

Stability and Predictive Value of Self-Report Personality Traits Pre- and Post-Electroconvulsive Therapy: A Preliminary Study

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The accuracy and value of personality assessment for depressed patients receiving electroconvulsive therapy (ECT) is an underexplored and controversial area. However, there are data suggesting that personality traits and personality disorders affect the ultimate outcome of depressed patients receiving a variety of somatic treatments including ECT. Despite these data, controversy continues regarding the advisability of evaluating personality functioning in patients with severe depression. This study sought to explore the stability and predictive value of self-reported personality traits in depressed patients undergoing ECT. Sixteen subjects completed a self-report test of personality functioning and the Beck Depression Inventory (BDI) before and after ECT treatment. The results

showed that the majority of self-report personality traits were stable pre- and post-ECT treatment. However, major depressive disorder did significantly affect the report of avoidant, histrionic, aggressive-sadistic, and schizotypal personality traits. Treatment did not change the overall personality profile of these subjects. Furthermore, regression analysis controlling for pretreatment depression showed pretreatment borderline personality traits to be significantly related to the posttreatment depression scores (response to treatment). These findings suggest that routine administration of a standard self-report measure of personality may aid in the evaluation of and treatment planning for patients receiving ECT.

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THE ACCURACY AND VALUE of personality assessment for depressed patients receiving electroconvulsive therapy (ECT) is an underexplored and controversial area. The debate can be traced back to Sargant and Slater who reported that obsessional personality traits improved with response of depression to ECT.¹ However, a multi-axial approach to assessment and treatment would seem essential, since 30% to 70% of depressed patients are comorbid for personality disorders depending on the patient population studied.²⁻⁵

A reliable and efficient method for identifying personality traits and personality disorders in depressed patients would be of clinical benefit since axis II features impact treatment decisions, acute treatment response, and long-term outcome as far as relapses and recurrences of depression. Also, depressed patients are often deprived of appropriate treatment for their depression when, based on clinical interview, they are considered to have a "personality disorder."⁴ However, making a clinical diagnosis of personality disorder in the presence of severe depression is difficult, at best, since several studies have demonstrated that some personality traits are amplified during an episode of depression and that with effective treatment, these personality traits markedly improve or resolve.⁶⁻¹² However, this has not been a universal finding, as Loranger et al. found little impact for either anxiety or depression on the diagnosis of personality disorders.¹³ Furthermore, personality functioning has been shown to be relevant to the treatment of severe depression. For example, one study of ECT found

that in cases where personality traits persist after treatment, patients were much more symptomatic and were eight times more likely to be rehospitalized 6 months after discharge.¹⁴ In a review of treatment literature, Shea et al.¹⁵ concluded that "the long-standing clinical belief that patients with personality disorders are less responsive to treatment for depression is generally supported by the existing data" (p. 864). Moreover, the identification of residual personality traits in depressed patients who have shown a response to treatment may have significant importance for their long-term recovery, because there are psychological and pharmacological treatment strategies available to treat these specific residual personality traits.^{2,16} Posttreatment residual personality traits have implications for the nature and degree of social support needed to sustain treatment gains in functioning.^{6,17}

Clearly, the present understanding of the effect of personality functioning on the recovery of patients with severe depression is limited and in need of further study. Given that self-report tests of personality are both cost- and time-effective, it would be important to determine the degree to which they can be used to clarify the personality functioning of severely depressed patients. While

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0010-440X/98/3904-0005\$03.00/0*

self-report tests are somewhat limited in their ability to identify DSM personality disorders,¹⁸ they represent the preferred clinical method for evaluating personality traits. This preliminary study explores the stability and predictive value of self-reported personality traits in patients with major depressive disorder who were treated with ECT. A self-report test of personality, the Millon Clinical Multiaxial Inventory-II (MCMI-II),¹⁹ was administered to patients pre- and post-ECT. Our goals were (1) to determine the stability of self-report personality functioning, and (2) to evaluate the predictive value of these self-report traits.

METHOD

Subjects

Sixteen patients with major depressive disorder who were treated with ECT comprised the sample. The sample was 68% female and had a mean age of 55 years ($SD = 14$). Subjects were recruited from approximately 50 consecutive ECT patients treated on a 21-bed inpatient medical psychiatric unit over a 6-month period (32% enrollment rate). The sex and age of the sample are similar to the sex and age for all 110 patients receiving ECT on this service for the calendar year 1996 (64% female and 58 years of age [$SD = 12$]). Exclusion criteria were the presence of psychotic symptoms and evidence of cognitive impairment as reflected by a Mini-Mental Status²⁰ score of less than 25. Although we are not able to account for all subjects who were not enrolled in the study, we know that seven patients started ECT before completing the pre-ECT MCMI-II (weekend admissions with their first ECT on Monday), three were discharged without completing a post-ECT MCMI-II, five had Mini-Mental Status scores below the cut-off value, and six produced invalid pre-ECT MCMI-IIs. The remaining 13 patients likely either declined to be enrolled or were too impaired by their symptoms to complete the MCMI-II self-report test. All enrolled subjects were diagnosed as suffering from a major depressive episode, as defined by the DSM III-R²¹; 11 subjects were unipolar depressed and five were bipolar depressed. All subjects were independently evaluated by two senior staff psychiatrists and considered to be appropriate for ECT.

Before receiving their first ECT treatment, subjects completed the MCMI-II, a self-report measure of personality functioning, and the Beck Depression Inventory (BDI). At the completion of their ECT treatment, which was determined by clinical criteria, and before discharge from the unit, the patients again completed the MCMI-II and BDI. The mean retest interval was 35 days ($SD = 11$). All MCMI-II profiles were reviewed for validity using Millon's criteria¹⁹ (MCMI-II validity index > 1 ; disclosure scale base rate [BR] score > 590).

Instruments

The MCMI-II is a 175-item true/false, self-report questionnaire. It was designed to identify clinical states and personality disorders (PDs) similar (but not identical) to those contained in the DSM-III-R,¹⁹ and is one of the most frequently administered self-report personality tests.¹⁸ The MCMI-II is considered a

valid instrument when used to screen patients for the presence of DSM PDs,^{18,22,23} but as with all self-report personality tests, it is not suitable for making a DSM PD diagnosis.¹⁸ In this study, we conceptualized the MCMI-II personality scales as providing dimensional representations of the personality traits associated with the DSM PDs, rather than as categorical indicators of the presence or absence of specific DSM PDs. The MCMI-II contains a total of 25 scales. The 10 basic personality scales (scales: 1, schizoid; 2, avoidant; 3, dependent; 4, histrionic; 5, narcissistic; 6A, antisocial; 6B, aggressive/sadistic; 7, compulsive; 8A, passive-aggressive; and 8B, self-defeating) and the three severe MCMI-II personality scales (scales: S, schizotypal; C, borderline; and P, paranoid) were used in this study. The completed MCMI-II test forms were computer-scored. The BDI²⁴ is a widely used and well-validated self-report instrument designed to measure the signs and symptoms of major depression.²⁵

Statistical Analyses

To first determine the stability of the self-report personality traits, Wilcoxon sign-rank tests, the nonparametric equivalent of one-group paired *t* tests, were used to compare the 13 MCMI-II personality scale scores obtained pre- and post-ECT treatment. The Wilcoxon sign-rank test was used, as the MCMI-II BR scores represent a nonparametric transformation of the raw score for each scale and do not conform to the assumptions necessary for parametric statistics.²³ However, as the BR scores are the most clinically relevant of the MCMI-II metrics, these scores,²⁶ rather than raw scores, were used in the study.

Second, to determine the relationship of the pretreatment personality traits to posttreatment depression, partial correlations were obtained for the 13 MCMI-II PD scales and posttreatment BDI score with the effect of pretreatment BDI scores removed. Next, to explore the predictive value of the self-report personality traits, a stepwise multiple regression equation was constructed using those MCMI-II personality scales found to have significant partial correlations to predict the posttreatment BDI scores. To control for subjects' initial level of depression, the pre-ECT treatment BDI scores were forced into the multiple regression equation at step 1. All the statistical analyses were performed with the SYSTAT statistical package.²⁷

RESULTS

The means and standard deviations for the MCMI-II personality scales and the BDI pre- and post-ECT treatment are reported in Table 1. The pre- and post-ECT BDI scores indicate the sample experienced a clear and clinically significant reduction in depressive symptoms following ECT treatment. The pre-ECT BDI mean score of 28 is consistent with severe depression, whereas the posttreatment mean score of 10 is below the clinical range.²⁴ Of the 13 MCMI-II personality scales, four—avoidant, histrionic, aggressive/sadistic, and schizotypal—showed a significant change pre- and post-ECT treatment. Two other scales, passive-aggressive and borderline, showed

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