



Personality in patients with substance use disorders according to the co-occurring severe mental illness: A study using the alternative five factor model



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ABSTRACT

Personality plays an important role in individuals with Substance Use Disorder (SUD) and co-occurring Severe Mental Illness (SMI). However, the possible personality differences in SUD patients considering their co-occurring SMI remain unknown. We explored the personality in a sample of 104 male patients with SUD and SMI: 35 had co-occurring Schizophrenia (SZ+), 32 had Bipolar Disorder (BD+), and 35 had Major Depressive Disorder (MDD+). We followed the Alternative Five Factor Model and used the Zuckerman-Kuhlman Personality Questionnaire. Moreover, we examined the relationship among SUD and SMI variables, and personality. The type of co-occurring SMI modulates the Neuroticism-Anxiety, Sociability, and Impulsivity Sensation-Seeking personality traits. BD+ patients were characterized by a higher Neuroticism-Anxiety than MDD+, and a higher Impulsivity Sensation-Seeking than SZ+ and MDD+. Manic symptoms were positively linked to Neuroticism-Anxiety for BD+. Patients with SZ+ showed a lower Sociability than BD+, and an older age of SUD onset was related to a higher sociability for SZ+. Overall, SUD treatment for BD+ patients should emphasize strategies to manage negative emotions and impulsivity. Our results underline the importance of a dimensional understanding of personality among patients with SUD and co-occurring SMI, which could inform of specific approaches to improve their treatment and prognosis.

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1. Introduction

A comprehensive evaluation of patients' personality represents a new approach to research on substance use disorders (SUDs), as the personality variables of substance dependent people could be crucial for prediction, prevention, and complex treatment (Amodeo, 2015). In addition, personality plays an important role in individuals with SUD and co-occurring severe mental illness (SMI) since it is one form of individual difference that may be linked to how patients experience emotions and express their illness (Amodeo, 2015), pursue their general well-being (Casadio et al., 2014) and engage in treatment (Casadio et al., 2014; Staiger et al., 2014a).

A high degree of comorbidity has been described between SUD and SMI, with rates that range from 18 to 50% (Swendsen & Merikangas, 2000), schizophrenia, bipolar disorder and major depressive disorder being the most severe and frequent disorders among SUD patients (Cordeiro Vasconcelos, 2014). Such comorbidity, commonly known as dual diagnosis, has been associated with poor treatment response and

outcomes (Bergman, Greene, Slaymaker, Hoepfner, & Kelly, 2014), high rates of relapses (Drake, 2007), hospitalizations (Curran et al., 2003), suicide attempts (Szerman et al., 2012), blood-borne infections (Drake, 2007) and quality of life impairments (Benaiges, Prat, & Adan, 2012).

Several lines of research have emerged attempting to identify variables that might explain clinical features linked to dual diagnosis and improve the treatment received by dual diagnosed patients. However, there is no any previous study examining the possible differences in personality, from a dimensional perspective, among dual diagnosis patients taking into account their co-occurring SMI. Such data may be helpful as some personality dimensions are linked to poor treatment outcomes and major clinical impairments (Marquez-Arrico & Adan, 2013).

Research has consistently demonstrated that individual differences in Novelty Seeking, Neuroticism and Impulsivity may be reliable predictors of sensitivity and initiation to drugs of abuse, as well as severity of addiction (Bizzarri et al., 2007; Dervaux et al., 2010; Evren, Evren, Yancar, & Erkiran, 2007; Zhornitsky et al., 2012). For instance, patients with SUD and co-occurring Schizophrenia (SZ+) showed high levels of Novelty Seeking and Impulsivity, and these characteristics were associated to a higher drug dependence (Kim, Kim, Park, Lee, & Chung, 2007; Dervaux, Laqueille, Bourdel, Olié, & Krebs, 2010; Dervaux et al., 2010;

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Zhornitsky et al., 2012). Likewise, high scores in Harm Avoidance and low scores in Self-directedness, Self-transcendence and Cooperation were linked to suicide attempts and illness severity for SZ + (Albayrak, Ekinci, & Cayköylü, 2012; Miralles et al., 2014).

Moreover, patients with SUD and co-occurring bipolar disorder (BD +) showed high levels of Impulsivity (Nery et al., 2013; Swann, Dougherty, Pazzaglia, Pham, & Moeller, 2004) while high levels of Sensation Seeking (Haro et al., 2007) and Harm avoidance (Mandelli et al., 2012) were associated to a worse recovery, greater depressive symptomatology and poorer prognosis (Loftus, Garno, Jaeger, & Malhotra, 2008).

Despite the high comorbidity between SUD and major depressive disorder (MDD +) very few studies have explored the clinical correlates of personality among these patients (Shi, 2014; Swendsen & Merikangas, 2000). Patients with MDD + presented high levels of Neuroticism (Boschloo et al., 2013) and Harm Avoidance, and low levels of Self-directedness and Cooperation, which were related to greater dysphoria (Rosenström et al., 2014), worse emotional intelligence (Hansenne & Bianchi, 2009) and severe depressive symptomatology (Evren, Evren, & Dalbudak, 2009).

The influence of specific personality dimensions on addictive disorders and psychopathology conditions has accumulated sufficient scientific background to be worth considering (Chakroun, Johnson, & Swendsen, 2010). Therefore, we chose to explore personality dimensions in patients with SUD taking into account the co-occurring SMI diagnosis (SZ +, BD +, and MDD +) as there is not any published study made from this perspective. We chose to explore such issue using the Alternative Five Factor Model (AFFM) due to its theoretical background and cross-cultural validity (Zuckerman, 2002). The AFFM is the result of several factor analyses of a variety of personality scales that measure psychobiological dimensions, and its five basic personality factors relay on an evolutionary-biological basis. We believe that this approach could be better than other models based on a lexical perspective (e.g. the Big Five Factor Model), which may not be proportionally reflecting the behavioral importance of personality factors (Zuckerman, 2002). For these reasons we consider the AFFM as an adequate model for the study of personality in patients with SUD and co-occurring SMI.

Thus, this is the first study that uses the AFFM to explore personality dimensions among dual diagnosis patients and examines the possible differences according to their co-occurring SMI (SZ +, BD +, and MDD +). Additionally, we aim to explore SUD and SMI variables related to personality among the SMI groups, as well as to compare their profiles with population norms.

2. Materials and methods

2.1. Participants

The total sample included 104 male patients ($M = 39.07$ y, $SD = 8.20$), undergoing treatment for SUD in public and private centers, divided in three groups regarding their co-occurring SMI: SZ + ($n = 37$), BD + ($n = 32$) and MDD + ($n = 35$). Participants were referred to our study by their psychologist or psychiatrist; those providing informed consent were included in the study and assessed by an experienced postgraduate psychologist. The inclusion criteria were: (1) current diagnosis of SUD in remission for at least three months; (2) no SUD relapses for at least 1 month before the participation in the study; (3) male gender; (4) aged 18 to 55 y; (5) current diagnosis of schizophrenia, bipolar disorder or major depression disorder. The exclusion criteria were: (1) meeting DSM-IV-TR criteria for a current substance-induced psychiatric disorder or a psychiatric disorder due to medical condition; (2) unstable or uncontrolled psychiatric symptomatology; (3) inability to complete study instruments.

The University of Barcelona ethics committee approved this study in accordance with the ethical standards of the Helsinki declaration. Participants were not economically compensated for their participation.

2.2. Materials

2.2.1. Demographic and clinical assessment

Current diagnosis of SUD and SMI was referred by treatment providers of each patient and confirmed using the Structural Clinical Interview for DMS-IV-TR Axis I Disorders (SCID-I) (First, Spitzer, Gibbon, & Williams, 2002). Demographic and clinical variables were collected within the SCID-I interview and a clinical interview designed for our study.

Severity of the SUD was assessed using the Spanish version (Gálvez & Fernández, 2010) of the Drug Abuse Screening Test (DAST-20) (Skinner, 1992). For the assessment of the co-occurring SMI, psychotic symptomatology was measured in the SZ + group using the Positive and Negative Syndrome Scale (PANSS) (Kay, Fiszbein, & Opler, 1987) in its Spanish version (Peralta & Cuesta, 1994). The PANSS measures four areas related to different symptomatology: Positive Syndrome, Negative Syndrome, Composite Scale, and General Psychopathology. All PANSS direct scores were transformed to percentiles according to the Spanish normative data [41]. Current affective symptoms were assessed through both the Young Mania Rating Scale (YMRS) (Young, Biggs, Ziegler, & Meyer, 1978) and the Hamilton Depression Rating Scale (HDRS) 17-item (Hamilton, 1960) in BD +, while only the HDRS was used in MDD +. Whereas the YMRS assesses the severity of manic symptoms, the HDRS measures the severity of depressive symptomatology.

2.2.2. Personality assessment

Personality was assessed using the Spanish version of the Zuckerman-Kuhlman Personality Questionnaire (ZKPQ) (Gomà-i-Freixanet, Valero, Muro, & Albiol, 2008). Five scales compose this questionnaire; firstly, Neuroticism-Anxiety (N-Anx, 19 items), which describes a tendency to negative emotions and sensitivity to criticism. The second scale is Activity (Act, 17 items), which describes the need for general activity and the preference for hard and challenging work. This scale has two different subscales: General Activity (GenAct, 9 items) and Work Activity (WorkAct, 8 items). The third scale is Sociability (Sy, 17 items), which measures the preference for having friends and spending time with them. Two subscales can also be obtained from Sy: Parties and Friends (Part, 9 items) and Isolation Intolerance (Isol, 8 items). The fourth scale is Impulsive Sensation-Seeking (ImpSS, 19 items), which assesses lack of planning, the tendency to act without thinking and looking for excitement. This fourth scale has two subscales: Impulsivity (Imp, 8 items) and Sensation Seeking (SS, 11 items). The fifth scale is Aggression-Hostility (Agg-Hos, 17 items), which measures the tendency to express verbal aggression and being rude. Finally, the ZKPQ includes an Infrequency (Infreq, 10 items) scale used to detect inattention to the task, understood as a validity measure rather than a normative scale.

2.3. Statistical analysis

Descriptive statistics and frequencies were calculated to describe each of the groups, and differences in demographic and clinical variables were explored with ANOVA or Chi-square (χ^2) test for continuous and categorical variables, respectively. Intergroup differences in the ZKPQ dimensions considering the SMI were examined by multivariate analyses of covariance (MANCOVA), introducing the type of group as an independent variable and age as a covariate, since it could be a confounding factor (Anusic, Lucas, & Brent Donnellan, 2012). We performed one MANCOVA for the scales and another one for the subscales. Post-hoc analyses were Bonferroni corrected and we estimated partial Eta-square (η_p^2) to measure the effect size. Cronbach's alpha coefficient of internal consistency was calculated for the ZKPQ scales as well as T scores, according to the Spanish population norms (Gomà-i-Freixanet et al., 2008), for the scales and subscales.

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