

RESUMEN:

El TDAH es un trastorno del desarrollo neurológico, que comienza en la infancia y continúa hasta la edad adulta en más de la mitad de los casos (Ramos & Casas, 2009). Se caracteriza por un déficit en la atención y/o hiperactividad e impulsividad desproporcionadas (Van Dijk et al., 2017). Esta sintomatología es crónica y ocurre en al menos dos ambientes (social, familiar, escolar o laboral). Este trastorno psiquiátrico es de los más prevalentes en la población adulta (Ramos & Casas, 2009). Además, la gente difiere en la manera de comportarse, pensar y sentir. Son estas diferencias en las características psicológicas, en la personalidad, las que parecen tan importantes para definir quién es una persona (Ashton, 2017). El modelo de cinco factores es uno de los modelos de personalidad más aceptados (Ortet, 2017). El objetivo de este trabajo es estudiar la relación entre las dimensiones de personalidad según el Modelo de Cinco Factores de personalidad y la sintomatología del TDAH.

La muestra está formada por 697 personas (edad media = 21,47, SD = 3,987, un 33,15% hombres) que informaron sobre la sintomatología de TDAH y sus características de personalidad mediante los cuestionarios ASRSv.1.1 (WHO, 2003) y BFPTSQ (Morizot, 2014; Ortet, 2017), respectivamente, a través de Qualtrics.

Por una parte, se diferencian los síntomas del TDAH en inatención e hiperactividad/impulsividad. Por otra parte, en el BFPTSQ se diferencian las 5 dimensiones de personalidad que son apertura, extraversion, amabilidad, responsabilidad y estabilidad emocional.

Los principales resultados del análisis de regresión muestran que el sexo (3'3%) y la edad (5%) no predicen significativamente el TDAH, pero la extraversion (9%), y sobre todo la baja responsabilidad (38'3%) y la baja estabilidad emocional (29'4%) se relacionan con la sintomatología de TDAH.

Palabras clave: TDAH, Modelo de Cinco Factores, personalidad, BFPTSQ y ASRSv.1.1.

ABSTRACT:

ADHD is a neurodevelopmental disorder, which begins in childhood and continues into adulthood in more than half of cases (Ramos & Casas, 2009). It is characterized by a deficit in attention and / or disproportionate hyperactivity and impulsivity (Van Dijk et al., 2017). This symptomatology is chronic and occurs in at least two environments (social, family, school or work). This psychiatric disorder is one of the most prevalent in the general adult population (Ramos & Casas, 2009). Moreover, people differ in their typical ways of behavior, thought and feeling. It is these differences in psychological characteristics, these differences in personality, that seem so important to define who a person is (Ashton, 2017). Five-Factor Model is one of the most accepted personality models (Ortet, 2017). The aim of this investigation was to study the relationship between personality dimensions according to the Five-Factor Personality Model and the symptoms of ADHD.

The sample is made up of 697 people (mean age = 21.47, SD = 3,987, 33.15% men) who reported on ADHD symptoms and their personality characteristics using ASRSv.1.1 (WHO, 2003) and BFPTSQ (Morizot, 2014; Ortet, 2017) questionnaires respectively, through Qualtrics.

On the one hand, the ADHD symptoms are differentiated in inattention and hyperactivity / impulsivity. On the other hand, in the BFPTSQ the 5 personality dimensions are differentiated in openness, extraversion, agreeableness, conscientiousness and emotional stability. The main results of the regression analysis show that sex (3.3%) and age (5%) do not specifically predict ADHD. However, extraversion (9%), and especially low responsibility (38.3%) and low emotional stability (29.4%) are related to ADHD symptoms.

Key words: ADHD, Five Factor Model, personality, BFPTSQ and ASRSv.1.1.

ADHD AND FIVE FACTOR MODEL OF PERSONALITY

INTRODUCTION

ADHD is a neurodevelopmental disorder, which begins in childhood and continues into adulthood in 50% of cases (Ramos & Casas, 2009). It is characterized by a deficit in maintaining attention and/or a disproportionate hyperactivity and impulsivity (Van Dijk et al., 2017). This psychiatric disorder is one of the most prevalent in the general adult population (Ramos & Casas, 2009).

The FFM is one of the most accepted personality models, which proposes five general dimensions of personality: O, E, A, C and N (ES) (Ortet et al, 2017).

Below are the relationships of previous personality studies with ADHD:

	N	E	O	A	C
M. Shi & T. Du (2019)	IA	↑		↓	↓
	IA	↑			↓
A. Wallace (2016)	HI			↓	
	HI		↑		↓
Stanton & Watson (2016)	IA	↑	↓		↓
	HI	↑	↑		↓
Morizot (2014)	IA+HI	↑	↑		↓
R. Gómez & P. Corr (2014)	IA				↓
	HI			↓	↓
A. McKinney, W. Canu & H. Schneider (2013)	IA	↑			↓
	HI	↑		↓	↓
A. Avisar & L. Shalev, (2011)	IA	↑	↓	↓	↓
	HI			↓	↓
Parker, J.D.A., Majeski, S.A., & Collin, V.T. (2004).	IA				↓
	HI		↑		↓

Objective: study the relationship between the personality dimensions according to FFM and ADHD.

H1: Male adults will present more ADHD symptoms than female adults.

H2: Females will obtain lower scores in Emotional stability than males, meanwhile males obtain lower scores in Agreeableness and Conscientiousness than females.

H3: Adults with ADHD will obtain a low scores in Emotional stability associated with inattention.

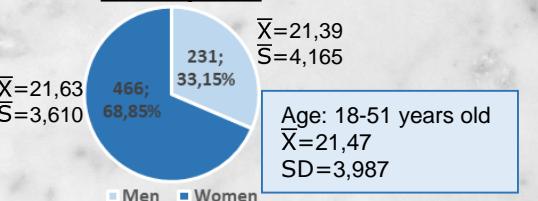
H4: Adults with ADHD will obtain a low score in A and C, associated with hyperactivity / impulsivity.

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TFG Psychology 2019-2020 (PS1048)

METHOD

Participants



Instruments

- ✓ Adult ADHD self-report scale (WHO, 2003).
- ✓ Big Five Personality Traits Short Questionnaire (Morizot, 2014; Orte, 2017).

Procedure

- ✓ Correlational cross-sectional study (6 months).
- ✓ Design of survey in Qualtrics
- ✓ Survey data collection through university community.

Statistical analyses

Descriptive analyses of demographic data and study variables are done, as well as a t-test to compare the different variables between sexes and d of cohens (Cohen, 1992). Reliability analysis of the scales used is performed. Moreover, bivariate correlations are carried out between personality traits and ADHD symptomatology. To control covariance, regressions analysis is performed.

RESULTS

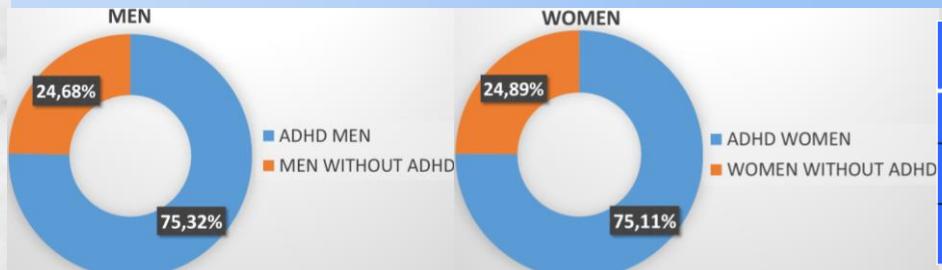


Table 1. Descriptive Analysis	Whole sample			Males		Females		t	d
	X	SD	α Cronbach	X	SD	X	SD		
Openness	2.74	.681	.836	2.70	.709	2.80	.670	-1.815	0.014
Extraversion	2.52	.742	.848	2.48	.727	2.59	.752	-1.806	0.014
Agreeableness	2.71	.618	.772	2.63	.620	2.75	.607	-2.354	0.019
Conscientiousness	2.33	.658	.808	2.20	.612	2.42	.672	-4.067*	0.034
Emotional Stability	2.00	.784	.858	2.31	.656	1.90	.811	6.723***	0.055
Inattention	1.66	.641	.841	1.71	.655	1.65	.634	1.031	0.009
Hiperactivity/ Impulsivity	1.51	.613	.790	1.51	.600	1.51	.620	.007	0.000

Tabla 2. Pearson's Correlation Analyses	Openness	Extraversion	Agreeableness	Conscientiousness	Emotional stability
ADHD	-.033	-.049	-.195***	-.425***	-.326***
Inattention	-.054	-.155***	-.159***	-.541***	-.238***
Hiperactivity/ Impulsivity	-.015	.081	-.182***	-.194***	-.342***

Table 3. Regression Analyses	ADHD		IA		HI	
	β	ΔR^2	β	ΔR^2	β	ΔR^2
Step 1		.004		.010		.000
Age	-.055		-.088*		-.007	
Sex	-.033		-.053		-.004	
Step 2		.251***		.308***		.182***
Openness	.079		.094*		.042	
Extraversion	.090*		-.053		.216***	
Agreeableness	-.009		.047		-.064	
Conscientiousness	-.383***		-.530***		-.130**	
Emotional Stability	-.294***		-.137**		-.381***	

DISCUSSION

The percentage of adults with ADHD is the same for both sexes, contrary to previous studies have stated there are more men than women with ADHD (Aragonès et al, 2010). As in previous research, women obtain significantly lower scores in Emotional stability, while men obtain significantly lower scores in Conscientiousness (Gershon et al, 2002). Following the same line as in foregoing investigations, adults with ADHD obtain low scores in Emotional stability associated with inattention and low scores in Agreeableness and Conscientiousness associated with hyperactivity / impulsivity (Shi et al, 2019; Wallace, 2016; McKinney et al 2013). ADHD shares characteristics with externalizing such as low Agreeableness and low Conscientiousness, and internalizing disorders such as low Emotional stability, so some studies propose it to be a separate factor (Etkin et al, 2020; Sánchez-Sánchez et al, 2016; Achenbach et al, 2001).

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