

The Distressed (Type D) Personality Is Independently Associated With Tinnitus: A Case–Control Study

HILKE BARTELS, M.D., PH.D., BERRIE MIDDEL, PH.D.
SUSANNE S. PEDERSEN, PH.D., MICHIEL J. STAAL, M.D., PH.D.
FRANS W.J. ALBERS, M.D., PH.D.

Background: Tinnitus is a common and disturbing condition, reported by 10% to 20% of the general population. **Objective:** The authors sought to determine personality characteristics associated with tinnitus patients versus a control group of ear-nose-throat (ENT) patients without tinnitus. **Method:** Adult chronic tinnitus sufferers (N=265) and ENT patients without tinnitus (N=265) participated in a cross-sectional study. The authors evaluated personality characteristics with tests for distressed personality (Type D), neuroticism, extraversion, and emotional stability. **Results:** As compared with control subjects, tinnitus patients had statistically significant and clinically relevant higher levels of neuroticism, negative affectivity, and social inhibition, on one hand, and lower levels of extraversion and emotional stability on the other hand. Also, tinnitus patients were more likely to have a type D personality. **Conclusions:** Neuroticism, reduced extraversion, and reduced emotional stability were associated with tinnitus, but the level of prediction of the model improved with the addition of type D personality to the single traits. This might indicate that personality characteristics, and type D personality, in particular, are associated with having tinnitus and might contribute to its perceived severity.

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Tinnitus is an auditory phantom perception of sound in the absence of an acoustic stimulus. As a consequence of a reduced afferent input, neural plastic processes generate tinnitus in the central parts of the auditory system. Tinnitus is a common and disturbing condition, reported by 10% to 20% of the general population.^{1,2} In a sample of 1,275 subjects across 11 countries, the overall prevalence of tinnitus was 11%, with a higher prevalence in patients with somatization disorder (42%) or hypochondriacal disorder (27%).³ Tinnitus is more prevalent in men than women, and its occurrence seems to increase with advancing age.^{1,2,4} Perceived tinnitus severity affects patients' quality of life, including physical, emotional, and social functioning, and it induces psychological distress, such as anxiety and depression.^{3,5–11} However, not all patients with tinnitus experience the same levels of dis-

tress and the same impairments to quality of life; personality characteristics likely play an important mediating role.

Personality factors, including neuroticism and extraversion, assessed before the onset of tinnitus, have been shown to predict the development of tinnitus perceived as severe.^{9,11} Some personality characteristics previously re-

Received July 4, 2007; revised November 12, 2007; accepted November 26, 2007. From the Dept. of Otorhinolaryngology, the Dept. of Health Sciences, and the Dept. of Neurosurgery, University Medical Center, University of Groningen, the Netherlands; the Center of Research on Psychology in Somatic Diseases, Dept. of Medical Psychology, University of Tilburg, the Netherlands; and the Dept. of Otorhinolaryngology, University Medical Center, University of Utrecht, the Netherlands. Send correspondence and reprint requests to H. Bartels, M.D., University Medical Center Groningen, University of Groningen, P.O. Box 30 001, 9700 RB Groningen, the Netherlands. e-mail: h.bartels@kno.umcg.nl

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Tinnitus and Personality Traits

ported to be associated with tinnitus are hysteria and hypochondriasis,^{5,7,11,12} neuroticism,^{9,13,14} reduced extraversion,^{9,13,14} withdrawal,^{5,15} emotional isolation,¹⁵ and psychasthenia.^{16,17} Psychasthenia refers to feelings of low self-confidence, anxiety, heightened sensitivity, moodiness, and the inability to resist undesired maladaptive behaviors. Also, the use of particular cognitive strategies, like catastrophic and dysfunctional thoughts, which increase patients' emotional distress and perceived tinnitus severity, may be attributed to personality factors.^{6,18} Although the role of personality factors in tinnitus has been examined extensively, these studies have focused on single traits rather than the combination of traits.

In order to investigate which personality characteristics distinguish help-seeking tinnitus sufferers from general ear, nose, and throat (ENT) patients without tinnitus, we examined the following personality traits: neuroticism, extraversion, emotional stability, and Type D personality. The Type D (distressed) personality is defined by the combination of two stable personality traits: negative affectivity and social inhibition.¹⁹ Type D patients tend to experience increased negative emotions and generally feel sad and have a gloomy view of life; this is paired with the tendency not to share these emotions with others because of fears over how they may react.¹⁹ Consequently, these individuals also generally have fewer personal ties and hence frequently lack social support.^{19,20} The Type D construct was developed in patients with ischemic heart disease and validated across groups with cardiovascular disease. There is increasing evidence that patients with this personality taxonomy comprise high-risk patients, with this personality type modulating their health-related functional status, quality of life, and clinical, patient-based outcomes.²¹⁻²³ In other words, Type D patients seem to be susceptible to experiencing a wide range of negative emotions when confronted with overpowering health problems. This negativity may also extend beyond cardiovascular disease to other chronic conditions, such as tinnitus.

The objectives of this study were to investigate 1) whether the personality characteristics of neuroticism, extraversion, emotional stability, and Type D personality were more prevalent in patients with tinnitus versus ENT patients without tinnitus; and 2) whether Type D personality could be a discriminating factor between tinnitus and ENT patients, adjusting for neuroticism, extraversion, and emotional stability. Since the Type D construct was developed and validated only in groups with cardiovascular disease, it would be necessary to test the measurement model of this personality trait among tinnitus patients and

control subjects before performing multivariate comparisons. In order to confirm the assessment of the hypothesized dimensions of the Type D personality trait among tinnitus sufferers, we further tested the hypothesis that 3) there is support for the separation of negative affectivity and social inhibition, subjecting the items from the Type D questionnaire (DS-14) to confirmatory factor analysis.

METHOD

Patients and Measures

Consecutive chronic subjective tinnitus sufferers (N=265) and consecutive ENT patients without tinnitus (N=265) seen at the Department of Otorhinolaryngology of the University Medical Center, Groningen, The Netherlands, were included in the current study. Tinnitus sufferers age ≥ 20 years were included, provided that they were consulting our clinic for tinnitus only. They were all suffering chronically from tinnitus, defined by a period of longer than 3 months. Tinnitus patients were excluded if tinnitus was not the sole reason for consulting our clinic or if they had objective tinnitus (determined by means of a diagnostic protocol for tinnitus) or chronic disease comorbidity. The control subjects comprised patients age ≥ 20 years, visiting the otorhinolaryngologist for all sorts of symptoms except tinnitus, without severe ailments affecting physical and emotional functioning, who indicated they were not suffering from tinnitus. Control patients were excluded if they had clinical indications of subjective or objective tinnitus, or chronic disease comorbidity. The study protocol was approved by the local medical ethics committee, and all patients provided written, informed consent.

Age and gender were entered as reported by patients in the questionnaire. Marital status or living arrangement was defined as: 1) living with a partner; or 2) living alone. Educational status was defined as: 1) elementary school; 2) grade-school; 3) secondary school; 4) higher professional training; and 5) college education/university. Work status was defined as 1) working; and 2) not working (housewives were classified as working).

Neuroticism and Extraversion

The neuroticism (EPQ-N) and extraversion (EPQ-E) scales were selected from the revised Eysenck Personality Questionnaire (EPQ-R²⁴), using the validated Dutch translation of this questionnaire.²⁵ Both the EPQ-N and the EPQ-E scales comprise 12 items, with a response scale

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