



PERSONALITY PROFILE IN PATIENTS OF RHEUMATOID ARTHRITIS-A  
HOSPITAL BASED STUDY

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ABSTRACT

**Background:** Rheumatoid arthritis ( R.A.) is a common physical disorder having a prevalence of 0.3 – 2.1 % in the general population.<sup>1</sup> Rheumatoid arthritis (RA) is an inflammatory, immune- mediated disease with a prevalence of 0.5–1% in developed countries <sup>2,3</sup>. American Rheumatology Association (A.R.A.) developed revised criteria for diagnosis of R.A. in 1987 which includes – morning stiffness, arthritis of 3 or more joint areas, arthritis of small joints, symmetric arthritis, R.A. nodule, Serum R.A. factor positive and radiological changes. In RA, chronic synovial inflammation and hyper- plasia drive articular destruction and bone erosion, leading to functional decline and disability. Literature on identifying personality features that may characterize the R.A. patient is abundant and appealing. This work has provided description of those patients as “shy, leading quiet lives and feeling inadequate and inferior, “as self sacrificing and needing to serve others” “as conscientious, dutiful and compulsive,” “as having a strict, rigid and moralistic conscience”. Since there is paucity of relevant data from Kashmir, this study was designed to find the co morbidity in patients of Rheumatoid Arthritis in a tertiary care teaching hospital in Srinagar, Kashmir.

**Methods:** Hundred successive patients presents with history of Rheumatoid Arthritis who fulfilled inclusion and exclusion criteria were taken up for the study and administered the International Personality Disorder Examination (IPDE) scale for evaluation of personality traits. Each patient was informed about the purpose of interview; his/her consent was obtained and strict confidentiality was ensured. General description, demographic data and psychiatric history were recorded using semi structured Proforma and MINI.

**Results:** Out of hundred cases of Rheumatoid Arthritis, 42% of the patients were in the age group of 36-45 followed by 32% in age group of 26-35 years. This could suggest that Rheumatoid Arthritis affects middle age group more. There were predominantly more males (64%) than females (36%) in our study. Representations of gender, occupation and marital status have been found to be in accordance with socio-demographic profile of our country. Cluster “C” was predominant personality found in majority of patients.

**Discussion:** In our study, the most common cluster of personality was “C” , in which anxious type(30%) of personality traits were found in most number of patients followed by dependent(24%) with least being paranoid and schizoid being 1% each.

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INTRODUCTION

Rheumatoid arthritis (R.A.) is a common physical disorder having a prevalence of 0.3 – 2.1 % in the general population.<sup>1</sup> Rheumatoid arthritis (RA) is an inflammatory, immune-mediated disease with a prevalence of 0.5–1% in developed countries <sup>2,3</sup>. American Rheumatology Association (A.R.A.) developed revised criteria for diagnosis of R.A. in 1987 which includes – morning stiffness, arthritis of 3 or more joint areas, arthritis of small joints, symmetric arthritis, R.A. nodule , Serum R.A. factor positive and radiological changes.<sup>4</sup> In RA,

chronic synovial inflammation and hyper- plasia drive articular destruction and bone erosion, leading to functional decline and disability. <sup>5</sup>Several thoughtful and comprehensive reviews have linked psychological and social factors with initiation and maintenance of disease process.<sup>6-8</sup> Literature on identifying personality features that may characterize the R.A. patient is abundant and appealing. This work has provided description of those patients as “shy, leading quiet lives and feeling inadequate and inferior,<sup>9-11</sup> “as self sacrificing and needing to serve others”<sup>19-21</sup> “as conscientious, dutiful and compulsive,”<sup>12,13,14</sup> “as having a strict, rigid and moralistic

conscience”<sup>15,16</sup> “as manifesting tendency to depression.”<sup>17</sup> RA is a ubiquitous condition throughout the globe; it affects all races, both genders and all age groups. RA affects individuals in rural and urban areas; it doesn’t have any correlation with season neither with socio-economic living conditions. <sup>18</sup>Other studies have probed deeper to attempt to identify underlying conflicts and defenses. In view of paucity of studies in this field from Kashmir, study of amputation and its co morbid psychiatric conditions seems crucial for planning care management of these patients. This study was designed to find out psychiatric co morbidity in patients of amputation in a tertiary care teaching hospital in Srinagar.

**Aims & Objectives**

1. To screen for personality traits using International Personality Disorder Examination (IPDE) scale in patients presenting with Rheumatoid Arthritis
2. To find out the socio-demographic details of patients of Rheumatoid Arthritis

**MATERIALS AND METHODS**

This was a hospital based cross-sectional observational study which included all referred patients with history of Rheumatoid Arthritis the Department of Psychiatry for evaluation. Successive patients satisfying the inclusion and exclusion criteria were taken up for the study and administered the International Personality Disorder Examination (IPDE). Each patient was informed about the purpose of interview; his/her consent was obtained and strict confidentiality was ensured. The interview was conducted as soon as possible after the patient had satisfactorily recovered medically and surgically and was able to co-operate for the interview. Those patients were evaluated and interviewed in Psychiatry OPD. General description, demographic data and psychiatric history were recorded using the self designed proforma.

**Research instrument**

1. **Study case record /proforma:** It consisted of a self-designed interview schedule to record the socio-demographic data, the psychiatric history including that of the suicide attempt, mode of suicide, causes / factors, the physical examination and International Personality Disorder Examination mental status examination.
2. **IPDE:** IPDE Screening Questionnaire is a self-administered form that contains 77 DSM-IV or 59 ICD-10 items. The patient responds either True or False to each and can complete the questionnaire in 15 minutes or less. The clinician can quickly score the questionnaire and identify those patients whose scores suggest the presence of a personality disorder. It has proven to be a user friendly and clinically tool for clinicians. It has demonstrated inter-rater reliability and temporal stability that is similar such instruments. It is semi-structured clinical interview in accordance with both ICD-10 and DSM-IV criteria that provides a means for arriving at diagnoses of major categories of persons.<sup>19</sup>

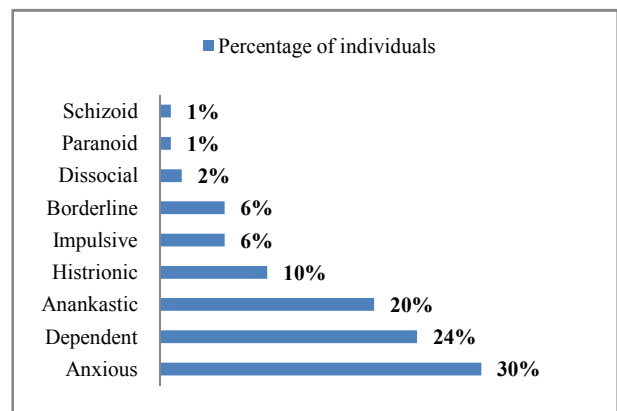
**Statistics:** Data obtained was then entered in Microsoft excel and analyzed in Statistical Package for the Social Sciences (SPSS. version 17) for descriptive statistics.

**RESULTS**

In this study, one hundred (n= 100) participants with history of Rheumatoid Arthritis were analyzed. Males were 64% (n =64) and females were 36% (n = 36). Majority (42%) were in the middle age group of 36 to 45 years. Married were 52% (n = 52) and unmarried were 48% (n = 48). In this study, 25% (n = 78) studies till secondary level and 27% (n = 27) were illiterate. Unemployed were maximum with 51% of the total sample.

**Table 1** summarizes the characteristic and socio-demographic details of the participants

Characteristics	Value (Percentage)	
Participants with Attempted suicide	100	
Age (years)	15-25	12(12%)
	26-35	32(32%)
	36-45	42(42%)
	46-58	14(14%)
Gender	Male	64(64%)
	Female	36(36%)
Marital status	Married	52(52%)
	Unmarried	48(48%)
	Divorce	0(0%)
Family type	Nuclear	59(59%)
	Joint	41(41%)
Education	Illiterate	27(27%)
	Primary	23(23%)
	Secondary	25(23%)
	Graduation	17(17%)
Occupation	Post-graduation	8(8%)
	Student	27(27%)
	Salaried	15(15%)
	Business	7(7%)
	Unemployment	51(51%)



**Figure 1** Personality Profile in patients of Rheumatoid Arthritis

30% patients were found to have Anxious personality traits, 24% had Dependent personality traits, 20% had Anankastic personality traits, 10% Histrionic personality traits, 6% Impulsive personality traits, 6% were Borderline personality traits, 2% personality traits was found of Paranoid and 1% each was paranoid and schizoid.

Psychiatric co-morbidity	Distribution
Anxious	30%
Dependent	24%
Anankastic	20%
Histrionic	10%
Impulsive	6%
Borderline	6%
Dissocial	2%
Paranoid	1%
Schizoid	1%

## DISCUSSION

In this study an attempt has been made to study different types of Psychiatric co-morbidity in patients who come to seek treatment in Psychiatric OPD in a tertiary care hospital Srinagar. The significant findings of our study are as follows: (1) The prevalence of personality profile in patients of Rheumatoid Arthritis. ; (2) Male patients outnumbered females (3) Anxious personality traits were predominant.

Out of hundred patients of R.A, 52% percent of the patients were married. 27% of patients were illiterate. Forty two percent of patients were in a middle age group (36-45) followed by thirty two percent in age group of 26-35. This finding was similar to Fani Avgoustaki1 *et al* who reported middle age group is more affected.<sup>20</sup> In our study males outnumbered females in a ratio of almost 3:1 with males being 64% and females were 36%. The result is in constant with the study done by Fani Avgoustaki1 *et al*.<sup>20</sup> The reason could be that male are more readily seeking treatment and rehabilitation as compared to females. In our study majority of patients were Muslims with 91% of total sample size. This can be explained by the fact that Kashmir is a Muslim majority part of Jammu & Kashmir state where Hindu and Sikh are minority group. In our study, the most common personality cluster found in the patients is cluster "C". It accounts for 74% of the total sample size. Anxious personality traits were found in 30% of patients followed by dependent with 24%. Cluster "B" consisted of total of 22% with maximum having histrionic traits (10%). Cluster "A" was least with 4% in which dissocial was 2%. This finding is similar to study of Taavi Tillmann *et al* where Rheumatoid Arthritis patients scored lower on assertiveness, self-esteem and impulsiveness. This agrees with earlier descriptions of Rheumatoid Arthritis patients as shy, self-sacrificing and compliant, suggesting that they place greater priority on the needs of others as opposed to their own needs.<sup>21,22</sup>

## CONCLUSION

Rheumatoid arthritis (RA) is a chronic autoimmune inflammatory illness characterized by polyarthritis of small and large joints which in the course of time may progress to disability. In this study we found that Rheumatoid Arthritis was more common in middle age group. More than half of the patients were married with most of them illiterate. There were a high number of unemployed in the study. Males outnumbered females with 64% being men. Cluster "C" traits were maximum with more than 3:1 ratio. In that anxious were thirty percent. Least was with cluster "A" traits. Thus the above factors would have to be focused upon, in the management, and, during the counseling sessions of patients of Rheumatoid Arthritis.

## References

- Lipsky Peter E. Harrison's Principles of Internal Medicine, 16th Ed. (Eds) Kaspar D.L. Braunwald E. McGraw Hills Publication, New York 2005; 1968
- Symons D, TurnerG, WebbR, AstenP,BarrettE, LuntM, etal. The prevalence of rheumatoidarthritis in the UnitedKingdom: new estimates for a newcentury.Rheumatology2002; 41:793–800.
- Helmick CG, Felson DT, Lawrence RC, Gabriels, HirschR, KwohCK, etal. Estimates of the prevalence of arthritis and other rheumatic conditions in the UnitedStates.PartI.ArthritisRheum2008;58:15–25.
4. Arnett FC. *et al*. The American Rheumatism Association, 1987. Revised Criteria for the classification of Rheumatoid Arthritis. Arthritis Rheum 31: 315, 1988.
- McInnes IB, SchettG. The pathogenesis of rheumatoid arthritis. NEnglJMed 2011;365:2205–19.
- King SH, Cobb Sydney. Psychosocial studies in Rheumatoid Arthritis: Parental factor compared in cases and controls. Arthritis Rheum 1959; 2 : 322-31.
- Affleck G, Urrows S. *et al*. A Dual Pathway Model of Daily Stressor Effects on Rheumatoid Arthritis. Ann Behav Med 1997; 19: 161-170.
- Creed F, Psychological disorders in Rheumatoid Arthritis: A growing consensus. Ann Rheum Dis 1990; 49 : 808-812.
- 9.Cleveland S, Fisher S. Behavior and Unconscious fantasies of patients with Rheumatoid Arthritis. Psychosom Med 1954; 16: 327-333.
- Halliday JL. The concept of psychogenic rheumatism. Ann Intern. Med 1941; 15: 666- 677.
- Ludwig AO. Emotional Factors in Rheumatoid Arthritis. Physiother. Rev 1949; 29: 339-342.
- No Author listed. Concept of a Psychosomatic Affection. Lancet 1943; 2: 602-606.
- Johnson AM, Shapiro L, Alexander F, Preliminary report on a psychosomatic study of
- Rheumatoid Arthritis. Psychosom Med 1947; 9 : 295-300.
- Robb JH, Rose BS. Rheumatoid Arthritis and maternal deprivation: A case study in use of social survey. *Br J Med Psychol* 1965; 38: 147-59.
- Cormier BM, Wittkower E. Psychological aspects of Rheumatoid Arthritis. *J Can Med Assoc* 1957; 77: 533-541.
- Halliday JL. The Psychological Approach to Rheumatism. Proc R Soc Med 1942; 35: 455- 457.
- Blom GE, Nicholas G. Emotional Factors in children with Rheumatoid Arthritis. *Am J Orthopsychiatry* 1954; 24 : 588-600.
- Firestein GS, Budd RC, Gabriel SE, McInnes IB, O'Dell JR. Kelley's Textbook of Rheumatology. 2012 Oct 5;
- Loranger, A. W. IPDE-International Personality Disorder Examination: DSM-IV and ICD-10 Interviews. Odessa, FL: Psychological Assessment Resources, Inc. 1999
- Fani Avgoustaki1, Rachel Gillibrand1 and Caroline A. Flurey1Health and Applied Sciences, University of West of England, Bristol, Bristol, UK Examining Personality Traits, Coping Styles And Adjustment In Rheumatoid Arthritis Patients: A Pilot Study Wednesday 29 April 2015
- Halliday JL: Psychological aspects of rheumatoid arthritis. Proc R Soc Med 1942, 35:455-457.
- Cleveland SE, Fisher S: Behavior and unconscious fantasies of patients with rheumatoid arthritis. Psychosom Med 1954, 16:327-333.