



Original article

Psychiatric disorders, suicidality, and personality among young men by sexual orientation

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ABSTRACT

Personality and its potential role in mediating risk of psychiatric disorders and suicidality are assessed by sexual orientation, using data collected among young Swiss men ($n = 5875$) recruited while presenting for mandatory military conscription. Mental health outcomes were analyzed by sexual attraction using logistic regression, controlling for five-factor model personality traits and socio-demographics. Homo/bisexual men demonstrated the highest scores for neuroticism-anxiety but the lowest for sociability and sensation seeking, with no differences for aggression-hostility. Among homo/bisexual men, 10.2% fulfilled diagnostic criteria for major depression in the past 2 weeks, 10.8% for ADHD in the past 12 months, 13.8% for lifetime anti-social personality disorder (ASPD), and 6.0% attempted suicide in the past 12 months. Upon adjusting (AOR) for personality traits, their odds ratios (OR) for major depression (OR = 4.78, 95% CI 2.81–8.14; AOR = 1.46, 95% CI 0.80–2.65) and ADHD (OR = 2.17, 95% CI = 1.31–3.58; AOR = 1.00, 95% CI 0.58–1.75) lost statistical significance, and the odds ratio for suicide attempt was halved (OR = 5.10, 95% CI 2.57–10.1; AOR = 2.42, 95% CI 1.16–5.02). There are noteworthy differences in personality traits by sexual orientation, and much of the increased mental morbidity appears to be accounted for by such underlying differences, with important implications for etiology and treatment.

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1. Introduction

There is a growing body of evidence pointing to higher prevalences and risk of mood disorders, anxiety disorders, and suicidality among sexual minorities when compared to heterosexuals in the general population [25,40]. The discrepancy is especially pronounced among men. Meta-analyses of psychiatric epidemiological surveys among the general population yield odds ratios (OR) of 2.5–3.0 for lifetime major depression, 12-month major depression, and 12-month suicide attempt and OR = 4.3–5.0 for lifetime suicide attempt among gay/bisexual men.

Youth health studies have shown that the increased risk of suicidality and depression symptoms among sexual minorities is already evident during adolescence [30,35]. Surveys in gay community samples have indicated that both homosexual

developmental milestones – e.g., coming out – and psychiatric disorders/suicidality debut across childhood, adolescence, and young adulthood for most gay men [54,55], lending support to the timing hypothesis that the circumstances surrounding the former may provoke the latter in some people [41,61]. Since adolescent health surveys tend to assess symptomology rather than actual psychiatric disorders, actual evidence of different risk by sexual orientation for the latter remains limited.

Comprehensive reviews of the scientific literature in depression [10] and suicidality [18] list various socio-demographic, family/peer, and adverse life event factors, which account for greater risk among sexual minorities. However, the potential role of personality and personality disorders is not mentioned. Among the general population, the scientific literature has pointed to links between personality traits and personality disorders [11,44,51] on the one hand and between both of them and Axis I clinical disorders and suicidality [20,28,29,46,59] on the other. Studies have quantified the relative influence of genetic and environmental factors in both personality traits and psychiatric disorders [6]. Recently, twin studies have suggested common genetic factors

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between sexual orientation and psychiatric disorders [64] on the one hand and personality [63] on the other, suggesting underlying vulnerability. In light of such findings, assessing the extent to which the latter may help account for the former among sexual minorities may be particularly informative. With its robust framework of broad higher order traits spanning both normal and abnormal psychology as well as positive and negative emotionality, personality may help shed further light on the causes of psychiatric disorders and suicidality among gay men, with important implications for onset, course, and treatment [26,46].

This paper addresses three psychiatric disorders in three different classes and suicide attempt as well as broad personality traits by sexual orientation. In addition to presenting:

- updated prevalences of major depression, suicide attempt, and ADHD by sexual orientation; it contributes novel findings to the scientific literature by presenting;
- prevalences and risk of anti-social personality disorder by sexual orientation and;
- population norms for five-factor model personality traits by sexual orientation, and;
- by assessing the potential mediating role of personality traits on increased risk of psychiatric disorders and suicide attempt among homo/bisexual men.

2. Methods

2.1. Sample

The Cohort Study on Substance Use Risk Factors (C-SURF) [3] is a cohort study of Swiss male nationals recruited when presenting for evaluation of fitness for compulsory military or civil service. Besides using three of the six-army recruitment centers to recruit a representative population sample covering 21 of the country's 26 cantons, the study team and data collection bear no connection with the armed forces. C-SURF was approved by the Ethics Committee for Clinical Research of the Lausanne University Medical School (Protocol No. 15/07). During baseline recruitment between August 2010 and November 2011, 13,245 men were informed about the study, 7563 (57.1%) agreed to participate with written consent, and 5990 (45.2% of those informed or 79.2% of those consenting) actually completed the baseline questionnaire.

2.2. Measures

The baseline questionnaire contains sections on socio-demographics, health, social context, substance use, personality and leisure activities, and sexuality. Within the sexuality section, sexual orientation was assessed by one question on sexual attraction: "People feel different about sexual preferences. How do you feel yourself? Do you feel attracted (A) only by women, (B) mostly by women, (C) equally by both women and men, (D) mostly by men, or (E) only by men?" One hundred and six respondents (1.8%) did not complete the last part of the section on personality and leisure activities nor the subsequent final section on sexuality. Among those who completed the entire questionnaire, only 9 men (0.2%) did not respond to the question on sexual attraction, leaving a final sample of 5875 men (98.1%) for these analyses.

The health and personality sections included the following mental health outcomes: quality of life, major depression, attention deficit hyperactivity disorder (ADHD), anti-social personality disorder (ASPD), and suicide attempt. The Medical Outcomes Study 12-Item Short-Form Health Survey (MOS SF-12) [58] yields the mental health component summary (MCS) score, a measure of

mental health status in the past 4 weeks, which is composed mainly of 6 items from 4 original sub-scales of the MOS SF-36: mental health, role-emotional, vitality, and social functioning. Major depression in the past 2 weeks was assessed using the 10-item Major Depression Inventory (MDI) [4]. Two scoring algorithms were used and reported here: (1) DSM-IV and (2) ICD-10 categories with mild, moderate, severe depression. ADHD in the past 12 months was assessed using the 6-item Adult ADHD Self-Report Scale Screener (ASRS-V1.1) [23] from the WHO Composite International Diagnostic Interview (CIDI) [22]. Two scoring algorithms were used and reported here: (1) 0–6 scoring approach according to the Screener and (2) 0–24 scoring approach with four strata [24]. Lifetime anti-social personality disorder (ASPD) was assessed with a 12-item instrument from the Mini-International Psychiatric Interview (MINI) [49]. Suicide attempt in the past 12 months was assessed with a single question adapted from the European School Survey Project on Alcohol and Other Drugs (ESPAD) [27].

The personality and leisure activities section included items pertaining to four personality traits. In accordance with the alternative five-factorial model of personality [65], neuroticism-anxiety, aggression-hostility, and sociability were each assessed with 10-item scales from the shortened Zuckerman-Kuhlman Personality Questionnaire (ZKPQ-50-cc) [2]. Sensation seeking was measured using the 8-item Brief Sensation Seeking Scale (BSSS) [19], which includes all 4 main facets: experience seeking, boredom susceptibility, thrill and adventure seeking, and disinhibition.

2.3. Statistical analysis

Data analysis was performed using IBM SPSS Statistics for Macintosh version 19.0 (Chicago, IL, USA). In initial analyses, all 5 original categories of sexual attraction were used in order to examine potential between-group differences. Contingency tables and the χ^2 test were used to analyze nominal and ordinal variables. If any of the cells is less than 5, the Fisher's exact test is used. Continuous variables were analyzed using ANOVA with Tukey's test to correct for multiple pair-wise comparisons at $P < 0.05$. Cohen's d are calculated using means and standard deviations (SD). According to Cohen [9], 0.10 indicates a small effect size, 0.30 a medium effect size, and 0.50 a large effect size. Crude and adjusted odds ratios (OR/AOR) and 95% confidence intervals (CI) were calculated using logistic regression models for each of the main mental health outcomes separately, taking men who reported being attracted only to women as the reference category. In the first-stage models, sexual orientation was entered alone with a mental health outcome. In the second-stage models, sexual orientation was entered with a mental health outcome, whilst controlling for all socio-demographic variables. In the third-stage models, sexual orientation was entered with a mental health outcome, whilst controlling for all four personality traits. Nagelkerke r^2 are reported in the text.

Given interesting patterns between the 5 categories of sexual orientation for both mental health and personality, the findings are reported in the tables at this level. However, the pattern of statistical differences suggests the presence of three distinct groups: (A) men who reported being attracted only to women, (B) men who reported being attracted mostly to women, and (C–E) men who reported being attracted equally, mostly, or only to men. As such, all analyses were repeated with the independent variable sexual orientation in 3 categories. These findings are also reported in the results section.

3. Results

In this sample of young Swiss men, 91.4% of the respondents reported being attracted only to women (A). The remainder 8.6% reported any same-sex attraction: 5.6% reported being attracted

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