

Research report

Personality traits in children of parents with unipolar and bipolar mood disorders

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Abstract

Background: Using family study data, the following questions regarding the mechanisms of association between personality traits and mood disorders were addressed: 1) Is there an association between unipolar and bipolar mood disorders and personality traits in probands? 2) Are personality traits associated with depression in their 9 to 17 year-old children? 3) Is there an association between parental mood disorders and personality traits in offspring? 4) Are parental personality traits associated with the risk of depression in offspring?

Methods: The study included 50 probands with bipolar and 37 with unipolar mood disorder, 34 healthy controls as well as 178 of their children between 9 and 17 years. Diagnoses were made according to a best-estimate procedure based on a semi-structured interview (DIGS), medical records and family history information. Personality traits were assessed using the Eysenck Personality Questionnaire in adults and the Eysenck Personality Questionnaire Junior in offspring.

Results: Personality traits, and in particular Neuroticism, were found to be associated with mood disorders in currently affected as well as remitted probands and offspring. However, there was no association between mood disorders in parents and personality traits in their children, and conversely, parental personality traits were not associated with the risk of depression in offspring.

Limitations: 1) Relatively small proportion of offspring who were still unaffected but likely to subsequently develop mood disorders; 2) cross-sectional design.

Conclusions: The findings were best compatible with the complication or scar hypothesis, which assumes the occurrence of abnormal personality traits as a consequence of previous depressive episodes.

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1. Introduction

The bulk of research has revealed associations between unipolar depression and personality traits. This literature has been reviewed recently (Clark et al., 1994; Sass and Junemann, 2003; Christensen and Kessing, 2006). Indeed,

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unipolar depressives generally exhibited higher scores on neuroticism, self-criticism, dependency and rigidity (Sauer et al., 1997). In contrast, the literature regarding associations between bipolar disorder and personality traits is less consistent. Nevertheless, several studies on bipolar patients found this disorder to be associated with high negative affectivity or neuroticism, high novelty-seeking, high harm-avoidance, self-transcendence, low self-directedness and low cooperativeness (Savitz and Ramesar, 2006).

In children, research on personality traits has shown that extreme withdrawal, neuroticism and negative emotionality in childhood are predictive of later internalizing psychopathology including depression (Savitz and Ramesar, 2006). Preliminary results of studies on the offspring of bipolars suggest that these children may exhibit some abnormal personality traits which could be a premorbid risk factor for the subsequent development of bipolar disorder (Hodgins et al., 2002). The children of bipolars were found to be more active (Kron et al., 1982; Decina, 1983) and aggressive (Worland, 1979; Kron et al., 1982; Decina, 1983). They also revealed more emotional over-control and temper dysregulation (Kuyler, 1980), recently defined as “high emotional reactivity” and “emotional dysregulation” which seem to characterize the irritability and affective storms often observed in bipolar children (Hirshfeld-Becker et al., 2003).

Nevertheless, the nature of the association between mood disorders and personality traits still needs to be elucidated. Klein et al. (2002) describe six potential mechanisms that could underlie this association: 1. *Common cause*: personality and mood disorders have the same etiological cause; 2. *Precursor*: personality is an early manifestation of mood disorders; 3. *Predisposition*: personality increases the risk of developing mood disorders; 4. *Pathoplasticity*: personality influences the expression of the course of mood disorders; 5. *State dependence*: Mood state colors or distorts the assessment of personality; and 6. *Complications (or scar)*: episodes of mood disorders have an enduring impact on personality that persists after recovery.

Besides longitudinal research, the study of patterns of familial aggregation of specific disorders and personality traits is a suitable method to determine the underlying mechanism. Both mood disorders (Sullivan et al., 2000; Craddock and Jones, 2001; Faraone et al., 2003; Smoller and Finn, 2003; Merikangas and Low, 2004; Shih et al., 2004) and personality traits (Scarr et al., 1981; Ahern et al., 1982a; Ahern et al., 1982b; Carmichael and McGue, 1994; Bratko and Marusic, 1997) have been shown to aggregate in families. Adole-

scendent offspring of affected and unaffected probands are of particular interest for assessing the mechanisms of the association between mood disorders and personality traits. Indeed, these offspring offer an excellent opportunity to determine whether personality traits are a premorbid condition for the later onset of mood disorders, given that at that age personality traits are already measurable but most of those who will develop a mood disorder are still unaffected. The expected findings from such an offspring study regarding potential mechanisms underlying the association between mood disorders and personality are presented in Table 1. Consequently, we addressed the following study questions using data collected within a controlled family study from probands and offspring: 1) Are personality traits, as measured by the Eysenck Personality Questionnaire (EPQ: Eysenck and Eysenck, 1975), associated with Major Depressive Disorder (MDD) and bipolar disorder in probands, and if so, is this association limited to probands who are in a current mood episode? 2) Is there an association between personality traits and depression in the 9 to 17 year-old offspring of probands? 3) Do personality traits of the offspring of affected probands differ from those of the offspring of controls, and if so, is this difference also present in children who have no lifetime history of depression? and 4) Is there an association between personality traits in parents and the risk of depression in their offspring, and if so, is this association also present in the offspring of unaffected parents?

2. Methods

2.1. Sample

The data of the present paper stemmed from a family study on unipolar and bipolar mood disorders. For this paper, the psychiatric proband sample was restricted to patients consecutively recruited from the psychiatric departments of Lausanne and Geneva who had at least one 9 to 17 year-old child who had also participated. Probands were required to meet DSM-IV criteria for bipolar disorder ($n=50$) or MDD ($n=37$). Control probands ($n=34$), who did not meet criteria for one of the above-mentioned disorders, were recruited at the orthopedic departments of Lausanne and Geneva. The mean age of the probands was 40.9 years, (SD: 6.27 years), 52% were mothers, 18% held managerial or professional specialty positions and 95% were citizens of European countries.

The sample of children included 178 minor offspring of probands (53% males; mean age 13.2 years, SD:

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