

DUAL PATIENTS WITH MAJOR DEPRESSION EXHIBIT HIGHER NEUROTICISM-ANXIETY AND IMPULSIVITY THAN SUBSTANCE USE DISORDER PATIENTS WITHOUT COMORBIDITY

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Educational Objectives: At the conclusion of this presentation, the participants should be able to identify the different personality profile of dual patients with comorbid depression (SUD-MDD) and without comorbidity (SUD), as well as the personality characteristics of ambulatory and therapeutic community patients according to the alternative five factor model.

Purpose: This study aims to examine the personality characteristics, using the alternative five factor model, in SUD and SUD-MDD male patients under ambulatory and therapeutic community treatment.

Methods: A total sample of 48 SUD and 48 SUD-MDD patients (each group composed by 24 therapeutic community and 24 ambulatory treatment patients) were assessed through the Zuckerman-Kuhlman Personality Questionnaire.

Results: Different personality characteristics were observed in function of diagnosis and the type of treatment. SUD-MDD patients scored higher in Neuroticism-Anxiety and Impulsivity, and lower in Work Effort, as compared to SUD ($p < .031$; $\eta_p^2 < .100$, in all cases). Therapeutic community patients scored higher than ambulatory ones in Activity and General Activity ($p < .027$, $\eta_p^2 < .062$, in all cases). No interactive effect between diagnosis and type of treatment was found. Moreover, recoding our data into T scores allowed us to observe, only in the SUD-MDD group, high Neuroticism-Anxiety scores.

Conclusions: SUD-MDD patients exhibited a higher tendency to be worried, sensitive to criticism, lack of self-confidence, impulsive and inactive as well as to have a low energy level, as compared to SUD group. These personality characteristics should be taken in account during the treatment as they can hamper the recovery process and may increase the relapse risk. On the other hand, although the therapeutic community patients have shown a higher level of activity than ambulatory ones, this difference may be influenced by the characteristics of the therapeutic community treatment.

Acknowledgements: Spanish Ministry of Economy and Competitiveness (PSI2012-32669 and PSI2015-65026).