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Objectives:

Evaluation of mood and personality interaction

Materials and Methods:

Patients underwent evaluation with MCMI-III, clinical interview for psychological or non psychological reasons (4300) and Beck’s or Hamilton (320). Scores of mood and personality were studied for correlation. A model of cis-action and trans-action was developed.

Results:

1. Schizotypal, borderline, avoidant, dependent and self destructive personalities are more prone to mood disorders with more intense symptoms and less responsiveness to medication. P<0.03
2. Schizoid, paranoid, narcissistic and histrionic personalities are less prone to mood disorders than the general population. P<0.04
3. Schizoid, schizotypal, borderline and histrionic patterns show higher subclinical scores in mood disorder. P<0.1
4. Major depression augments schizoid, schizotypal, borderline, narcissistic, avoidant and dependent personality symptoms. Patients showed reduced personality scores and less symptoms after treatment for mood disorders. P<0.02
5. These latter personalities improve with their symptoms after antidepressants even if they do not fulfill clinical criteria for mood disorders as (MCMI-III and clinical interview). P<0.03
6. Curiously, almost all personality patterns improve with their symptoms even without mood problems if treated for short courses of antidepressants. P<0.01
7. Antidepressants probably disrupt persistent maladaptive neural circuits in almost all patients with different psychopathologies.

Conclusions:

1. Mood and personality interact in a cis pattern: they augment each other and trans pattern: they reduce the chance of the development or the expression and intensity of the other.
2. Personality disorders are not extreme of a spectrum of points of view and ... but categorically distinguishable patterns with neuro-humoral backgrounds.