

PERSONALITY AND TREATMENT DROPOUT IN DEPRESSED OUTPATIENTS

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Introduction: Premature termination is common among patients treated for depression with either pharmacotherapy or psychotherapy. Yet little is known about factors associated with premature treatment termination among depressed patients. In other hand, there is conflicting evidence about the influence of personality disorder on outcome in depressive disorders.

Aims: The present study assesses whether personality may predict the dropout of a psychotherapy group for patients with depressive disorder.

Methods: A personality disorders (PDs) self-report questionnaire based on the Structured Clinical Interview for DSM-IV Personality Disorders (SCID-II) was completed by 39 depressed outpatients. All patients attended a group-based CBT program for depression consisted of 10 weekly 90 minutes sessions. Patients were categorized in groups as completers vs. dropouts. Dropout was defined as attendance at less than 7 sessions.

Differences between groups were tested using Student's *t*-test and in order to measure the specific contribution of personality on dropout a logistic regression analyses were performed.

Results: Comparing treatment completers (67 %) vs. dropouts (33 %), groups differed significantly on number of items in schizotypal, narcissistic and borderline PDs. The dropout group scored significantly higher on these PDs than the completer group. Scores on borderline personality disorder emerged as a significant predictor of dropout.

Conclusions: Depressed outpatients with comorbid borderline traits are at higher risk of premature termination and may require modified treatment strategies.

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