



Different temperament and character dimensions correlate with panic disorder comorbidity in bipolar disorder and unipolar depression

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ABSTRACT

Background: This study aimed to investigate temperament and character correlates of panic disorder (PD) comorbidity in euthymic patients with bipolar disorder (BD) or unipolar depression (UD).

Methods: Temperament and character were assessed using the Temperament and Character Inventory Revised (TCI-R) in 181 patients (70 patients with BD-I, 51 patients with BD-II and 60 with UD) in a euthymic state for at least 2 months.

Results: PD was diagnosed in 14.3% of BD-I patients, 31.4% of BD-II and 40% of UD. BD patients with PD, when compared with BD patients without PD, had higher scores on harm avoidance (OR = 1.04; 95% CI = 1.02–1.07; $p = 0.002$). Patients with UD and PD, when compared to patients with UD without PD, had higher scores on social acceptance (OR = 1.27; 95% CI = 1.08–1.49; $p = 0.004$).

Conclusion: Different temperament and character dimensions correlated with PD comorbidity in BD and UD patients, suggesting different underlying pathophysiological mechanisms.

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1. Introduction

Temperament refers to the biological or constitutional core of personality features that refer to reactivity, variability, and intensity of emotional dispositions (Akiskal, 1994). It can be distinguished from character which mainly relates to interpersonal operations and individual differences in self object relationships, which develop in a stage-like manner as a result of non-linear interactions among temperament, family environment and individual life experience (Cloninger, 1994; Cloninger, Bayon, & Svrakic, 1998). Kraepelin described four basic affective temperaments (manic, depressive, irritable and cyclothymic) and suggested that they could color the symptoms pattern of

acute mood episodes (Kraepelin, 1921). In that tradition, Akiskal proposed the characterization of baseline affective temperament, emphasizing the role of the latter for the final phenomenology and prognosis of mood disorders (Akiskal, Djenderedjian, Rosenthal, and Khani, 1977).

The concept of “anxious temperament” has been generally less apparent to psychiatry when compared to affective temperaments (Akiskal, 1988; Cloninger, 1986). Janet used the term “*anxiété consistutionelle*” to refer to individuals who were anxious by nature (Janet, 1919), and some authors speculated about the putative defensive role of constitutional anxiety proneness (Nesse, 1990; Perugi et al., 1998). Recognized anxious temperaments include the anxious-avoidant, the anxious-phobic and the generalized anxious (Akiskal, 1985). The anxious-avoidant type derives from the works of Kretschmer (1936) and Millon (1969) and refers to timid individuals who are over-sensitive to criticism, disapproval and exaggerate risks in

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routine. The anxious-phobic temperament originated from Freud's concept of "free-floating anxiety" (Freud, 1894) and, nowadays, refers to anxiety sensitivity and avoidance of specific situations that may be perceived as dangerous. Finally, the generalized anxious temperament, as suggested by Akiskal (1998), refers to an uncontrollable constitutional disposition to worry. However, it needs to be acknowledged that, with respect to recurrent mood disorders, anxious traits may be easily overshadowed by the great emotional intensity of the affective temperaments (Akiskal, 1998). Nevertheless, it is evident that information about temperament features, can be of great value for the understanding of mood-anxiety disorders comorbidity and may have important clinical implications. Temperament features may predispose to the development of the mood disorder or modify the natural history of the illness, comorbidity patterns and response to treatment. Alternatively, temperament features may be interpreted as subclinical expressions of the underlying vulnerability and may be altered by current or past mood state (Cloninger et al., 1998).

Comprehensive methods have been developed for the assessment of temperament and character features that are highly reliable and efficient, using self-reports, expert interviews or collateral informants, thereby producing ratings that show strong agreement across methods (Zimmerman, 1994). Among the variety of alternative dimensional models proposed, Cloninger's psychobiological model received a large empirical support for studying temperament. This model consists of four dimensions of temperament (novelty seeking, NS; harm avoidance, HA; reward dependence, RD; persistence, P) and three dimensions of character (self-directedness, SD; cooperativeness, C; self-transcendence, ST) (Cloninger, Przybeck, Svrakic, & Wetzel, 1994). According to Cloninger et al., Novelty Seeking is defined as the tendency to respond actively to novel stimuli leading to pursuit of rewards and escape from punishment. Harm Avoidance corresponds to the tendency toward an inhibitory response to signals of aversive stimuli that leads to avoidance of punishment and non-reward. Reward Dependence is defined as a positive response to signals of reward to maintain or resist behavioral extinction. Persistence seems to be very close to the Reward Dependence component. Among character dimensions, Self-directedness refers to the ability of an individual to control, regulate and adapt his behavior to fit the situation in agreement with individually chosen goals and values. Cooperativeness accounts for individual differences in identification with and acceptance of other people while Self-transcendence is a character associated spirituality (Cloninger, Svrakic, & Przybeck, 1993; Cloninger et al., 1994; Cloninger, Bayon, and Svrakic, 2004).

In mood disorders, temperament dysregulations are commonly reported with rates ranging between 20% and 80% (Akiskal et al., 2006). Previous authors attempted to clarify temperamental correlates in individuals with panic disorder (PD) or bipolar disorder (BD) or major depression (UD) (Engstrom, Brandstrom, Sigvardsson, Cloninger, & Nylander, 2003, 2004). On the contrary, there are no studies, to the best of our knowledge, investigating temperament and character features in patients with

different mood disorders in relation to the presence/absence of PD comorbidity. The importance of such an issue stems from different sources. First, epidemiological data demonstrate that PD occurs frequently in bipolar and unipolar depression and, in some studies, such a comorbidity seems to represent the rule rather than the exception (Dilsaver et al., 1997; Kessler, Rubinow, Holmes, Abelson, and Zhao, 1997). Second, literature suggests that the co-occurrence of PD in BD patients is associated with poorer response to treatment, earlier onset of BD, elevated rates of comorbid psychopathology, greater levels of depression, more suicidal ideation and increased familial risk of affective disorders (Frank et al., 2002; Pini et al., 1997). Third, a number of studies supports the hypothesis that bipolar-panic comorbidity may constitute a unique entity from a clinical, neurobiological and genetic point of view (Goodwin & Hoven, 2002; MacKinnon & Zamoiski, 2006). These data altogether configure the bipolar-panic connection as an entity with strong common underpinnings which, in turn, may be associated with peculiar temperamental correlates. From such a perspective, in this study, we aimed at investigating temperament and character correlates of PD comorbidity, using Cloninger's psychobiological model, in patients with BD and to verify whether the same temperamental features were also detectable in UD patients.

2. Methods

Data were drawn from a multicenter Italian study, performed in euthymic patients between 2003 and 2006, aimed to evaluate clinical, biological and psychosocial features of BD-II and to compare them with those of patients with BD-I and UD.

To be enrolled, patients had to fulfill the following criteria: (1) DMS-IV criteria for BD-I, BD-II, or UD, confirmed by the Structured Clinical Interview for DSM-IV-Patient Edition (SCID-I); (2) be in a euthymic state for at least 2 months, confirmed by a HAM-D total score <8 and a YMRS <6; (3) age between 18 and 60 years; (4) be willing to provide a written informed consent to undergo the experimental procedures; and (5) absence of brain and/or severe physical illnesses. The protocol was reviewed and approved by the local ethic committee of the five Italian centers.

Current and lifetime PD comorbidity in all patients was investigated using the SCID-I. In the early phase of the study, inter-rater reliability of diagnoses was ascertained, showing a good reliability with a Cohen kappa coefficient of 0.89.

Temperament and character were assessed using the Temperament and Character Inventory Revised (TCI-R), an improved version of the former TCI, developed on the basis of the Tridimensional Personality Questionnaire (Cloninger et al., 1994). It is a 240 items questionnaire organized into 29 subscales exploring four temperamental dimensions (Novelty Seeking, Harm Avoidance, Reward Dependence, Persistence) and three character dimensions (Self-Directedness, Cooperativeness, Self-Transcendence). The psychometric properties of the Italian version of the instruments have been investigated, showing acceptable

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