

Alexithymia and Emotional Distress in Patients With Central Serous Chorioretinopathy

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The authors studied 31 consecutive patients newly diagnosed with central serous chorioretinopathy (CSC) as compared with 31 age- and gender-matched control subjects, assessing emotional distress (ED), nine psychopathological symptoms, critical life events, and alexithymia. Results showed no difference in the number of critical life events; however CSC patients showed elevated ED and elevated scores on seven psychopathological symptoms, including hostility. Controlling for ED, CSC patients showed elevated alexithymia sum scores. Alexithymia was correlated with hostility. Our findings point to personality-based difficulties in emotional regulation associated with hostility in CSC.

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Psychological stress associated with sympathetic arousal has long been discussed as an important risk factor contributing to the development of the rare eye condition known as central serous chorioretinopathy (CSC).^{1,2} As stress theory emphasizes, negative stress (or distress) derives from a negative relationship between environment and personality.³ However, the relevance of specific environmental factors, such as critical life events, and personality-based factors, such as specific traits for the development of distress in CSC remains unclear.

Personality predispositions represent cognitive, affective, or behavioral tendencies on the part of a person that are relatively stable across time and context. Regarding CSC, we were particularly interested in personality traits that might predispose patients to be stressed. Previous studies have found traits such as a neuroticism,⁴ emotional instability and introversion,^{5,6} as well as Type A behavior⁷ in CSC patients. All these personality traits point to severe difficulties in emotional regulation. However, up to the present day, alexithymic personality features, which are thought to be of special importance in patients with psychosomatic diseases,⁸ have not been investigated in patients with CSC. Alexithymia, which means, literally, “no

words for feelings,” is characterized by an inability to identify and describe feelings, the absence of fantasies, and the utilization of an analytic cognitive style. There is broad evidence that alexithymia is closely related to personality traits such as neuroticism, emotional instability, and introversion,⁹ as well as to psychological states such as emotional distress, somatization,^{9,10} depression,⁹ anxiety,⁹ and hostility,¹¹ because a limited capacity for adequate affective regulation is associated with emotional instability.¹² As male gender is associated with an increased risk of developing CSC¹³ as well as an increased risk of being alexithymic,⁹ we would expect a certain overlap between both populations.

In this cross-sectional study, we aimed at investigating the following hypotheses, comparing CSC patients with an age- and gender-matched healthy-control group: Hypothesis 1 (H-1): The study group will show a significantly

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higher degree of emotional distress, as measured by the Symptom Checklist-90-R. H-2: In the course of 1 year preceding the onset of symptoms of CSC, the study group will show significantly more critical life events (CLE), as measured by the Munich, Germany, Event List. H-3: The study group will show a significantly higher degree of alexithymia, as measured by the TAS-20 sum score. H-4: In the study group, alexithymia, as measured by the TAS-20 sum score will be significantly related to general emotional distress, as well as to somatization (H-5), depression (H-6), anxiety (H-7), and hostility (H-8), as measured by the SCL-90-R.

METHOD

Patients and Control Subjects

Between October 2003 and April 2006, we consecutively enrolled all patients presenting with the diagnosis of CSC at the department of ophthalmology, Bonn, Germany, University Hospital. All patients underwent a complete ophthalmological examination. CSC was defined as a localized neurosensory retinal detachment associated with a focal leak or leaks at the level of the retinal pigment epithelium confirmed by fluorescent angiography. The patients were asked to complete questionnaires within 6 weeks after the initial onset of symptoms. All participants gave their informed consent.

In all, 57 of 78 patients (73.1%) answered the questionnaires. There were no significant age (46.8 years versus 44.1 years; $t = 1.42$; $p = 0.161$) or gender (78.9% versus 91.7% men; $\chi^2 = 1.38$; $p = 0.239$) differences between responders and nonresponders. Furthermore, there were no significant differences in the course of illness. Forty-four responders versus 14 nonresponders were having a first episode of CSC, whereas 13 versus 7 patients were suffering a relapse ($\chi^2 = 0.89$; $p = 0.345$).

Because certain risk factors associated with CSC have been discussed in the literature, we carefully assessed potential risk factors such as regular intake of sympathomimetic medication,¹⁴ corticosteroid medication,^{15,16} antibiotic use,¹⁶ psychopharmacologic medication,¹⁵ pregnancy,¹⁶ hypertension,^{15,16} allergic respiratory disease,¹⁶ organ transplantation,¹⁷ and excessive alcohol use¹⁶ by means of medical records and a self-report questionnaire.

As far as somatic risk factors are concerned, no CSC patient had taken any antibiotic on a regular basis. One patient (1.8%) had taken sympathomimetic medication,

two patients (3.5%) had been prescribed psychopharmacologic medication, and one patient (1.8%) reported regular intake of systemic corticosteroid medication.

Among the female patients, there had been one pregnancy in the 12 months preceding the onset of symptoms. Eighteen patients (31.6%) suffered from hypertension; nine of these patients took antihypertensive medication on a regular basis. Two patients (3.5%) suffered from allergic respiratory disease; no patient had undergone organ transplantation.

Regarding alcohol consumption, five patients (8.8%) reported daily use of up to 6 drinks of alcohol. Thirty-nine patients reported drinking alcohol casually, but not daily or in excessive doses.

Because we were interested in a better understanding of a possible role of alexithymic personality features in the development of CSC, we included only newly diagnosed patients with CSC who had no known somatic risk factors for the development of CSC. Consequently, a total of 26 patients with a relapse of CSC and/or any somatic risk factor were excluded. Thus, our final study sample consisted of 31 newly diagnosed patients with CSC without any (known) somatic risk factor.

In these 31 newly diagnosed patients, the mean time between onset of symptoms and our investigation was 4.9 weeks (standard deviation [SD]: 4.6 weeks); range: 1–12 weeks. The mean value for visual acuity (Snellen) was 0.57 (SD: 0.25; calculated in decimal numbers). Patients assessed the severity of CSC by a visual-analog scale ranging from 1: Not Severe to 4: Very Severe (mean: 2.4 [0.84]). With regard to symptoms, all patients presented with visual loss; 11 patients (35.5%) suffered from metamorphopsia; 5 patients (16.1%) suffered from micropsia.

As a control group, we used a group of 31 age- and gender-matched healthy volunteers. Our control subjects were drawn from a pool of 161 volunteers (75 men, 86 women), who were recruited by advertisements to take part in a psychological study in the period between March 2001 and April 2003. Only volunteers without any current psychiatric or organic illness were included. Matching took place on a concurrent basis, meaning that each time a new patient was enrolled, the best match was drawn from the pool of volunteers on the basis of gender and age. The colleague performing the matching procedure was blind to any hypotheses of our study as well as to the results of psychodiagnostic questionnaires. Sociodemographic characteristics of both groups are presented in Table 1.

There were no significant differences between groups on any of the sociodemographic variables.

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