[Abstract:0674] Personality disorders and accentuated personality

Temperament and character traits in multiple sclerosis patients: a tweak to lesion localization

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Objective: Multiple sclerosis (MS) is a chronic demyelinating disease of the CNS that can lead to serious disability and impairs the quality of life. In addition to progressive neurological disability, neuropsychiatric symptoms and personality changes have also been reported in MS patients. Personality is a composite of individual behavioral, mental, and emotional response patterns. There are a number of models that assess personality traits and explain underlying biological interactions. There are few studies about personality traits and MS conducted with Temperament and Character Inventory (TCI) and there is no study specifying any relationship between the localization of MS and personality. This study seeks answers for two questions: first, “is there a relationship between MS and temperament and character?” and second, “if there is a relationship then are the localization or type of MS important for temperament and character?”

Methods: Sixty-eight patients with definite MS according to the McDonald criteria were recruited from our MS outpatient clinic. Sixty three control subjects were chosen at random from hospital staff, students at the medical school, and the general population by face-to-face interview. All participants underwent a detailed medical examination, including medical history, full neurological examinations, and a psychiatric interview. All participants were evaluated by Structured Clinical Interview for DSM-IV- Clinical version (SCID-I-CV). Then all of the participants completed (TCI). It includes four temperament traits: novelty seeking (NS), harm avoidance (HA), reward dependence (RD), persistence (P), and three character traits: self-directedness (SD), cooperativeness (C) and self-transcendence (ST)

Results: The sample of this study was composed of 68 MS patients and 63 healthy controls. The average age of the MS patients were 36.84±9.94 while the average age of the control group was 35.08±8:38 and there was no significant difference between groups. The MS group's RD and SD scores were significantly higher than in the control group. TCI scores of involvement of an area and non-involvement of the same area were compared with the student t test. Accordingly patients’ RD scores with spinal involvement MS (mean RD scores 15.67±2.47) was significantly higher than others (mean RD scores 14.52±3.06) (p<0.05). Also patients’ RD and SD scores with periventricular MS were significantly higher than others (mean RD and SD scores for periventricular MS15.57±2.80; 22.60±7.45 and 14.17±2.93; 19.54±5.33 respectively) (p<0.05). In covariance analysis controlling the results for comorbid psychiatric diagnosis, only periventricular MS was still related with higher RD scores (F=6.565, p<0.05). All other significance disappeared.

Conclusion: This study presents temperament and character traits of patients results. Results of this study attract attention to RD as a temperament trait and periventricular involvement of MS as a localization related to temperament and character. Psychiatric comorbidity is an important covariant in such investigations.

Keywords: temperament, character, multiple sclerosis


Abstract:0721] Personality disorders and accentuated personality

Temperament and character traits in patients with irritable colon

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Objective: Irritable Bowel Syndrome (IBS) is a chronic, continuous or intermittent illness characterized by frequent and unexplained symptoms that include abdominal pain, bloating, and bowel disturbance. It is considered to be the most common gastrointestinal (GI) dysfunction with an estimated prevalence of 8-22% in general population. Though a number of biological triggers have been proposed for onset of IBS, it has also been suggested that psychological factors, particularly those associated with the process of somatization play an important role and may even act as markers of IBS onset. Recent studies have shown that subjects with IBS have higher levels of depression, anxiety and neuroticism as compared to those without IBS. There is a growing literature about the relationship between irritable colon and psychiatric symptoms and also the relationship between temperament and character traits and organic diseases.
However, to the best of our knowledge the relationship between IBS and temperament and character traits has not been investigated yet. Thus, the aim of this study was to research if there is a relationship between temperament and character traits and IBS.

**Methods:** This study is conducted with 57 patients with irritable colon and 57 healthy controls. Participants who accepted voluntarily to join the study and who are between the ages of 18-65 with no psychiatric diagnosis are included into the study. Approval of local ethics committee has been obtained and all patients gave written consent. A sociodemographical data form is completed by all participants. Irritable colon is evaluated according to the ROME III criteria. All of the participants in the irritable colon group and the healthy control group were evaluated by a psychiatric interview for the psychiatric diagnosis and the ones with any active psychiatric disorder were excluded. Structured Clinical Interview for DSM-IV (clinical version) is used for the psychiatric evaluation. Then Temperament and Character Inventory is completed by all participants of the study.

**Results:** This study is conducted with 57 patients with irritable colon and 57 healthy controls. In comparison between the groups, it was determined that in the group of irritable colon, scores of persistence, which is one of the temperament characteristics, was lower than in the control group; and self-directedness and cooperativeness, which are two of the character traits, were lower than in the control group (p<0.05). In correlation analysis, positive correlation between cooperativeness and irritable bowel disease duration was determined (p=0.280, p<0.05). According to regression analysis, having ‘irritable colon’ was a predictor factor for ‘persistence’ trait (beta=-0.253, t=-2.230, p<0.05), yet it was not a predictor factor for other traits. However, level of education was a predictor factor for ‘self-directedness’ (beta=0.329, t=3.008, p<0.005).

**Conclusion:** This study showed that there is a relationship between personality and irritable colon. Persistence, self-directedness and cooperativeness are personality traits found to have a relationship with IBS. Further studies with larger sample sizes are needed.

**Keywords:** irritable colon, personality, temperament and character

**Bulletin of Clinical Psychopharmacology 2015;25(Suppl. 1):S156-S7**

**[Abstract:0732] Personality disorders and accentuated personality**

Comparing diagnostic tools in personality disorders

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**Objective:** Personality disorders involve patterns of behavior, mood, social interaction and impulsiveness that cause distress to the person experiencing them as well as to other people in their lives. DSM-IV-TR Personality Disorder categorical classification includes ten different personality disorders defined as cluster A, paranoid, schizoid, schizotypal, cluster B, histrionic, narcissistic, borderline, antisocial, cluster C avoidant, dependent, and obsessive-compulsive. In clinical settings, diagnosing personality disorders is essential for planning treatment, especially in treatment non-adherence and resistant groups. There are no measurable advantages for clinician-based interview techniques as being more reliable and valid than self-report questionnaires, and both of the techniques are used. We aimed to compare SCID-2 (Structured Clinical Interview for DSM-IV Personality Disorder) with self-report questionnaires PBQ (Personality Belief Questionnaire) and MMPI-PD (Minnesota Multiphasic Personality Inventory) to determine consistency of these diagnostic tools in this study.

**Methods:** The participating thirty-nine patients were hospitalized at Ankara Diskapi Yildirim Beyazit Training and Research Hospital and Etlik Expert Hospital of Psychiatry Clinic; they were older than 18 years, literate, and had been diagnosed with personality disorder based on SCID-2 interview. Psychotic disorders were excluded. Socio-demographic data form, MMPI-PD, and PBQ were used. For data evaluation, non-parametric tests were used for descriptive statistics and Spearman correlation analysis for the relationship between tools.

**Results:** Thirty-nine patients met the inclusion criteria; of these, 19 (48.7%) were female, 20 (51.3%) were male. Mean age was 38.1±11.08. SCID-II diagnoses were clustered A, B, C for statistical evaluation. We found cluster B (61.5%) and borderline personality disorder were the most frequent (13 patients · 33.3%). The results of correlation analysis were statistically significant between self-report questionnaires PBQ, MMPI-PD and SCID-II for the correlation between PBQ-histrionic subscale and cluster B (r=0.34) and correlation between PBQ-antisocial and cluster C (r=0.34). Comparing SCID-II personality disorder clusters with MMPI-PD subscales, moderate significant correlation has been obtained between cluster A and MMPI-PD paranoia subscale (r=0.50). Statistically significant correlation was not determined.