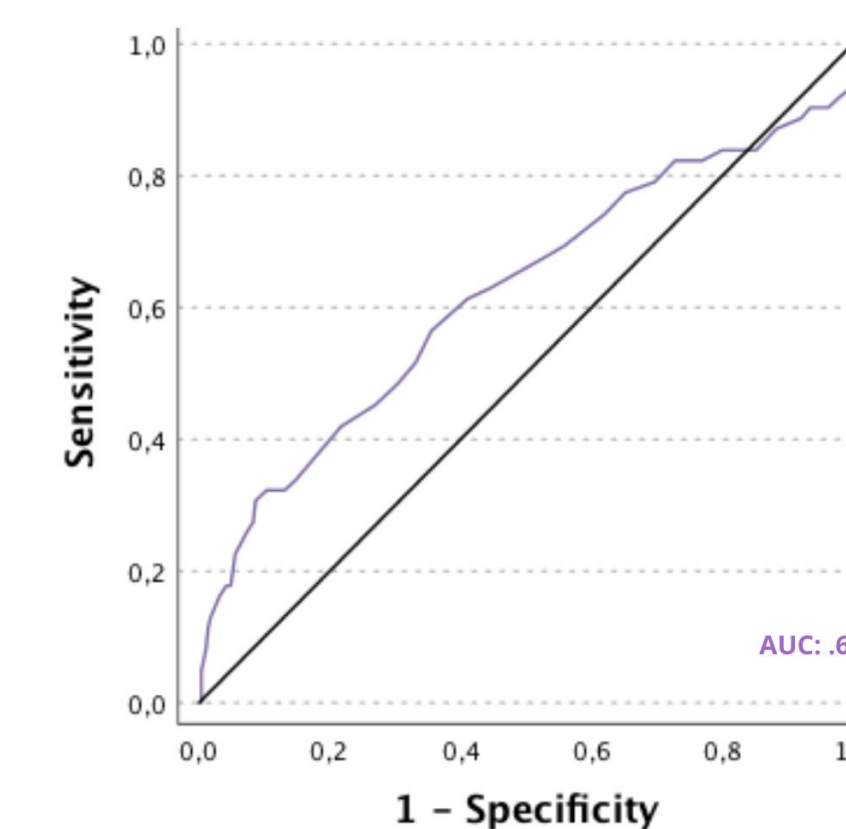
Overall Model Quality



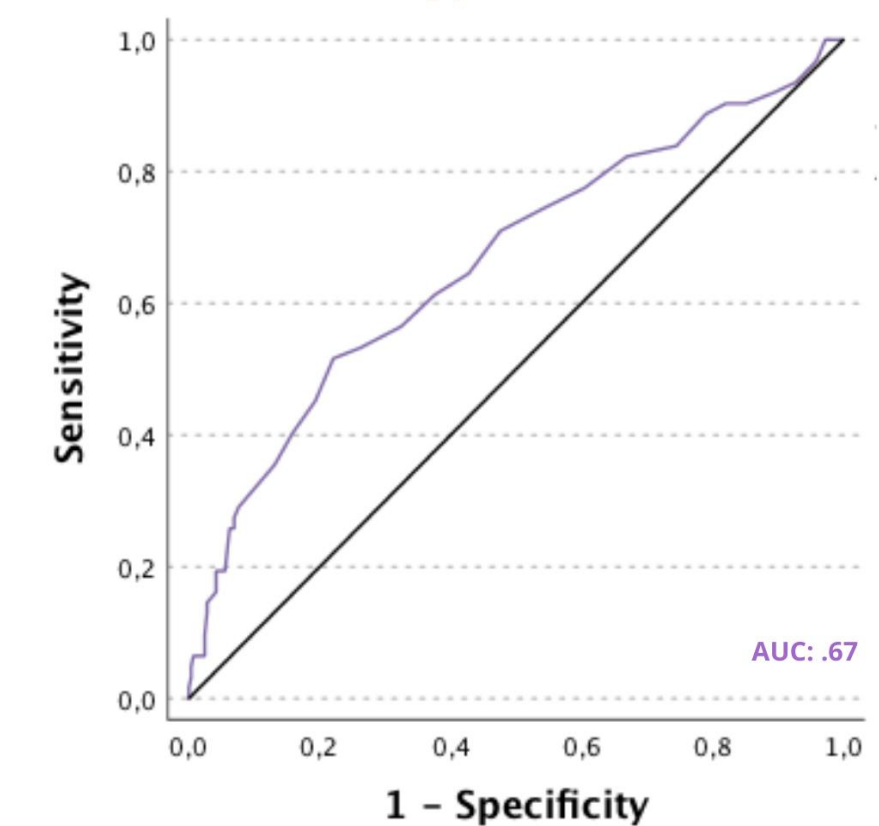
Discriminant analysis



Cognitive distortion



Intimacy problems



DISCUSSION

There are not many studies carried out on subjects with PDs, as well as very few that analyze their results based on the 18 facets, since they focus on the 4 dimensions. In our case, it seems that the facets have no sensitivity to detect people with a disorder, although they do have sensitivity to select people who do not, with 84% being a good grouping. In a study carried out on an adolescent sample using the area under the ROC curve, they found that 14 of the facets had sufficient precision to differentiate the clinical sample from the control (Tromp & Koot, 2008). This differs from our study in which we only found this precision in 5 of the facets, which emerge as significant to dimensionally characterize PDs, although with a very low sensitivity (.27). This result differs from the one found by Gutiérrez-Zotes et al. (2008) in whose study differences between the clinical sample and the control were found in 17 of the facets, being able to differentiate the psychopathological profile of the subjects who seek treatment from those who do not. Despite the disparity between the results of the present study and those cited, we can affirm that the DAPP-BQ is a reliable instrument since it selects subjects who do not have a PD with accuracy. It is possible that our results are due to the presence of psychopathological traits in the control sample, so it would be extremely interesting to study the predictive capacity of the DAPP-BQ facets in the future excluding those subjects.

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