Psychiatric Symptoms and Personality Dimensions in Patients Younger Than 65 Years Admitted for Acute Coronary Syndrome

Síntomas psiquiátricos y dimensiones de personalidad en pacientes menores de 65 años ingresados por un síndrome coronario agudo

To the Editor,

Acute coronary syndrome (ACS) generates a considerable public health burden in Spain, with in-hospital and 6-month mortality rates of 4.1% and 3.8%, respectively. Data from prospective cohort studies indicate that the risk factors for ACS play a major role in the development of this condition. In addition to identifying these factors, it is important to determine which psychosocial processes have an impact on the psychological distress associated with coronary disease. The aim of this study was to analyze the differences in psychiatric symptoms and personality dimensions between men and women hospitalized for ACS.

This study included 102 ACS patients younger than 65 years admitted to the cardiology department of a tertiary referral hospital. Once their clinical condition had stabilized, all patients filled out the 24-item version of the Eysenck Personality Questionnaire (EPQ-24) and the 45-item Symptoms Assessment (SA-45). The variables of interest for the study were age, sex, cardiovascular risk factors, psychiatric history in first-degree family members, education level (university/other) and marital status (married/other). The protocol was approved by the hospital ethics committee.

The EPQ24 evaluates the individual's personality. It contains 24 items that measure 4 personality dimensions: extraversion

Table
Sociodemographic and Psychopathologic Characteristics by Sex

<table>
<thead>
<tr>
<th></th>
<th>Women (n = 27)</th>
<th>Men (n = 75)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, y</td>
<td>53 ± 9</td>
<td>54 ± 8</td>
<td>.51</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>8 (29.6)</td>
<td>23 (30.7)</td>
<td>.92</td>
</tr>
<tr>
<td>Hyperlipidemia</td>
<td>17 (63)</td>
<td>41 (54.7)</td>
<td>.45</td>
</tr>
<tr>
<td>Current smoker</td>
<td>11 (40.7)</td>
<td>36 (48)</td>
<td>.51</td>
</tr>
<tr>
<td>Hypertension</td>
<td>16 (59.3)</td>
<td>40 (53.3)</td>
<td>.59</td>
</tr>
<tr>
<td>University education</td>
<td>6 (22.2)</td>
<td>17 (22.7)</td>
<td>.96</td>
</tr>
<tr>
<td>Married</td>
<td>18 (66.7)</td>
<td>55 (73.3)</td>
<td>.51</td>
</tr>
<tr>
<td>Psychiatric history in first-degree relatives</td>
<td>4 (14.8)</td>
<td>4 (5.3)</td>
<td>.11</td>
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</tbody>
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Psychiatric symptoms

<table>
<thead>
<tr>
<th></th>
<th>Women (n = 27)</th>
<th>Men (n = 75)</th>
<th>P</th>
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</thead>
<tbody>
<tr>
<td>Hostility</td>
<td>3.97 ± 3.70</td>
<td>3.83 ± 3.61</td>
<td>.88</td>
</tr>
<tr>
<td>Somatization</td>
<td>5.37 ± 3.27</td>
<td>3.80 ± 3.14</td>
<td>.03</td>
</tr>
<tr>
<td>Depression</td>
<td>6.11 ± 4.16</td>
<td>5.10 ± 4.57</td>
<td>.31</td>
</tr>
<tr>
<td>Anxiety</td>
<td>7.00 ± 3.43</td>
<td>6.43 ± 4.10</td>
<td>.52</td>
</tr>
<tr>
<td>Interpersonal sensitivity</td>
<td>4.41 ± 3.56</td>
<td>5.33 ± 4.03</td>
<td>.29</td>
</tr>
<tr>
<td>Obsession-compulsion</td>
<td>5.41 ± 4.20</td>
<td>6.01 ± 3.71</td>
<td>.49</td>
</tr>
<tr>
<td>Phobic anxiety</td>
<td>3.35 ± 2.63</td>
<td>3.24 ± 2.11</td>
<td>.48</td>
</tr>
<tr>
<td>Paranoid ideation</td>
<td>7.89 ± 5.20</td>
<td>8.10 ± 3.81</td>
<td>.84</td>
</tr>
<tr>
<td>Psychoticism</td>
<td>3.36 ± 2.63</td>
<td>2.76 ± 2.54</td>
<td>.18</td>
</tr>
</tbody>
</table>

Personality dimensions

<table>
<thead>
<tr>
<th></th>
<th>Women (n = 27)</th>
<th>Men (n = 75)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extraversion</td>
<td>4.33 ± 1.35</td>
<td>3.36 ± 1.72</td>
<td>.009</td>
</tr>
<tr>
<td>Neuroticism</td>
<td>3.74 ± 1.81</td>
<td>3.80 ± 2.08</td>
<td>.89</td>
</tr>
<tr>
<td>Psychoticism</td>
<td>2.59 ± 1.67</td>
<td>2.17 ± 1.58</td>
<td>.25</td>
</tr>
<tr>
<td>Social desirability</td>
<td>4.59 ± 1.30</td>
<td>3.57 ± 1.59</td>
<td>.004</td>
</tr>
</tbody>
</table>

Continuous variables are expressed as the mean ± standard deviation and discrete variables as no. (%).
(degree of sociability), neuroticism (emotional stability), psychotici-
sm (impulsivity and empathy), and social desirability (need to
project a favorable image of oneself or need for social approval).
The response format is yes (1) or no (0), with a possible score of 0 to
6 points for each dimension.

The SA-45 assesses 9 psychopathological dimensions: hostili-

ty, somatization, depression, anxiety, interpersonal sensitivity,
obsession-compulsion, phobic anxiety, paranoid ideation, and
psychoticism. Each dimension contains 5 items that are scored on a
5-point scale of distress (0, none; 1, a little; 2, moderate; 3, quite
a bit; and 4, extreme); the total score reflects the severity of the
corresponding psychiatric manifestation. The statistical analysis
was performed using SPSS 17 (SPSS Inc.; Chicago, IL, United
States). Results showing a P value < .05 were considered statisti-
cally significant.

The mean age of the cohort was 54 ± 8 years, and 73.5% of the
patients were men. The most common form of presentation of ACS
was ST-segment elevation (58.5%). The sociodemographic character-
istics, psychopathological data, and personality findings according to
sex are shown in the Table. There were no significant differences in
the sociodemographic variables between men and women. Analysis
of the psychiatric symptoms showed that women had higher scores
than men on 6 of the 9 psychopathologic dimensions, but only the
somatization score presented significant differences. In the person-
ality evaluation, women scored significantly higher than men for
extraversion and social desirability.

The originality of this study resides in 2 aspects: a) it is the first
study performed in Spain that analyzes psychiatric symptoms and
fundamental personality dimensions in patients younger than
65 years hospitalized for ACS, and b) the results show differences
in psychiatric symptoms and in personality dimensions according to
sex.

Dealing with a life-threatening disease is one of the most
stressful situations a person may have to face in life. Our study
showed that women had higher scores on 6 of the 9 psychopatho-
logic dimensions, although somatization was the only psychiatric
manifestation that differed significantly between the sexes. In the
general population, women tend to score higher than men on the
somatization item of the SA-45, although significant differences have not been described. From the psychopathological
viewpoint, one could consider that, when various individuals are
faced with the same stressful circumstances (ACS), women will
report a larger number of physical complaints (with or without a
somatic basis) than men. This may suggest differences in the
strategies used for coping with ACS, and could be taken into
consideration to avoid excessive diagnostic testing.

The concept of personality (ie, a person’s psychic character-
istics) implies a certain persistence and stability throughout an
individual’s life. Thus, it is difficult to explain the difference in
2 personality traits observed between men and women with ACS,
particularly because no differences between the sexes have been
found for any of the EPQ-24 dimensions in the general population.

The question that these results might pose is whether the high scores
on extraversion (high sociability) and social desirability (tendency to
project a favorable image of oneself) are specific to women with ACS, and
therefore, could be considered predictive of risk.

The limitation of this study is that the sample was too small to
obtain significant differences in the cardiovascular risk factors
between the 2 populations.

Based on our data, we conclude that, in patients younger than
65 years with ACS, women have a greater degree of mental distress
than men and show personality differences when faced with this
same stressful situation. The long-term effect of these differences
and their relationship with the clinical course of ACS merits further
study.

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