

Name of Tool	International Personality Disorder Examination (IPDE)
Category	Responsivity Issues (Validated)
Author / Publisher	Loranger
Year	1997

### Description

- The IPDE is a semi-structured clinical interview designed to assess the personality disorders in the ICD-10 and DSM-IV classification systems. The IPDE ratings are current and, therefore, sensitive to change.
- It involves a semi-structured clinical interview developed to assess personality disorders as defined in the DSM-IV and ICD-10. It also contains a self-administered screening questionnaire.
- Symptoms must be present for at least five years. It is not appropriate for clients with severe depression, psychosis, low intelligence or cognitive impairment. With individuals in remission from chronic mental illness, discretion is advised on behalf of the user.

### Age Appropriateness

18-70 years

Whilst the IPDE is not suitable for those aged under 18 years, the manual starts that some investigators – following slight modifications - have found the tool useful for those as young as 15 years.

The authors recommend that for optimal usage clients should be aged 20+. The authors discourage the use of anything less than a five year timeframe with individuals over 20 years of age.

It is further recommended that at least one criterion of a disorder must have been fulfilled prior to age 25 before that particular disorder can be diagnosed.

### Assessor Qualifications

This is intended for use with experienced psychiatrists, clinical psychologists and those with comparable training. Users should have knowledge of the ICD-10 and DSM-IV personality disorder criteria and experience of making psychiatric diagnoses.

### Strengths

- It is possible to assess personality disorders with reasonably good reliability in different nations, languages and cultures ([Loranger et al., 1994](#))
- It is useful for multiple professions and is based on worldwide field trials.
- The practitioner may adapt questions to suit the interview. The advantage of semi-structured interviews is they incorporate the standardisation of a structured interview with flexibility to allow

the interviewer to build rapport and ensure the interview flows [Kvale & Brinkmann, 2009: 16, 27](#)). To that end, semi-structured interviews provide a degree of procedural validity that makes their results more transferable and less susceptible to institutional and regional biases ([Loranger, Janca and Sartorius, 1997](#)).

- Dimensional scores are provided for every individual for each disorder, even in cases where they do not fulfil the criteria. The dimensional scores provide investigators with greater reliability and more versatility in data analyses ([Loranger, Janca and Sartorius, 1997](#)).

### Empirical Grounding



It is based on personality traits prominent in the international field. It uses the general principles of personality disorder assessment ([Cooke and Hart, 2000](#)): disturbances in behaviours and personal relationships, as well as construct validation. The personality disorder constructs primarily reflect the views of Western European and North American psychiatry; thus, many may not be equally applicable in other cultures ([Loranger et al., 1994](#)). It incorporates DSM-IV and ICD-10 personality disorder evaluations. The DSM-IV is predominantly used in the USA and the ICD-10 is mainly international psychiatric community opinion.

### Inter-Rater Reliability



#### a) UK Research

- Two UK sites (London & Nottingham) were included in the field trials for the IPDE. The overall IRR across all sites rated highly with IRR of 0.9-1, 0.8-0.89 and 0.7-0.79 respectively in 13%, 72% and 52% of items ([Loranger, Janca and Sartorius, 1997](#)).

#### b) International Research

- The IPDE was administered by 58 psychiatrists and clinical psychologists to 716 patients enrolled in clinical facilities in Austria, Germany, India, Japan, Kenya, Luxembourg, the Netherlands, Switzerland and the United States. Thirteen percent of items yielded IRRs of 0.9-1; 72% and 52% rated 0.8-0.89 and 0.7-0.79 for IRR respectively. The author reports "inter-rater reliability and temporal stability that is roughly similar to instruments used to diagnose psychoses, mood, anxiety and substance use disorders" ([Loranger, Janca and Sartorius, 1997: 90](#)).
- In a study in India, a Hindu translation of the IPDE was tested for its inter-rater reliability. ICC ranged from 0.65-1.00 (m=0.89) for each item and between 0.94-1.00 (m=0.98) for dimensional score for each personality disorder ([Sharan et al., 2002](#)).

### Validation History

<b>General Predictive Accuracy</b>									
<p>The IPDE is not a predictive instrument. As stated in the IPDE Manual: "The IPDE is a Semi-structured clinical interview developed within that program and designed to assess the personality disorders in ICD-10 and DSM-IV classifications systems."</p>									

<b>Validation History</b>									
<b>Applicability: Females</b>									
a) UK Research	<ul style="list-style-type: none"> <li>The field trials held in the UK included an almost equal number of and female patients. Nottingham had 26 males and 24 females; whilst London had 34 males and 31 females. No differences were found between the genders (<a href="#">Loranger, Janca and Sartorius, 1997</a>).</li> </ul>								
b) International Research	<ul style="list-style-type: none"> <li>Study groups internationally (including African, North American, European and Asian countries) included a mixture of male and female patients. There were no differences between urban and rural samples, or between men and women. (<a href="#">Loranger, Janca and Sartorius, 1997</a>).</li> </ul>								

<b>Validation History</b>									
<b>Applicability: Ethnic Minorities</b>									
a) UK Research	None available at present.								
b) International Research	<ul style="list-style-type: none"> <li>A range of international studies indicate applicability to a range of ethnic groups. (<a href="#">El-Rufaie, 2002</a>; <a href="#">Fountoulakis, 2002</a>; <a href="#">Magallon-Neria et al., 2012</a>; <a href="#">Mann et al., 1999</a>; <a href="#">Sharan et al., 2002</a>).</li> </ul>								

<b>Validation History</b>									
<b>Applicability: Mental Disorders</b>									
a) UK Research	<ul style="list-style-type: none"> <li>Evidence of London (Maudsley Hospital) and Nottingham (Stonebridge Research Centre) involvement in clinical trials (<a href="#">Janca and Pull, 1997</a>).</li> </ul>								
b) International Research	<ul style="list-style-type: none"> <li>The DSM-IV and ICD-10 IPDE-SQ screeners were used and compared with the diagnoses obtained with the IPDE semi-structured interview in a sample of 125 adolescents treated in a psychiatric department. The aim of the study was to analyse the usefulness of the IPDE Screening</li> </ul>								

Questionnaire (IPDE-SQ) for identifying DSM-IV and ICD-10 Borderline and Impulsive personality disorders in Spanish adolescents. The cut-off point with the best combination of sensitivity and specificity for ICD-10 borderline and impulsive personality disorders was obtained with 3 positive items ([Magallón- Neria et al .,2012](#)).

- Ninety psychiatric out-patients in India, were assessed for personality disorder using the IPDE and Standard Assessment of Personality (SAP) methods. The overall agreement between the two instruments in the detection of ICD-10 personality disorder was modest (kappa = 0.4). The level of agreement varied according to personality category, ranging from kappa 0.66 (dependent) to kappa 0.09 (dissocial) ([Mann et al., 1999](#))

- The Greek translation of the IPDE has also shown applications whilst being mindful of cultural variation around socio-cultural factors ([Fountoulakis, 2002](#)).

- A sample (n = 158) of primary health care patients in United Arab Emirates (UAE) were interviewed by general practitioners (GPs) using the Arabic version of the IPDE (ICD-10 version). This was useful but relatively time consuming with repetition and need of rephrasing in some items. Dimensional measurement proved essential ([El-Rufaie et al., 2002](#)).

### Contribution to Risk Practice

- Provides an individualised process for identifying the presence of a personality disorder.
- The dimensional scoring can inform a formulation-based approach to risk assessment by identifying the presence of specific traits.

### Other Considerations

- Interview stage should be between an hour to ninety minutes. The validation study did find there was considerable variation amongst interviewers about this figure, with the average length of an interview being cited as around 2 hours and 20 minutes. The authors caution that if an interview were to exceed more than an hour and a half, there is a risk that the assessor will not pursue responses with the same degree of alertness and thoughtfulness and/or the individual's replies will become briefer and more perfunctory in nature. It is recommended that in those situations, the interview should be continued over several stages; although it is best to avoid interrupting an interview in the middle of a section ([Loranger et al., 1994](#)).

- The IPDE-SQ is intended to be an initial screen to detect likely personality disorder to then be followed by a comprehensive assessment. It is a self-administrated form consisting of 57 items written at a nine years of age reading level, which can be completed in fifteen minutes or less ([Slade](#)

[and Forrester, 2013](#)). This is useful for identifying those who would be unlikely to meet the criteria for diagnosed personality disorder, but has the tendency to produce high numbers of false positives.

- [Slade and Forrester \(2013\)](#) recommend the cut-off score is adjusted for certain populations. The standard for the IPDE-SQ is three affirmative answers; however, there are validity issues with this in certain populations: prisoners, adults seeking speech treatment for stuttering and smokers). Increasing the cut-off to four or more answers is reported to be a suitable validity index for these populations. For instance, in the case of prisoners, increasing the cut-off score accounts for some aspects of prison culture (e.g. fear, anxiety) to be accounted for.

- The IPDE ratings should be based on life-long patterns and the typical functioning of an individual.
- It is acknowledged that there may be an impact on the continued use of the DSM-IV version of the IPDE with the arrival of DSM-V. The ICD-10 version of IPDE remains relevant.
- The IPDE allows for the use of assessor ratings and additional information that could be relevant.