Neurotic and Personality Characteristics of Duodenal Ulcer and Somatizing Patients.

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Patients presenting with upper GI complaints were subjected to a medical examination and fiberoptic endoscopy. Patients with confirmed duodenal ulcer (n=100) were compared with 30 somatizing patients devoid of upper GI disease, and 30 matched healthy controls on The Eysenck Personality Questionnaire (EPQ) and The Middlesex Hospital Questionnaire (MHQ). Both duodenal ulcer and somatizing patients exhibited high levels of neurotic symptomatology on the MHQ and showed significantly higher neuroticism on the EPQ. Somatizing and duodenal ulcer patients were quite similar on both tests with an insignificant excess of neurotic symptoms apparent in the former group. The results indicate that there are no grounds for assuming that somatizing patients will necessarily suffer more psychiatric disturbances compared to patients who have actual duodenal ulcers.

(Egypt, J. Psychiat., 1992, 15: 285-294).

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Introduction

The association between high levels of anxiety and duodenal ulcer has been demonstrated in a number of investigations (e.g. Mahl, 1950; Alp et al., 1970; Myren, 1983). Anxiety may exert a pathogenic role in more than one way. Anxiety may be an expression of a chronic reaction to stress (Mahl, 1953; Alp et al., 1970), it may be part of the patient's psychological organization (Dunbar, 1954; Lyketsos etal., 1982), or a final common path for a specific psychodynamic conflict over dependent needs (Alexander, 1950, Fordtran, 1973).

The coexistence of psychosomatic disorders and other psychiatric disorders has been questioned in several studies. Pedder (1969) and Cutting (1980) suggested that psychosomatic disorders were actually protective aganst psychosis. Dunbar (1959) suggested a reciprocal relationship between psychosomatic disorders and psychosis so that sometimes

one substituted the other. Rees (1979) and Ramsay et al., (1982) agreed that there tended to be a reciprocal relationship between the manifestations of neurosis and psychosis and psychosomatic illness in the same individual in their view is quite exceptional. It would seem appropriate to test these two opposing views in a sample of duodenal ulcer patients.

Somatization differs from psychosomatic disorders in the absence of physical pathology equivalent to the degree and type of distress (Roskin et al., 1980). Apart from the somatoform disorders, somatic symptoms frequently masquerade other psychiatric disorders, and gastrointestinal symptoms are frequent among the presenting features of anxiety, and depression (Lloyd, 1986). Few studies have compared duodenal ulcer and somatizing patients with similar complaints.

After the development of the technology of fiberoptic endoscopy, the number of patients referred for endoscopic examination is increasing. A considerable number of these patients is found to be endoscopically free. Hence, it is of great interest to explore and differentiate between two groups of patients, those with actual organic pathology (peptic ulcer group) and those without organic pathology (the somatizing group).

This study evaluates neurotic symptoms and personality characteristics in a group of duodenal ulcer patients compared to a group of somatizing patients complaining of symptoms simulating peptic ulcer disease, but in whom endoscopic examination revealed normal findings and a healthy control group not suffering from any gastroin testinal troubles. The underlying hypothesis is that duodenal ulcer patients will show more neurotic symptoms, and a different personality profile than controls, while somatizing patients will show more psychiatric symptoms than both groups. Restricting the study to duodenal ulcer patients rather than patients with peptic ulcer disease is based upon evidence that peptic ulcer disease is a heterogeneous disorder in terms of acid secretion, gastrin, pepsinogen and secretin leels (Ackerman and Weiner, 1976). Duodenal ulcer patients are more homogeneous in terms of being hypersecretors of acid which is more in line with the effects of stress and psychological organization on the pathogenesis of this illness.

Subjects and Method

The subjects of this study were part of a large scale survey of patients presenting to the Endoscopy Department of El-Agouza General Hospital. Patients were referred for fiberoptic upper alimentary tract endoscopy because of related complaints. The aim of the survey was to describe the demographic, social, and psychological characteristics of patients with definite physical pathology detected in the upper alimentary tract (oesophagus, stomach, and duodenum) and contrast these with the same variables in patients who were found to be devoid of pathology (Abdel-Gawad et al., 1988; 1992). All endoscopies were carried out by Professor S.Hunter. Patients were subjected to a medical examination prior to endoscopy, and less invasive measures were taken to rule out other physical illness that may be responsible for the symptoms. The subgroup selected for depth study of the personality and neurotic characteristics in this study consists of:

1- 100 male patients diagnosed endoscopically as having duodenal ulcer disease (Duodenal ulcer group).

2- 30 male patients who were complaining of symptoms simulating peptic ulcer disease, but endoscopic examination revealed normal findings (Somatizing group).

A- control group of 30 normal males not suffering from any gastrointstinal trouble, and who had no history of psychiatric consultation were included in the study. They were selected from the attendants coming with patients as their partners in work or relatives. Patients and controls were matched on age, educational level, and social class.

Female duodenal ulcer patients were not included in the study because of their small number in the total sample and because there are pointers towards a difference between males and females as regards the psychopathology of peptic ulcer (e.g. Alpers, 1983).

The peptic ulcer, somatizer and control groups were individually tested (M. Askar) by:

a) The Arabic version of the Eysenck Personality Questionnaire, EPQ (Souief and Mahmoud, 1978).

b) The Arabic version of the Middlesex Hospital Questionnaire, MHQ (Abdel-Gawad et al., 1972).

Results

The results of the various EPQ and MHQ scales are represented as continuous (mean + S.D.) and nominal data with the cut-off points for pathology taken after the test manuals. Three way (duodenal ulcer, somatizing, and controls) and two way comparisons utilizing the chisquare test of significant differences were undertaken. Personality characteristics

According to the EPQ consulting patients have significantly higher degrees of neuroticism psychoticism, and criminality than controls, with the most marked difference evident in neuroticism scores ($x2=24.5$, $P<0.001$). No significant differences were detected between duodenal ulcer, and somatizing patients and controls on the lie, and extraversion scales of the EPQ.

Table 1
Scores on the Eysenck Personality Questionnaire (EPQ)

	Duodenal Ulcer		Somatizing Patients		Controls	
	No	%	No	%	No	%
Psychoticism scale						
0<7	72	72.00	18	60.00	28	93.33
7 or more	28	28.00	12	40.00	2	6.67
Mean+S.D.		5.06+2.54		6.30+3.9		3.87+1.59
Neuroticism Scale						
0<15	28	28.00	6	20.00	22	73.33
15 or more	72	72.00	24	80.00	8	26.67
Mean+S.D.		16.95+3.72		17.80+3.57		11.33+3.43
Extraversion scale						
0<18	97	97.00	29	96.67	30	100.00
18 or more	3	3.00	1	3.33	-	-
Mean+S.D.		11.20+4.05		9.70+4.04		11.47+3.26
Lie scale						
0<12	11	11.00	7	23.33	8	26.67
12 or more	89	89.00	23	76.67	22	73.33
Mean+S.D.		15.03+3.09		13.93+4.35		13.97+3.56
Criminality scale						
0<21	88	88.00	23	76.67	30	100.00
21 or more	12	12.00	7	23.33	-	-
Mean+S.D.		16.41+4.71		17.67+4.15		10.83+4.48

Two sample comparisons locate the significant differences and explain the results of three way tests. The personality characteristics measured by the EPQ fail to demonstrate any significant deviation in duodenal ulcer patients compared to somatizing patients. Both the mean scores and proportions of subjects falling in the pathological range are similar. Seventy two percent of duodenal ulcer patients and 80% of somatizing patients scored in the pathology range on neuroticism, and both groups (89% and 77% respectively) scored high on the lie scale. Among controls 73% scored high on the lie scale but only 27% have high neuroticism scale. Among controls 73%

Table 2
Chi-Square Distribution on the Eysenck Personality Questionnaire

	Ulcer and Somatizing patients		Ulcerpatients and Controls		Somatizing Patients & Controls		Ulcerpatients Somatizing and Controls	
	X2	P	X2	P	X2	P	X2	P
Psychoticism	1.56	N.S.	5.92	<0.025	9.32	<0.005	9.03	<0.025
Neuroticism	0.67	N.S.	20.04	<0.001	17.14	<0.001	24.5	<0.001
Extroversion	0.01	N.S.	0.92	N.S.	1.02	N.S.	0.96	N.S.
Lie	2.94	N.S.	4.54	<0.05	0.09	N.S.	5.52	N.S.
Criminality	2.38	N.S.	3.97	<0.05	7.92	<0.005	7.81	<0.025

scored high on the lie scale but only 27% have high neuroticism scores. Indeed, a very high proportion of all the subjects have pathological scores on the lie scale (84%) which is a striking finding. Somatizing subjects have almost double the rate of criminality (23%) compared to ulcer patients (12%), and they have the highest rate for psychoticism in the sample as a whole (40%).

All the differences detected on the EPQ are actually those between duodenal ulcer patients and controls and very similar differences between somatizing patients and controls. As compared to controls both duodenal ulcer and somatizing patients have higher scores on neuroticism, psychoticism and criminality. The only exception is in relation to the lie scale where duodenal ulcer patients have significantly higher scores than controls while somatizing patients do not (table 2). Neurotic traits

The MHQ examines in more detail

Table 3
Middlesex Hospital Questionnaire (M.H.Q.)

Scale	Duodenal Ulcer		Somatizing		Controls	
	No	%	No	%	No	%
Anxiety Scale						
0-8	55	55.00	12	40.00	28	93.33
9-12	30	30.00	12	40.00	2	6.67
13-16	15	15.00	6	20.00	-	-
Mean±S.D.		7.98±3.64		9.40±3.68		3.67±3.35
Phobia Scale						
0-8	47	47.00	20	66.67	26	86.67
9-12	42	42.00	9	30.00	4	13.33
13-16	11	11.00	1	3.33	-	-
Mean±S.D.		8.74±2.89		7.67±2.96		6.00±2.70
Obsessive Scale						
0-8	8	8.00	7	23.33	11	36.67
9-12	56	56.00	16	53.33	18	60.00
13-16	36	36.00	7	23.33	1	3.33
Mean±S.D.		11.52±2.08		10.50±2.49		9.27±1.87
Somatization Scale						
0-8	34	34.00	9	30.00	28	93.33
9-12	43	43.00	15	50.00	2	6.67
13-16	23	23.00	6	20.00	-	-
Mean±S.D.		9.63±3.40		10.07±2.91		3.77±2.54
Depressive Scale						
0-8	43	43.00	11	36.67	24	80.00
9-12	41	41.00	9	30.00	6	20.00
13-16	16	16.00	10	33.33	-	-
Mean±S.D.		9.40±2.98		9.97±3.02		3.83±2.85
Hysterical Scale						
0-8	69	69.00	14	46.67	26	86.67
9-12	27	27.00	11	36.67	4	13.33
13-16	4	4.00	5	16.67	-	-
Mean±S.D.		7.30±3.03		8.17±3.18		5.33±2.35

the neurotic aspects of behaviour and personal experience in duodenal ulcer, subjects who are free from upper GI physical ailments, and controls (tables 3 and 4). A score of more than 8 indicates moderate neurotic psychopathology, and a score of more than 12 indicates marked psychopathology. All three way comparisons are significant (table 4). The most marked difference is in somatization where 7% of controls have high scores

Table 4
Chi-Square Distribution on the Middlesex Hospital Questionnaire

	Ulcer and Somatizing patients		Ulcerpatients and Controls		Somatizing Patients & Controls		Ulcerpatients Somatizing and Controls	
	X2	P	X2	P	X2	P	X2	P
Anxiety Scale	2.08	N.S.	14.92	<0.0005	19.54	<0.001	19.8	<0.001
Phobia Scale	4.05	N.S.	15.13	<0.0005	3.71	N.S.	16.02	<0.0005
Obsession Scale	5.85	N.S.	21.69	<0.00005	5.51	N.S.	22.12	<0.001
Somatization Scale	0.46	N.S.	32.74	<0.00001	25.7	<0.0005	36.0	<0.00001
Depression Scale	4.42	N.S.	13.74	<0.0005	15.43	<0.0005	14.8	<0.01
Hysteria Scale	7.89	<0.025	3.99	N.S.	11.87	<0.005	11.5	<0.01

compared to 70% of somatizing subjects, and 66% of duodenal ulcer cases. The scale for obsessive behaviour is second highest but a majority of subjects among controls (63%) have abnormal scores compared to 76% of somatizers, and 92% of duodenal ulcer patients. Scores for phobic behaviour, anxiety and depression are also significantly higher in duodenal ulcer and somatizing patients but to a lesser extent. Sixty percent of somatizers show evidence of abnormal anxiety compared to 45% of duodenal ulcer patients and only 7% of controls. For depression somatizers are again highest (63%) compared to 57% of duodenal ulcer patients and 20% of controls.

the similarity between the duodenal ulcer and somatizer groups revealed by the EPQ is again demonstrated with the MHQ. Both groups score in the pathology range more than controls. Only on the hysteria scale do somatizing patients have higher mean.

Discussion

A number of methodological limitations should be addressed before generalizations from this study can be made. The "somatizing" group was termed as such for lack of a more accurate and concise description. In fact this group consists of subjects who have no upper GI pathology but who at the same time do not qualify for a diagnosis of somatization disorder (American Psychiatric Association, 1987). It cannot be ruled out that within this group a minority may be suffering from physical conditions unrelated to the upper gastrointestinal tract. The stress of the endoscepy procedure and the anticipation of knowing about having a pysical disorder may provoke temporary anxiety manifestations contributing to the high scores on the different scales of both tests. This factor however, is shared by the two patient groups, and its effects may be neutralized in comparisons between them.

The application of the EPQ in the present study revealed a peculiar finding. THe majority of subjects in the three samples scored high on the lie scale with liule difference between them. According to Eysenck and Eysenck (1976), a high (L) score should always act as a warning light. It does not necessarily invalidate the study, but must on no account be disregarded. An elevated lie scoe may indicate "naivete, lack of frankness about the self, rigidity, moralistic and conventional attitudes" (Weiss and Seidman, 1988). The large number of subjects to whom this instrument has been applied in the present study points to the need for further research with the EPQ in the Egyptian culture. Such studies would indicate whether it is the setting including rapport with the investigator, the wording, cultural norms of behaviour, or the

feasibility in Egyptian subjects which is responsible for this finding. The effects of a need for social desirability biasing the responses (Weiss and Seidman, 1988) cannot be discounted in this study.

The findings concerning the comparison of duodenal ulcer and somatizing patients are interesting mainly because of their negative aspects. There is a marked similarity in the personality profile and neurotic accompaniments in the two groups. With the exception of the hysteria scale of the MHQ all the comparisons are non significant. This finding implies that the assumption of higher neurotic symptoms and character traits in somatizing patients is inaccurate. These two groups of patients seem to reside on a continuum of high levels of neurotic and affective disturbances with an insignificant excess of symptoms in the somatizing group. The personality profile for duodenal ulcer patients according to the EPQ is one of high neuroticism, and introversion, a degree of psychoticism and low criminality. The profile for somatizing patients is one of high neuroticism, introversion, and an excess of psychoticism and criminality compared to the other groups.

The combination of neuroticism and introversion invites speculation about the role of defensive coping mechanisms in shaping the maladaptive reactions in these two groups. Anumber of investigators are of the opinion that the introvert person is more liable to somatization (Noyes and Kolb, 1964; Lyketsos etal 1982; and Myren, 1983). Pflanz (1971) and Lyketsos et al., (1982) state that duodenal ulcer patients receive lower scores on extraversion. The absence of sasignificant difference between duodenal ulcer, somatizing subjects, and controls on this measure in the present study does not agree with these propositions. Psychoticism scores in these two groups should be understood as indicators of an overall deviant profile rather than indicators of psychotic processes especially when high psychoticism is combined with a high lie score.

The findings of the EPQ in the present study need to be taken in the context of the opinions voiced by Ferguson and Tyrer (1988). Personality assessments through the questionnaire method are liable to be influenced by the mood state and the presence of associated mental disturbance a point that limits their predictive ability. Furthermore, the validity of a single assessment has been questioned by some investigators (Knowles and Kreitman, 1965).

Piper etal (1977) stated that the higher (N) score, the greater is the degree of emotional over-responsiveness and liability to neurotic breakdown under stress. Taking in consideration the conceptual limits and practical difficulties associated with the use of the EPQ in the present study, only a high neurotic predisposition could be assumed for duodenal ulcer patients. In itself, such neurotic predisposition does not sufficiently differentiate this group from somatizing subjects who share it to a slightly higher extent. There is some support for the opinions of researchers (e.g. Rees, 1979; Wolf, 1982) who point to the importance of the personality in predisposing to duodenal ulcer but there is no support for the opinion of investigators who point to the prevalence of certain personality characteristics in duodenal ulcer patients (e.g. Yager and Weiner, 1971; Feldman and Sabovich, 1980)

The findings of the EPQ concerning the role of neuroticism in both duodenal ulcer and somatization are largely replicated and expanded through the MHQ. Duodenal ulcer patients scored significantly higher percentages on anxiety, phobia, somatization, and depression

scales than controls. The somatizing group was not significantly different from controls on the obsession and phobia scales.

All three groups scored high on the obsessive scale. These results are in accordance with Stern (1964), Henderson and Batchelor (1964), Hill and Blendis (1967) and Macdonald and Bouchier (1980) that patients with obsessive personality traits are more at risk to suffer from psychosomatic illness.

Magni etal (1982), Lyketsos et al., (1982), Myren 91983) and Mc Intosh et al (1983) agree that anxiety is more prominent in duodenal ulcer patients than in controls. In the present study, ulcer patients and somatizers scored significantly higher on anxiety scale than controls as measured by the MHQ which confirms the findings of our previous report (Abdel-Gawad et al., 1988). The findings of this study support the opinion of the frequent coexistence of anxiety, and duodenal ulcer rather than a reciprocal relation in which confirms the findings of our previous report (Abdel-Gawad et al., 1988). The findings of this study support the opinion of the frequent coexistence of anxiety, and duodenal ulcer rather than a reciprocal relation in which one disorder displaces the other (Rees, 1979 and Ramsay etal., 1982).

There is controversy as regards the presence of depression in duodenal ulcer patients. Magni et al (1982) and Myren (1983) found depression to be prominent in duodenal ulcer patients more than controls. Pflanz (1971) and Lyketsos etal (1982) noticed that although some of duodenal ulcer patients were acutely depressed at times, depression was absent during periods of exacerbation of ulcer symptoms. In this study, ulcer patients and somatizers scored significantly higher than controls as regards the prevalence of depression as measured by the MHQ.

Conclusion

In conclusion, high levels of neurotic character traits are detectable in duodenal ulcer patients. The differences in this respect from somatizing patients who have like complaints but are devoid of upper GI pathology are only marginal and do not justify a clinical distinction on symptomatic grounds. The endoscopy procedure itself still seems to be the more definitive answer to the nature of upper GI complaints.

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Profil de Personnalité et Traits Névrotiques des Patients Somatisant et ceux Souffrant d'Ulcer duodénal

Les patients présentant avec des plaintes gastrointestinales ont subit un examen médical ainsi qu'une endoscopie fibroptique. Nous avons comparé, utilisant le questionnaire de personnalité d'Eysenck (EPQ) et le questionnaire de l'Hôpital de Middlesex (MHP) les patients chez qui le diagnostique d'ulcer duodénal a été confirmé (n=100) avec 30 patients somatisant sans pathologie gastrointestinale et un groupe control parié de 30 personnes en bonne santé. Les deux groupes de patients souffrant d'ulcer duodénal et ceux somatisant ont montré un degré élevé de symptomatlogie névrotique sur le MHQ et un névroticisme significativement plus élevé sur le EPQ.

Les résultats indiquent que l'hypothèse selon laquelle les patients somatisant souffriraient necessairement de plus de trouble psychiatrique comparé à ceux actuellement souffrant d'ulcer duodénal, n'a pas était confirmé.

مقارنة بين سمات الشخصية والخواص العصابية فى مرض قرحة الاثنى عشر ومرضى الشكاوى الجسدية

تم إجراء الكشف الطبى وفحص المنظار الداخلى المرن على عينة من المرضى الذين ترتبط شكاواهم بالجزء العلوى من القناة الهضمية، ثم تم تقسيمهم إلى أولئك اللذين يعانون من قرحة مؤكدة فى الإثنى عشر (عدد = ١٠٠٪) وأولئك اللذين يعانون من شكاوى جسدية بدون سبب عضوى ظاهر (عدد = ٣٠) حيث تم تطبيق مقياس أيزنك للشخصية ومقياس مستشفى بدل سكس على أفراد العنيتين بالإضافة إلى ٣٠ فرداً من الأصحاء يشكون العينة الضابطة.

وقد تبين أن كلا من مرض ترحة الاثنى عشر ومرضى الشكاوى الجسدية يعانون من درجة عالية من الأعراض العصابية على مقياس من ل سكس والتكوين العصابى فى مقياس أيزنك مع زيادة غير دالة إحصائياً فى العينة الثانية وتؤكد النتائج أنه لا يوجد أساس إكلينيكى للفرض القائل بأن الأعراض النفسية وسمات الشخصية فى حد ذاتها يمكن أن تشكل الأساس الكافى للتفريق بين المرض اللذين يعانون من الشكاوى الجسدية فقط وأولئك اللذين يعانون من القرحة الفعلية.