

Research report

# Validating affective temperaments in their subaffective and socially positive attributes: psychometric, clinical and familial data from a French national study

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## Abstract

**Background:** One of the major objectives of the French National EPIDEP Study was to show the feasibility of systematic assessment of bipolar II (BP-II) disorder and beyond. In this report we focus on the utility of the affective temperament scales (ATS) in delineating this spectrum in its clinical as well as socially desirable expressions. **Methods:** Forty-two psychiatrists working in 15 sites in four regions of France made semi-structured diagnoses based on DSM IV criteria in a sample of 452 consecutive major depressive episode (MDE) patients (from which bipolar I had been removed). At least 1 month after entry into the study (when the acute depressive phase had abated), they assessed affective temperaments by using a French version of the precursor of the Temperament Evaluation of Memphis, Pisa, Paris and San Diego (TEMPS). Principal component analyses (PCA) were conducted on hyperthymic (HYP-T), depressive (DEP-T) and cyclothymic (CYC-T) temperament subscales as assessed by clinicians, and on a self-rated cyclothymic temperament (CYC-TSR). Scores on each of the temperament subscales were compared in unipolar (UP) major depressive disorder versus BP-II patients, and in the entire sample subdivided on the basis of family history of bipolarity. **Results:** PCAs showed the presence of a global major factor for each clinician-rated subscale with respective eigenvalues of the correlation matrices as follows: 7.1 for HYP-T, 6.0 for DEP-T, and 4.7 for CYC-T. Likewise, on the self-rated CYC-TSR, the PCA revealed one global factor (with an eigenvalue of 6.6). Each of these factors represented a mélange of both affect-laden and adaptive traits. The scores obtained on clinician and self-ratings of CYC-T were highly correlated ( $r=0.71$ ). The scores of HYP-T and CYC-T were significantly higher in the BP-II group, and DEP-T in

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the UP group ( $P < 0.001$ ). Finally, CYC-T scores were significantly higher in patients with a family history of bipolarity. *Conclusion:* These data uphold the validity of the affective temperaments under investigation in terms of face, construct, clinical and family history validity. Despite uniformity of depressive severity at entry into the EPIDEP study, significant differences on ATS assessment were observed between UP and BP-II patients in this large national cohort. Self-rating of cyclothymia proved reliable. Adding the affective temperaments—in particular, the cyclothymic—to conventional assessment methods of depression, a more enriched portrait of mood disorders emerges. More provocatively, our data reveal socially positive traits in clinically recovering patients with mood disorders.

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## 1. Introduction

This paper derives from the classic European tradition which considers affective temperaments to be fundamental in our understanding of the origin, phenomenology, and outcome of mood disorders (Akiskal, 1996). Based on previous research (Akiskal and Akiskal, 1992; Akiskal and Mallya, 1987; Akiskal et al., 1979), a questionnaire designed to assess affective temperament were adapted in a French version in the national study EPIDEP in four regions of France (for further details, see Hantouche and Akiskal, 1997; Hantouche et al., 1998). In EPIDEP, affective temperaments are administered in the format of semi-structured interviews for hyperthymic, depressive, and cyclothymic temperaments, plus a self-rating version for the cyclothymic temperament. Actually, these subscales represent the earliest version of the Temperament Evaluation of Memphis, Pisa, Paris and San Diego (TEMPS) as incorporated into the French National EPIDEP and EPIMAN studies in 1994, prior to their further elaboration in San Diego and elsewhere in the world. As described elsewhere (Akiskal et al., 1998a; Hantouche et al., 1998), these studies place major emphasis on the feasibility of incorporating systematic clinical assessments in the diagnostic approach to mania and BP-II as part of the clinical routine of psychiatrists.

The overall French research endeavor in the foregoing studies is founded on the theoretical framework, which considers affective temperaments in a dual role: socially adaptive traits which, nonetheless, could underlie the disposition to affective episodes (Akiskal and Akiskal, 1988, 1992). In evaluating the psycho-

metric, clinical and familial characteristics of affective temperaments, a major objective of ours was to validate the foregoing theoretical framework.

## 2. Methods

### 2.1. Overview of the design of the EPIDEP study

EPIDEP is a multi-site study, which was conducted in 15 different sites in four regions of France with the collaboration of 42 specially trained clinicians. The aim of EPIDEP is to show the feasibility of validating the clinical spectrum of bipolar II (BP-II) and beyond.

Of the total of 42 clinicians, each recruited 15 consecutive patients presenting with a major depressive episode (MDE) at index or visit 1: MDE diagnosis was based on DSM-IV criteria in a semi-structured format, and assessed by two depressive measures, the Hamilton Depression Rating Scale (21 items) plus the additive Rosenthal Scale (eight items) for atypical features. As published elsewhere (Allilaire et al., 2001), unipolar (UP) or BP II had comparable severity of depression at index, and had achieved significant but not necessarily complete recovery at visit 2. At the latter visit, which took place approximately a month after visit 1, history of hypomania was established by using a semi-structured format according to DSM-IV criteria. Cases with hypomania associated with antidepressants were considered to belong to the bipolar spectrum (Akiskal et al., 2003b), and for the purposes of our analyses, were grouped with BP-II (i.e. those with spontaneous hypomania). The affective temperament

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