The temperaments and their relevance to bipolar spectrum disorders

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Abstract

Temperament is a key factor when assessing a patient within the bipolar spectrum. Indeed, Akiskal and others have included the temperaments as conditions in their own right within the bipolar spectrum, describing them as 'soft' forms of bipolar condition within the spectrum. They can develop over time into a more clear bipolar condition, and hence are important in early diagnosis. In this article, the importance of the temperaments is discussed, and a technique is described for identifying the temperaments of individual patients.

Key words: bipolar spectrum, temperaments, early diagnosis.

Bipolar disorder can be considered a real chrono-pathology, in which there is a recurrent switch/shift of mood balance. [Akiskal et al, 1996] . Depression and mania are not only successive conditions, depression and mania are both successive and simultaneous conditions [Rhimer et al, 2009]. Bipolar spectrum disorders (BSD), including sub-threshold forms, are much more common than previously thought [Tavormina et al, 2007]. In order to diagnose BSD correctly, it is important to know the patient's premorbid personality and past history: it is crucial to know the longitudinal history and the full family history. One major contribution by Akiskal [Akiskal 1989] to the assessment of patients in the bipolar spectrum is the identification of the underlying temperament as a condition in its own right within the bipolar spectrum, described as a 'soft' form of bipolar condition within the spectrum. An observational study of the diagnosis of 423 consecutive new patients over a period of four years led to the main observation of a high percentage of bipolar spectrum diagnosis [Tavormina 2009]. This has suggested a new classification of "the bipolar spectrum" (ten sub-types of bipolar spectrum mood disorders); these sub-types also include the temperaments, even if they are only sub-clinical aspects of the bipolar spectrum. The temperaments are continuous presentations of the character's mood-peculiarities, and also are subthreshold (subclinical) forms of the bipolar spectrum [Tavormina 2009]. Every patient with BSD already presented in their personal history of the illness subclinical evidence of one temperament (the evidence of this study was: hyperthymic temperament 35%, cyclothymic temperament 49%, depressive temperament 16%).

Following this classification, the following are the main temperaments within the bipolar spectrum.

Depressive Temperament

The following are the characteristics of a patient with this temperament: gloomy, humourless and incapable of fun, tending to worry, with frequent pessimistic cognitions, introverted, passive and lethargic, tending habitually to sleep long hours [more than 9 hours of sleep] or suffering from intermittent insomnia, constantly preoccupied with inadequacy, failure, or negative events, tending to be sceptical, self-critical, overcritical, complaining or prone to guilt.

Hyperthymic Temperament

The following are the characteristics of a patient with this temperament : cheerful, tending to overoptimism and exuberance, demonstrating mental overactivity, tending to be overtalkative, warm, extrovert, people seeking, overconfident, self-assured, tending to boastfulness or grandiosity, a habitually short sleeper [less than 6 hours of sleep], including weekends, having a high energy

level, tending to be full of plans and improvident activities, tending to be overinvolved, uninhibited, stimulus seeking, or promiscuous.

Cyclothymic - irritable Temperament

Main symptoms: biphasic dysregulation characterised by slight endoreactive shifts from one phase to the other, each phase lasting for a few days at a time, with infrequent euthymia; mental overactivity, insomnia or bad quality of sleep, somatization.

Softly- unstable Temperament

This is a "soft cyclothymic temperament", characterised by: vague and fluctuating uneasiness, mood instability but of low grade, anxious traits, trait-state overlap.

All the temperaments may develop over time into a more clear bipolar picture.
Whereas the other three temperaments had been described by Akiskal [Akiskal 1989], the softly unstable temperament has been first described by our group, based on our clinical observations. When this temperament develops to threshold forms of bipolar disorder, it presents a better prognosis than cyclothymic temperament development [Tavormina 2009].

Here we describe a technique for establishing the particular temperament which a particular patient may display.

It is essential then to bring out the characteristic temperament of the patient from the beginning of his history of mood disorder, starting from the time that he was about 20 years of age. In patients who are very young, this must be done with great clinical care.

In order to do this it is necessary to ask the patient a question with 3 choices: "Could it be considered that, at the age of about 20 years, you were a person of very lively character-hyperactive and extremely cheerful ... ", or "a person who always tended to be tense and irritable ... ", or "a person always tended to be taciturn, solitary and melancholy ... ".

The aim of this question is to identify by a positive response to the first choice a "hyperthymic temperament ", a positive response to the second choice a "cyclothymic temperament" or a positive response to the third choice a "dysthymic-depressive temperament".

The subthreshold presence of the temperaments in the history of the patients with BSD allows us to consider this to be a crucial method for early diagnosis of bipolar spectrum mood disorders. It is very important to focus on the temperaments during the clinical interview, in order to be effective in the early diagnosis of mood instability. It is also important for early diagnosis to identify affective instability between episodes, the high frequency of somatic symptoms, stormy object relations and the complicated biographies which these patients describe.

GP Comment

What have I learned from this paper?

This article discusses the different temperaments found in those with bipolar disorder and their importance in early diagnosis of mood instability. It also reminds us of the significance of discovering the patient's premorbid personality and longitudinal history of their illness; it gives practical questions that can be used to identify temperaments of individual patients.

Dr Jenny Hopwood, GP Trainee.

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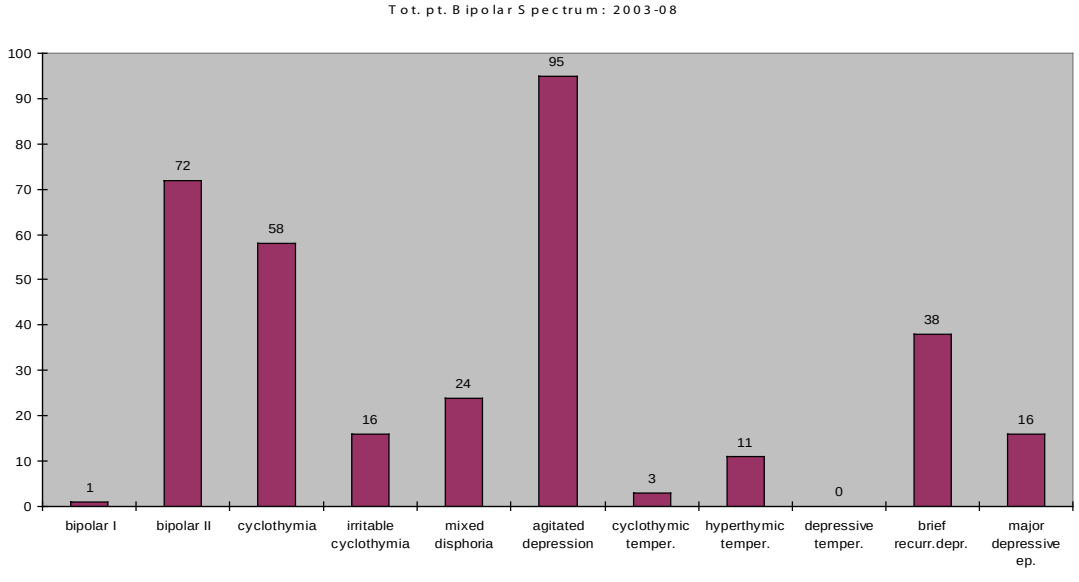
Figures

Patients in the bipolar spectrum out of 423 consecutive patients.



The percentages of the temperaments of 423 consecutive patients