

stubbornness and rigidity criterion, who were nine times more likely to continue to experience substantial anxiety after treatment. The authors report that non-response to treatment with respect to stubbornness and rigidity has been reported elsewhere (McGlashan et al., 2005), possibly arising from an insecure and fearful attachment style in which people (including the self) are appraised negatively and others are experienced as suspicious, culminating in a lack of epistemic trust. Rigidity and hyper-vigilance develop as persistent ways of coping, which the authors suggest are best managed in the context of a securely attached longer-term MBT therapeutic relationship.

Key reference: McGlashan, T. H, Grillo, C. M., Sanislow, C. A., Ralevski, E., Morey, L. C., Gunderson, J. G., Pagano, M., (2005). Two-year prevalence and stability of individual DSM-IV criteria for schizotypal, borderline, avoidant, and obsessive-compulsive personality disorders: toward a hybrid model of axis II disorder. *American Journal of Psychiatry*, 162, 883-889.

Personality disorder and alcohol treatment outcome: systematic review and meta-analysis

Newton-Howes, G. M., Foulds, J. A., Guy, N. H., Boden, J. M. & Mulder, R. T. (Apr, 2017)

The British Journal of Psychiatry doi: [10.1192/bjp.bp.116.194720](https://doi.org/10.1192/bjp.bp.116.194720)

Aim: To evaluate treatment outcomes amongst personality disorders (PDs) and alcohol use disorders (AUDs) with respect to association of the disorders and their relation to change.

Background: The authors report that it is common for PDs and AUDs to co-occur, with 29% of individuals meeting current diagnostic criteria for AUD also meeting criteria for PDs. Among individuals with antisocial personality disorder (ASPD) co-occurring AUD has been reported to be higher amongst treatment-seeking individuals, at times with estimated co-occurrence over 50%. The treatment literature contains contradictory findings regarding presentation and treatment response, the disentangling of which was the focus of the current systematic review and meta-analysis. A historic belief generated from the existing literature is that co-occurring PDs worsen AUD treatment outcomes, despite recent publications to the contrary. Clarifying treatment outcomes and associations between PDs and AUDs was the focus of the current systematic review and meta-analysis.

Method & Procedure: Eligibility criteria for inclusion to the review were RCTs and longitudinal studies examining psychotherapeutic or pharmacological intervention for AUD alongside evaluation of PD status, and the outcomes of both over eight weeks of treatment at minimum. Papers with clear diagnostic criteria for both disorders published from the 1980's onward were included. The authors followed guidelines for the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA). Quality of evidence and risk of bias was evaluated using the GRADE approach.

Results and Discussion: A total of 22 studies were included in the review, representing data from a total of N=4861 participants. Of the studies included, nine principally examined ASPD, three examined BPD, one examined ASPD or BPD, and nine examined AUD alongside any co-occurring PD. Results indicated that PDs were linked to more problematic alcohol use pre-treatment as well as greater treatment drop-out. Despite this, alcohol problems tended to remit with treatment at a similar rate as found amongst individuals without a PD diagnosis. The authors conclude that poor outcomes associated with co-occurring PDs and AUDs in the literature may be due largely to lack of standardized and

operationalized reporting of results amongst a literature they describe as “low quality of evidence overall.” The authors emphasize a need for high quality and consistent results reporting within the treatment literature on co-occurring PDs and AUDs in order to prevent erroneous conclusions about refractory treatment outcomes amongst this group.

Differences in the Effectiveness of Psychosocial Interventions for Suicidal Ideation and Behaviour in Women and Men: A Systematic Review of Randomised Controlled Trials.

Krysinska, K., Batterham, P. J. & Christensen, H. (Mar, 2017)

Archives of Suicide Research, 21, 12-32, DOI: [10.1080/13811118.2016.1162246](https://doi.org/10.1080/13811118.2016.1162246)

Aim: To evaluate by systematic review outcomes of psychosocial interventions for suicidal ideation and suicide prevention programs. Studies included were those that evaluated gender separately as well as together by sub-group.

Background: The epidemiology of suicide attempts and suicide completion almost always involves reporting sex differences. The authors state that in 2012 the global suicide rate was twice as high for males compared to females. In contrast, most suicide attempts and ideation is reported by female youth and young adult women. These findings have been referred to as the “gender paradox of suicide.” Despite this, few suicide prevention and intervention programs have been evaluated for differential effects by gender, evidence for which was the purpose of the current review.

Method and Procedure: Studies were included in the review if they were RCTs, the protocol included a psychosocial intervention, outcomes measured suicidal ideation or behaviour, the trials included men or women only or mixed outcomes of gender sub-groups, and were published in English-language peer-reviewed journals. Studies were not excluded based on pharmacological status, age, diagnostic status, and recruitment or delivery method. The authors did not comment on how quality of evidence or risk of bias was evaluated.

Results and Discussion: A total of 27 papers were included in the review, of which 24 were RCTs. A total of 17 papers (15 of which were RCTs) evaluated outcomes by gender sub-groups. With respect to studies examining mixed gender outcomes, five (3%) found greater impact for female participants compared to male participants. No trials reported superior program outcomes for male participants. Conclusions suggested targeting men at risk for suicide in developing future programs. The authors did not comment on the situation of gender minority groups, such as transgender individuals, despite their unique vulnerability to suicide due to violence and marginalization (Barboza, Dominguez & Chance, 2016).

Key Reference: Barboza, G. E., Dominguez, S., & Chance, E. (2016). Physical victimization, gender identity and suicide risk among transgender men and women. *Preventive Medicine Reports*, 4, 385–390. <https://doi-org.ludwig.lub.lu.se/10.1016/j.pmedr.2016.08.003>