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Personality domains, duration of untreated psychosis, functioning, and symptom severity in first-episode psychosis

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ABSTRACT

Objectives: Early-course psychotic disorders have been extensively studied in terms of phenomenology, but little is known about the influence of personality traits on clinical features of first-episode psychosis. The aim of this study was to explore how the “big five” personality domains (neuroticism, extraversion, openness, agreeableness, and conscientiousness) are associated with treatment delay (duration of untreated psychosis, DUP), functioning, and positive and negative symptom severity.

Methods: Data for these analyses were obtained from 104 participants enrolled from psychiatric inpatient units in Atlanta, Georgia, between August 2008 and March 2011. The NEO Five-Factor Inventory (NEO-FFI) was used to assess personality domains, and all other variables were measured in a standardized and rigorous manner using psychometrically sound instruments. Correlational analyses and multiple linear regressions were carried out to examine the strength of associations between variables of interest.

Results: Findings indicated that except for openness, all of the other personality variables contributed to some extent to the variance in DUP. Conscientiousness was positively correlated with functioning. Agreeableness was independently negatively associated with positive symptom severity and extraversion was independently negatively correlated with negative symptom severity.

Conclusions: We report the first evidence suggesting that DUP is in part driven by personality domains. Functioning and symptom severity are also associated with those domains. Personality should be taken into account in order to better understand the phenomenology of early-course psychotic disorders as well as treatment-seeking behaviors.

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1. Introduction

The relevance of personality traits among individuals with schizophrenia and related psychotic disorders—regarding both vulnerability and vulnerability and influencing clinical course—has received research attention in recent decades (Berenbaum and Fujita, 1994). Some personality characteristics may negatively affect the course of psychotic disorders in terms of coping with the psychotic disorder and other stressful situations (Horan and Blanchard, 2003), social and work functioning (Lysaker et al., 1998; Lysaker and Taylor, 2007), quality of life (Kentros

et al., 1997), and risk for substance abuse (Blanchard et al., 1999). Along these lines, Vohs and colleagues (2013) studied the role of two personality domains, neuroticism and extraversion, on the impairment of intrinsic motivation in schizophrenia, which could mediate diverse outcomes.

The ways in which personality and psychosis influence each other remain unclear. The life-altering experience of ongoing psychosis can be a cause of personality alterations (Hulbert et al., 1996), though evidence also suggests that particular personality traits predate schizophrenia onset (van Os and Jones, 2001). Partly for this reason, recent studies have focused on recent-onset patients who are not yet as impaired by the chronic illness (Horan et al., 2005).

Yet, while extensive research has examined clinical phenomenology of early-course psychotic disorders—including help-seeking and treatment delays, social functioning, and the nature of positive and negative

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symptoms to name a few features of interest—personality remains relatively rarely considered in such investigations. Among the studies that have taken personality traits of first-episode psychosis patients into account, the “big five” personality traits (neuroticism, extraversion, openness, agreeableness, and conscientiousness) measured by the NEO Personality Index–Revised or the shorter NEO Five-Factor Inventory (NEO-FFI) have been rarely assessed. In terms of comparing personality domains between first-episode or early-course patients and unaffected controls, Couture et al. (2007) found lower extraversion and higher neuroticism, openness, and agreeableness in first-episode patients. Another report also indicated lower extraversion and higher neuroticism, as well as lower openness and conscientiousness, in early-course schizophrenia (Johansen et al., 2013). Gurrera and colleagues (2014) reported lower extraversion and elevated neuroticism, as well as higher openness and lower agreeableness and conscientiousness.

A few reports in the literature suggest that variations in personality domains among patients with early-course schizophrenia may impact clinical features. For example, Gleeson et al. (2005) found that among patients experiencing first-episode psychosis, lower agreeableness and higher neuroticism could influence relapse. Beauchamp and coworkers (2011) reported links between personality and coping (e.g., neuroticism being associated with poorer coping and related outcomes), confirming previous findings from non-first-episode samples (Lysaker et al., 1999b, 2003, 2004). Healthy or normal personality traits, such as those pertaining to openness, agreeableness, and conscientiousness (Bagby et al., 1997; Camisa et al., 2005; Kentros et al., 1997) have been examined in individuals with psychotic disorders (and more recently with early psychosis patients; Beauchamp et al., 2013) with regard to predicting therapeutic outcomes.

Aside from these initial studies, relatively little is known about the ways in which neuroticism, extraversion, openness, agreeableness, and conscientiousness are associated with critical constructs pertaining to early-course psychosis. Because of research evidence indicating links between personality traits and coping, motivation, and related outcomes among individuals with psychotic disorders, in this analysis, we examined how these personality domains are associated with treatment delay (defined as the duration of untreated psychosis [DUP], the period between the onset of psychotic symptoms and the initial evaluation/treatment for a diagnosed psychotic disorder), functioning, and positive and negative symptom severity. Because delays in treatment-seeking can give rise to differences in clinical outcome, first, we asked whether personality domains were related to DUP. Given the complete dearth of literature on this topic (though other patient-, family-, and services-level predictors of DUP have been established; Compton and Broussard, 2011), we had no a priori hypotheses, but sought to explore associations. Second, we hypothesized that neuroticism would be associated with poorer functioning among first-episode psychosis patients, and that this association would be mediated by DUP if neuroticism were found to be related to both DUP and functioning. Third, we expected neuroticism to be positively, and agreeableness to be negatively, associated with the severity of positive symptoms (e.g., delusions, grandiosity, suspiciousness/persecution, hostility). Fourth, we hypothesized that extraversion and openness would be negatively associated with the severity of negative symptoms (e.g., blunted affect, emotional withdrawal, poor rapport, passive/apathetic social withdrawal). Fifth, because mode of onset of psychosis is a known, strong determinant of DUP (Compton et al., 2008, 2011a, 2011b), we compared its predictive strength relative to DUP with that of the five personality domains, at least for that subset of participants for whom mode of onset could be reliably determined.

2. Methods

2.1. Setting and sample

As part of a larger project examining the effects of premorbid marijuana use on early-course psychosis (Kelley et al., submitted for

publication), 104 patients (recruited and assessed between August 2008 and March 2011) had available data on the key variables of interest in this analysis. Participants were recruited from the inpatient psychiatric units ($n = 82$) or psychiatric emergency service ($n = 5$) of a large, urban, university-affiliated, public sector hospital and from a suburban county psychiatric crisis center ($n = 17$), both in Atlanta, Georgia, and both of which serve a predominantly African American population. Eligibility criteria included: being between the ages of 18 and 40 years, English-speaking, and hospitalized for a first-episode, non-affective psychotic disorder. Potential participants were ineligible if they had known or suspected mental retardation, a Mini-Mental State Examination (MMSE; Folstein et al., 1975; Cockrell and Folstein, 1988) score of <24 , a significant medical condition compromising ability to participate, a prior hospitalization for psychosis >3 months before the index hospitalization, prior antipsychotic treatment of >3 months in duration, or inability to provide informed consent. Written informed consent was obtained from all participants prior to study enrollment, and all procedures were approved by the university's institutional review board. While enrolling these 104 participants, 163 other patients were referred to the study team but found to be ineligible or uninterested. Specifically, eight were outside the specified age-range; five were not English-speaking; 55 were not first-episode, non-affective psychosis patients based on the criteria detailed above; four had known or suspected mental retardation; five had a MMSE score of <24 ; four a significant medical condition compromising ability to participate; 11 were unable to provide informed consent; and the remainder met eligibility criteria but refused to participate.

2.2. Measures and rating scales

The *Structured Clinical Interview for DSM-IV Axis I Disorders* (SCID; First et al., 1995)—an in-depth, semi-structured interview informed by collateral information from the medical record, clinicians, and informant interviews when available—was used to establish research diagnoses. The date of onset of psychotic symptoms was determined using the *Symptom Onset in Schizophrenia* (SOS; Perkins et al., 2000) inventory, following an in-depth interview with the patient (including cross-referencing dates with memorable life events to enhance reliability), a chart review, and interviews with 1–3 informants when available. The duration of untreated psychosis (DUP) was operationalized as starting on the date of onset of psychotic symptoms and ending on the date of the patient's first hospitalization for psychosis. Given the expected right-skewed distribution of DUP, analyses relied on $\log_{10}(\text{DUP} + 1)$.

Global functioning was measured using the *Global Assessment of Functioning* (GAF) scale (Hilsenroth et al., 2000) and the *Social and Occupational Functioning Assessment Scale* (SOFAS; Goldman et al., 1992), both of which rely on a 100-point continuum divided into 10-point intervals with descriptive anchors. Inter-rater reliability between the study's two main raters was assessed using a two-way mixed (judges fixed) effects intraclass correlation (ICC) coefficient analysis of variance model (Shrout and Fleiss, 1979). ICC coefficients for the GAF and SOFAS scores were .68 and .91, respectively. A sum of these two variables (GAF + SOFAS) was used for analyses, as they were highly correlated ($r = .74, p < .001$).

The *NEO Five-Factor Inventory* (NEO-FFI) is a 60-item abbreviated questionnaire derived from the 240-item NEO Personality Index Revised (NEO-PI-R) (Costa and McCrae, 1992). The NEO-FFI assesses an individual's personality using the “big five” personality traits: neuroticism, extraversion, openness, agreeableness, and conscientiousness (Saucier, 1998). Each of the five domains is represented with 12 items on the NEO-FFI (Saucier, 1998), which, along with the NEO-PI-R, is the most widely used method of measuring personality based on the five-factor model (McCrae and Allik, 2002). The items on the NEO-FFI (e.g., “I like to have a lot of people around me”; “I have a clear set of goals and work toward them in an orderly fashion”; “I often try

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