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RESEARCH LETTER

Antisocial personality disorder in older adults. A qualitative study of Dutch forensic psychiatrists and forensic psychologists

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INTRODUCTION

To date very little attention has been given to antisocial personality disorders among older adults. A literature search via MEDLINE, PsychInfo and PubMed (1995–2006) for “antisocial personality disorder” or “psychopathy”, combined with the terms “elderly”, “aging”, “older adults” and “lifespan” generated (only) a single article (Black, Baumgard & Bell, 1995) which dealt with this topic. This longitudinal study considered only individuals over the age of 60. Specifically, this study examined 71 men who had been confined to a psychiatric hospital between 1945 and 1970 on account of an antisocial personality disorder. The researchers concluded that 26.6% of these men evidenced decreased antisocial behavior (e.g., reckless behavior and fighting). Nevertheless, 42.2% of these men evidenced no decrease in antisocial behavior. The remaining 31.2% showed improvement over time, but repeatedly fell back into a pattern of antisocial behavior.

This article describes a number of specific behavioral characteristics among elderly patients (65+) with an

antisocial personality disorder (ASPD). We qualitatively investigate whether Dutch forensic psychiatrists and forensic psychologists consider current Diagnostic and Statistical Manual of Mental Disorders-IV-TR (DSM-IV-TR; APA, 2000) criteria for the antisocial personality disorder applicable to older adults.

METHOD

This research employed a written mini-questionnaire that was sent to all Dutch forensic psychiatrists and forensic psychologists (N = 357; 264 forensic psychiatrists and 93 forensic psychologists). Of the 133 responses, 64 were incorrectly or incompletely filled out in as much as they failed to indicate their experience with the target group. This produced a response rate of 19% (N = 69). Of these 69 respondents, 53 work as forensic psychiatrists and 8 as forensic psychologists; 8 respondents failed to indicate their discipline.

RESULTS

The three most frequently cited crimes of elderly patients with an ASPD are sexual offense (81.2%), fraud (58.0%) and assault (49.3%). Vandalism, theft/burglary, drug trade or use, arson, murder/

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Figure 1. The applicability of DSM-IV-TR (APA, 2000) criteria to older adults with an ASPD (N = 69).

manslaughter and traffic offenses were less prominent (1.4%, 18.8%, 5.8%, 20.3%, 33.3% en 13.0% respectively).

Figure 1 is a histogram of the responses to our inquiry regarding the applicability of DSM-IV-TR criteria to older adults with an ASPD. The DSM-IV-TR criteria named as applicable to this group were: tends to justify behavior (97.1%), shows no remorse, persecuted or stolen something from someone (82.6%) and dishonesty (78.3%). Both forensic psychiatrists and psychologists also indicated the same order of DSM-IV-TR criteria applicability. Respondents indicated that the remaining 10 criteria are less applicable to the elderly individuals with an ASPD.

The types of behavior most frequently named as specific to older adults with an ASPD by respondents were lack of empathy, externalization, egocentric behavior and lying/making threats (5.8%, 7.2%, 11.6%, and 7.3% respectively). These low percentages can be explained by virtue of the fact that forensic psychiatrists and forensic psychologists cite a large

number of different behaviors that cannot be subsumed within a few specific factors.

When dealing with elderly people with an ASPD, only 30.4% of respondents observed a mellowing related to growing old. Various respondents indicated, however, that this was an exception. In addition, 46.4% indicated exactly the reverse, i.e., that age was not mitigating psychopathic behavior. Thirteen respondents found the idea that ASPD mellow with age idealistic. There was no unanimity regarding the factors that might influence this process. One third of respondents cited neurological factors while 24.6% favored social factors as the most influential in this regard. Finally, 26.1% indicated that psychological factors contribute most to mellowing with age.

DISCUSSION

This research is an initial effort to chart the specific characteristics of older adults with an ASPD. The results must be carefully interpreted, however. First,

the response rate was relatively low (37.3% returned, 19% of use). A second limitation is that the only relevant literature is Baumgard & Bell's article (1995). A third limitation is the dearth of a control group. Additional research is thus desirable in order to better understand personality disorders among older adults, including antisocial personality disorders.

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