

# BMJ

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## 1322 Minerva

### Astounding papers on personality and disease

The idea that the kind of person you are may dictate how you die is deeply rooted in popular thinking, and much research has been done on personality and disease. The most remarkable work has come from two academic psychologists—H J Eysenck and R Grossarth-Maticek. One study showed that people classified as having a "coronary artery disease prone personality" were 27 times more likely to die of coronary heart disease than "healthy, autonomous types," while those with a "cancer prone personality" were 121 times more likely than controls to die of cancer. Even more remarkable is that something called "creative novation therapy" dramatically reduced death rates among those whose personalities made them prone to heart disease or cancer. Psychiatrists Tony Pelosi and Louis Appleby were incredulous when faced with these results in the widely read journal *Behaviour Research and Therapy* and began to look closely at the paper. Their analysis on p 1295 shows how doubtful we should be about the results.

Cancer and heart disease are conditions laden with popular beliefs and misconceptions, and another such disease is multiple sclerosis. Popular "cures" for the disease abound, but H E Webb shows in an editorial that no treatments—including hyperbaric oxygen, plasmapheresis, desensitisation, dietary changes, and

treatments with anti-infective, anti-inflammatory, immunosuppressive, and immunostimulative drugs—achieve any long term benefit (p 1260). Fortunately, although the therapeutic outlook is bleak, understanding of the mechanisms of the disease is improving—as W I McDonald describes in another editorial (p 1259).

One of the central beliefs of medicine is that continuity in the relationship between a doctor and his or her patient is beneficial, but evidence that this belief is true is sparse. Now Per Hjortdahl and Even Laerum from Norway have studied almost 4000 patients from general practice and shown that when doctors provide personal continuous care patients are seven times more likely to be satisfied with consultations than when care is not provided in that way (p 1287).

Finally, even if you don't have a continuing relationship with patients make sure that you hear what they are telling you rather than what you would like to hear. J A Hicklin tells the story of a woman who was investigated years ago by several doctors for a strange feeling in her feet (p 1314). Eventually she was seen by a famous diagnostician, who observed that she felt "as if she was walking on sorbo-rubber insoles." On examination he found that she had sorbo-rubber insoles, and their removal was the cure.

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Editor's  
Choice