

Substance dependence and personality disorders: What's the deal?

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Personality disorders are frequently found among the substance dependence population, with rates varying between 50 percent and 86 percent.¹⁻⁷ In particular, personality disorders are highly prevalent among the opiate-dependent population.⁷⁻¹³

Personality disorders have a significant impact on the management, treatment, and outcome of substance use disorders.^{3,14-20} Moreover, personality pathology as an overall factor is predictive of poorer outcome in treatments for other disorders.²¹ The coexistence of a personality disorder(s) increases the patient's risk of failure to form a therapeutic alliance with the treating clinician, to achieve abstinence, and to relapse.^{2,18,22,23}

Those personality disorders that are characterized by dramatic, emotional, or erratic features appear to be quite commonplace among patients seen in substance use treatment facilities.^{20,24,25} In particular, antisocial personality disorder and borderline personality disorder are overly represented among such patient populations.^{11,12,19,24-28} The co-occurrence of borderline personality disorder and substance use disorders is associated with increased risk for a number of severe negative outcomes, including involvement in the sex trade, a large number of sexual partners, more frequent and serious drug overdoses, needle-sharing, suicide attempts, as well as significant mental health, family, and legal problems.²⁶

It has been suggested that those patients with the most severe forms of substance use disorders are likely to have underlying personality disorders.⁵ Such individuals are likely to use substances at an early age and are more likely to have histories fraught with polysubstance use.⁵ It has also been proposed that such patients use substances as a form of self-soothing and self-medication to manage the various aspects of their personality pathology and accompanying mood states, anxiety states, and other emotional states.²⁹

While it has been proposed that personality disorders precede substance use problems, ongoing substance use can exacerbate pre-existing personality traits or in some cases, significantly change premorbid personality functioning.³⁰⁻³² Recurrent substance use can change brain chemistry and brain functioning, which, in turn, can result in a substance-induced personality syndrome.³¹

Typical features of such a substance-induced personality syndrome commonly include impulsive behavior, failure to plan ahead, low frustration tolerance, self-focus, grandiosity, passivity, and difficulty tolerating feelings.^{31,33} There is also the suggestion that such a personality syndrome leads to unsuccessful efforts at self-regulation.³⁴ However, it remains unclear to what extent such aforementioned typical features are merely premorbid underlying personality characteristics commonly seen in antisocial and borderline personality disorders or substance-induced personality changes, or the interplay of both factors.

In summary, personality disorders are frequently found among the substance dependence population, and in particular, among those who are opioid dependent. The coexistence of personality disorders increases the patient's risk of failure to form a therapeutic alliance with the treating clinician, to achieve abstinence, and to relapse. Therefore, it is strongly recommended that the treating clinician routinely screen opioid-dependent patients for various clinical disorders, including personality disorders.

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