TEMPERAMENT AND PSYCHOSIS

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INTRODUCTION

Several studies of Personality Disorders (PD) conclude a significant comorbidity with a wide range of mental conditions and highlight the negative effect of PD in the intervention of concurrent psychopathology and in quality of life[1,2]. Borderline Personality Disorder (BPD) is defined as a combination of affective dysregulation, impulsive- behavioural dyscontrol, cognitive-perceptual symptoms, altered interpersonal relationships and transient psychotic symptoms[3]. However, emotional impulsivity and dysregulation are not exclusively defining in BPD as well as psychotic and anxiety-depressive symptoms may appear in this diagnosis. The co-occurrence of Schizophrenia and BPD is frequent and has a significant negative longitudinal impact of the ongoing BPD and prognosis of Schizophrenia[4]. Some studies done with psychotic population have observed a tendency to score high in the avoidance of damage dimension and low in self-direction dimension[5]. So, patients with comorbid diagnosis show worse improvements in psychiatric symptomatology, poorer overall functioning and a greater number of re-hospitalizations. Furthermore, there are no treatments for schizophrenia also aimed at suicidal ideation, chronic suicide ideation and autolytic behavior typical of BPD while conductive dialectic therapy studies in patients with BPD exclude schizophrenia diagnosis[5]. The main objective of this study is to show by a single case study the co-occurrence or comorbidity of these two psychiatric disorders.

METHODS

Design: Retrospective analysis of clinical case.

Information of patient

Biography aspects: A 35-year-old woman with personal psychiatric history of psychotic clinic, gambling, anxiety-depressive symptomatology and suicidal attempts. Single and with two minor children- 5 and 15 aged- living with her grandmother and sister. Gypsy ethnicity. Current socioeconomic problems, family dystocia, poor cognitive resources, limited coping strategies and behavioral alterations. No studies. Low socioeconomic level. **Premorbid personality:** borderline personality traits from childhood such as emotional instability, impulsivity and interpersonal difficulties. **Psychiatric family antecedents:** a first- degree relative with addictive disorders and gambling and a first- degree relative with behavioral disorders and consummate suicide. **Medical antecedents:** cervical papilloma with conization and follow-up by gynecology, breast cysts, 4 spontaneous abortions and 2 voluntary abortions. **Treatment:** Pharmacological treatment with paliperidona 3mg 1-0-1, pregabalina 25mg 1-1-1, escitalopram 10mg 1-0-0, zolpidem 10 mg 0-0-0-1. Psychological intervention with cognitive-behavioral treatment, third-generation therapy techniques and verbal containment.

Reason for consultation: comes to Hospital Urgencies for autolytic ideation and enters into the acute unit to affiliate diagnosis, to treat the autolytic attempts and stabilize psychopathology.

Assessment Instruments: Clinical interview as the main tool. It had been used the *Positive and Negative Syndrome Scale (PANSS)* to evaluate psychotic symptomatology. To estimate the Intelligence Quocient (IQ) was used **Weschler Adult Intelligence Scale (WAIS-III).** The *Temperament and Character Inventory- Revised (TCI-R)* was administred to evaluate personality traits.

RESULTS

Results of the clinical scales administrated are shown in tables below. We can see the patient met criteria for comorbid Schizophrenia Disorder (**See Table 1**) in addition to Borderline Personality Disorder (**See Fig. 1**). To see a cognitive performance see **Table 2**.

Table 1. PANSS results

	Direct Scores	Percentiles
PANSS-P	29	65
PANSS-N	10	5-10
PANSS-PG	33	10-15

PANSS-P: Positive and Negative Syndrome Scale- Positive; PANSS-N: Positive and Negative Syndrome Scale- Negative; PANSS-PG: Positive and Negative Syndrome Scale- General Psychopathology

Table 2. WAIS-III (abreviated) scales results

TEST	DIRECT SCORE	V. SCALE	M. SCALE
Incompleted figures	14		7
Number keys	51		9
Similarities	7	5	
Cubes	16		5
Matrices	6		6
Digits	9	6	
Stories	2	5	
Total IQ	76		
95% confidence inter.	68- 84		

V. SCALE: Verbal Scale; M. SCALE: Manipulative Scale

Fig. 1. TCI-R profile.

DISCUSSION

In the line of studies, our results show a clear comorbidity between Schizophrenia and BPD. In our assessment, we have observed positive psychotic symptoms as mystical, prejudice and persecution delusional ideas, self-referentiality, auditory hallucinations and behavioral alterations. Otherwise, we have identified maladaptive personality traits as a tendency to act impulsively and express her feelings explosively, difficulties in tolerating ambiguity or uncertainty and difficulty controlling anger which lead her to have patterns of unstable and intense relationships. The patient expressed a persistent instability of her self-image and sense of self, feelings of inferiority and a low self-esteem. It is highlighted the presence of emptiness feelings and emotional instability. Coinciding with studies, our results show high scores in avoidance of damage and low in self-transcendence dimensions. we can also observe a cognitive performance below the limits of normality, being necessary to emphasize the serious difficulties to understand the utterances and the verbal expressions observed and their probable interference in the self-administered results of TCI-R that lead to an atypical profile. So that, our results have been accurately examined and compared with the information obtained during the interviews with the patient and her relatives.

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