

The Relationship between Personality Traits and Anxiety Disorders with Depression in Patients with MS

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Review Article

Abstract

MS is due to sudden appearance of young man, no cure causes stress, anxiety and depression, anxiety disorders helpful to study relationship between personality traits of depression in MS patients. 80 people with convenience sampling method were selected. Tools include NEO Personality Inventory and DASS-21. Stepwise multiple regression and Pearson were used for data analysis. These findings indicate that neuroticism is loaded into 0.268, extraversion is loaded into 0.285, flexibility is loaded into 0.295 and pleasant with 0.241 at level of 0.05 depressions in patients with MS is significant. The results showed (neuroticism) correlated with depression, (extraversion, flexibility and chunky) is not associated with conscientiousness. There is direct relationship between anxiety and depression. Neuroticism is inversely related with anxiety and negative correlation Agreeableness, and Conscientiousness flexibility.

Keywords: Multiple sclerosis; Anxiety; Depression.

1. Introduction

Multiple Sclerosis is autoimmune disorder in which immune system attacks its own body to central nervous system and cause demyelination it. MS impaired ability to communicate between nerve cells in brain and spinal cord. These cells send signals called action potentials through long nerve fibers (axons) that are linked to myelin per pod. Multiple sclerosis that briefly called MS is chronic disease of central nervous system (brain and spinal cord). Multiple Sclerosis (MS) is one of most common neurological disorders that affect approximately 30,000 patients in the United States and the highest incidence among young adults [1].

Cope with life-threatening or potentially disabling illness or injury, may require much effort. Many patients are able to do and keep track of quest for individual life and interpersonal compatibility and not confront them in serious changes. Among these changes character creates psychological disorders such as anxiety and depression [2].

In these progressive neurodegenerative disease patients as well as other people who are expected to personality changes [3]. Relief is being called field of immunology neuropsychiatric to examine this issues how psychological factors altered the immune system and finally how disease increases basic findings these include personality, behavior and emotional and cognitive all can increase change body's immune response and risk of these diseases (MS) as well as psychological factors can be especially hostility and cynicism risk of heart disease, infectious diseases, allergies, autoimmune diseases, cancer and even death [4].

Personality characteristics directly or indirectly can affect health and disease. Major characteristics of character may be caused by disease processes. Personality traits may lead to unhealthy behaviors. Characters may directly affect the physiological mechanisms of disease.

A third variable may underlie biological and disease relationship. Some causes of feedback loop may be about personalities and effective disease [5].

Psychosomatic disorders are physical disorders that affect midcore in worst state of mind caused by these diseases diagnostic tips of DSMIV-IR's component of cognitive factors affecting diagnostic classification and diagnostic criteria of physical ills have been grouped as follows;

This recognition is prescribed for person who is known (1) illness and (2) how adverse psychological factors on physical illness put in one of several ways following adverse impact. (1) There is close relationship between psychological factors and physical illness, or disease worsening delays in recovering it.

- (2) Psychological factors bring greater risk to health.
- (3) Psychological factors in treatment of physical illnesses cause interference.
- (4) Physical responses related to stress, physical symptoms are caused or worsened.

According to the World Health Organization in 2004 about 450 million people worldwide suffer from psychological disorders and behavior. This means that for every person in course of life will be affected to few mental disorders and as we know, root of all illness is stress and anxiety. MS is chronic disease. MS is chronic and progressive neurological disease that affects central nervous system. It is thought that disease has affected more than 5.2 million people worldwide and approximately 400,000 people are currently living with disease in America [6].

The study may be noted necessity due to physical disability due to MS, depression and anxiety in these patients' increases and the study of personality traits such as anxiety and depression helped them to cope better with illness. The importance of this study can be noted in 6 sections.

1. Statistics showed growing incidence of MS is currently in Tehran in Iranian nearly 30,000 people are diagnosed with multiple sclerosis [7].
2. Occurrence of MS at young age, age group between 15 and 40 years of age that is sensitive to live conditions.
3. Disability and loss of employment-age youth with this disability ill patient and their families and society makes patients and their families.
4. Problems and psychological damage that it suffered one after diagnosis of MS such as denial, depression and anxiety and psychological damage individuals, families and society makes individual patient.
5. The high costs of treatment, drugs that prevent disease progression and secondary effects of disease control and cure diseases and injuries are costs to families and society's economy.
6. Much research has been done on relationship between depression and MS but research has about personality traits that cause intolerable latest environmental stressors and its effect is not on depression and anxiety.

Emergency response enter autonomous nervous system response to stress theory, he believed that general adaptation syndrome is nonspecific. So that stress reaction to range of disturbing events (i.e., events and environmental stimuli of any kind were disturbing patients responded to same psychological pressure and symptoms were similar regardless of the problems of patients anorexia, muscle weakness and signs were uninterested in world such as this believed that when person is under stress [8]. After the general adaptation syndrome in three stages: 1. Alarm reaction (fight) 2. Resistance 3. Burnout and alerts person with illness or death. Changes in psychological characteristics of people with MS in addition to that may be caused by neurological changes in brain structure are created. MS may be caused by the multiplicity of challenges as the physical and psychological well-being stressful factors create.

Patients with Multiple Sclerosis have unpleasant symptoms and unpredictable, difficult treatment programs, drug side effects, and increasing physical disability experiences. In addition, people with multiple sclerosis with psycho-social consequences of this failure patients, life goals, career, money, relationships, leisure activities, and activities of daily life faced. So aim of this paper was to investigate relationship between personality traits and anxiety disorders with depression in patients with MS.

2. Methods

This research is descriptive-correlation.

2.1. Statistical population

Our research at the MS Society in Tehran Iran and medical offices specializing in Tehran pelvic pain diagnosis was confirmed by neurologist.

Aged 17-60 years and was orally informed consent to participate in clinical interview and were living in Tehran that sampling was done by convenience sampling which was chosen at least cycle.

2.2. Sampling and sample size

Sometimes, random sampling is difficult and even impossible in some cases. In such circumstances, due to particular circumstances of patients referred from all of classes held by the MS Society questionnaires were completed and due to small sample size referred to private clinics and complete questionnaires. For study, local MS society of people who were between 17 and 60 years were studied. More than 100 people were interviewed, some of whom filed incomplete questionnaires to 80 fully completed questionnaires. Interview was during 6 months of the project based on the schedule for all eligible people.

2.3. Tools

NEO-FFI

The Persian adaptation of the questionnaire was started in 1999 by grateful. After preliminary review of scope and its implementation on groups of patients referred to clinic psychology of individuals without inconvenient (about the mental nerve) final form was prepared and then on randomly selected sample standardization of standardization in Shiraz city was released in 2000. Neo test vehicle for assessing normal personality traits that have clinical or clinical and research applications well and appropriately in position.

In one study, psychometric properties of the widespread use of NEO-Five Factor Inventory in group of 419 people studied in patients with MS. Their goal was to determine whether NEO Five-Factor Inventory in this society was reliable and valid. Results of research, proper assessment of internal consistency, construct validity of their solidarity informative, showed that application of

questionnaires for patients with MS. Acceptable validity of the Persian version is as follows: alpha coefficient for the main factors, respectively (85% neuroticism, extraversion 72%, of openness to experience 42%, agreeableness 59%, and 75% to consciousness as well as Cronbach's alpha for this five respectively 60%, 79%, 57%, 60%, 76%, 32% is obtained.

Inventory DASS-21

This scale was created in 1995 by Laiband. Depression, anxiety and stress into both measures simultaneously. The scale consists of 21 questions, seven questions depression, anxiety 7 questions and 7 questions. Each question measures Rami stress, emotional show in person. After reading the question should be subject to an option that includes no, low, high and very high mark based on feeling last week. Scores range from zero to three.

In this way, an option at all has zero score; option of a lot of has three scores.

The sum of scores for each criterion is obtained a raw score. Then scores should be multiplied by two and according to exist scale becomes clear that rates of depression, anxiety and stress are one of the ranges. The three subscale scores table in 5 normal ranges, mild, moderate, severe and very severe classified. In each subscale lowest score zero and maximum score is 42.

In this study, patient demographic information including age, sex, and education level is obtained. The data in table, descriptive statistics for analysis of statistical analysis (Pearson correlation and multivariable stepwise regression) were used in SPSS.

3. Results

According to data in above Table 1 there is significant relationship between personality traits with depression, so null hypothesis (no relationship

between two variables) rejected and the research hypothesis (the relationship between two variables) is confirmed. In other words, between personality traits of extraversion, agreeableness flexibility is significant negative relationship between depression and personality traits of neuroticism positively and significantly correlated with anxiety disorder. Also according to data above there is relationship between anxiety disorders and depression, so null hypothesis (no relationship between two variables) rejected and research hypothesis (relationship between two variables) is confirmed. In other words, there is positive and significant relationship between anxiety disorders and depression. In other words, the rate of anxiety is higher in the sample; they will be added on depression and vice versa.

In Table 2 the results of regression analysis showed that regression component of components of personality traits significantly predict depression and anxiety disorders and these components explain part of variance in depression. In other words, this result shows that the regression coefficients are significant and there is insufficient evidence to support hypothesis. In other words there is significant relationship between components of personality traits, anxiety disorder with depression.

According to the R^2 in above Table 3 it can be concluded that generalized anxiety disorder in the first step explains about 21% of variance in depression. Beta value model suggests that variance predictor variables on criterion. Beta value model suggests that variance between is criterion variable. According to same standard beta coefficients and explain the most important role on anxiety disorder is depression, anxiety disorder so that with each unit variations in the size 0.459. Depression caused change in score variance. In the second step of regression of personality traits of extraversion scale models and with about 25.7% of the variance in depression, anxiety disorder explains. In this step with introduction of extraversion to regression model, explanation of variance in depression anxiety

Table 1. The results of Pearson correlation coefficients of the relationship between personality traits and anxiety disorders with depression.

Variables	1	2	3	4	5	6
1 Neuroticism	1					
2 Extraversion	-0.255*	1				
3 Agreeableness	-0.083	0.171	1	1		
4 flexibility	-0.345**	0.424*	*	0.108	.232*	
5 Conscientiousness	-0.245*	0.448*	*	0.050	-.230*	1
6 Anxiety	0.268*	-0.158	-	0.338*	-.295**	-0.237*
7 Depression	0.326**	-	0.285*	-	0.241*	-0.084
						0.459*
						1

Table 2. Results of stepwise multiple regression analysis of the personality traits of depression and anxiety disorders.

Sources of changes	Sum of squares	df	Mean of square	F	Sig.
Regression	432.002	1	432.002	20.772	0.000 ^a
Residual	1622.198	78	20.797		
Total	2054.200	79			
Regression	526.922	2	263.461	13.283	0.000 ^b
Residual	1527.278	77	19.835		
Total	2054.200	79			

Table 3. The results of multiple regression coefficients of the components of the personality traits of depression and anxiety disorders.

The criterion variable		Non-standardized coefficients				
Depression	Predictor variable	B	Coefficients of non-standard	Beta	T	Sig
1	Fixed effect	2.808	1.023		2.745	0.008
	Anxiety Disorder	0.668	0.147	0.459	4.558	0.000
		9.414	3.181		2.960	0.004
2	The effects of Anxiety Disorder	0.618	0.145	0.424	4.263	0.000
	Introversion	-0.156	0.071	-0.218	-2.188	0.032
1	R		0.459		R ²	0.210

disorder is reduced 0.424 and -0.218 of variance of depression of the extraversion variable. Other components of personality traits has no significant role in predicting depression, were excluded from the model.

4. Discussion and Conclusion

As a result, trait is the most complex psychological concept which does not form in vacuum and family is primary and most important role with regard to formation of complex of environmental and genetic factors might be concluded that lives of patients sclerosis (MS), managing anxiety and depression, as well as important factors in creation, persistence, learning and extent and severity of relapses involved should be investigated. MS patients suffer a lot of anxiety and stress; according to findings of this study are that patients experience less stress and anxiety. It is necessary to plan and prevent recurrence of disease occur. Primary prevention includes measures that can be done to avoid illness or injury. Secondary prevention includes measures to detect and treat patients with injuries done in early stages. Tertiary prevention, including measures that are caused slow or inhibit injury, disability prevention and rehabilitation [9]. Personality and character formation in family, parenting styles (permissive, hegemonic or assertive), child's attachment styles (secure, insecure, avoidant or ambivalent), the formation of self-esteem, assertiveness, problem solving, etc. that can shape person's character, primary prevention is most important way to prevent entirely responsibility of parent's responsibility. But person with disease after doctor, expertise and practical skills, human

and relationship, person's compassion and empathy, encounter medical staff (nurses, auxiliary nurses and insurance employees, workers and even secretaries physicians and staff the reception). This is where role of secondary prevention and diagnosis of right or wrong, or late for early detection of disease, answering patient questions with simple and understandable language without the use of heavy jargon and without conveying feeling of ignorance and stress, reduce stress, anxiety they are very important and if person gets logical answer to them sense of mastery and control over disease principles gives peace of mind is very important. Tertiary prevention includes financial support from insurance, training, physiotherapy and occupational therapy and social support for patients.

The study was limited to Tehran's location and therefore not be generalizable to other cities. MS patients aged 17-60 years and are applicable to teenagers and elderly. Referring to the MS Society were repeated after a few meeting and had to go to doctor. Another problem many research questions in questionnaire causing disease were tired and were not able to write because of physical disability. People in two different groups of people wealthy and middle-class Euro was down and this may affect their depression. Given that in this study there was significant relationship between neuroticism and depression, it is recommended to reduce depression in patients of group therapy classes used.

As well as a pleasant personality traits in patients with MS is inversely related to depression and increase self-esteem which can be achieved by increasing

self-esteem and self-friendliness, pleasant and depression among patients increased to them.

In chronic diseases, including multiple sclerosis increases anxiety can be psychological treatments to reduce anxiety. Since relationship between anxiety and depression were obtained by examining its effect on decreasing anxiety and depression in patients with MS can be explored.

Depression and anxiety are four types of MS should be considered separately (benign, remitting - relapsing, - progressive, progressive-primary).

Other mood disorders and in patients with MS and its relationship with personality traits studied in patients with MS. Anxiety and depression in hospitalized patients in hospitals and disability mobility.

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