

Oral presentation

Temperament and affective disorders

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"Temperament conventionally refers to stable behavioural and emotional reactions that appear early and are in part by genetic constitution" (Kagan 1994). Since the time of Hippocrates, such enduring patterns of emotional reactions have been described in both patients and "normal" people. Emil Kraepelin linked basal states ("Grundzustände") to the more serious cases of manic-depressive insanity and described depressive, hyperthymic, irritable and cyclothymic temperamental states. Both he and Kretschmer believed in a continuum between temperament and severe bipolar illness: "The weaker and weakest forms [of manic-depressive insanity] imperceptibly pass into certain personal peculiarities" (Kraepelin 1904). This concept of continuity has been severely criticized by influential psychiatrists including Kurt Schneider, who believed in a clear division between psychoses (today's DSM axis I disorders) and psychopathies (today on axis II) without continuity or mixity. Only in the last 40 years German psychiatrist such as Tellenbach, von Zerssen and Tölle tried to restore parts of the Kraepelinian concept of continuity.

The last decade has seen a revival of the discussion on temperament as the basis of affective disorders through the work of Hagop Akiskal, who developed the Temperament Evaluation of Memphis, Pisa, Paris and San Diego both in interview and auto-questionnaire versions (TEMPS, 110 items). At the University of Muenster (Germany) a briefTEMPS with 35 items was developed and validated (Erfurth *A et al.*: *JAD* 2005, **85**: 53–69), distribution and gender effects of the subscales of the briefTEMPS in a university student population are described (Erfurth *A et al.*: *JAD* 2005, **85**: 71–76).