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Introduction: Depressive personality disorder (DPD) is highly studied and common in clinical settings. Nevertheless, it is rife with controversies and often overshadowed by Major Depression and Dysthymia with which it shares many similarities but also is clinically distinct.

Objectives: The objective of this research was to garner pre- and post-treatment clinical data among psychotherapy outpatients at a University clinic.

Aim: The specific aims of the study were to determine rates of DPD pre-treatment (i.e., baseline/intake), to evaluate the presenting clinical profile for those with and without DPD, and to assess pre- to post-treatment changes in levels of depression and global severity of symptoms.

Methods: One hundred fifty-nine patients participated in the study and completed a battery of measures assessing DPD, a range of psychopathology, and overall functioning at pre-treatment. These individuals were followed naturalistically (up to 40-weeks) and reassessed on the same variables at post-treatment.

Results: Forty-four percent of entering psychotherapy outpatients qualified for DPD alongside their presenting clinical problem. Those with DPD showed a more severe and complex presenting profile; however, they made greater gains in treatment than those without DPD. Only 11% of the sample continued to endorse DPD following treatment.

Conclusions: The findings from this research suggest that in routine clinical situations, psychotherapy may benefit individuals with DPD