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“I want it all, I want it all, I want it all, and I want it now!” Is higher impulsivity associated with higher satisfaction with life?

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Impulsive behavior – when a person acts without considering the consequences of their behavior – is a core feature of several psychiatric disorders.¹ Most people, intuitively, associate the satisfaction of immediate desires with a sense of well-being, especially in contemporary

society.² In common sense, immediate rewards are considered particularly advantageous to the person and others in their social life.² This image is deeply reinforced by culture and media, especially towards young people, who are already more impulsive and prone to risk-taking behavior.¹

There is an implicit association between satisfying an immediate desire and happiness or satisfaction. Happiness has long been studied by different areas of knowledge, and many types of research have tried to define this construct. No consensus has been reached; however, researchers agree that subjective well-being is essential to happiness and satisfaction with life. The latter is defined as a “global assessment of a person’s quality of life according to his chosen criteria.”³ It is a subjective measure, which does not rely on objective factors or indicators, but only on the subject’s own perception.

Empirical studies consistently show an association between impulsivity and several adverse outcomes in daily life, including worse mental health and reduced overall psychosocial functioning.¹ However, if the satisfaction of immediate needs is associated with higher satisfaction of life – an entirely subjective measure – measures of well-being may show a positive association with impulsivity.

To test this hypothesis, we investigated the correlation between impulsivity and satisfaction with life in a sample of 538 Brazilian adults (381 women; mean age 28 ± 10 years), recruited via an online survey. The local ethics board approved all procedures. The sample size allowed the detection of large, moderate, or small correlations with 99% power. We evaluated participants with the abbreviated version of the Barratt Impulsiveness Scale (ABIS-11),⁴ a measure of impulsivity, and the Satisfaction with Life Scale,³ one of the most widely used scales for this purpose. Higher scores in the impulsivity scale indicate poor impulse control, while higher scores in the life satisfaction scale indicate greater well-being.

Figure 1 shows the Pearson correlation between the two measures. We found a moderate negative correlation between impulsivity and satisfaction with life ($r = -0.469$, $p < 0.001$, $R^2 = 0.22$), suggesting that more impulsive people reported lower well-being. We repeated the analysis using partial correlations controlling for confounding factors (age, sex, socioeconomic status, non-psychotic psychiatric symptoms, history of psychiatric disorders, current use of psychotropic medication, and personality factors – neuroticism, extraversion, openness, agreeableness, and conscientiousness). The correlation remained significant, although the effect size was smaller ($r = -0.301$, $p < 0.001$, $R^2 = 0.09$).

People who exhibit higher impulsive behavior tend to satisfy their immediate desires and expect higher life satisfaction. However, as seen in our data, higher self-control is associated with better satisfaction with life, at least in a cross-sectional design, although this finding is usually corroborated in prospective studies.⁵ These results suggest that immediate rewards (or high impulsivity) may not be associated with increased well-being overall.

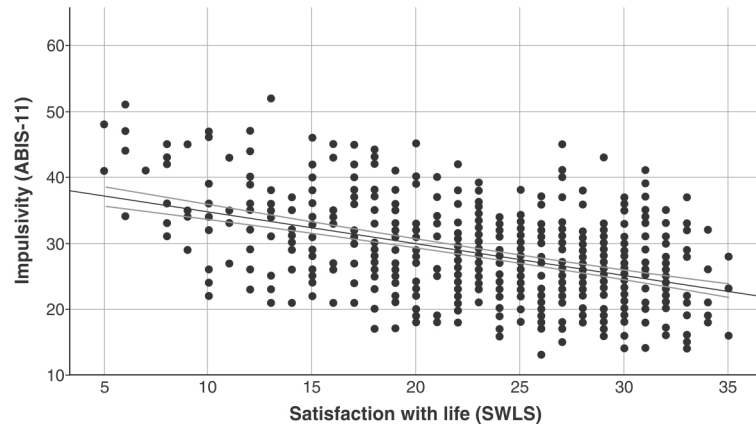





Figure 1 Pearson correlation between impulsivity and satisfaction with life ($r = -0.469$, $p < 0.001$). ABIS-11 = Abbreviated Barratt Impulsiveness Scale 11; SWLS = Satisfaction with Life Scale.

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Catatonia – not only a schizophrenia subtype: a case report of Wilson's disease

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Catatonia is a psychomotor syndrome first described by Kahlbaum, who acknowledged psychiatric, neurologic, and general medical etiologies.¹ Under the influence of Kraepelin, catatonia was considered a schizophrenia subtype for many years. The DSM-5 described catatonia across the manual, regardless of associated conditions.² Wilson's disease (WD) is a genetic condition that causes copper to accumulate in several organs. Approximately 20% of patients present with behavioral symptoms at disease onset. Psychotic phenomena and catatonia are rare,^{3,4} but may occur due to copper accumulating in the brain.⁵⁻⁷

A 24-year-old single man was referred to the psychiatric ward of the hospital of Universidade Federal de Pernambuco due to reports of unusual and refractory depression. Two years before admission, the patient developed insomnia and refused food. During the first year, he still interacted with friends and family. After 6 months, he isolated himself, became mute, and developed self-injurious behavior. He was taken to a primary care service where escitalopram 20 mg/day, levomepromazine 25 mg/day, clonazepam 2 mg/day, and lithium carbonate 300 mg/day were prescribed. Twenty months after the initial onset of symptoms, he had significant impairment in activities of daily living, reduced mobility, repetitive masticatory movements, mutism, and posturing. The patient had no