

A new look at personality and heart attacks

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A new study published in the current issue of *Psychotherapy and Psychosomatics* has addressed the relationship between personality and heart attacks. Distressed (type D) personality (TDP), characterized by high negative affectivity (NA) and social inhibition (SI), along with depression, anxiety and other negative affects (such as demoralization, hopelessness, pessimism and rumination) have been implicated as potential risk factors for coronary artery disease. While some evidence suggests that the NA dimension of TDP overlaps at least partially with depression, other studies underline how 'TDP refers to a chronic, more covert form of distress that is distinct from depression'.

In this study, Authors aimed to clarify whether, among never [depressed patients](#) at their first [acute coronary syndrome](#) (ACS), there is an overlap between the constructs of TDP and [depression](#), evaluating the stability of NA and SI 6 months after the ACS, and their relationship with depressive symptoms. Patients consecutively admitted to the Coronary Intensive Care Unit of the University Hospital of Parma between January 2009 and March 2012 who had their first ACS and no history of major depression (MD) or other psychiatric disorders, were included.

During the follow-up period 30 [patients](#) developed [depressive symptoms](#) (MD: n = 12; minor depression (md): n = 18), whereas 220 subjects maintained a nondepressive condition throughout the study period. At baseline the NA and SI levels were higher in subjects who developed depression than in patients who did not. However, at the baseline evaluation 19 patients without previous depressive episodes already satisfied the criteria for md. Interestingly, at baseline these subjects

showed higher levels of NA and SI than subjects without md. Among patients who developed depression ($n = 30$) HADS scores significantly changed during the 6-month follow-up: both [anxiety and depression](#) scores increased from baseline to the second month of follow-up and then decreased. The same pattern of change was observed for the NA score, whereas the SI score did not vary during follow-up. In nondepressed patients, both HADS depression and anxiety scores and NA score significantly decreased throughout the follow-period, whereas the SI did not change.

In this study, the overlap between depressive psychopathology and NA features is suggested by the course of these two dimensions over time. Indeed, in both depressed and nondepressed patients, NA levels were not stable during the 6-month follow-up, but they changed along with the variation of HADS scores. This finding suggests that the NA dimension is sensitive to mood-state, because its levels increase and decrease according to the fluctuation of severity of depressive and anxious symptoms. This result supports the view that the disposition to experience and report negative emotions (NA) can be sensitive to mood-state. Therefore, the presence of depressive state is crucial when assessing TDP, since NA and anhedonic depression are partially overlapping and co-varying constructs.

More information: Marchesi C, Ossola P, Scagnelli F, Paglia F, Aprile S, Monici A, Tonna M, Conte G, Masini F, De Panfilis C, Ardissino D. Type D Personality in Never Depressed Patients at Their First Acute Coronary Syndrome. *Psychother Psychosom* 2014;83:190-191 ([DOI: 10.1159/000358525](https://doi.org/10.1159/000358525))

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