



Patterns of Personality in Living Kidney Donors

C. De Pasquale, M. Veroux, N. Sinagra, A. Sanfiorenzo, A. Sanzone, C. Trigona, A. Giaquinta, P. Veroux, and M.L. Pistorio*

Vascular Surgery and Organ Transplant Unit, Department of Medical, Surgical Sciences and Advanced technologies GF Ingrassia, University of Catania, Italy

ABSTRACT

Background. The decision to undergo living donor transplantation determines a particular condition characterized by strong mental and emotional anguish, both for the patient and his family. Many recent studies showed the concern of living donors who, rather than being driven by altruistic reasons, meet the decision to donate with ambivalence, liabilities, and/or in response to family pressures. The aim of this study was to analyze the more frequently encountered personality variables in a sample of potential kidney living donors, together with any psychological variables that can express possible risks of an impulsive decision and/or poorly processed from a cognitive and emotional point of view.

Methods. We examined 32 potential kidney donors. The personality study was performed using The Millon Clinical Multiaxial Inventory-III. The psychic symptoms were studied through the Symptom Checklist-90-R. The quality of life was studied through the Complete Form Health Survey (SF-36).

Results. The study showed that the ability to express free and therefore invalid consent, in the role of donor, is an expression of specific personality patterns, cognitive, emotional aspects and interpersonal experiences.

Conclusions. The psychological–psychiatric evaluation of potential donors is fundamental to certify the state of mental health and psychological well-being, an indispensable prerequisite for the donation.

THE DECISION to undergo living donor transplantation determines a particular condition characterized by a strong mental and emotional anguish, both for the patient and his family [1,2]. The demand for living kidney donors has increased steadily since 1960, especially given improvements in surgical techniques, making this procedure a viable alternative to hemodialysis and transplantation from deceased donors [3,4]. Donating a kidney is a generous act, but it can also be a complicated psychological experience [5]. Recent studies have shown the concern of living donors who, rather than being driven by altruistic reasons, make the decision of donation with feelings of ambivalence, liabilities, and/or in response to family pressures [6,7].

There are potential positive effects of living donation, and several studies have shown that donors, if carefully selected and following a path of preparation for the transplant, may benefit psychologically from their donation [8,9]. On the other hand, because of excessive feelings of “moral obligation,” “sacrificial

pressures,” and/or “hypomanic aspects,” living donors during their clinical evaluation may omit medical history data, some behavioral and clinical information for the fear that these may affect their suitability to the donation [5,10]. In this regard, a careful study of the personality profiles of living donors is mandatory because they could, if not properly identified, reaching levels of pathologic organization (personality disorders) and cause intrapsychic conflicts with particular vulnerabilities in the donation path management [11–13].

This study analyzed the more frequently encountered personality variables in a sample of potential kidney living

Supported by the research project FIR 2014 of the University of Catania.

*Address correspondence to Maria Luisa Pistorio, University Hospital of Catania, Via Santa Sofia, 84, 95123 Catania, Italy. E-mail: m.luisapistorio@libero.it

Table 1. Patterns of Personality of the Sample Emerged by Millon Clinical Multiaxial Inventory III

Personality Type	%
Narcissistic	100
Istrionic	93.75
Schizoid	50
Paranoid	37.5
Sadistic-aggressive	31.25
Depressive	25
Schizotypal	25
Avoidant	6.25
Borderline	6.25

donors, together with any psychological variables that can express possible risks of an impulsive decision and/or poorly processed from a cognitive and emotional point of view.

PATIENTS AND METHODS

During the evaluation for living kidney donation eligibility, we examined 32 potential kidney donors, among whom 20 were genetically related (10 mother to child, 5 father to child, 5 between brothers), and 12 emotionally related (8 wives to husbands, 4 husbands to wives) individuals. Their overall mean age was 53.06 ± 11.30 years. Regarding education, 5 patients (15.62%) reported having a high school diploma, 20 had a college education or higher (62.05%), and 7 were reported as having middle school education or lower (21.87%). The psychological examination excluded the presence of a psychiatric disorder or the use of drugs that can influence cognitive and emotional aspects, according to diagnostic criteria from the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) 5 [14].

The personality study was performed using The Millon Clinical Multiaxial Inventory-III (MCMI-III), a psychological assessment tool intended to provide information on personality prototypes, characterological patterns, and behaviors to be explored clinically [15]. The MCMI differs from other personality tests in that it is based on theory and is organized according to a multiaxial format. It is composed of 175 true-false questions that reportedly takes 25–30 minutes to complete. It was created by Theodore Millon, Carrie Millon, Roger Davis, and Seth Grossman.

The MCMI is modeled on 4 scales: 14 personality disorder scales, 10 clinical syndrome scales, 5 correction scales (3 modifying indices:

X, disclosure scale; Y, desirability scale; Z, debasement scale); 2 random response indicators, and 42 Grossman personality facet scales (based on Seth Grossman's theories of personality and psychopathology). The psychic symptoms were studied through the Symptom Checklist-90-R (SCL-90-R), a relatively brief self-report psychometric instrument (questionnaire) published by the Clinical Assessment division of the Pearson Assessment and Information group [16]. It is one of the most widely used measures of psychological distress in clinical practice and research and it is designed to evaluate a broad range of psychological problems and symptoms of psychopathology. According to the overview given by the publisher, the SCL-90-R is normalized on individuals 13 years and older. It consists of 90 items and takes 12–15 minutes to administer. The primary symptom dimensions that are assessed are somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety (PHOB), paranoid ideation, and a category of "additional items" that helps clinicians to assess other aspects of the patients symptoms. A high number of studies have been conducted demonstrating the reliability, validity, and utility of this instrument [16].

Quality of life was studied through The Complete Form Health Survey (SF-36) form that assesses the self-perceived psychological well-being degree. The SF-36 consists of 8 subscales: vitality, physical functioning, bodily pain, general health perceptions, physical role functioning, emotional role functioning, social role functioning, and mental health. Subscales are presented as scores between 0 and 100: the lower the score the more disability; the higher the score the less disability. The validity and reliability of the SF-36 has been confirmed in patients with renal disease [17–19]. The considered variable in this study was the mental Health Index (MHI).

Patterns of personality of the MCMI were related with the variables of SCL-90 and with the MHI of SF-36. The statistical analysis used Pearson correlation coefficient r . In addition, we applied a multivariate linear regression analysis to predict values of outcome variable (MHI) from predictor variables (patterns of personality).

RESULTS

This sample examined patterns of personality emerged were the most representative: narcissistic personality (100%), histrionic personality (93.75%), schizoid personality (50%), and other personalities present in lower percentage (Table 1). Correlations by Pearson coefficient r between results of the MCMI III and results of the test SCL-90 R are shown in Table 2. Specifically, anxious and phobic-obsessive

Table 2. Correlation* Between Results of the Millon Clinical Multiaxial Inventory III, Results of the Test Symptom Checklist-90 R and MHI of SF-36

	SP	AP	DP	IsP	NP	SAP	ScP	BP	PP	Y
SOM	0.202	0.602	0.105	0.203	0.254	0.270	0.187	0.156	0.179	-0.512
OBS	0.439	0.734*	0.854*	-0.254	0.432	0.103	0.598	0.075	0.123	-0.754
INT	0.515	0.165	0.093	0.075	0.322	0.240	-0.147	-0.032	0.476	-0.634
DEP	-0.112	0.345	0.322	-0.027	0.070	0.063	0.155	0.229	0.217	-0.701
ANX	-0.099	0.514*	0.704*	0.123	-0.213	-0.193	0.623	0.415	0.242	-0.089
HOS	0.502	0.325	0.437	0.125	0.025	0.697*	0.127	0.693*	0.524	-0.723
PHOB	0.487	0.724*	0.786*	-0.333	0.015	0.674*	0.697*	0.912*	0.247	0.325
PAR	0.492	0.348	0.784	0.117	0.123	0.233	0.422	0.333	0.125	-0.340
MHI	-0.586	-0.692*	-0.785*	0.235	0.372	-0.653*	-0.763	-0.702*	-0.542	0.612*

Abbreviations: ANX, anxiety; AP, avoidant personality; BP, borderline personality; DEP, depression; DP, depressive personality; HOS, hostility; INT, interpersonal sensitivity; IsP, histrionic personality; MHI, Mental Health Index; NP, narcissistic personality; OBS, obsessive-compulsive; PAR, paranoid ideation; PHOB, phobic anxiety; PP, paranoid personality; SAP, sadistic-aggressive personality; ScP, schizotypal personality; SOM, somatization; SP, schizoid personality; Y, desirability.

*Significant correlation by Pearson coefficient.

Download English Version:

<https://daneshyari.com/en/article/6246878>

Download Persian Version:

<https://daneshyari.com/article/6246878>

[Daneshyari.com](https://daneshyari.com)