

Abnormal Personality Patterns and Their Clinical Symptoms in Psychiatric Patients and those Diagnosed both Psychiatric and Substance Use Disorders

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Abstract

This research aimed to compare abnormal personality patterns and clinical symptoms of patients with psychiatric disorders and patients with a comorbid diagnosis of psychiatric disorders and substance use disorders. A post-hoc-comparative approach was applied to 200 convenient samples, per group of 100 participants. The samples were chosen from patients admitted to psychiatric hospitals in Tehran. To collect the data, demographic information questionnaire, Millon Clinical Multiaxial Inventory III (MCMI-III). Mental Status Examination based on DSM-V criteria were applied. The results which were analyzed by Multivariate Analysis of Variance showed a meaningful difference between the two groups in terms of abnormal personality patterns and Millon's Clinical Symptoms. According to the findings, considering this dimension of disorders can lead to choosing a more comprehensive treatment approach.

Keywords: Abnormal personality patterns, clinical symptoms, psychiatric \ substance use disorder

Introduction

Undoubtedly, a person suffering from a mental disorder will have many unpleasant consequences for him. These consequences reach their peak when a person has two or more mental disorders at the same time. In this regard, studies have shown that people with dual diagnoses have more severe problems and are more resistant to treatment compared to people with a single disorder. Also, compared to people with a mental disorder, they are at greater risk of suicidal thoughts, attempted suicide, interpersonal violence, and hospitalization (Leo, et al., 2020). One of the disorders that have a high coexistence with other mental disorders is substance abuse disorder. In hospitalized psychiatric patients, substance use disorder has been proposed as a significant coexisting disorder; The most common comorbid disorders with substance use disorder include psychotic, mood, anxiety disorders, antisocial personality disorder, and borderline personality disorder (Hunt, et al., 2020). According to the previous research, to investigate how the abnormal characteristics and symptoms related to those disorders are related to the simultaneous suffering from drug use and psychiatric disorders; Two hypotheses can be proposed: 1- Patients with a psychiatric disorder and patients with a simultaneous diagnosis of psychiatric disorder and substance use disorder are different from each other in terms of abnormal personality patterns. 2- Patients with a psychiatric disorder

and patients with a simultaneous diagnosis of psychiatric disorder and substance use disorder differ from each other in terms of clinical symptoms.

Method

A comparative-post-hoc design was used in this research. The statistical population includes all patients hospitalized in psychiatric hospitals in Tehran in 2017-2018. Through available sampling, we assigned 200 patients to the two groups of psychiatric disorder and, psychiatric disorder with substance use disorder (100 per group). Inclusion criteria for the sample were at least 18 years old, with 8 literacy grades, and the cooperation and consent for participation. After the implementation of the Millon test, the results were examined and only people who scored 60 or above on at least one of the scales of clinical syndromes or personality patterns entered the statistical analysis. The data were analyzed by multivariate analysis of variance test (MANOVA).

Tools

Demographic Information Questionnaire: Includes information on age, marital status, educational level, and employment status. The studied sample included only men with the disease.

Millon's Multiaxial Clinical Questionnaire (MCMI-III): The 175 items are scored under 28 separate scales and based on the following classifications: variability indices, clinical personality patterns, severe personality pathology, clinical symptoms, and severe symptoms. The validity of this test was measured using the internal consistency method by Millon and his colleagues, and its value was 0.78. The reliabilities of the questionnaire were obtained using Cronbach's alpha method of 0.82-0.96 and using the test-retest method, it was obtained for the non-patient group at 0.79-0.97 and for the patient group at 0.61-0.79 (Marnat, 2016). Sarabi and Sadeghi (2019), reported the reliabilities of MCMI-III scales, according to Cronbach's alpha method, were 0.55-0.94.

Results

The results of the Chi-square test showed that there was no significant difference between the two groups regarding the demographic indicators. In general, as in table 1., the results of examining the variable effect of two groups of substance use disorder and psychiatric disorder using Wilks's lambda on the linear combination of Millon's syndrome subscales indicate the existence of a significant effect of the group ($F(27, 65)=32.88$ and $P < 0.001$ and $\eta^2=0.843$).

Table 1: Effectiveness of linear combination of Millon's syndrome subscales of the independent variable

	Value	F	Hypothesis df	Error df	Sig	Partial Eta Squared
Wilks's lambda	0.157	32.889	27	165	0.000	0.843

The results of MANOVA test in table 2. show that there are differences between the two groups with Millon's personality dimensions. In the group with psychiatric disorder combined with substance use disorder, scores of depressed, antisocial, aggressive, passive-aggressive, self-defeating, borderline, and clinical symptoms such as anxiety, somatic symptoms, bipolar (mania), depression, alcohol dependence, dependence regarding substances, post-traumatic stress, thought disorder, and major depression were higher than the group with psychiatric disorder, and in the group with a psychiatric disorder, the scores of obsessive-compulsive and paranoid personality pattern were higher than the group with psychiatric disorder combined with substance use disorder. The findings of the research showed that there is a significant difference between the two groups in most dimensions of clinical symptoms and personality patterns, therefore, the research hypotheses were confirmed.

Table 2: The results of MANOVA of Millon's personality syndrome in two groups of substance use disorder and psychiatric disorder.

Dependent variables	Mean Square	F (df =1)	sig	Effet size (%)
Depressive personality pattern	5685.76	8.55	0.00	4
Antisocial personality pattern	12824.89	35.26	0.00	15
Aggressive personality pattern	2360.77	6.75	0.01	3
Compulsive personality pattern	9405.45	15.04	0.00	7
Negativistic personality pattern	2545.11	6.15	0.01	3
Self-defeating personality pattern	3548.57	9.60	0.01	4
Pathology of borderline personality	4367.50	12.41	0.00	6
Pathology of paranoid personality	2043.32	5.09	0.02	2
Clinical symptom of anxiety	8053.02	15.84	0.00	7
Clinical symptom of somatoform	15051.02	41.02	0.00	17
Clinical symptom of bipolar	8295.97	13.68	0.00	6
Clinical symptom of dysthymia	5124.65	14.20	0.00	6
Clinical symptom of alcohol dependence	10785.34	28.33	0.00	12
Clinical symptom of drug dependence	66331.16	20.25	0.00	51
Clinical symptom of post-traumatic stress	4946.15	7.69	0.00	3
Severe thought disorder symptom	5200.87	14.21	0.00	6
Severe Major depression symptom	8303.01	16.28	0.00	7

Discussion and Conclusion

The findings of the present study show the important role of abnormal personality patterns and clinical symptoms in the simultaneous suffering of mental disorder and substance use disorder. More accuracy in the findings shows that mood problems such as depression, mania, in addition to cluster B personality disorders, whose main feature is intense expression of emotions and emotional instability, play a stronger

role in the simultaneous suffering of mental disorder and substance use disorder. Therefore, these results can be used for more accurate clinical differentiation of each group and selection of more specific treatment protocols. The present study was conducted on a small sample due to the limited access to people with substance use disorder, so the generalization of the results of this research should be done with caution. The present study can be done on the samples of women and more individuals.

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Conflicts of interest

The authors did not declare a conflict of interest.



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