

data indicate that emotions may deteriorate inhibitory functioning in BPD supporting a close interaction between emotional dysregulation and disinhibited behavior.

Conclusion: Experimental research enriches our understanding of personality disorders and their biological underpinnings.

S55.2

Neuropsychological measures in BPD patients and matched controls

A. Andreoli*, Y. Burnand, E. Mayer. *Geneva University School of Medicine, Switzerland*

Objective: To further investigate executive functions in Borderline Personality Disorders.

Significance: Those aspects of the borderline syndrome that are associated with increased impulsivity, aggression and atypical depression may rely on neurological abnormalities. Neurocognitive studies of well selected borderline patients may be helpful to further define a research model aimed to investigate these alterations.

Methods: Forty patients with IPDE Borderline Personality Disorders and forty age, gender, nationality, social class and level of educated matched controls without DSM IV Axis I and Axis II Disorders were studied. After executive functions were assessed on several neuropsychological tests, ANOVA was utilized to compare the relationships between levels of executive function and group memberships as well as the interaction of the observed differences with IPDE Borderline Personality Disorder severity (total severity and emptiness, aggression, impulsivity subscores).

Results: There were significant severity dependent between group differences on the observed executive function after correcting for depression.

Comment: Is provided.

S55.3

The implications of behavioural genetic research for concepts and models of personality disorder

J. Livesley*. *University of British Columbia, Vancouver, Canada*

The results of twin studies indicate that all traits delineating personality disorder have as substantial heritable component and that a relatively large number of genetic dimensions contribute to personality phenotypes. They also suggest continuity between normal and disordered personality. These findings have major implications for theoretical models of personality disorder and psychiatric nosology.

Contemporary treatments are based on either a conflict or a deficit model of personality pathology. These models have led to substantial differences in therapeutic approach. Recognition that personality has a substantial heritable component requires that these models be supplemented with a predisposition model that has somewhat different treatment implications.

Evidence of genetic and phenotypic continuity between normal and disordered personality suggests the need to modify current approaches to classification. If personality disorder is based a large number of genetic building blocks the occurrence of a relatively large number of discrete categories is unlikely. This suggests the need for alternative nosological approaches.

S55.4

Psychometric approaches in personality research

R. Pukrop. *Department of Psychiatry and Psychotherapy, University of Cologne, Germany*

Empirical evidence suggests that personality disorders (PD) are more appropriately represented by a dimensional model than by the categorical model used in the DSM- or ICD-systems. Several dimensional models have been suggested for the revision of the categorical system. The present study investigated the convergent and divergent aspects of the Five Factor model (Big Five), the psychobiological model proposed by Cloninger, and the 'Dimensional Assessment of Personality Pathology (DAPP)' model proposed by Livesley. Psychometric relationships between the different dimensional models and dimensional assessments of DSM-IV PD based on the SCID-II in N=165 general population subjects, and a sample of N=222 nonpsychotic psychiatric patients (including N=81 PD patients) were calculated. Differences and similarities in regard to convergent validity, discriminative and predictive power, and multivariate relationships will be summarized. Overall results support the assumption that there are basic convergent traits relevant for PD irrespective of the particular model they were derived from. PD can be represented by a dimensional system of personality traits with sufficient sensitivity and clinical specificity.

S55.5

Personality disorders in ICD-10 and DSM-IV

C.B. Pull*, M.-C. Pull, J.M. Cloos. *Centre Hospitalier de Luxembourg, Luxembourg*

The 10th Revision of the International Classification of Diseases (ICD-10) and the 4th Edition of the Diagnostic and Statistical Manual of Mental Disorders both provide general criteria for the diagnosis of personality disorder as well as specific criteria for 8 (ICD-10) and 10 individual personality disorders. The general criteria are essentially the same in both ICD-10 and DSM-IV. The two classification systems do, however, present a number of differences with regard to the number, the names, and the criteria that are provided for individual personality disorders.

Narcissistic personality disorder is listed among the "official" disorders in DSM-IV but not in ICD-10. Schizotypal disorder is listed among the personality disorders in DSM-IV, but among the psychotic disorders in ICD-10.

Three disorders have different names, i.e. antisocial (DSM-IV) and dissocial (ICD-10), avoidant (DSM-IV) and anxious (ICD-10), obsessive-compulsive and anankastic (ICD-10).

Major differences appear when ICD-10 and DSM-IV criteria are compared with regard to individual personality disorders. The authors will highlight major differences between ICD-10 and DSM-IV criteria and discuss the conceptual as well as potential practical implications of these differences.