Introduction
Anxiety disorders are highly prevalent around the world. Regarded as a common mental disorder, anxiety disorders are chronic, debilitating, and contribute heavily to the overall global burden of disease. In Hong Kong, a large proportion of patients with anxiety disorders are managed in specialist psychiatric settings. Work should be done to enhance support for these patients in a primary healthcare setting. However, some patients may be more challenging to manage in such a setting. The comorbidity of personality disorders could add to the severity and complexity of a patient’s presentation. To date, no local study has examined the prevalence of personality disorders among patients with anxiety disorders.

Objectives
This study’s primary objective is to determine the prevalence of personality disorders among patients with anxiety disorders in a psychiatric outpatient setting in Hong Kong. Its secondary objective is to identify potential correlating factors between the two disorders, with particular attention to differences in illness related factors and service utilization, between patients with personality disorders and patients without.

Methodology
This was a cross-sectional study that examined consecutive patients diagnosed to have anxiety disorders attending two psychiatric outpatient clinics from September 2015 to April 2016. Socio-demographic and clinical factors were recorded. Diagnoses of personality disorders were made based on a semi-structured psychiatric interview, the Structured Clinical Interview for DSM-IV Axis II Disorders (SCID-II). The Hospital Anxiety and Depression Scale (HADS) and the World Health Organization Well-being Index (WHO-5) were administered as measuring tools for the patients’ subjective level of anxiety, distress, and psychological wellbeing.

Result
Among the 138 subjects suffering from anxiety disorders recruited, the total
prevalence of personality disorders was found to be 56.5%. Cluster C personality disorders had the highest prevalence (46.4%), with Obsessive Compulsive Personality Disorder (OCPD) being the most common (30.4%). Based on their comparable socio-demographic factors, there was no evidence that patients with personality disorders had greater functional impairments compared with patients without. Rates of hospitalization, self harm and substance abuse were low, with no significant differences between the two groups. Nevertheless, patients with personality disorders reported higher rates of subjective anxiety, and were more prone to seek emergency treatment for symptom exacerbation. Clinicians were more likely to prescribe antipsychotics to patients with personality disorders. Rates of referral to allied health disciplines for non pharmacological treatments were low.

Personality disorders, particularly cluster C personality disorders, are highly prevalent among patients with anxiety disorders. Although these patients do not appear to have significant functional impairment, their subjective feeling of anxiety is higher compared to their counterparts without personality disorders. Treating clinicians are more inclined to employ pharmacological treatment rather than a multidisciplinary approach to management. There is mounting evidence on the benefits of psychological treatments on patients with cluster C personality disorders. Application of such interventions on this group of patients with further research on their outcome and treatment efficacy is recommended.