



## The effect of severity and personality on the psychotic presentation of major depression

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### ABSTRACT

The aim of the present study was to evaluate whether symptom severity or personality traits are associated with psychotic symptoms in major depression (MD), since it is still debated whether psychotic depression represents the most severe form of depression or the effect of personality structure. The study included 163 patients affected by MD who were divided into four groups on the basis of the presence/absence of melancholic features and psychotic symptoms. All subjects completed the Structured Clinical Interview for DSM-IV Disorders (SCID-IV), the Structured Clinical Interview for DSM-IV Personality Disorders (SIDP-IV) and the Hamilton Rating Scale for Depression (Ham-D). Personality was assessed after MD remission (absence of DSM-IV criteria and Ham-D score lower than 7 for at least 2 months). Psychotic symptoms were positively associated with symptom severity (higher Ham-D total score) and with paranoid and schizotypal traits and negatively related to histrionic traits. Our data support the view that the effect of paranoid-schizotypal traits and symptom severity on the presence of psychotic symptoms in MD occurs separately and they are independent of each other.

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### 1. Introduction

The term “psychotic depression” implies different meanings in the psychiatric literature: a threshold of severity leading to reality distortion; a melancholic presentation of depression; a characteristic of “endogeneity” of the affective disorder, independently from the appearance of psychotic symptoms (Parker et al., 1995). Moreover, “psychotic depression” has also been used in opposition to “neurotic depression”, which defines a mild form of depression linked to inner conflicts or, anyway, to a psychological pathogenesis (Parker, 2003).

Some authors (Frances et al., 1981; Frangos et al., 1983; Lykouras et al., 1986) have suggested that psychotic depression might represent, upon a severity continuum, a more severe degree of depression. This view is also considered in the recent editions of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III, DSM-III-R, DSM-IV and DSM-IV-TR) (American Psychiatric Association, 1980, 1987, 1994, 2000), where the presence of psychotic symptoms is conceptualized as an expression of a severe form of major depression (MD) and reported as a specifier of severity (MD “severe with psychotic features”).

Nevertheless, in clinical practice even mild or moderate forms of MD can be characterized by the presence of psychotic features (Keller et al., 2007). These clinical pictures indicate that the relationship between

severity and psychosis is not so strong since depression severity alone does not entirely account for the presence of psychotic symptoms (Keller et al., 2007; Maj, 2008), and they thus suggest a separation between “psychosis” and “severity” specifiers (Ohayon and Schatzberg, 2002; Maj et al., 2007).

The involvement of personality characteristics has also been proposed to explain the development of psychotic symptoms during a depressive episode (Schatzberg et al., 1985). According to this hypothesis, peculiar personality traits may “activate” psychotic symptoms when a depressive episode occurs, regardless of the depression severity.

However, the study of personality profile in psychotic depressed patients is mostly neglected (Parker, 2003), and only a few studies are currently available today. These studies observed that paranoid traits (Lykouras et al., 1986) or cluster A personality disorders (PDs) (Bellini et al., 1992; Serretti et al., 1999) were more frequent in psychotic than in non-psychotic depressed patients, while obsessive-compulsive traits did not differentiate psychotic and non-psychotic depressed patients (Frances et al., 1981; Lykouras et al., 1986). Moreover, cluster A PDs seem to predict the development of mood-incongruent psychotic features in depressed subjects (Bellini et al., 1992).

The controversy about which model might better explain the psychotic presentation of depression is also not yet resolved because of the methodological limitations of previous studies: in many studies the term “psychotic depression” implies either unipolar or bipolar forms of depression (Parker et al., 1995, 1996; Lattuada et al., 1999; Ohayon and Schatzberg, 2002; Keller et al., 2006). Although there is

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some evidence that bipolar and unipolar depressions are similar (Benazzi, 1999), mixing bipolar and unipolar depressed patients may affect the homogeneity of the study population, compromising the reliability of the results.

Moreover, most studies have used, as a diagnostic comparison group, patients affected by MD rather than non-psychotic melancholia, even though the prevailing representative views of delusional depression suggest that any clarification of its status might best involve a comparison group of melancholic depressed patients, since, as Parker et al. (1995) suggested, psychotic depression can be conceptualized as a separate type of melancholia, because of some overlap in their clinical features.

Finally, studies investigating either severity or personality in psychotic depression did not control for the effect of the other variable.

In the present study, we evaluated whether specific personality features may be associated with the presence of psychotic features in patients affected by unipolar major depressive disorder, controlling for the effect of depressive symptom severity.

## 2. Methods

### 2.1. Subjects

Subjects included in the study were selected from patients who consecutively sought treatment at the Psychiatric Unit of the University Hospital of Parma since January 2001, because they were affected by unipolar major depression.

Patients were included in the study if they meet the following criteria: 1) their age ranged between 18 and 75 years; 2) they achieved a remission of the MD episode (see remission criteria); and 3) their written informed consent was obtained.

Patients were excluded from the study if they were affected by the following: 1) current mental disorders related to a general medical condition; and 2) cognitive impairment (Mini-Mental State Examination score lower than 25) which interfered with the ability to reliably complete diagnostic interviews or questionnaires.

### 2.2. Procedures

All subjects completed the Structured Clinical Interview for DSM-IV Disorders (SCID-IV) (Mazzi et al., 2000), the Structured Interview for DSM-IV Personality Disorders (SIDP-IV) (Pfohl et al., 1995), and the 17-items Hamilton Rating Scale for Depression (Ham-D) (Hamilton, 1960).

The SCID-IV and Ham-D were administered at the first visit and then monthly, whereas the SIDP-IV was administered only when complete remission was achieved (see below).

According to the criteria of DSM-IV, four groups of MD patients were considered: 1) “unspecified” MD, without psychotic and melancholic features (UMD); 2) MD with only psychotic features (PMD); 3) MD with only melancholic features (MMD); 4) MD with both psychotic and melancholic features (PMMD).

Three scores of the Ham-D were considered: the total score as a measure of global severity of depression and the “retardation” and the “agitation” item scores, since the psychomotor disturbances are supposed to be the core features of “endogeneity” (Parker, 2000).

Personality traits rather than categories were considered because the number of personality categories found in each subgroup of patients was too small to allow reliable evaluations. Moreover, the dimensional approach is thought to be superior to the categorical model, especially for research purposes (Widiger, 1992); therefore the dimensional model offers some advantages for the study of the relationship between depression and personality.

#### 2.2.1. Treatment

All patients were treated with antidepressants, whereas an antipsychotic agent was added only in patients with psychotic symptoms.

#### 2.2.2. Remission criteria

Patients were defined in complete remission if, for at least 2 months, their symptoms did not satisfy the DSM-IV diagnostic criteria for MD, including psychotic features, and if their Ham-D score was lower than 7.

#### 2.3. Statistical analysis

One-way analysis of variance, with Bonferroni post-hoc correction, was used to compare age, age at onset, Ham-D scores and personality traits of the four groups of MD patients.

**Table 1**

The severity of symptoms and the personality traits in patients with major depression.

	Unspecified major depression (UMD)	Major depression with melancholic features (MMD)	Major depression with psychotic features (PMD)	Major depression with psychotic and melancholic features (PMMD)	One-way ANOVA with Bonferroni post-hoc analysis, d.f. = 3, 159	
	n = 67	n = 34	n = 21	n = 41	F	p
Gender (female)	n = 52, 77.6%	n = 24, 70.6%	n = 15, 71.4%	n = 28, 68.3%	–*	–*
Age	46.1 ± 13.7	47.9 ± 15.4	50.1 ± 15.3	45.7 ± 13.6	0.5	0.64
Age at onset	37.7 ± 13.4	31.7 ± 9.9	38.2 ± 15.1	33.2 ± 11.5	2.5	0.06
Ham-D total score	19.1 ± 1.2	31.3 ± 4.5	28.2 ± 8.2	42.5 ± 5.4	225.0	<0.001 <sup>a</sup>
Ham-D retardation score	0.4 ± 0.5	1.6 ± 0.8	1.1 ± 1.4	3.1 ± 0.7	96.3	<0.001 <sup>a</sup>
Ham-D agitation score	1.3 ± 0.5	2.1 ± 0.7	2.4 ± 1.0	3.3 ± 1.0	46.3	<0.001 <sup>a</sup>
Personality features						
Paranoid traits	0.59 ± 0.44	0.46 ± 0.44	1.06 ± 0.53	0.89 ± 0.60	9.3	<0.001 <sup>b</sup>
Schizoid traits	0.23 ± 0.30	0.17 ± 0.23	0.41 ± 0.45	0.30 ± 0.46	2.2	0.08
Schizotypal	0.21 ± 0.23	0.17 ± 0.24	0.58 ± 0.39	0.26 ± 0.36	9.8	<0.001 <sup>c</sup>
Cluster A traits	1.03 ± 0.74	0.81 ± 0.80	2.05 ± 0.92	1.46 ± 1.14	10.5	<0.001 <sup>b</sup>
Antisocial traits	0.25 ± 0.14	0.01 ± 0.32	0.02 ± 0.10	0.01 ± 0.02	0.5	0.66
Borderline traits	0.46 ± 0.56	0.38 ± 0.54	0.24 ± 0.33	0.38 ± 0.51	0.9	0.39
Histrionic traits	0.57 ± 0.54	0.37 ± 0.38	0.25 ± 0.33	0.26 ± 0.37	5.1	0.002 <sup>d</sup>
Narcissistic traits	0.49 ± 0.49	0.69 ± 1.86	0.19 ± 0.23	0.38 ± 0.40	1.4	0.24
Cluster B traits	1.54 ± 1.28	1.45 ± 1.99	0.70 ± 0.69	1.02 ± 0.99	2.8	0.04 <sup>d</sup>
Avoidant traits	0.52 ± 0.43	0.57 ± 0.48	0.76 ± 0.64	0.65 ± 0.66	1.2	0.28
Dependent traits	0.69 ± 0.55	0.62 ± 0.55	0.55 ± 0.48	0.60 ± 0.40	0.6	0.59
Obsessive-compulsive traits	0.74 ± 0.55	0.77 ± 0.50	0.73 ± 0.56	1.03 ± 0.67	2.5	0.06
Cluster C traits	1.95 ± 0.91	1.96 ± 1.08	2.03 ± 1.24	2.27 ± 0.95	1.0	0.39
All traits	4.52 ± 2.12	4.22 ± 2.87	4.78 ± 1.53	4.77 ± 2.05	0.4	0.71

\*  $\chi^2 = 1.3$ ; d.f. = 3;  $p = 0.72$ .

<sup>a</sup> MDMP > MDP, MDM > MD.

<sup>b</sup> MDP, MDMP > MD, MDM.

<sup>c</sup> MDP > MD, MDM, MDMP.

<sup>d</sup> MD > MDP, MDMP.

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