

Personality disorder traits in patients with epilepsy

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Objective and methods: The Questionnaire on Personality Traits (VKP: Vragenlijst voor Kenmerken van de Persoonlijkheid) was used to investigate personality disorder (PD) traits in 203 patients with epilepsy and a control group of 332 subjects from the general population. Furthermore, the association of PD traits with epilepsy-related variables was studied, as well as the association between PD traits and level of psychopathology.

Results: The results showed that, compared with the control group, patients with epilepsy had higher dimensional VKP scores for several Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) and International Classification of Diseases (ICD-10) PDs. Associations were found between PD traits and age at onset of epilepsy, duration of epilepsy, seizure frequency and number of anti-epileptic drugs. Anxiety and depression were not associated with PD traits.

Conclusion: It is likely that suffering from epileptic seizures negatively influences personality development and can result in the development of maladaptive PD traits. The results also support the idea that PD traits are not (completely) covered by axis I psychopathology and therefore should be separately investigated.

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INTRODUCTION

The relationship between epilepsy and personality disorders (PDs) is not often the subject of scientific investigation. Much research concentrates on psychiatric disorders, such as psychotic disorders, anxiety disorders and mood disorders, whereas PDs are less frequently studied in epilepsy. Most of the literature concerning psychopathology in epilepsy fails to make the distinction between psychiatric disorders and PDs. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)¹ an axis II PD is ‘an enduring pattern of inner experience and behaviour that deviates markedly from the expectations of the individual’s culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment’. An axis I psychiatric disorder is an illness appearing any time in life, with its own characteristic features, course and prognosis, which usually can be treated successfully.

When psychopathology and personality in epilepsy is studied, the Minnesota Multiphasic Personality In-

ventory (MMPI) is frequently used^{2–5}. The MMPI has been criticised by several authors as an inappropriate instrument for the detection of interictal behaviour and personality disturbances in epilepsy^{6,7}. Bear and Fedio⁸ who noted the shortcomings of the MMPI, developed the Bear-Fedio Inventory (BFI), a rating scale of 18 behavioural traits that previously had been associated in literature with temporal lobe epilepsy (TLE). They found an increased frequency of all 18 traits in patients with TLE, compared with normal and neurological controls, including obsessiveness, dependency, emotionality, irritability, religiosity and philosophic interest. Other studies using the BFI showed mixed results, with generally increased behavioural traits in epilepsy patients (both TLE and primarily generalised epilepsy) compared with normal controls^{9–11}.

Some investigators use alternative methods like classification by a psychiatrist, to assess psychosis, depressive disorders, anxiety disorders and PDs. In a study by Schwartz and Cummings¹² the medical records of 21 epilepsy patients and 24 neurological control patients were reviewed. A psychiatrist classified

PDs according to DSM-III in eight patients with epilepsy (38%) and one control patient (4%). Fiordelli *et al.*¹³ studied psychiatric disturbances in 100 epilepsy patients and 100 matched control patients. After administration of a psychiatric interview (Clinical Interview Schedule: CIS), 19 epilepsy patients and 15 control patients were identified as having psychiatric disorders. Subsequently, a psychiatrist classified these patients following DSM-III-R criteria. PDs were found in four patients with epilepsy (21%) and in none of the control patients.

Only few studies exist assessing PDs by means of standardised diagnostic instruments based on objective diagnostic criteria. Lopez-Rodriguez *et al.*¹⁴ used the Structured Clinical Interview for DSM-III-R PDs (SCID-II) for investigating PDs in 52 epilepsy patients. They found PDs in 11 patients (21%), especially cluster C disorders (15%). Avoidant and dependent PDs were the most common diagnoses. Also, Victoroff¹⁵ found axis II PDs in 11 subjects out of 60 epilepsy patients by using the patient version of the SCID. Personality disorder Not Otherwise Specified (NOS) prevailed. Manchanda *et al.*¹⁶ investigated both DSM-III-R axis I and II disorders in 300 epilepsy patients who were candidates for epilepsy surgery. They found PDs in 18% of the patients, especially dependent and avoidant PDs. Also, Arnold and Privitera¹⁷ found axis II PDs in 18% of the epilepsy patients using the epilepsy version of the SCID. The most common diagnosis was the avoidant PD, which was present in all patients.

Comparing previous study results of interictal PDs in epilepsy patients is complicated, due to the use of different patient samples. Additionally, patient groups are usually small and frequently no control group is included. Even more important is the use of a variety of diagnostic instruments: many studies use instruments such as the MMPI and BFI which assess personality 'traits' underlying personality psychopathology, and not PDs as defined in widely accepted categorical systems such as the DSM and International Classification of Diseases (ICD).

This study investigates PDs in Dutch patients with epilepsy by means of a self-report questionnaire assessing PDs according to diagnostic criteria of the DSM-IV and ICD-10. Patients are assessed for each of the PDs but each separate disorder is conceptualised as a continuum. In this way the degree to which a patient exhibits the traits of a particular PD is determined. The results of the epilepsy patients are compared with a control group consisting of people from the general population. Because patients with epilepsy often experience mood and anxiety disturbances¹⁸, we also investigated their level of general psychopathology. Furthermore, the association of PD traits with epilepsy-related variables was explored. Finally, the

relationship between general psychopathology and PD traits was determined in order to investigate whether it is worthwhile to assess PD traits independent of and above assessing the level of psychopathology.

METHOD

Subjects

The study population included 203 epilepsy patients and 332 persons from the general population. The epilepsy patients were consecutively admitted to the observation department of the Stichting Epilepsie Instellingen Nederland (SEIN: a tertiary epilepsy centre). A minimum age of 18 years, sufficient knowledge of the Dutch language and a definite diagnosis of epileptic seizures (with no concomitant pseudo-epileptic seizures) were the inclusion criteria for this study. Their treating neurologist recruited all patients. The epilepsy patients can be divided into two subgroups: 110 patients suffering from seizures predominantly originating from localisations in the temporal lobes (TLE), and 84 patients with seizures originating from localisations outside the temporal lobes (extra-TLE). The classification of TLE and extra-TLE was made on the bases of all clinical information available (seizure history, clinical observation, EEG, MRI). Nine patients could not be assigned to either subgroup, because it was not clear whether the seizures were of temporal or extra-temporal origin. The demographic characteristics of patients with TLE and extra-TLE were not different, except for age. Compared with extra-TLE patients, patients with TLE were significantly older ($t(192) = 2,74$; $P < 0.01$).

The control group consisted of 332 persons. One hundred and forty-three subjects were approached 'door to door' at their home address, and 189 subjects were derived from family members, acquaintances and colleagues of the student researchers¹⁹.

The characteristics of the epilepsy group and the control group are shown in Table 1. As for general psychopathology, the results of the epilepsy patients were compared with normative data of the general population and a psychiatric outpatient population as described in the Dutch manual of the Symptom Checklist-90 (SCL-90)²⁰.

Instruments

The Questionnaire on Personality Traits (VKP: Vragenlijst voor Kenmerken van de Persoonlijkheid)¹⁹ was used to investigate PD traits. The VKP is a self-report questionnaire, based on the International

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