Type D personality and quality of life in subjects after myocardial infarction

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Abstract

Background: Type D or distressed personality, which is a combination of negative affectivity and social inhibition, and poor quality of life (QoL) are considered predictors of cardiovascular morbidity and mortality. However, little is known about the role of type D personality as a determinant of QoL in patients with cardiovascular disease.

Aim: To determine the relationship between type D personality and QoL in patients after a myocardial infarction (MI).

Methods: Results obtained in 86 patients aged 36–87 (mean 60.5 ± 10.05) years who suffered a MI were analysed. Most of the patients (72.1%) were men. The study tools included the DS-14 scale developed by Denollet to assess personality type and the Life Satisfaction Questionnaire by Fahrenberg et al.

Results: Type D personality was found in 46.5% of respondents. Subjects with this type of personality showed lower QoL compared to non-type D subjects. Among the two dimensions of the type D personality, social inhibition was identified as a predictor of poor QoL.

Conclusions: Cardiac rehabilitation programs should include interventions to reduce features of type D personality, particularly social inhibition.

Key words: type D personality, quality of life, myocardial infarction

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INTRODUCTION

Type D or distressed personality is a combination of 2 dimensions considered relatively stable personality features, i.e. negative affectivity and social inhibition [1, 2]. Negative affectivity is expressed as a tendency to experience strong negative emotions such as anxiety, anger, irritation, and hostility. Social inhibition involves avoiding perceived dangers related to social interactions and is manifested as a tendency to avoid contacts with others and express negative emotions and behaviours consistent with these emotions. This limitation of emotional expression is conscious and results from fear of being disapproved and rejected by other people.

Studies show that type D personality is associated with cardiovascular disease (CVD) incidence and an increased risk of mortality due to CVD [1–7]. People with type D personality are 4 times more likely to develop ischaemic heart disease compared to subjects with a low level of negative affectivity and social inhibition [3].

Characteristics of type D personality are similar to those of subjects with depression. However, as highlighted by Denollet and Pedersen [8], type D personality and depression are two different but interrelated phenomena. According to these authors, type D personality plays a more important role in the development of coronary artery disease (i.e. explains a larger proportion of its incidence variance) compared to depressive symptoms.

An increased risk of CVD incidence is mostly related to social inhibition, i.e. avoiding contacts with others and problems regarding emotional expression. By stimulating inhibitory processes, refraining from expressing negative emotions related to difficult experiences mobilises distress which impairs physiological immunity, leading to an increased risk of somatic diseases. People who inhibit emotions are characterised by increased heart rate, blood pressure, and release of stress hormones, mostly catecholamines and cortisol.

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Pedersen and Denollet [7] indicated that type D personality may be a factor leading to disease development both via physiological mechanisms and adverse lifestyle-related behaviours. Regarding physiological mechanisms, activation of the hypothalamic-pituitary-adrenal axis initiates a series of physiological reactions leading to increased glucocorticoid release. A negative effect of chronic stress, characteristic for people with type D personality, may also have a negative effect by disrupting homeostasis, which in turn increases inflammatory processes that play a key role in atherogenesis. As it was also highlighted be these authors, chronic stress may affect the immune system, decreasing the number of cells responsible for body defenses, mostly lymphocytes.

An experience of a somatic disease, particularly when life-threatening, worsens quality of life (QoL). The latter is equated with the feeling of happiness, contentment, satisfaction from life, or subjective wellbeing. From a psychological perspective, QoL is mostly related to subjective perceptions of contentment and satisfaction from life, both in general and in relation to its specific aspects [9]. Czapiński [10] equated QoL with subjective wellbeing and defined it as subjective individual assessment of various aspects of human functioning and life conditions. According to Fahrenberg et al., satisfaction from life is based on subjective assessment of individual past and present life conditions, along with future perspectives [11].

Personality traits are considered important factors affecting satisfaction from life. According to Costa and McCrae [12], personality is one of the most important determinants of happiness, and Czapiński [13] highlighted that associations between personality traits and the feeling of happiness are much stronger than associations between mental wellbeing and objective life conditions. Relatively few available studies indicate that type D personality is associated with QoL both in health and in disease [5]. Type D personality predicted worse QoL among subjects with coronary artery disease [14–16]. Cardiac patients with type D personality were shown to be characterised by worse QoL and worse perceived health status compared to those with other personality traits [6]. Studies performed in Sweden confirmed worse QoL among cardiac patients with type D personality. In addition, patients with type D personality were characterised by an increased level of anxiety and depression compared to patients with low levels of negative affectivity and social inhibition [17]. Type D personality is also associated with other complaints including more frequent chest pain and increased use of sedative agents [18]. No studies on the relation between type D personality and overall QoL among cardiac patients have been performed in Poland.

The aim of the present study was to determine relationship between type D personality and the level of satisfaction from life among patients after a myocardial infarction (MI). We attempted to answer the following research questions:

— What is the level of satisfaction from life among patients after MI?
— Do gender, age, time since MI and participation in rehabilitation programs affect the level of satisfaction from life?
— Is type D personality related to the level of satisfaction from life?
— Which dimensions of the type D personality predict the level of satisfaction from life?

METHODS

The study was performed in a group of patients after MI who were treated in a cardiology outpatient clinic and one of Lodz hospitals (evaluations were performed by Paulina Smalc, a M.A. seminar participant). The studied subjects were free from other noncardiovascular somatic disease. The subjects were informed about the anonymous and voluntary nature of study participation. The study was approved by a respective bioethics committee. Overall, 90 subjects were evaluated, and the final analysis included 86 subjects (4 subjects were rejected due to incomplete data). The study group included 62 (72.1%) men and 24 (27.9%) women, The respondent age ranged from 36 to 87 (mean 60.5 ± 10.05) years. Half of subjects (n = 43) participated in an early postdischarge cardiac rehabilitation program which was initiated 8–12 weeks after an MI and included physical rehabilitation, psychological intervention including group and individual therapy, social and professional rehabilitation, drug therapy, diet therapy, and secondary prevention of ischaemic heart disease.

Satisfaction from life was evaluated using the Life Satisfaction Questionnaire according to Fahrenberg et al. in a Polish adaptation by Chodkiewicz [11]. The questionnaire included 10 subscales measuring satisfaction from various aspects of life including 1) health, 2) work and profession, 3) financial situation, 4) leisure activities, 5) relations with children, 6) self, 7) friends and relatives, 8) place of living, 9) marriage/partner relationship, and 10) sexuality. Answers were rated 1 (very dissatisfied) to 7 (very satisfied). The overall score was calculated by summing scores in 7 raw subscales, i.e. not including 3 subscales that were not evaluated by all subjects (work and profession, marriage/partner relationship, and relations with children). The higher overall score the higher is satisfaction from life. The questionnaire used is characterised by good psychometric properties, with Cronbach's alpha indexes ranging from 0.80 (self) to 0.96 (health).

Personality type was evaluated using the DS-14 scale by Denollet [2] in a Polish adaptation by Ogińska-Bulik and Juczyński [19, 20]. This tool includes 14 items rated by the evaluated subject as "false" (0), "rather false" (1), "difficult to say" (2), "rather true" (3), or "true" (4). Scores are calculated separately for the 2 dimensions of type D personality, i.e. negative affectivity and social inhibition. Type D personality is defined as scores at least 10 for both dimensions. Subjects with both scores lower than 10 are considered non-type D, and those scoring at least 10 for 1 dimension but less then 10 for the other dimension are considered undifferentiated type.

This tool is characterised by good psychometric properties, with Cronbach's alpha indexes of 0.86 for negative affectivity and 0.84 for social inhibition.

During further steps of the analysis, we calculated mean values of the evaluated variables, determined the relationship between type D personality and the level of satisfaction from life, and identified dimensions of type D personality that predicted satisfaction from life. Data were analysed using the Statistica package. Differences between mean values were evaluated using the Student t test when subjects were divided into two groups, or the F test of univariate analysis of variance when subjects were divided into more than two groups, i.e. in regard to time since MI. Relations between variables were evaluated using the Pearson correlation coefficient, and predictors of satisfaction from life were determined using regression analysis with stepwise progression.

RESULTS

During subsequent steps of the analysis, we calculated mean values and standard deviations (SD) of the evaluated variables, determined the relationship between type D personality and the level of satisfaction from life, and identified dimensions of type D personality that predicted satisfaction from life. Mean levels of satisfaction from life in the study group of subjects after MI, shown in Table 1, are lower than those reported in normal healthy subjects [11]. Significant differences were seen for the overall Life Satisfaction Questionnaire score (mean 242.78 ± 30.33, $p < 0.01$) and its 5 subscales, i.e. health ($p < 0.01$), work and profession ($p < 0.05$), relations with children ($p < 0.001$), marriage/partner relationship ($p < 0.001$), sexuality ($p < 0.001$). These data indicate that subjects after MI are characterised by lower satisfaction from life compared to healthy subjects.

When comparing various dimensions of satisfaction from life, the studied subjects were characterised by somewhat higher level of satisfaction regarding relations with friends and relatives, and self, but a lower level of satisfaction regarding health and financial situation (Table 1). Gender had no significant effect on the level of satisfaction from life, although overall women scored higher than men (men: mean 227.17 ± 33.05, women: mean 236.00 ± 35.48, $t = -1.09$). Gender was also not related to any particular dimension of satisfaction from life. Patient age affected the overall level of satisfaction from life. When the studied subjects were divided into groups below and above the median age of 58 years, those younger than 58 years showed a slightly higher level of satisfaction from life compared to those older than 58 years (younger subjects: mean 237.71 ± 31.08, older subjects: mean 221.19 ± 34.76, $t = 2.32$, $p < 0.05$). Age was also a determinant of outcomes in regard to 2 dimensions of satisfaction from life, i.e. health (younger subjects: mean 31.47 ± 5.54, older subjects: mean 26.45 ± 6.97, $t = 3.70$, $p < 0.001$) and sexuality (younger subjects: mean 35.68 ± 7.45, older subjects: mean 26.66 ± 10.06, $t = 4.73$, $p < 0.001$).

Table 1. Mean scores in the evaluation of satisfaction from life

	Mean	SD	Min	Max
Overall satisfaction from life	229.63	33.77	146	287
1. Health	29.02	6.74	12	46
2. Work and profession	32.53	7.35	17	49
3. Financial situation	29.62	8.61	13	46
4. Leisure activities	34.40	6.96	11	46
5. Relations with children	33.41	14.54	0	49
6. Self	35.7	6.58	15	49
7. Friends and relatives	35.39	6.46	16	48
8. Place of living	34.62	7.13	17	47
9. Marriage/partner relationship	32.54	15.36	0	49
10. Sexuality	31.37	9.87	7	49

SD — standard deviation; Min — minimum; Max — maximum

Table 2. Mean scores of the dimensions of type D personality

	Mean	SD	Min	Max
Negative affectivity	12.95	6.48	0	28
Social inhibition	11.16	6.45	0	27

SD — standard deviation; Min — minimum; Max — maximum

The time that elapsed since MI was varied, being less than 1 year in 20 subjects, 1–2 years in 14 subjects, 2–5 years in 17 subjects, and more than 5 years in 35 subjects. The mean time since MI was 2.81 ± 2.62 years. Time since MI had no significant effect on satisfaction from life reported by the studied subjects (mean values in the above defined groups 239.45 ± 37.81, 230.28 ± 32.35, 230.82 ± 28.82, and 223.20 ± 34.29, respectively, $F = 0.99$).

Participation (vs. no participation) in cardiac rehabilitation had no significant effect on satisfaction from life reported by the studied subjects, although the level of satisfaction was slightly higher in those participating in cardiac rehabilitation (mean 233.41 ± 28.65) compared to non-participants (mean 225.86 ± 38.18, $t = 1.03$). However, subjects participating in cardiac rehabilitation reported significantly higher satisfaction from life in regard to work and profession (mean 34.53 ± 7.80 vs. 30.53 ± 6.36; $t = 2.61$, $p < 0.01$) and sexuality (mean 33.81 ± 6.72 vs. 28.74 ± 11.79; $t = 2.45$; $p < 0.05$) (Table 2).

Mean results of dimensions defining type D personality in the studied cardiac patients did not differ significantly from those reported in similar healthy subjects [19]. Using the above mentioned definition of type D personality (score at least 10 for both dimensions), type D personality was exhibited

Table 3. Satisfaction from life depending on the personality type

	Personality type					
	Type D (n = 40)		Non-type D (n = 22)			
	Mean	SD	Mean	SD	t	p
Overall satisfaction from life	215.77	34.29	246.41	32.54	–3.42	0.001
1. Health	26.77	7.26	33.27	6.46	–3.50	0.001
2. Work and profession	31.82	7.82	32.64	7.46	–0.39	NS
3. Financial situation	27.95	8.15	31.38	8.91	–1.50	NS
4. Leisure activities	33.30	6.46	34.86	7.56	–0.87	NS
5. Relations with children	30.09	14.67	32.27	17.49	–0.33	NS
6. Self	32.47	6.63	37.77	7.08	–2.94	0.01
7. Friends and relatives	32.42	6.45	38.50	6.85	–3.47	0.001
8. Place of living	33.47	6.91	35.72	7.98	–1.16	NS
9. Marriage/partner relationship	27.92	16.63	38.32	13.01	–2.53	0.05
10. Sexuality	29.37	9.84	34.95	9.52	–2.16	0.05

SD — standard deviation; t — Student *t* test value; p — significance level for the difference between the mean values; NS — non-significant

by 46.5% patients in the study group (25.6% patients were non-type D, and 27.9% were undifferentiated type).

Next, we determined whether the level of satisfaction from life differed depending on the personality type (Table 3) and whether dimensions defining type D personality were related to satisfaction from life (Table 4).

Findings presented in Table 3 indicate a relationship between type D personality and the level of satisfaction from life in patients after MI. Compared to non-type D subjects, who are characterised by low levels of negative affectivity and social inhibition, type D subjects showed a significantly lower level of satisfaction from life both overall and in the following dimensions: health, self, friends and relatives, marriage/partner relationship, and sexuality. The largest differences were noted for health and friends and relatives.

The obtained correlation coefficients indicate that both dimensions of type D personality are significantly related to satisfaction from life, both overall and in the following 4 dimensions: health, self, friends and relatives, and marriage/partner relationship. In addition, social inhibition also correlated with satisfaction regarding sexuality. All correlation coefficients were negative, indicating that the higher level of negative affectivity and social inhibition, the lower satisfaction from life. Stronger relations were seen for social inhibition.

In the next step, we determined which of the 2 dimensions of type D personality predicted satisfaction from life. For this purpose, regression analysis with stepwise progression was used, and the results are summarized in Table 5.

The predictor of overall satisfaction from life was social inhibition which explained 17% of the variance of this dependent variable. The higher is social inhibition, the lower satisfaction from life. This dimension of type D personality also predicted six dimensions of satisfaction from life, namely health (β = –0.26, R = 0.37, R^2 = 0.12), self (β = –0.35, R = 0.35, R^2 = 0.11), friends and relatives (β = –0.61, R = 0.54, R^2 = 0.28), place of living (β = –0.34, R = 0.27, R^2 = 0.06), marriage/partner relationship (β = –0.23,

Table 4. Correlations between dimensions of type D personality and satisfaction from life

	Negative affectivity	Social inhibition
Overall satisfaction from life	–0.37***	–0.39***
1. Health	–0.34**	–0.39***
2. Work and profession	–0.07	–0.06
3. Financial situation	–0.18	–0.17
4. Leisure activities	–0.18	–0.11
5. Relations with children	–0.09	–0.07
6. Self	–0.33**	–0.36***
7. Friends and relatives	–0.40***	–0.41***
8. Place of living	–0.16	–0.14
9. Marriage/partner relationship	–0.25*	–0.29**
10. Sexuality	–0.17	–0.23*

***p < 0.001; **p < 0.01; *p < 0.05

Table 5. Predictors of satisfaction from life

	β	B	B error	t	p
Social inhibition	–0.43	–2.23	0.15	–4.34	0.001
Constant		254.60	6.64	38.32	0.001

R = 0.43; R^2 = 0.17; β — standardised coefficient of regression; B — non-standardised coefficient of regression; B error — standard error of estimation; t — Student *t* test value; p — significance level

R = 0.23, R^2 = 0.05), and sexuality (β = –0.27, R = 0.27, R^2 = 0.06). Contribution of social inhibition in the prediction of particular dimensions of satisfaction from life varied, with the highest proportion noted for friends and relatives (61%), and the lowest proportion for place of living, marriage/partner relationship, and sexuality (5–6%). Negative affectivity did not predict any dimension of satisfaction from life.

DISCUSSION

Satisfaction from life among patients after MI was found to be lower compared to healthy subjects evaluated by Chodkiewicz [11], mostly in the dimensions of health, work, children, marriage, and sexuality. These data confirm that an experience of a somatic disease contributes to worsening of QoL. Gender, time since MI, and participation in cardiac rehabilitation had no significant effect on satisfaction from life. In contrast, patient age was found to be a factor affecting the level of satisfaction from life. Younger subjects (< 58 years of age) showed slightly higher satisfaction from life, particularly in the dimensions of health and sexuality.

Type D personality was found in 46.5% of subjects after MI. This proportion was higher compared to that found in a general population of healthy subjects in Poland (34.8%) [19]. These data confirm an association between this type of personality and the risk of MI. Of note, however, type D personality may increase the risk of disease also by an association with unhealthy behaviours including alcohol abuse, illicit drug use and overeating which are often considered stress-coping strategies. Studies [5] indicate that subjects characterised by high levels of negative emotions and problems with emotional expression, as compared to subjects without these characteristics, smoke and drink more, tend to overeat, and more frequently use illicit drugs, which may increase the risk of MI. In addition, features of type D personality had a negative effect on outcomes of cardiac rehabilitation, as it was shown in Swedish studies [17].

The level of satisfaction from life in subjects after MI is associated with personality type. It is lower among those with type D personality, and similar associations were shown for subjects with cancer [5], psoriasis [5], irritable bowel syndrome [21], and rheumatoid arthritis [22]. Of the 2 dimensions contributing to type D personality, social inhibition was found to be more strongly associated with satisfaction from life. It was identified as a predictor of both overall satisfaction from life and six of its dimensions. The more a subject is socially withdrawn and isolated and hides his or her emotions, the lower is his or her satisfaction from life, particularly regarding friends and relatives.

Our findings indicate that satisfaction from life depends more on its social dimension (social inhibition), related to interactions with others, than on the emotional dimension related to experiencing various negative emotions (negative affectivity). This is in agreement with studies performed in other countries which also showed that social inhibition had a larger effect on QoL than negative affectivity [23, 24]. However, negative affectivity was more strongly related to QoL in patients with psoriasis [5] and irritable bowel syndrome [21]. This may suggest that the relation between type D personality and QoL depends on specific diseases.

In addition, type D personality may determine QoL not only directly but also indirectly, by increasing the level of negative emotions and determining the choice of less accommodative strategies of coping with stress.

Our results suggest that during psychological rehabilitation after MI, it would be desirable to include interventions targeted not only at coping with stress and negative emotions, but also at increasing openness toward other people, identifying and using social support, and developing ability to manifest emotions

This study brings new insights to the relation between personality and QoL of patients with CVD. However, some limitations should also be noted. A cross-sectional nature of the study precludes definitive conclusions regarding causation. Assessment of the personality type and satisfaction from life was made using self-evaluation. An effect of variable social desirability or the propensity of the studied subjects to present themselves in a better light cannot be thus excluded.

CONCLUSIONS

Based on the reported findings, the following conclusions may be made:

1. In patients after MI, satisfaction from life is lower compared to healthy subjects.
2. Younger subjects in the study group (< 58 years of age) showed slightly higher satisfaction from life. In contrast, gender, time since MI and participation in cardiac rehabilitation had no significant effect on the level of satisfaction from life.
3. Subjects characterised by high levels of negative affectivity and social inhibition (type D) report lower QoL than subjects with low levels of negative affectivity and social inhibition (non-type D).
4. Social inhibition is the dimension of type D personality which determines lower satisfaction from life.
5. Cardiac rehabilitation programs should include interventions to reduce features of type D personality, particularly social inhibition.

Conflict of interest: *none declared*

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Osobowość typu D a jakość życia u osób po zawale serca

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Streszczenie

Wstęp: Osobowość typu D, zwana osobowością stresową (*distressed personality*) — określana jako połączenie negatywnej emocjonalności i hamowania społecznego — oraz obniżona jakość życia są predyktorami zapadalności na choroby układu sercowo-naczyniowego i śmiertelności z ich powodu, jednak niewiele wiadomo na temat roli typu D jako predyktora jakości życia pacjentów kardiologicznych.

Cel: Podjęte badania miały na celu ustalenie związku między osobowością typu D a jakością życia u pacjentów po zawale serca.

Metody: Analizie poddano wyniki 86 osób, które przeżyły zawał serca, w wieku 36–87 lat (60,5 ± 10,05). Większość badanych (72,1%) stanowili mężczyźni. W badaniach wykorzystano dwa narzędzia: skalę DS-14 Denolleta do oceny typu osobowości oraz Kwestionariusz Zadowolenia z Życia Fahrenberga i wsp.

Wyniki: Typem D charakteryzowało się 46,5% badanych. Takie jednostki, w porównaniu z osobami typu nie-D, ujawniają niższą jakość życia. Spośród dwóch wymiarów typu D predykcyjną rolę dla obniżonej jakości życia okazało się pełnić hamowanie społeczne.

Wnioski: W procesie rehabilitacji pacjentów kardiologicznych powinno się uwzględniać oddziaływanie mające na celu zmniejszanie nasilenia cech osobowości stresowej, zwłaszcza hamowania społecznego.

Słowa kluczowe: osobowość typu D, jakość życia, zawał serca

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