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Background and Aims: It is widely believed that comorbid personality disorders (PDs) have a negative influence on the effects of treatment for axis-1 anxiety disorders. However, many studies reporting negative influences suffer from methodological problems, such as inference of PD after treatment by clinical judgement. The aim of our studies was to investigate the influence of comorbid PDs on outcome of CBT for anxiety disorders in a double blind prospective design.

Methods: Axis-1 and axis-2 disorders were assessed with SCID interviews. Therapists and patients were blind for outcome of SCID-II interview. Patients received state of the art CBT for their main anxiety disorder. We controlled for baseline levels. Outcome was assessed with Fear Questionnaire and SCL-90.

Results: In a very large sample of more than 1800 patients we didn't find evidence for a negative influence of comorbid PDs. The only effect we found was that comorbid borderline PD was associated with drop-out. In a smaller sample (N = 398) we found evidence that PDs predicted higher avoidance levels after treatment, but no other psychopathology. Interestingly, specific beliefs related to PDs, notably mistrust and dependency beliefs, were related to higher symptom levels after treatment.

Conclusions: The influence of PDs on CBT of anxiety disorders is not strong. When effects were found, they were very small. Two cognitive beliefs seem to be central in interference of PDs with CBT: mistrust and dependency related beliefs.

S12.02

Comorbidity of personality disorders and posttraumatic stress disorder

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Personality disorders and particularly Boderline Personality Disorder co-occur with Posttraumatic Stress Disorder (PTSD)often. An overview on the implications of this comorbidity will be given. Comorbid PTSD is a high risk factor for non-remission and chonicity in BPD. The necessity of treating co-morbid PTSD symptoms in BPD is therefore apparent. However, most outcome studies on the treatment of PTSD have excluded individuals with BPD or symptoms of other severe personality disorders.

Within the last three years, our team has specifically designed and manualized ''cognitive-dialectical trauma therapy'' (CDT) to alleviate symptomatology of patients suffering from both BPD and PTSD. CDT combines elements of dialectic behavioural therapy (DBT): i.e. emotion regulation and mindfulness exercises, with those of state of the art PTSD treatment, in particular cognitive interventions and exposure treatment, as well as new elements. The data of a pilot study on the effects of CDT in patients suffering from BPD plus comorbid PTSD will be presented.

S12.03

Comorbidity with affective disorders

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The lecture gives an up-dated overview on comorbidity rates in affective disorders and personality disorders. The data will be presented from two perspectives: First of all, comorbidities with affective disorders in patients with personality disorders will be shown, differentiating rates for personality disorder clusters and for single disorders. Complementary, co-occurences with personality disorders for patients with affective disorders will be presented, differentiating between unipolar and bipolar affective disorders. Moreover, the relevance of comorbidities for treatment and course of personality disorders will be discussed. Conceptual problems concerning the differentiation of specific personality disorders and affective disorders (e.g. borderline personality disorder vs. bipolar spectrum disorders or depressive personality disorder vs. dysthymia) will also be reported.

S12.04

Do premorbid personality disorders predict adult alcoholism? Results from a Danish Longitudinal High Risk Study

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Aims: The Danish Longitudinal Study on Alcoholism was designed to identify predictors of adult male alcoholism. The present study examines the predictability of premorbid personality disorders.

Methods: Subjects were selected from a Danish birth cohort (n = 9125, born 1959 − 61) that included 223 sons of alcoholic fathers (high risk = HR) and 106 matched sons of non-alcoholics (low risk = LR). These subjects have been studied systematically over the past 40 years. Most recently, they were evaluated at age 40 (n = 202) by a psychiatrist using structured interviews and DSM-III-R criteria to diagnose an Alcohol Use Disorder.

Results: HR subjects were more likely than LR subjects to develop alcohol dependence over the past 40 years (31% vs. 16%, $p < .03$). However, HR subjects were not more likely to develop alcohol abuse (17% vs. 15%). Both ADHD (as measured by school teachers) and ASPD (onset before age 15) predicted alcoholism independently at age 40. ADHD and ASPD were much stronger independent predictors of adult alcoholism than parental risk status. Other personality and anxiety disorders did not predict an alcoholic outcome.

Conclusions: Paternal alcoholism predicted alcohol dependence in sons at age 40. But the most predictive premorbid variables were ASPD and ADHD, both with onset in childhood and adolescence.

S12.05

Comorbidity of personality disorders and eating disorders

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Personality disorders and axis I disorders show complex patterns of comorbidity. There are a considerable number of studies examining the comorbidity of eating disorders. Approximately 50% of patients with eating disorders (anorexia nervosa, bulimia nervosa or binge eating disorder) suffer from cluster C or cluster B personality disorders. The absence or presence of comorbidity with a personality disorder seems to be a major determinant of the degree of impairment of psychosocial function and the number of further comorbid axis I disorders. Patients with cluster B seem to be more severely impaired

https://doi.org/10.1016/j.eurpsy.2007.01.070 Published online by Cambridge University Press