

PSYCHOLOGICAL DISTRESS AND FUNCTIONAL DISABILITY STATUS IN CHRONIC NEUROLOGICAL DISEASE.

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Purpose: This study aimed to investigate functional disability status (FDS), perceived quality of life (QoL) and psychological distress in three neurological patient populations - motor neuron disease (MND), multiple sclerosis (MS) and post-poliomyelitis syndrome (PPS).

Methods: Cross-sectional design.

Participants: N=50 patients in 3 groups: MND (N=19), PPS (N=14) and MS (N=17). 26 male, 24 female, age range 29-74 years. Patients were recruited through two specialist neurological disability clinics at Beaumont Hospital.

Measures: include a) Hospital Anxiety and Depression Scale (HADS); b) Beck Hopelessness Scale (HS); c) ALS Functional Rating Scale-Revised (ALSFRS); d) Life Orientation Test (LOT); e) Stanford Health Assessment Questionnaire (HAQ) and f) Schedule for Evaluation of Individual Quality of Life-Direct Weighting (SEIQoL-DW). All were administered as part of a semi-structured interview conducted at Beaumont Hospital or at the patient's home.

Results: Data indicated a statistically significant difference in FDS between the MND and other two groups ($p < 0.001$). Mean anxiety and depression were within the normal ranges for all three groups. However, there was a significant difference in levels of hopelessness, MND patients having significantly higher scores ($p < 0.05$). Furthermore, there was no association between FDS and hopelessness. Nor were there group differences in terms of perceived quality of life (QoL) or any association between FDS and perceived QoL.

Conclusions: Severe functional deficits predict neither poor perceived QoL nor psychological distress. Rather, the preponderance of high hopelessness in MND appears to relate to patients' realistic acceptance of their prognosis that does not necessarily predispose them to anxiety and/or depression.

THE RELATIONSHIP BETWEEN PERSONALITY TRAITS AND PSYCHOPHYSIOLOGICAL STRESS PROFILE

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The psychophysiological profile (PPF) is one part of the clinical-psychological evaluation which forms the set of procedures aimed at obtaining a multimodal diagnosis of human behaviour. This study has tried to understand and take a closer look at the relationship between personality traits and some patterns of responses. We can suppose, based on studies presented in literature, that it is possible to trace back to typical neurovegetative response mechanisms in order to determine personality configurations. With this aim in mind, the PPF was carried out. The PPF continually picks up and records different physiological parameters such as, skin conductance, heart rate, muscle tension and peripheral temperature throughout 4 consecutive phases: Adaptation, Baseline, Stress Presentation and Recovery in the meantime the 16-Personality Factors was administered. (form A). 103 people were examined. Recruited among the outpatients of a psychology clinic they presented different psychopathological characteristics which had been previously diagnosed. For statistical analysis, the Breavis-Pearson r coefficient of correlation and the analysis of Variance (ANOVA) were carried out. The significance of the statistics gathered supports and confirms the possibility of tracing relationships between mean values regarding psychophysiological indices, and some stable personality traits measured by the 16PF placing this study in the wide panorama of research which tends to show a connection between physiological response mechanisms and temperamental traits supporting the well-known, though still highly debated, integration of mind and body.

COMORBIDITY OF ALLERGY AND MYOGENIC PAIN IN INPATIENTS WITH DEPRESSION/ANXIETY

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Myogenic pain problems as well as allergic symptoms are found in separate studies to be closely associated with depression. Anxiety problems often precede depression and seem to heighten the risk of chronic depression with poor success in antidepressant therapy. In separate studies we found that such depressed patients with a preceding anxiety disorder and comorbid myogenic pain describe themselves as the subgroup with highest depression. Similar results we found in further studies with allergic depressed patients. Surprisingly there exist no studies, focussing on aetiology of the prevailing number of depressed patients suffering by multimorbidity except anxiety and depression. There exist instead mostly etiologic theories for each disorder alone. Knowing more facets about a supposed common pathway and possible stress-interrelations in a psychophysiological/ endocrine- immunological approach as well as influences of psychosocial factors could improve aetiological knowledge and preventive diagnostic-therapeutic strategies. Having this in background our here described examined hypotheses were (1) depressed patients with allergy in combination with myogenic pain problems describe themselves as most depressed and anxious in comparison to noncomorbid depressed patients. (2) Depressed allergic patients will have in general higher electrodermal activity than depressed patients with myogenic pain.

Out of two large samples of depressed and anxiety patients which we examined over years in a routine experiment we selected age and sex matched depressed patients ($n = 106$) where allergy problems and myogenic pain problems were described in additional questionnaires regarding psychophysiological and psychosocial variables in anxiety, allergy and myogenic pain. Besides measurement of electrodermal parameters (SCL, SFL, Amplitude) patients filled in questionnaires (BDI, STAIG, B-L). Results show that comparing depressed patients without a myogenic pain problem but with and without allergy symptoms don't differentiate in depressive, anxious and bodily complaints but only in electrodermal activity by a significant higher level. Patients with additional myogenic pain problems as well with or without allergy show all significant highest levels in depression anxiety and scores of bodily complaints. Aetiological aspects and implications for preventive therapeutic strategies in health promotion will be discussed.

ALEXITHYMIA AND MYOCARDIAL INFARCTION

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Alexithymia has been associated with a variety of diseases, as well as sociodemographic characteristics such as the male gender, old age and low socio-economic level (Waldstein, et al. 2002). In a recent investigation the same authors found out that alexithymia in older adults was associated with some psychosocial characteristics that may predispose to cardiovascular disease, although there was no relation with biomedical risk factors, such as high cholesterol levels, hypertension and obesity.

Our study addressed the level of alexithymia, by comparing two different groups of adult middle age males, the first with cardiovascular disease (post myocardial infarction) and the second composed by healthy males. These two groups had an identical socio-economic-level and age.

The instruments used were the Portuguese version of Toronto Alexithymia Scale (TAS) of 20 items (Prazeres, Parker & Taylor, 1998), as well as a short version developed by Torres and Guerra (2001) to assess alexithymia which has been shown in a previous study to have a high correlation with the TAS (Torres, Guerra & Lencastre, 2002).

These results will be discussed, highlighting the importance of psychological intervention in the underlying alexithymic tendency of the male patients with cardiovascular disease, stressing that the participants are middle aged men and not an old age group, in which the presence of alexithymia has been mostly associated.