

PERSONALITY DISORDER AND TEMPERAMENTAL TRAITS IN PATIENTS WITH BREAST DISEASE: A PICTORIAL ESSAY

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Abstract

Personality disorders and temperamental traits could influence patient's perception of breast disease, impairing patient compliance and treatment effectiveness. Preexisting psychopathological condition increases risk for developing anxiety disorders and major depression in patients with breast cancer. This evidence underlines the importance of improving knowledge of psychiatric background for oncologists radiologists and pathologists involved in management of female receiving this kind of diagnosis.

Psychiatric assessment of personality disorders and temperamental traits is useful in breast unit to reach a better management and an optimal compliance to treatment.

Key Words: Personality disorders; breast cancer; temperamental traits; pictorial essay

Introduction

Many women fear breast cancer and this is the main reason that induce them to prevention exams, with the purpose of early detection and diagnosis, that could guarantee better therapeutic results, prognosis and living conditions. However, in these women, many breast diseases are diagnosed and, regardless of the type of the physical condition (benign or malignant) [1] and such as pelvic diseases [2-4], psychological distress may accompany the patient for a long period [5]. Personality disorders and temperamental traits can influence the patient's perception of the disease, treatment and its effects, reflecting knowledge, experiences, individual and collective values that concern different times and places in history with effect also on daily activities [5]. Increasing evidence indicates that the presence of specific traits or dimensions of the personality may have an important predictive value in terms of therapeutic response in patients with breast disease diagnosis and in the development of other diseases related to the psychopathological condition, not last secondary osteoporosis [6] and temporomandibular disorders [7]. The role of a psychopathological condition in predisposing to breast cancer or in correlating to severity of the disease has been a long-running controversy; psychosocial factors may also influence cancer risk and cancer progression [8]. Moreover, personality disorders, but not cancer severity or treatment type, are risk factors for later generalized anxiety disorder and major depressive disorder in non metastatic breast cancer patients [9]. Patients with breast disease should be screened for personality disorders because specific interventions for these patients could prevent psychiatric disorders. Whereas in young women (≤ 39 yo), benign or malignant disease can occur, over 40 y.o., a primary breast cancer should be rule out in any kind of breast abnormality. Breast benign disease are more frequent than malignant ones [10]; the evolution of senologic diagnosis, thanks to ultrasonography, mammography, magnetic resonance with contrast media [11] associated with interventional procedures (fine needle aspiration and biopsies) and the availability of dedicated radiologists can avoid useless surgery in majority of patients affected by benign diseases, term that includes a heterogeneous group of lesions that may be detected as incidental findings [12]. It is relevant for radiologists, pathologists and oncologists to diagnose benign lesions, both to distinguish them from in situ and invasive breast cancer and to

assess a patient's risk of developing breast cancer, so that the most appropriate treatment modality for each case can be established [1;13], either in female or in male patients[14;15]. The strength of the study assessment of personality is the standardized and widely accepted SCID II interview that captures the most important dimensions of personality differences between individuals [5] In literature there is no associations between personality traits with cancer and no correlation with the severity of breast disease. In the Miyagi cohort of Japanese participants this individual-participant meta-analysis based on the full Five Factor Model assessment of personality provides strong evidence to suggest that people's personality dispositions do not influence their risk of developing cancer [16]. All patients presented a different personality disorders and the prevalent personalities are characterized by extraversion, irritability, neuroticism and sometimes aggression, typical aspects of these personality disorders [17]. The association between neuroticism and cancer may be a common feature but negative predictor of disease and the personality scores may have been influenced by the cancer treatment; smoking or alcohol consumption are associated with extraversion or other personality characteristics as well as cancer out [18].

Cancer patients should not think that their personality traits may have affected their cancer or cancer prognosis. To date, there are not enough data on temperament and participation in cancer screenings to estimate the plausibility of this scenario. With respect to the four temperament, it is particularly notable that there was association between depressive type and malignant breast cancer. Multivariate analysis in chinese study demonstrated that breast cancer as a dependent risk factor accounted for 6.3% and 7.4% of the variance of depressive disposition in oncologic patients [19]. The role of definite personality traits has been considered in the assessment of temperament and character as a predictor of a certain psychopathological state in patients with breast disease diagnosis. Based on these considerations, it could be useful a psychiatric counselling in breast units in the diagnostic cluster detection.

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