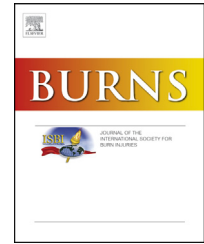


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## Personality as a predictor of depression symptoms in burn patients: A follow-up study

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### ABSTRACT

There is empirical evidence that having some personality characteristics increases the risk of developing depression. This is the first study which analyses the role of personality dimensions, assessed by the Alternative Five Factor Model, in the development of depressive symptoms in adult burn survivors across time. Participants were 109 adult burn survivors admitted to a Burns Unit. Personality was assessed by the Zuckerman–Kuhlman Personality Questionnaire and depression symptoms by the Beck Depression Inventory. After adjusting by age, gender and burn size, results showed that high Neuroticism-Anxiety (N-Anx) and Aggression-Hostility (Agg-Host) were related to higher depression scores when compared with low N-Anx and Agg-Host groups along the six months follow-up. Moreover, Activity and Impulsive-Sensation Seeking factors were involved in statistically significant different depressive symptom development trajectories during the six months after burn. These findings suggest that personality factors could be used to identify the most vulnerable patients, who could develop severe mood symptoms at different points in their recovery.

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In the burn population, depression is one of the most frequent diagnoses, with about 15% of patients meeting this criterion both during acute care and at six months after injury [1]. With regard to the prevalence of depression at the one year follow-up, there is great variability according to the method and time of assessment. A systematic review [2] found that the prevalence of major depression during acute care was 4% when assessed by a clinician using a diagnostic structured interview, and clinically significant depressive symptoms ranged from 8 to 35% when assessed with questionnaires.

After hospital discharge, the prevalence of clinician-diagnosed major depression could range from 7 to 10% and symptoms suggestive of major depression could range from 2 to 28%.

Risk factors in the development of depression have been explored, but the outcomes still remain controversial. In a systematic review of the literature [3], gender, pre-burn psychopathology and objective indicators of injury severity, such as Total Body Surface Area burned (TBSA) or Length of Stay (LOS), appeared to be possible predictors of depression. In

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particular, gender, TBSA and age were found to be related to estimated levels of depression before the burn [3-5]. On the other hand, as some studies conclude [2,6], the severity of burns could not explain the variability among patients in the psychological process of recovery and subjective variables appeared as better possible predictors. Some personality factors, such as high scores on Neuroticism and Social anxiety and low scores on Extraversion, Optimism, and Self-mastery, were considered to be vulnerability factors for psychiatric disorders in burn patients [7]. These personality factors were also associated with poorer psychosocial adjustment [8]. In relation to depression, high Neuroticism and low Extraversion were associated with the appearance of symptoms in a prospective study at three months post-burn [9]. Neuroticism in particular had shown a significant positive relationship with depression across the literature [4,10-12].

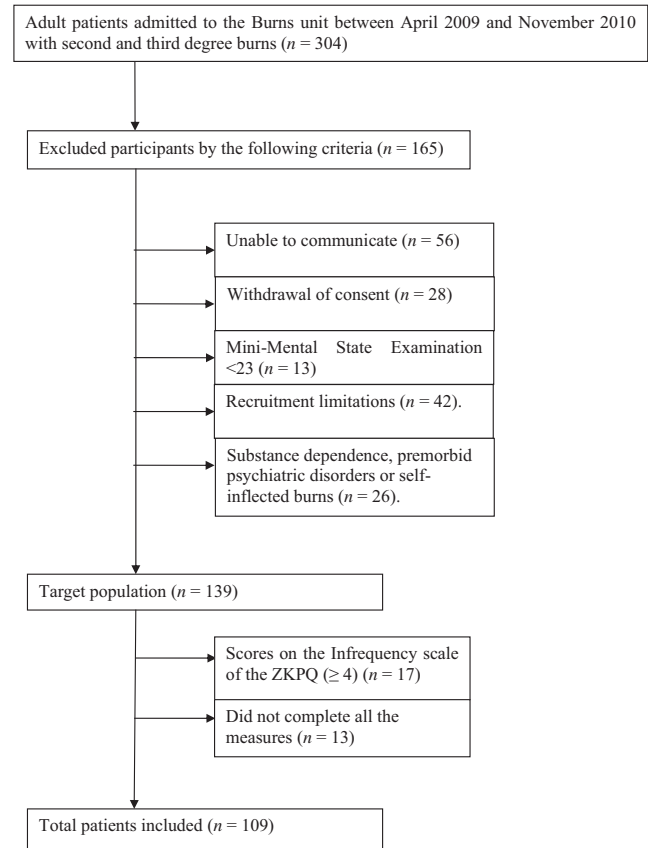
Thus personality factors may have a role in the development of symptoms between acute care and long-term recovery after burns. However, this subject has not been widely explored and there is a paucity of studies that analyze this association longitudinally in burn populations. Considering the great variability in depression prevalence across time that can be found in the literature, there is a need to explore which patients will show a lower improvement compared to others in similar conditions. In this study we propose the use of the Alternative Five Factor Model of personality (AFFM) [13]. This model emerged from a series of factor analyses of scales used in psychobiological research. In the AFFM, Neuroticism includes Anxiety as a key component and Extraversion is divided into two scales: Sociability and Activity. Thus it can be expected that these traits will be associated with depressive symptoms in burn patients as is the case with similar factors of the NEO Personality Inventory [9].

The purpose of this study is to determine the predictive power of these personality factors for depressive symptoms. In particular, it aims to explore the evolution of depression symptoms during recovery and whether the changes in symptoms over time are influenced by personality. In this study it was hypothesized that, in a similar way to that reported by Andrews et al. [9], higher Neuroticism-Anxiety (1) and lower Sociability and Activity (2) may involve higher depression symptomatology over time.

## 1. Method

### 1.1. Participants

Three hundred and four adult burn survivors were admitted consecutively to the Plastic Surgery and Burns Department of the Hospital Universitari Vall d'Hebron in Barcelona between April 2009 and November 2010. All of them were approached to be a part of a mental health research project called "Fenix II". The inclusion criteria for this study were: Age >18 years old and admission for burns. One hundred and sixty-five participants were excluded based on the following criteria: (1) Cognitive impairment condition that was likely to invalidate their response (e.g., dementia, traumatic brain injury; 7.9%); (2) Inability to communicate (e.g., intubated or unknown language; 34%); (3) Substance dependence, premorbid



**Fig. 1 – Flow chart of inclusion and exclusion criteria of the study sample. Note. ZKPQ = Zuckerman-Kuhlman Personality Questionnaire.**

psychiatric disorders, or self-inflicted burns (15.7%); (4) Declining to participate (17%); and (5) Recruitment limitations (i.e., not reached because of short admissions, long-term sequelae treatment admission, or death; 25.4%).

Of the 139 patients who fulfilled the study criteria, seventeen (12.2%) were excluded because their scores on the Infrequency scale ( $\geq 4$ ) did not guarantee validity of the obtained data from the ZKPQ [14]; and thirteen (9.3%) because they did not complete all of the measures needed from the assessment protocol. A total sample of 109 patients (72.5% males) was included in this study, with a mean age of 39.88 years ( $SD = 14.3$ ; range: 18–75). In relation to the living situation, 50.5% of the sample was married and 11.9% lived alone. Concerning educational background, 39.4% had completed elementary school and 58.7% had higher education. At the time of the burn 67.7% were studying or working. The percentage of total body surface area (TBSA) burned ranged from 0.5 to 92% with a mean of 13.8% ( $SD = 14.06$ ). The mean of the length of stay (LOS) was 19.61 days ( $SD = 17.42$ ) ranging from 2 to 128 days (Fig. 1). The aetiology of burns was in order of frequency: Flame (63%), Scalds (22.9%), Chemical (5.5%), Contact (3.7%), Electric (2.8%) or other causes (1.8%).

Due to improvement in the medical condition of some of the patients (e.g., extubation or late entry for sequelae), the number of participants assessed increased as time from the day of injury increased (see Table 1).

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