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Background: Mood disorders (MD) are disabling conditions throughout the world associated with significant psychosocial impairment. Affective temperaments, as well as hopelessness, may play a significant role in the pathophysiology of MD. The present study was designed to characterize patients with MD for their prevalent affective temperament and level of hopelessness.

Methods: 559 consecutive adult inpatients were assessed using the Temperament Evaluation of Memphis, Pisa, Paris and San Diego- Autoquestionnaire version (TEMPS-A), the Gotland Scale for Male Depression (GSMD), the Beck Hopelessness Scale (BHS) and the Mini International Neuropsychiatric Interview (MINI).

Results: Higher cyclothymia (27.7% vs. 20.0%, $p < 0.05$) and irritable (34.7% vs. 22.9%, $p < 0.05$) temperaments were found in bipolar disorder-I (BD-I) patients compared to those with other Axis I diagnoses. Major depressive disorder (MDD) patients had lower hyperthymia than BD-I and BD-II (22.9% vs. 44.6% vs. 40.7% $p < 0.05$) and higher anxiety than patients with other Axis I diagnoses (52.1% vs. 22.3%, $p < 0.05$). Severe 'male' depression was more common in BD-II patients compared to BD-I and MDD, respectively (33.7% vs. 16.3% vs. 22.9% $p < 0.05$). BD-I and patients with other axis I diagnoses reported lower BHS ≥ 9 scores (41.6% and 36.6% vs. 61.6% and 62.5%, $p < 0.05$) than those with BD-II and MDD.

Conclusion: MDD patients were more likely to have anxious prevalent temperament, higher hopelessness and lower hypethimic temperament while BD-I patients had more frequently cyclothymic and irritable temperaments than patients with other Axis I diagnoses. The implications of the present results were discussed.