

What is the meaning of associations between personality traits and anxiety and depressive disorders?

Qual é o significado das associações entre as características da personalidade e os distúrbios de ansiedade e depressivo?

In this issue, Freire et al. present data on personality traits in patients with acute panic disorder, major depressive disorder, or both conditions, as well as controls.¹ The mean neuroticism scores in each of the 3 patient groups were higher than that of the control group, and comorbidity was associated with particularly high neuroticism. In addition, the mean extraversion scores were lower in 2 of the 3 patient groups than that of the control group, and comorbidity was associated with particularly low extraversion [notably, though, the controls here were younger than the patients, and there was a statistically significant relationship between extraversion and age (older subjects were less extraverted)]. The authors construe their results in terms of a spectrum of difficulties with common personality attributes.

Freire et al. highlight an important area of research that has implications for clinical practice and prevention. However, it is quite difficult to accept a simple overarching explanation for results like those presented by Freire et al.¹ As noted by the authors, there are multiple ways in which personality traits seem to relate to anxiety and depressive disorders.²⁻³ For example, there are a growing number of longitudinal studies that suggest that high neuroticism is a “risk factor” for a variety of anxiety and depressive disorders, in that neuroticism at baseline predicts subsequent first onset of these psychiatric conditions. Secondly, a number of studies suggest that acute states of anxiety or depression affect the measurement of long-standing personality traits. Thirdly, personality traits and anxiety and depressive disorders may be influenced by the same genetic and environmental risk factors. A study by Kendler et al. stands out as an exemplar of causal research on personality traits and Axis I conditions.⁴ These authors found that 1) baseline neuroticism predicted onset of major depression over the following year (neuroticism appeared to be a “risk factor”); 2) neuroticism increased substantially in subjects who were acutely depressed at follow-up (there appeared to be “state” effects of depression on neuroticism measures); and 3) neuroticism was also increased in subjects who had developed depression but were not acutely ill at follow-up (there appeared to be at least short-term “scar” effects of recent depression on neuroticism measures). Further, the subjects in this study were twins, and the authors found evidence of genetic overlap between neuroticism and major depression (i.e., some of the same genetic factors appeared to affect both neuroticism and major depression – consistent with the genetic spectrum concept). Finally, Kendler et al. were able to address an interesting question: “Does neuroticism represent an inherited ‘true’ risk factor for major depression (a true causal factor), or does neuroticism merely reflect an inherited vulnerability to major depression?” Model-fitting results suggested that that the latter was the case; i.e., high neuroticism appears to be a sort of marker for genetic vulnerability to depression. This finding is somewhat at odds with most people’s understanding of neuroticism as a true vulnerability factor. Unfortunately, the relationships between personality traits and anxiety disorders have not been studied nearly as systematically.²⁻³ Nevertheless, the current literature suggests that 1) high neuroticism predicts later onset of anxiety disorders, 2) current panic may confound personality measurements, and 3) high neuroticism (and, in some

conditions, low extraversion) “run in” families of patients with anxiety disorders.

Determining precisely how personality traits relate to anxiety and depressive disorders may be more of an academic exercise than the field really needs, however. More clinically relevant is whether or not early intervention in persons with high neuroticism (and/or, perhaps, low extraversion) will be effective in preventing future pain and disability associated with anxiety and depressive disorders. Up to now, there are very few such studies [with notable exceptions; see, e.g.,⁵]. One might expect that cognitive-behavioral interventions will be helpful in primary or secondary prevention, perhaps years before full-blown anxiety or depressive disorders would be expected to develop. It would be good to see more prevention research. In the meantime, cross-sectional and longitudinal observational research will continue to inform the field regarding which personality traits might be relevant.

O Joseph Bienvenu

Department of Psychiatry and Behavioral Sciences,
Johns Hopkins University, Baltimore, Maryland, USA

Financing: Dr. Bienvenu is supported by National Institute of Mental Health grant # K23 MH064543.
Conflict of interests: None

References

1. Freire RC, Lopes FL, Veras AB, Valença AM, Mezzasalma MA, Nascimento I, Nardi AE. Personality traits spectrum in panic disorder and major depression. *Rev Bras Psiquiatr.* 2007;29(1):31-4.
2. Bienvenu OJ, Stein MB. Personality and anxiety disorders: a review. *J Personal Disord.* 2003;17(2):139-51.
3. Brandes M, Bienvenu OJ. Personality and anxiety disorders. *Curr Psychiatry Rep.* 2006;8(4):263-9.
4. Kendler KS, Neale MC, Kessler RC, Heath AC, Eaves LJ. A longitudinal twin study of personality and major depression in women. *Arch Gen Psychiatry.* 1993;50(11):853-62.
5. Rapee RM, Kennedy S, Ingram M, Edwards S, Sweeney L. Prevention and early intervention of anxiety disorders in inhibited preschool children. *J Consult Clin Psychol.* 2005;73(3):488-97.