Personality and alcohol use disorders outcome

The main objective of Alcohol Use Disorders (AUD) treatment is to give up alcohol drinking for as long as possible, and, secondly, to reduce physical harm by drinking less alcohol. However, there are two important problems which influence the AUD outcome: on the one hand, the National Epidemiologic Survey on Alcohol and Related Conditions III (NESARC III) shows that only 19.8 % of people with lifetime AUD were ever treated and, on the other hand, a high percentage of alcoholic people drop out from treatment during the follow-up.

Many studies have published a range of factors which has influence in the AUD outcome such as socio-demographic variables, clinical characteristics of the disorder, presence of comorbidity, personality traits and cognitive factors. When personality is analysed, different studies stress the role that certain determined traits have on the development, course and therapeutic response of alcohol dependence. Among these traits are impulsiveness, novelty seeking (also known as sensation seeking), extraversion and neuroticism (affective lability).

One of the most frequently-used instruments in the study of addictive disorders and personality is the Temperament and Character Inventory (TCI). It is based on Cloninger´s psychobiological personality model. The personality, in this model, is composed for seven traits or dimensions: four Temperament dimensions (Novelty Seeking (NS); Harm Avoidance (HA); Reward Dependence (RD) and Persistence (P)) and three Character dimensions (Self-Directedness (SD); Cooperativeness (CO) and Self-Transcendence (ST).

There are many studies which have investigated the personality characteristics of patients with AUD by means of the TCI. However, the research about the role that those dimensions play in the outcome of AUD is scarce.

The current study is aimed to examine if the Temperament and Character dimensions have influence in treatment dropout rate of AUD patients. 237 consecutive patients (196 men and 41 women, age 19-70) were included in this study. They were diagnosed with alcohol abuse or dependence and they were monitored over six months with evaluations programmed for the first, third and sixth month. At the end of the study, it was evaluated whether they continued to receive treatment (the follow-up group) or had dropped out (the dropout group). The revised version of TCI (TCI-R) was used and validated in Spain. It was self-administered by the patients. The score for each trait is converted into a "T" score (percentiles).

In the personality inventory TCI-R the sample showed high mean scores in novelty seeking (NS) and, principally, in harm avoidance (HA), and a low mean score in self-directedness (SD). The women showed the same profile as the men but obtained a significantly lower score in self-transcendence (ST). After six months of treatment, 60.8% of the subjects continued in treatment while 39.2% had dropped out. When the follow-up and drop-out groups were compared there were significant differences between both. The profile of the subject that dropped out was significantly

younger (41.31± 8.31; p=.01), single, with a diagnosis of alcohol abuse, a high percentage (30%) rejected pharmacological treatment and showed a significantly higher score in novelty seeking (NS) (p=.004).The most important result, however, from this study was that the patients who scored higher than 67 percentile were more likely to drop out than those who scored between 34 and 66 percentiles and those who scored lower than 33 percentile were less likely to drop out, that is to say, it acted as protection factor.

In conclusion, the Cloninger´s personality inventory (TCI-R) is a good instrument to predict the treatment outcome of patients with alcohol use disorders and the novelty seeking (NS) dimension is strongly related to therapeutic drop-out rate.

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