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DIFFERENCES IN PERSONALITY TRAITS EVALUATED BY TCI ACCORDING TO PHYSICAL ILLNESS

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Aim: To identify differences in personality traits (temperament and character) using Cloninger's typology according to the presence of physical illness (WONCA criteria).

Method: 404 subjects, without psychiatric pathology, from Asturias (Northern Spain) were included in the study [50% men; mean age (SD)= 40.5 (11.3)]. Assessments were made using an ad hoc interview (socio-demographic and clinical data), and the Spanish versions of the MINI International Neuropsychiatric Interview (DSM-IV criteria) (Sheehan et al., 1997), and the Temperament and Character Inventory (TCI) (Cloninger et al., 1994).

Results: 154 (38.1%) subjects have at least one diagnosis of physical illness. Subjects with physical illness scored significantly higher in: i) temperament scales: harm avoindance (HA) (17.02 vs 15.76, t= -1.968; p= 0.050); fatigability and asthenia (HA4) (3.56 vs 2.82, t= -3.652; p< 0.000), ii) character scales: transpersonal (ST2) (3.91 vs 3.26, t= -2.900; p= 0.004). However, they scored significantly lower in: i) temperament scales: attachment (RD3) (5.18 vs 5.70, t= 2.346; p= 0.019), ii) character scales: responsibility (SD1) (5.57 vs 5.96, t= 1.984; p=0.048); purposeful (SD2) (5.43 vs 5.84, t= 2.092; p= 0.037); cooperativeness (C) (31.52 vs 33.26, t= 3.166; p< 0.000); social acceptance (C1) (6.50 vs 6.89, t= 2.536; p= 0.012); empathy (C2) (4.81 vs 5.18, t= 2.484; p= 0.013); compassion (C4) (7.44 vs 7.94, t= 2.190; p= 0.019); pure-hearted (C5) (6.55 vs 7.06, t= 3.225; p= 0.001). No other significant differences were found between the groups.

Conclusions: Our data suggest that physical illness might influence personality traits in non-psychiatric population.