



Research report

The Affective and Emotional Composite Temperament Scale (AFECTS): Psychometric properties of the Spanish version in a community sample from Mexico City and comparison between remitted psychiatric patients



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ABSTRACT

Introduction: AFECTS is a novel psychometric instrument that provides an integrated framework based on affective temperamental traits and their trait dimensions. It has the potential to be used in clinical and research fields to study psychopathology and mental health. It is now necessary to field-test this instrument with diverse populations and psychopathological entities.

Objective: The primary aim was to test the construct validity and the internal consistency of the Spanish Version of the AFECTS instrument on Mexican subjects. AFECTS characteristics were then compared between general population and stable psychiatric patients.

Methods: A cross-sectional design involving 350 subjects from the general population in México City and 91 stable patients with a bipolar disorder (BPD, $n=20$), major depressive disorder (MDD, $n=35$), or with a schizophrenia ($n=36$) diagnosis.

Results: A six-factor structure in trait dimensions, explaining 61.4% of the variance, with a Cronbach's alpha of 0.93 was found. Euthymic (23%) and hyperthymic (12%) affective temperaments were the most frequent, while dysphoric (3%) and apathetic (3%) were the least. Trait dimension differences were found in Volition, Sensitivity, and the Instability Index between the groups, particularly those with a bipolar disorder.

Limitations: Use of a self report instrument, and a small sample not representative of the Mexican population or patients with psychiatric conditions.

Conclusions: The Spanish Version of the AFECTS instrument has adequate psychometric properties. This version of AFECTS will allow the use of this instrument among Spanish speaking populations and contribute to the continued research efforts on integrative models such as AFECT.

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1. Introduction

The recently proposed “Fear and Anger Model” presented a synthetic and integrative approach to temperament, with implications for normal and pathological moods, behavior, and personality (Lara et al., 2006; Lara and Akiskal, 2006). The model conceives temperament with two independent dimensions of emotional activation (drive and anger) and inhibition (fear and caution), which

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produce several combinations of the affective states and temperaments to provide a basic framework to better understand mental health, a predisposition to mental disorders, and their comorbidity.

This model also considers that two independent dimensions are required to understand main mood states and includes a quantitative appreciation of activation or inhibition traits in terms of excess or deficiency. The quantitative and qualitative combination of these traits would then generate the affective temperaments, which would be associated with the probability of developing a psychiatric disorder. The *Fear and Anger Model* was also conceived to consider neural systems, neurochemical modulation, genetics, and pharmacological treatment (Lara and Akiskal, 2006).

A revised and expanded conceptual framework of this *Fear and Anger Model* is now called the Affective and Emotional Composite Temperament (AFECT) model. The AFECT model includes volition, anger, inhibition, sensitivity, coping, and control, as trait dimensions. The affective temperaments are divided into four groups of three: internalized (depressive, avoidant, apathetic), stable (obsessive, euthymic, and hyperthymic), unstable (cyclothymic, dysphoric, and volatile) and externalized (irritable, disinhibited, euphoric). This model is presented with a validated Affective and Emotional Composite Temperament Scale (AFECTS) that allows one to obtain information about affective temperamental traits, and their emotional and cognitive dimensions (Lara et al., 2012).

The AFECT scale (AFECTS) was validated in a Brazilian population, where exploratory and confirmatory psychometric analyses were performed and the 6-factor structure was confirmed. Twelve affective temperaments were selected for the categorical choice, and 99% of the participants were able to identify with at least one adequate description for their affective temperament (Lara et al., 2012).

More recently, the AFECTS has proven useful to identify affective and emotional temperament characteristics in diverse aspects of psychopathology and mental health. For example, it has been used to study the association between circadian preference and both emotional and affective temperaments (Ottoni et al., 2012). Also, one study has shown that specific externalized and unstable traits are associated with cocaine related behavior (Fuscaldo et al., 2013). Another study has shown that the affective temperaments (e.g. dysphoric, cyclothymic, and depressive), and immature defense mechanisms, such as displacement, are associated with a somatic symptom severity, independently from depressive symptoms (Hyphantis et al., 2013). The AFECTS has also been used to study bullying victimization, where it has been associated with a profound impact on the emotional and cognitive domains, in all of the dimensions of emotional traits, and with internalized and unstable affective temperaments (Frizzo et al., 2013).

The AFECTS is a novel psychometric instrument that provides an integrated framework based on affective temperaments and emotional trait dimensions, with the potential to be used in clinical and research fields in order to study psychopathology and mental health. It is now necessary to field-test this instrument with diverse populations and psychopathological entities. Thus, the primary aim of this study was to test the construct validity (using the factor analysis technique) and internal consistency (as a reliability measure) of the AFECTS in a Mexican community sample. In addition, we compared AFECT scores in the general population with those reported by a group of patients with remitted psychiatric conditions.

2. Materials and methods

2.1. Sample

2.1.1. Control subjects

Recruitment was performed by a convenience sampling approach with subjects from the general population of Mexico City. This type of

sampling was the most useful for the present study, as it only samples those who are available and willing to participate, and was not intended to be representative of Mexico City's population. A total of 350 adults were included. The sample was made up of 138 (39.4%) men and 212 women (60.6%), with a mean age of 33.1 (SD=12.1) years, and with 14.6 (SD=4.6) years of education.

The study was conducted according to Good Clinical Practices. All subjects gave their verbal and written consent to participate, after receiving a comprehensive explanation of the nature of the study. The study was approved by the Institutional Review Boards at the National Institute of Psychiatry "Dr. Ramón de la Fuente Múñiz".

2.1.2. Clinical sample

A total of 91 patients were consecutively recruited at the services of a highly specialized mental health center in Mexico City dedicated to research, resource training, and both the brief and long-term treatment of psychiatric patients. The patients were included if they were between 17 and 60 years of age, and met DSM-IV criteria (American Psychiatric Association, 1994), schizophrenia ($n=36$), bipolar disorder ($n=20$), or major depression ($n=35$), and were not suffering an acute affective, or psychotic episode, as evaluated by the Hamilton Depression Scale (score < 7) (Hamilton, 1960), the Young Mania Scale (score < 7) (Apiquian, 1997), and the Positive and Negative Symptom Scale (score of less than 2 on any item) (Kay et al., 1990). The patients were excluded if they had any concomitant medical or neurological illness (as per review by full medical evaluations and clinical records), a current substance abuse, or a history of substance dependence, with the exception of nicotine. In addition, those patients that were severely agitated or aggressive during the assessment were not included. From the patients included, 48.4% ($n=44$) were men and 51.6% ($n=47$) were women, with a mean age of 32.1 (SD=6.3) years, and a length of education of 13 (SD=3.9) years.

2.2. Instrument description

2.2.1. AFECTS

The AFECTS instrument was designed by Lara et al. (2012) in order to assess affective temperaments and emotional trait dimensions according to the AFECT model. The model consists of 63 items, divided into three sections: trait dimensions (48 items), presented in a bipolar format with extreme adjectives and seven response options; affective temperaments (12 descriptions that explore the subject's identification with each temperament), followed by a question that asks the subject to identify with a specific temperament; and two questions to assess the problems and benefits associated with temperament.

2.2.2. Emotional trait dimensions

The items in this section are divided into six dimensions each composed by 8 items, and subdivided into two facets (Lara et al., 2012).

The total score for each dimension is the sum of the scores of the items (ranging from 1 to 7 for each question) that conforms it, so that the scores of each one ranges between 8 and 56 points. Items 17 through 32 (Inhibition and Sensitivity Dimensions) are inversely scored (7–1).

2.2.3. Affective temperaments

This section includes 12 descriptions of each affective temperament, ordered as follows: A. Depressive, B. Avoidant, C. Apathetic, D. Obsessive, E. Cyclothymic, F. Dysphoric, G. Volatile, H. Euthymic, I. Irritable, J. Uninhibited, K. Hyperthymic, and L. Euphoric. Each description is presented on a Likert type scale, with 5 response options ranging from 1 (Nothing like me) to 5 (Exactly like me).

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