

Research report

# Temperament and personality in bipolar I patients with and without mixed episodes

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## Abstract

**Background:** Personality and temperament are supposed to have an impact on the clinical expression and course of an affective disorder. There is some indication, that mixed episodes result from an admixture of inverse temperamental factors to a manic syndrome. In a preliminary report [Brieger, P., Roettig, S., Ehr, U., Wenzel, A., Bloink, R., Marneros, A., 2003. TEMPS-a scale in ‘mixed’ and ‘pure’ manic episodes: new data and methodological considerations on the relevance of joint anxious-depressive temperament traits. *J. Affect. Disord.* 73, 99–104] we reported support for this assumption. The present study completes the preliminary results and compares patients with and without mixed episodes with respect to personality and personality disorders in addition.

**Methods:** Patients who had been hospitalized for bipolar I disorder were reassessed after 4.8 years. We examined temperament (TEMPS-A), personality (NEO-FFI) and frequency of personality disorders (SCID-II). Furthermore, illness-related parameters like age at first treatment, depressive and manic symptomatology, frequency and type of episodes and level of functioning were obtained and patients with and without mixed episodes were compared.

**Results:** Patients with ( $n=49$ ) and without mixed episodes ( $n=86$ ) did not differ significantly with regard to the illness-related parameters and personality dimensions. The frequency of personality disorders was significantly higher in patients with prior mixed episodes. With respect to temperament, scores of the depressive, cyclothymic, irritable and anxious temperament were significantly higher in patients with mixed episodes.

**Limitations:** We were not able to assess premorbid temperament and premorbid personality.

**Conclusions:** The findings of the present study support the assumption of Akiskal [Akiskal, H.S., 1992b. The distinctive mixed states of bipolar I, II, and III. *Clin. Neuropharmacol.* 15 Suppl 1 Pt A, 632–633.] that mixed episodes are more frequent in subjects with inverse temperament.

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**Keywords:** Mixed states; Bipolar disorder; Temperament; Personality; Personality disorders

## 1. Introduction

In recent years the interest in temperament research has been growing, largely due to the work of Akiskal and

his coworkers. Their aim was to refine the classical concept of temperament as connective link between normality and pathology, between personality and illness (Akiskal, 1992a, 1995a; Akiskal and Akiskal, 1992; Akiskal et al., 2002, 1998a, 1983). Five temperaments can be differentiated, whereas the first four of them have already been described in Kraepelin’s “fundamental

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states” (“Grundzustände”; Kraepelin, 1913) of manic-depressive illness: depressive, hyperthymic, cyclothymic, irritable and anxious temperament.

Some authors (Akiskal et al., 1983; Heerlein et al., 1998) suggested that personality features, if not necessarily pathogenetic, may somehow have an impact on the clinical expression, course and prognosis in affective disorders. Thus, it seems important to understand, if and how normal and abnormal personality traits might be related to affective disorders (Gurrera et al., 2000). Of particular interest is the assumed association between temperament and bipolar disorder (Akiskal et al., 1983). Concerning mixed states, Akiskal (1992b) hypothesized mixed episodes resulting from an admixture of inverse temperamental factors to a manic syndrome (Perugi and Akiskal, 2005; for review). Several studies (Akiskal et al., 1998a,b; Dell’Osso et al., 1991; Koukopoulos, 1999; Perugi et al., 1997, 2001) found partial support for this assumption. In a preliminary report, we also showed differences in bipolar patients with mixed episodes and patients with pure affective episodes with regard to temperament (Brieger et al., 2003).

This report presents data of bipolar I patients assessed in the follow-up examination of the HABILOS Study and complements the preliminary results (Brieger et al., 2003). Thus, we tested the hypothesis, that bipolar I patients with

and without mixed episodes differ concerning temperament — measured by the TEMPS-A scale (Akiskal et al., 2002; Bloink et al., 2005). Furthermore, we investigated personality — specified by the Five-Factor Model of personality (McCrae and Costa, 1999) and the frequency of personality disorders according to DSM-IV (APA, 1994) in a large sample of bipolar I patients with and without mixed episodes.

## 2. Methods

### 2.1. Subjects

This study is part of the “Halle Bipolarity Longitudinal Study” (HABILOS), presented elsewhere in detail (Brieger et al., 2007; Marneros et al., 2004). To answer questions concerning mixed states, we included all inpatients treated between 1993 and 2000 for bipolar I disorder according to DSM-IV (APA, 1994) in the Psychiatric University Hospital Halle- Wittenberg. Initially, 276 patients fulfilled inclusion criteria and we were able to re-examine  $n=182$  patients (66%) after an average period of 4.8 years. To avoid influence by an acute episode at time of assessment, we excluded patients ( $n=29$ ) who fulfilled DSM-IV criteria of a current episode (affective, schizoaffective, schizophrenic), mental retardation or organic psychosyndrome from present data analysis. Of the remaining, 18 patients did not complete the personality questionnaire. In total, we present a data of 135 bipolar I patients in remission. Since the assessment of premorbid personality or premorbid temperament in our study was unfeasible, we were restricted to assessing patients in remission. As long as patients showed episodes which can be classified as “mixed” according to DSM-IV during their course of illness, they were allocated to the group of patients with mixed episodes. The study was approved by the relevant research ethics committees, and written informed consent was obtained from all subjects.

### 2.2. Diagnostic procedure

Present and lifetime diagnoses were made at time of follow-up investigation according to DSM-IV criteria, using a structured interview (German version; SKID-I; Wittchen et al., 1997). Interviews were performed face-to-face by well trained, doctoral level interviewers, mainly in the subjects’ homes. Previous episodes were diagnosed according to DSM-IV too, using medical records, patients’ and their family members’ reports and the reports of outpatient psychiatrists.

Table 1  
Clinical features in bipolar I patients with and without a mixed episode

	No mixed episodes ( $n=86$ )	Mixed episodes ( $n=49$ )	$p$
Gender: % female (number) <sup>a</sup>	49% (42)	57% (28)	0.376
Age in years (mean, SD) <sup>b</sup>	45.97 (12.30)	48.33 (10.49)	0.260
Age at first treatment (years: mean, SD) <sup>b</sup>	31.97 (11.81)	31.22 (10.71)	0.926
Percentage of patients with mood incongruent symptoms (number) <sup>a</sup>	64% (55)	74% (36)	0.257
Duration of the illness (years: mean, SD) <sup>b</sup>	15.03 (10.49)	17.21 (9.64)	0.243
Depressive symptomatology			
BDI (mean, SD) <sup>b</sup>	7.51 (6.91)	9.87 (6.34)	0.067
CDRS (mean, SD) <sup>c</sup>	6.44 (6.52)	6.02 (5.63)	0.916
Manic symptomatology			
MSS (mean, SD) <sup>c</sup>	4.32 (6.08)	4.51 (6.34)	0.976
YMRS (mean, SD) <sup>c</sup>	1.17 (2.35)	1.33 (2.19)	0.567
GAF (mean, SD) <sup>c</sup>	77.02 (10.63)	78.45 (9.27)	0.486
SOFAS (mean, SD) <sup>b</sup>	73.17 (12.54)	74.47 (10.83)	0.546

SD = standard deviation.

<sup>a</sup> $\chi^2$ -test.

<sup>b</sup> $t$ -test.

<sup>c</sup>Mann–Whitney– $U$ -test.

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