

A Systematic Review of Personality Disorder in relation to Race and Ethnicity: Prevalence, Aetiology and Treatment

Angela McGilloway Kamaldeep Bhui

Introduction Personality Disorder (PD) is defined by the World Health Organisation as “a severe disturbance in the characterological condition and behavioural tendencies of the individual, usually involving several areas of the personality, and nearly always associated with considerable personal and social disruption”.

However the term Personality Disorder has been criticised as being culturally biased as a reflection of only North American and Western European psychiatry. Difficulties will continue to be evident in the assessment and diagnosis of PD if the influence of culture, race and ethnicity is not explored, and its relevance determined.

Our aim was to systematically review all available published literature that addresses PD prevalence, aetiology and treatment in relation to race and ethnicity.

Method We searched PUBMED, EMBASE, CINAHL, PsycINFO and Web of Science for studies relating to PD and race, culture and ethnicity. The search was supplemented by forward and backward citation, manual exploration of references and by contacting experts in the field. A total of fifteen studies were identified.

From these articles a data extraction table and methodological scoring system was constructed to identify the topics of interest and highlight themes and relationships. Meta-analyses of available raw prevalence data were also established using comprehensive software.

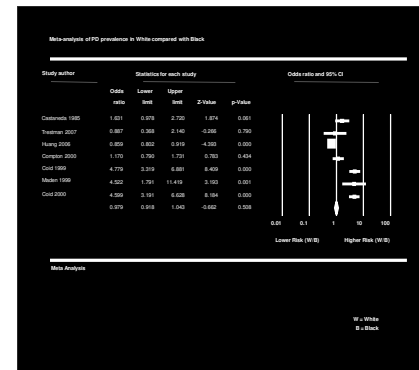
Results Limited published data pertaining to PD and ethnicity was found. Studies included surveys, cohorts, cross-sectional and randomised controlled trials, and took place in a variety of environments and were equally derived from both the US and the UK.

Aetiology Aetiology of PDs was found to be the least subject to research, with only one study highlighting Hispanic populations have higher rates of intense anger and affective instability compared to Caucasians. Aetiological suggestions found in the studies included that certain groups may be likely to possess characteristics of particular PDs, migrating ethnicities may find it difficult to adjust, and that high social classes have lower incidences of PD.

Prevalence 5 studies significantly show that the White populations have a higher incidence of PD than Black populations. However, in contrast to these findings, one large epidemiological survey of a civilian non-institutionalised population determined the weighed prevalence of PD was greater in Black populations (16.6%) than White (14.6%) [p<0.05].

Seven studies were identified as having prevalence data suitable for establishing fixed pooled estimates.

The outcome of the meta-analysis for prevalence of PD in White populations compared with Black is shown below.



As demonstrated, the meta-analysis determined that there is no significant difference overall in the prevalence of PD in White or Black populations [OR 0.979, 95% CI 0.918-1.043, p=0.508]. However, interestingly all studies significantly showing White populations to have more PD than Black, were carried out in the UK, conflicting with the one study with significant results to the contrary which was carried out in the US.

Treatment Studies involving management of PD significantly found that Caucasian patients not only received more treatment than Black or Hispanic populations, but also a more extensive range. Those with PD were also found to show greater improvement when treated in the hospital-based setting.

Conclusion From our review we cannot conclude that prevalence is any more common in any particular racial or ethnic group. Theories surrounding contributing factors to the aetiology of PDs have been presented and debated, but the need for further research in this area is also a necessity. Findings that hospitalised patients with PD have greater rates of improvement provides basis for further research into the treatment and management of PDs overall.

We acknowledge the main limitation of the research being the heterogeneity of studies collated in the meta-analysis, however stress the importance of this research as innovative and a first stage descriptive analysis. In fact, the heterogeneity may convey more in that if we argue PD is related to race and ethnicity perhaps due to factors such as parenting patterned by race and ethnic group, then it is reasonable to assume a similar effect in both the UK and US in terms of these processes. However this is not shown.

To our knowledge, this is the only review that considers existing research on PD prevalence, aetiology and treatment in relation to race and ethnicity. This research is aimed to be continued and form part of a larger project of continuing research that will look at specific PDs in relation to race and ethnicity as well as developing and reviewing PD policy involving further research and a panel of experts in the field.

At present, we suggest policy should highlight that clinicians should aim to be more culturally aware, and that differences in race and ethnicity must be taken into consideration when diagnosing PDs.