Personality traits in recent-onset-of-psychosis patients compared to a control sample by gender

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ABSTRACT

Personality traits in recent onset of psychosis (ROP) patients are an under-researched area. Our aim was to examine clinical and clinically significant personality traits in ROP patients compared with a healthy control sample by gender. Data were obtained from 94 ROP patients and a control sample matched in gender and age. The Millon Clinical Multiaxial Inventory and a sociodemographic scale were used. T for independent samples, U-Mann-Whitney and Fisher tests were applied to make comparisons. All personality traits were significantly higher in ROP than control participants in the general sample, except histrionic, narcissistic, and compulsive traits which were higher in controls. Clinically significant schizoid, avoidant, dependent and antisocial personality traits were more common in the ROP than the control participants. However, histrionic clinically significant trait was more common in the control sample. In relation to the males and female samples, more significant differences were found in the male sample in comparison to their control counterparts than in the female sample. These results highlight the importance of the study of clinical personality traits in patients with ROP and the importance of viewing these differences in relation to gender because of the possible therapeutic implications.

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1. Introduction

The study of personality in psychosis is increasing. Personality in patients with psychosis has been studied with three different models: the five- factor model (McCrae and John, 1992), the psychobiological model of temperament and character (TCI; Cloninger et al., 1993) and the clinical or pathological personality model (Millon, 1976).

Focusing on the latter model, this model considers that normative and clinically significant personalities lie along a continuum, with disordered character being an exaggeration of normative traits. Normative and clinically significant personalities share the same traits; nonetheless in clinically significant personalities these traits are rigid and maladaptive (Millon, 1990). However, even within the same model results are complex and difficult to compare because of the different variables included such as instruments used to measure personality, the psychosis sample considered, and the study of present versus premorbid personality. The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (American Psychiatric Association (APA), 1996) considers three personality clusters: cluster A that includes paranoid, schizotypal, and schizoid personality disorders, cluster B that includes histrionic, narcissistic, antisocial and borderline personality disorders and cluster C that includes dependent, compulsive and avoidant personality disorders. Traditionally, Cluster A personality disorders are regarded as schizophrenia-spectrum disorders and may represent an underlying vulnerability for psychosis (Ellison et al., 1998; Nuechterlein et al., 2002). Other literature supports a high prevalence of cluster B and C disorders and clinically significant personality traits in patients later converting to psychosis and patients with psychosis (Schultze-Lutter et al., 2012; Wickett et al., 2006). In this context using the Millon Multiaxial Inventory (MCMI; Millon, 1994), Hogg et al. (1990) found in a sample of recent onset schizophrenia patients that the most common clinically significant personality traits were dependent, narcissistic, avoidant and schizoid. Wickett et al. (2006) found that within cluster B and C were avoidant, dependent, borderline and antisocial in a sample of chronic patients with psychosis. Finally, Simonsen et al. (2008) found avoidant, schizoid, borderline and schizotypal to be the more common in a recent-onset-of-psychosis (ROP) patients' sample.

The implications of the comorbidity of having a personality disorder or a high severity of a certain clinical trait are being studied. High rates of cluster B personality traits in schizophrenia spectrum disorders have been related with different variables in relation to neurocognition and

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childhood abuse (Lysaker et al., 2004). Cuesta et al. (2002) suggested that premorbid personality may shape the expression of psychosis. In relation to this, Sevilla-Llewellyn-Jones et al. (2017) and Wickett et al. (2006) found correlations between some psychotic symptoms and clinical personality traits. In addition, the last study found that emotional discomfort was more related to borderline traits and psychiatric admissions to avoidant traits in patients with schizophrenia and schizoaffective disorder. There are studies that support the idea that patients with a psychotic disorder who also have a comorbid personality disorder may benefit less from treatment than patients who do not have personality disorders (Therien et al., 2014). Therefore it seems of crucial importance to study personality in patients with psychosis because of the clinical and psychosocial implications.

Gender differences have been found regarding clinical, functional and personality variables (Ochoa et al., 2012). There are two previous studies that examined gender in premorbid personality disorders in patients with psychosis. The first found that women diagnosed with schizophrenia had more explosive traits than men (Dalkin et al., 1994). The second found that female patients with an earlier onset scored higher in avoidant and depressive traits in comparison to late onset women, and also found that early onset men scored higher in paranoid and schizoid in comparison to late onset who scored higher in narcissistic personality traits (Skokou and Gourzis, 2014). However, to our knowledge there is no research investigating current clinical personality traits in ROP patients by gender.

Little is known about patient personality profiles in comparison with a control sample. A few studies have compared normative personality traits in ROP patients with a control group (Beauchamp et al., 2006; Hori et al., 2008; Miralles et al., 2014). These studies found that ROP patients significantly differ in personality traits when compared to a control group. Furthermore, Hori et al. (2008) compared male and female patients to a control sample using the TCI (Cloninger et al., 1993). In this study they found that male patients personality traits compared with controls were more pronounced than females with their counterparts. To our knowledge there is only one study that has analyzed personality with the clinical model in psychosis and a control group (Keshavan et al., 2005). They found that patient's personality dimensions scores were all significantly higher in patients than in the controls. However, no study has compared clinical personality traits of ROP patients with those of a control sample by analyzing male and female separately.

This study aimed to examine differences in clinical personality traits and clinically significant personality traits in a group of ROP patients compared with a healthy control sample by analyzing male and females separately, using the clinical personality model of Millon (Millon, 1976). Using this model, we analyzed MCMI personality traits both dimensionally and categorically, the latter by dichotomizing traits into normative and clinically significant categories.

2. Method

2.1. Subjects

Our study was conducted at two ROP rehabilitation day programs in the Malaga and Granada regions. ROP was defined by the duration of psychosis—operational definition of a maximum of five years after fully first psychotic symptoms started (Breitborde et al., 2009).

Study participation was offered to 102 patients; 6 of them refused participation and 2 had an invalid personality profile in the MCMI-III. Therefore, 96 patients participated, and 94 (92.6%) had usable data. Data collection was done between June 2013 and December 2015.

A consecutive sample of patients who met inclusion/exclusion criteria was approached by their referring clinician for consent. To be included in the study, participants had to meet criteria for a DSM 5 (American Psychiatry Association, 2013) diagnosis of schizophrenia, schizophreniform, schizoaffective disorder, delusional disorder,

psychotic disorder induced by substance use, psychotic disorder: not otherwise specified, or brief psychotic episode. Patients had to be between 18 and 35 years old, stable for at least 8 weeks after hospitalization (Mayoral et al., 2008) to limit the potential confounding effect of acute symptomology on test performance, fluent in Spanish, and able to provide informed consent. Exclusion criteria included traumatic brain injury, dementia or intellectual disability (IQ < 70), which was assessed with the Wechsler Adult Intelligence Scale III (WAIS-III; Wechsler, 1997) if the referring clinician (senior psychiatrist or clinical psychologist) suspected intellectual disability.

Control participants were recruited via an advertisement on an online social network where the research was briefly explained. The recruitment procedure was helped by the 'snowball' technique, by which any person who found it interesting could re-post the advertisement and enroll in the study. Control participants were screened for the absence of any schizophrenia spectrum disorder using an ad hoc structured paper response interview based on the Structured Clinical Interview SCID-I (First et al., 2002). Control participants were matched with the patient sample in terms of gender and age.

The institutional review board approved study procedures, and all participants, including patients and controls, provided written informed consent. All procedures were in accordance with the Helsinki Declaration.

2.2. Measures

Sociodemographic and clinical questionnaires were made ad hoc for the purpose of this study. The sociodemographic questions were gender, marital status, and highest level of education completed. In relation to clinical variables, information on age of onset of psychosis, duration of illness, and age at assessment was elicited.

The Spanish adaptation (Cardenal et al., 2007) of the Millon Multiaxial Inventory (MCMI-III; Millon et al., 1997) was used. The MCMI-III scale is a 175-item true/false self-report instrument that assesses axis I and II Psychopathology (14 personality disorders and 10 clinical syndromes). The authors of this scale suggest that a score equal to or above 75 permits a personality trait to be considered clinically significant and a score equal to or above 85 permits a trait to be considered a personality disorder. This study investigated the personality scales only, and included analyses of traits as a continuum and as a dichotomous variable (normative versus clinically significant with a cutoff of 75 or above). In addition, three variables regarding the presence of each clinical personality clusters (A, B and C) were performed taking into account DSM –IV-TR classification (First et al., 2002). Clusters were calculated considering the clinically significant presence of at least one personality trait of a cluster.

2.3. Procedure

A consecutive sample of patients who met inclusion/exclusion criteria was approached by their clinician if they wanted to participate in the study. In case of acceptance, the participants received all the information and signed the informed consent. All patients were required to meet criteria for DSM-5 for the schizophrenia spectrum and other psychotic disorders. The diagnosis of psychosis was made on clinical grounds by the referring clinician taking into account the high reliability of clinical-based diagnoses of psychosis in comparison to instrument-based diagnoses (Newton-Howes and Marsh, 2013; Weaver et al., 2003).

The ad hoc clinical and sociodemographic questionnaires were completed by the clinician and the patient. In a following session the MCMI-III was carried out by patients; in case the patient had any doubt about the content or about how to complete the test the first investigator (JSLL), blind to the patient diagnosis and symptoms, was available.