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## INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)

Article DOI:10.21474/IJAR01/13005  
DOI URL: <http://dx.doi.org/10.21474/IJAR01/13005>



### RESEARCH ARTICLE

#### EXPLORING DIMENSIONS OF IMPULSIVITY IN PATIENTS WITH PERSONALITY DISORDER DURING THE PERIOD OF CONFINEMENT

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#### Manuscript Info

##### Manuscript History

Received: 10 April 2021  
Final Accepted: 14 May 2021  
Published: June 2021

#### Abstract

**Objective:** The objective of this work is to describe the sociodemographic and clinical characteristics and to explore the dimensions of impulsivity in patients with personality disorders and to evaluate their evolution during the period of confinement.

**Methods:** This study included a sample of 60 patients followed in ambulatory consultation at the university psychiatric hospital Arrazi in Salé with a personality disorder. The description of the sociodemographic and clinical characteristics was carried out using a questionnaire. The exploration of the dimensions of impulsivity was carried out based on the Barratt Impulsiveness scale.

**Results:** The average age of our patients was 28.3 years, most of the patients were male (75%). In our sample, 61.7% had a substance use disorder, 38.3% had a depressive comorbidity. Concerning the impulsivity context, borderline personality disorder was found in 78.3% of our patients, antisocial personality disorder was found in 21.7%. According to the scores obtained on the Barratt Impulsiveness scale, the three dimensions measured were high in all our patients.

**Conclusion:** Confinement is a mode of adaptation of daily life in crisis situations that has dramatically changed the habits of millions of people throughout the world. It is necessary to underline the great vulnerability of people with a personality disorder to this situation which could expose to a weakening of their psychic state.

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#### Introduction:-

Since the advent of the COVID 19 pandemic, and following the example of all countries in the world, Morocco has advocated a policy of containment, in order to guarantee the respect of social distancing and thus to prevent and limit the spread of the Sarscov virus.

It is necessary to underline the great vulnerability of people with a personality disorder which is accentuated in front of this extreme sanitary situation due to the social isolation. They could present a risk of rupture of care and may have difficulties to respect the instructions of confinement and to carry out the barrier gestures.

The anxiety-provoking context and the confinement itself can be a source of fragility of the psychological state of these people.

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The objective of this work is to describe the sociodemographic and clinical characteristics and to explore the dimensions of impulsivity in patients with personality disorders and to evaluate their evolution during the confinement period.

### **Materials And Methods:-**

This study included 60 patients followed in ambulatory consultation at the University Psychiatric Hospital Arrazi in Salé known to have a personality disorder.

The description of the sociodemographic and clinical characteristics was carried out by means of a questionnaire.

The exploration of the dimensions of impulsivity was carried out on the basis of the Barratt Impulsiveness scale. The choice of this evaluation instrument is justified by the fact that it is the most widely used in research to measure impulsivity. This scale was originally published by the American psychologist Ernest S. Barratt in 1959. The version used in our work is the eleventh and last revision which was published in 1995 [1].

This scale is composed of 3 distinct sub-scales of which the patient is not aware at the time of the test. The different items are mixed into a single list. The score varies between 1 and 4 points per item because the patient has to choose between 4 frequencies (from Never to Almost always). The first subscale explores attention, and thus cognitive impulsivity, the second is concerned with motor impulsivity, and the third with lack of planning.

We included patients with borderline and antisocial personality disorders defined according to DSM 5 criteria, aged between 18 and 65 years, who were informed of the objective of the study and who provided informed consent.

Each patient included in the study was received for a psychiatric interview to complete an anonymous and confidential questionnaire. They were informed orally that their decision to participate or not in the study, as well as the answers given, would not influence their psychiatric care.

We excluded patients with an underlying brain organicity or psychiatric disorder.

Data were analyzed using SPSS version 20 software.

A p value < 0.05 was considered statistically significant.

### **Results:-**

As shown in Table n°1, the average age of our patients was 28.3 years, most of the patients were male (75%), 23.3% of our patients were married, only 6.7% had a university level of study, 68.3% were unemployed, 20% of our patients had a low socioeconomic level, 61.7% had a substance use disorder, 38.3% had a depressive comorbidity.

Concerning impulsivity context, borderline personality disorder was found in 78.3% of our patients, antisocial personality disorder was found in 21.7%.

Figure n°1 represents the different reactions that were observed in our patients facing confinement. Anger was found in 41.7% of our patients, indifference in 30%, incomprehension in 5%, and acceptance in 23.3% of our patients.

According to the scores obtained on the Barratt Impulsiveness scale, the scores of the three dimensions measured were high in all our patients, with the following percentages:

The planning difficulty score was found to be high in 56.7% of our patients

The motor impulsivity score was found to be high in 73.3% of our patients. The Cognitive Impulsivity Score was found to be high in 71.7% of our patients.

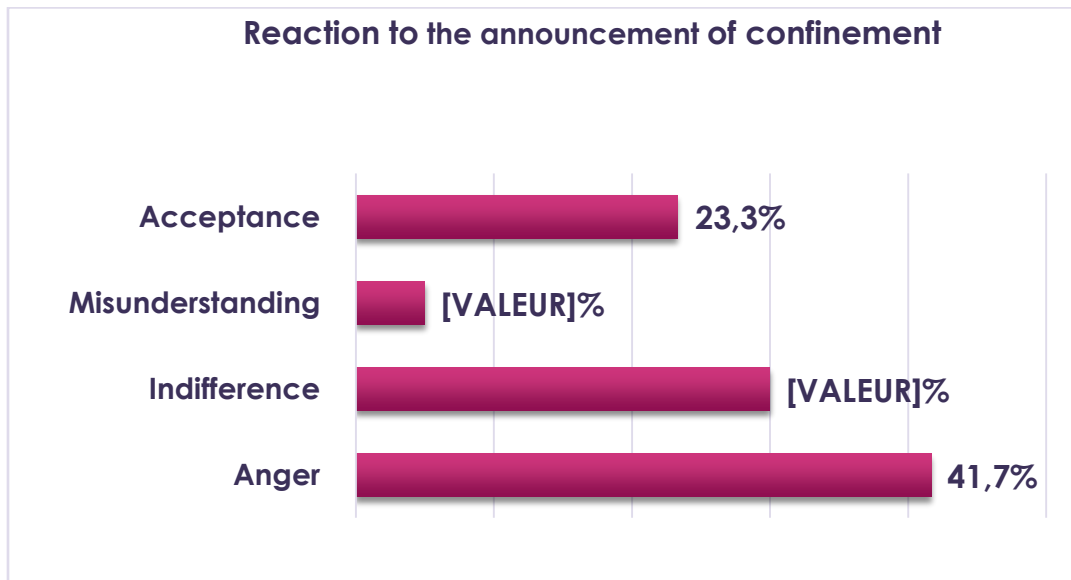
According to the results of the correlation study (Table n° 2,3,4) between the three dimensions of impulsivity and the variables concerning gender, addictive comorbidity, and personality type. The planning difficulty score and the motor impulsivity score were higher in patients with a personality disorder and who have a substance use disorder.

This correlation was statistically significant with a p equal to 0.001 for the planning difficulty score and 0.003 for the motor impulsivity score.

**Appendices:-**

**Table n°1:-** Socio-demographic characteristics of the sample.

Socio-demographic characteristics	Percentage (%)
<b>Average age</b>	28,33 (min=16, max=44)
<b>Gender</b>	
Male	75 %
Female	25 %
<b>Marital status</b>	
single	68,3%
Married	23,3%
Divorced	8,3%
<b>Level of study</b>	
Unschoolled	11,7%
primary	41,7%
Secondary	40%
university	6,7%
<b>Profession</b>	
yes	31,7%
No	68,3%



**Figure n°1:-** Patients' reaction to the announcement of confinement.

**Table n°2:-** Correlation results between planning difficulty score and variables concerning gender, addictive comorbidity, and personality disorder type.

Variables	Planning difficulty score		P-value
	high	Limit of normal	
Gender	Male	25 (73,5 %)	0,76
	Female	9 (26,5 %)	
Addictive behaviour	yes	28 (82,4%)	0,001
	no	6 (17,6%)	
Personality disorder	borderline	25(73,5%)	0,30
	anti-social	9(26,5%)	

**Table n°3:-** Results of correlations between motor impulsivity score and variables concerning gender, addictive comorbidity, and personality disorder type.

Variables		MotorImpulsivity Score		P-value
		high	Limit of normal	
Gender	Male	32 (72,7%)	13(81,2%)	0,5
	Female	12 (27,3%)	3(18,8%)	
Addictive behaviour	yes	32 (72,7%)	5(31,2%)	0,003
	no	12 (27,3%)	11(68,8%)	
Personalitydisorder	borderline	37(84,1%)	10(62,5%)	0,073
	antisociale	7(15,9%)	6(37,5%)	

**Table n°4:-** Results of Correlation between cognitive impulsivitscore and variables concerning gender, addictive comorbidity, and personality disorder type.

Variables		Cognitive Impulsivity Score		P-value
		high	Limitof normal	
Gender	Male	31 (72,1%)	14(82,4%)	0,40
	Female	12 (27,9 %)	3(17,6%)	
addictive behaviour	yes	31 (72,1%)	6(35,3%)	0,008
	no	12 (27,9%)	11(64,7%)	
Personalitydisorder	borderline	33(76,7%)	14(82,4%)	0,63
	antisociale	10(23,3%)	3(17,6%)	

**Discussion: -**

The psychological experience of quarantine has been described in the literature mainly highlighting these feelings of boredom, social isolation, stress, sleep deprivation, anxiety, post-traumatic stress disorder, depression, suicidal behaviors, addictive behaviors, and domestic violence, however, the mechanisms of emergence of these disorders and their interrelationships remain poorly understood [2].

There is a relationship between personality structure and psychopathological responses to isolation and solitary confinement. Patients with antisocial personality disorder are impulsive, sensation-seeking and have a particular inability to tolerate routine, boredom and situations with reduced environmental stimulation [3].

The risk of psychopathological complications in solitary confinement is therefore important for these subjects: intellectual and behavioral disorganization, hallucinatory phenomena, behavioral disorders with self-inflicted but especially hetero aggressive acts.

A study made at the State University of Londrina in Brazil has found traits such as "insensitivity, deception and manipulation", which can also exist in these people.

According to studies carried out in prisons, social isolation, the rupture of links with their families is difficult to manage for patients suffering from borderline personality disorder. Loneliness is painful for them, reinforcing their feeling of emptiness and boredom. Their fear of abandonment leads to a need for affectivity, reassurance and support [4], which they will have difficulty accessing in the prison environment, given the difficulty of contacting those around them.

They will also have difficulty complying with the rules of prison life, and the frustrations associated with the many deprivations. Impulsive and aggressive reactions will be frequent, exposing them particularly to disciplinary sanctions.

Family or sentimental difficulties on the outside will be particularly difficult to manage for these people, and the risk of acting out will be high in the event of a crisis, such as a marital conflict or a romantic break-up. The risk of death by suicide is high for these individuals [5].

Physical isolation and environmental restrictions are potentially pathogenic for these individuals, favoring psychotic symptoms or impulsive self-aggressive reactions to the anxiety generated by the situation.

People with borderline personalities have a feeling of abandonment and rejection, a very intense fear of death, all of which are nowadays increased tenfold, when we see the death rate due to the virus increasing day after day, which causes inherent "effects" up to suicidal behavior.

**Conclusion:-**

Confinement could induce an exacerbation of disorders in all psychopathological dimensions, for vulnerable populations or those with underlying psychological disorders, but also for the general population, hence the interest in developing a disaster prevention program that is flexible and customizable, thus making it possible to adapt to crisis situations and guarantee continuity of care.

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