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Research paper

Harm avoidance and persistence are associated with somatoform disorder psychopathology: A study in Taiwan

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ABSTRACT

Background: Whether personality features affect the development of somatoform disorders and their psychopathologies is an important issue. Aim of this study was to resolve this issue by comparing indicators of psychopathology and personality features in subjects with somatoform disorders and healthy controls.

Methods: This study recruited 148 subjects with somatoform disorders and 146 healthy controls. The severity of psychopathology was measured with the Patient Health Questionnaire-15 (PHQ-15), Health Anxiety Questionnaire (HAQ), Beck Depression Inventory-II (BDI-II), and Beck Anxiety Inventory (BAI). The Tridimensional Personality Questionnaire (TPQ) was used to assess personality features. Demographic data, psychopathology indicators, and TPQ scores were compared between groups. Correlation and multivariate linear regression analysis were used to identify the personality dimensions or demographic variables associated with psychopathology.

Results: The somatoform group had lower novelty seeking (NS) and reward dependence (RD) and higher harm avoidance (HA) and severity of psychopathologies. Multiple regression analysis revealed that fatigability, persistence, gender, and education level were predictive of PHQ-15; HA, educational level, persistence, and dependence were predictive of HAQ; HA, persistence, education level, and NS were predictive of BDI-II; and fatigability, education level, persistence, and anticipatory worry were predictive of BAI. The development of somatoform disorders was associated with fatigability, age, residence location, education level, and attachment.

Limitations: The limitations include heterogeneity of the diagnosis, the high proportion of undifferentiated somatoform disorder, and the cross-sectional study design.

Conclusion: HA/fatigability, persistence, and education level are associated with each type of psychopathology. Fatigability is a powerful predictor of somatoform disorder development.

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1. Introduction

Somatoform disorders are psychiatric disorders with presentations of somatic symptoms (Grover and Ghosh, 2014), including somatic distress and excessive worry about illness (Kirmayer and Robbins, 1991). Being comorbid with anxiety, depressive, or personality disorders is common in somatoform patients (Bass and

Murphy, 1995; Li et al., 2009; Mergl et al., 2007). A comprehensive understanding of the patient's background will be beneficial for making treatment plans (Kirmayer et al., 1994; Kroenke, 2007). Therefore, the relationship between personality and psychopathology in somatoform patients is an important topic.

The relationship between cluster B or borderline personality disorder and somatoform disorders has been widely discussed (Sansone and Sansone, 2012; van Dijke, 2012; van Noorden et al., 2012). Personality studies using dimensional approaches have disclosed that high neuroticism and low extraversion in somatoform disorder (Rief et al., 1995; Wild and Kruse et al., 2004). The

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association between somatic symptoms and harm avoidance (HA), novelty seeking (NS) has also been indicated (Battaglia et al., 1998; Campo et al., 2004; Van Campen et al., 2009). Negative affectivity has been associated with both somatic and emotional distress (Kirmayer et al., 1994). Patients with pure depressive, anxiety, and somatoform disorders were found to have different personality features (Carlier et al., 2014). Among the personality features, neuroticism and HA are important factors with a connection to depression/anxiety (Levita et al., 2012; Smith et al., 2005). In summary, further evidence associating anxiety, depression, and somatic symptoms with personality in somatoform patients is needed.

We designed a cross-sectional study using the Tridimensional Personality Questionnaire (TPQ) to explore the above issues. This study had two aims. The first was to compare the personality features in somatoform and in healthy populations. The second aim was to clarify the influence of personality on psychopathologies, such as somatic complaints, hypochondriacal ideation, depression, and anxiety.

2. Materials and methods

Our study was carried out in National Taiwan University Hospital (NTUH) and NTUH, Yun-Lin Branch in 2014. The Institutional Review Board of NTUH approved the protocol of this study. The study has two groups: a somatoform group (with somatoform disorder) and a control group (without any psychiatric diagnosis). We used the following exclusion criteria: (a) age > 70 or < 20 years old; (b) having reality disturbance; (c) having cognitive impairment or difficulty in reading the questionnaires; (d) having a life-threatening physical illness. The psychiatric outpatients who had the diagnoses of somatoform disorders were invited to join our study. Those who had somatic complaints and were not sure whether to meet the criteria of somatoform disorders were also recruited. Our advertisement for recruiting control group was posted in the hospitals. Their diagnoses were confirmed by using of the Structured Clinical Interview for DSM-IV Axis I Disorders. After completing the diagnostic interview and gathering demographic data, subjects completed following personality and four psychopathology questionnaires.

Cloninger (1994) developed the TPQ, which contains 100 dichotomous questions and 3 major dimensions (NS, HA, and reward dependence [RD]). NS is related to the tendency to actively explore one's environment and has four subdimensions: NS1 (exploratory excitability), NS2 (impulsiveness), NS3 (extravagance), and NS4 (disorderliness). HA is a trait associated with avoidance of potential risk. Its four subdimensions are HA1 (anticipatory worry), HA2 (fear of uncertainty), HA3 (shyness with strangers), and HA4 (fatigability and asthenia). RD is a trait associated with dependence on social rewards. Its four subdimensions are: RD1 (sentimentality), RD2 (persistence), RD3 (attachment), and RD4 (dependence). The Chinese version of TPQ used in this study was translated by Chen et al. (2002).

Kroenke et al. (2002) developed the Patient Health Questionnaire-15 (PHQ-15), which measures somatic symptoms over a recall period of one month. Each of its 15 items is scored 0–2. The Health Anxiety Questionnaire (HAQ) was developed by Lucock and Morley (1996). It was designed to measure worry about physical health. The HAQ has 21 questions using a four-point Likert scale within a recall period of one week. Beck Depression Inventory-II (BDI-II) (Beck et al., 1996) is a self-report questionnaire with 21 questions using a four-point Likert scale. Subjects rated items according to their emotions within two weeks. The Beck Anxiety Inventory (BAI) is a self-report questionnaire with 21 four-point Likert scale questions emphasizing somatic anxiety. Subjects are asked to answer questions according to their present feelings (Steer et al., 1993).

Shapiro-Wilk test was used for examining distribution in continuous variables. Demographic data, TPQ scores, and psychopathologies were compared between the somatoform and control groups using an independent *t* test and Chi-square test. Correlation analysis with Bonferroni's correction, multiple linear regression analysis with the stepwise method were used to determine the influence of demographic variables and TPQ features on psychopathology. Multivariate logistic regression analysis was performed to identify factors predictive of somatoform disorders.

3. Results

This study recruited 148 subjects with a diagnosis of somatoform disorder and 146 healthy controls. Age, education level, proportion living in an urban area, and proportion of married individuals were significantly different between the somatoform and control groups but gender was similar. There were significant between-group differences in all psychopathologies and several TPQ dimensions. In the somatoform group, the scores on the PHQ-15, HAQ, BDI-II, and BAI, as well as the HA dimension of the TPQ were all significantly higher and the scores on the NS and RD dimensions of the TPQ were all significantly lower (Table 1).

The correlation and multiple regression analysis in all subjects disclosed the predictive factors to the four psychopathology scores. HA total/HA4, RD2, education level were important factors influencing psychopathology. PHQ-15 was predicted by HA4, RD2, education level, and gender. HAQ was significantly associated with HA total, education level, RD2, and RD4; BDI-II was highly related with HA total, education level, RD2, and NS total; and HA4, education level, RD2, HA1 were important predictive factors of BAI. Another issue was whether the development of somatoform disorders can be predicted by personality and demographic variables. HA4, age, location of residence, education level, and RD3 were identified as independent predictors of somatoform disorders. The first three and last two were, respectively, positively and negatively correlated with the development of somatoform disorders (Table 2).

4. Discussion

This study had three major findings. First, NS and RD were lower, and HA was higher in the somatoform group than the control group. Second, in multivariate regression analysis, HA total/HA4, RD2, and education level were all important predictive factors of psychopathology. Third, HA4, age, living location, education level, and RD3 were important predictors of somatoform disorder development.

Our results indicate that the combination of low NS, high HA, low RD is a feature of somatoform disorders. This pattern describes a population that is introverted, anxious, and socially inhibited and is likely to be present in those with cluster C personality trait (Cloninger et al., 1991). The pattern of low NS, high HA, low RD has been named the methodical pattern and is similar to the obsessive-compulsive personality trait (Cloninger and Cloninger, 2011; Huang et al., 2014). The high HA of this population indicate multiple anxieties; low NS and RD make it difficult to shift attention from somatic distress to activities.

The multiple regression analysis identified HA total/fatigability, persistence, and educational level as predictive factors of psychopathology. Previous studies have found an association between HA and depression (Farmer et al., 2003; Hirano et al., 2002). PHQ-15 and BAI both have somatic constructs, thus, fatigability is a more important factor affecting somatic disorders than other HA subdimensions. Persistence means the tendency to resist extinction

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