

Frequency of Borderline Personality Disorder among psychiatric patients visiting the Psychiatric Outpatients Department

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ABSTRACT

Background: Borderline personality disorder (BPD) is widespread in clinical settings, with an estimated predominance of up to 20%, and has a role in critical dimensions of psychosocial disintegration and mortality related suicide endeavors. This study aims to identify prevalence of BPD in Psychiatric patients visiting the outdoor of Psychiatry department for various psychiatric disorders.

Patients and methods: It was a prospective cross-sectional study on total 94 consecutive patients visiting the Psychiatric Outpatient Department for mood, anxiety or other disorders were screened for BPD using Urdu version of ICD-10 criteria over a period of 7 months. Data was analyzed using SPSS version 21.

Results: Mean age was 27.10±7.9. Forty-four (46.8%) patients were men and 50 (53.2%) were women. Twenty-nine patients (30.85%) were identified to have BPD. Eleven out of 44 (25%) were men and 18 out of 50 (36%) were women. Overall, 11.7% male psychiatric patients and 19.1% female psychiatric patients were diagnosed to have BPD.

Conclusion: Borderline personality disorder is quite prevalent among patients visiting the psychiatric OPD for various psychiatric issues including mood and anxiety disorders. Screening for BPD and early identification is recommended because early and correct diagnosis is crucial in making current and long-term management plans in BPD, depressive disorder and other psychiatric disorders.

Keywords:

Borderline personality disorder, Psychiatric, Disorders, Outpatient department

INTRODUCTION

Personality refers to individual differences in characteristic ways of thinking, feeling and behaving that evolve from biological and environmental factors.¹⁻

⁵ A personality disorder is a type of mental disorder having unhealthy and rigid patterns of thinking, functioning and behaving that deviates from the expectations of the culture, causes distress or problems functioning, and lasts over time. This causes significant problems and limitations in relationships, social activities, school and work.⁶ Borderline Personality Disorder (BPD) is a personality disorder diagnosed by DSM V revised Criterion as a pervasive pattern of instability in interpersonal relationships, emotion and self-image, as well as marked impulsivity beginning by early adulthood and present in a variety of situations and contexts.⁷ The essential attributions include an example of impulsivity and insecurity of practices, relational connections and self-image. There might be wild resentment and sadness.⁸ BPD is considered as an interminable model and appears under changed

conditions; displays inconsistencies seeing someone, self-wisdom and demeanors that are ran with observable impulsivity. Constant attempting to refuse being left, irregularity in relational connections and self-discernment, impulsivity, redundant practices identified with suicide, state of mind variances, ceaseless sentiment of vacancy, broad annoyance, distrustful idea content, and once in a while serious dissociative signs might be watched distinctively in BPD.^{8,9} The disorder is associated with critical dimensions of psychosocial disintegration and mortality related suicide endeavors. Borderline identity issue is substantially more pervasive in the community than recently perceived and is related with significant mental and physical handicap.¹⁰ Around 70% patients with BPD are reported to attempt suicide at some time in their life and 5-10% successfully completes the suicide, both rates are much higher than the general population.^{11,12} A study by World Health Organization on prevalence of personality disorders in 716 psychiatric patients from 14 centers in 11 countries, including United States, Japan, India, Kenya, and some European countries, identified a prevalence of BPD in 14.9% according to ICD-10 criteria, documenting the frequent occurrence of BPD among patients with

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psychiatric disorders different countries, languages, and cultures.¹³ This is important to separate the phase of affective instability in BPD from patients suffering from depressive disorder; as both disorders have different pharmacological and psychological management plans.¹⁻⁴ Data from Pakistan on identification, assessment and management of BPD in patients with psychiatric disorders visiting the psychiatric outpatient department has been inconsistent and variable. This cross-sectional observational study attempts to find out the prevalence of BPD among patients visiting the psychiatric outpatient department for mood and anxiety disorders.

PATIENTS AND METHODS

After obtaining IRB approval, descriptive prospective cross-sectional study was carried out at Psychiatry OPD of Fatima Memorial Hospital, Lahore from June till December 2017. A calculated sample size of 84 patients with a 95% level of confidence, anticipated population proportion 0.058, absolute precision required 0.05, nonresponse rate of 10% added to 84, a total sample size 94 was identified. Patients aged between 18 to 64 years were included in the study. Patients with diagnosis of personality changes after head injury or structural brain disease, epilepsy, intellectual disability and mental and behavioral disturbance due to substance abuse or dependence were excluded. Ninety-four consecutive patients fulfilling the inclusion criteria were screened for borderline personality disorder using WHO International Classification of Disease (ICD-10) criteria of borderline personality disorder (Urdu version). Informed consent was taken and detail regarding confidentiality was given to the patients. Interview was taken by principal investigator and trained clinical psychologist. Data was analyzed by SPSS version 21.

RESULTS

Among 94 screened patients, 44 were males and 50 females out of which 29 (30.9%) fulfilled the diagnostic criteria for borderline personality disorder. There were 11 (11.7%) males and 18 (19.1%) females. Age of identified patients ranged from 16 to 42 years with a mean of 27.1 ± 7.9 years. Socio-demographic factors revealed that 19 (65.5%) were unemployed and 16 (55%) were unmarried. Seven patients (24%) were educated up to primary level, 13 (44.8%) up to secondary, 7 (24%) up to graduation and 1 (3.4%) had post-graduation. Table 1 summarizes various comorbid psychiatric orders for which the patients attended the OPD. Most common comorbid psychiatric disorder was depression (55.2%).

Table 1. Frequency of comorbid psychiatric disorders in borderline personality disorder patients

Categories	Patients with BPD	Percentage
Depressive disorder	16	55.2
Anxiety spectrum disorders	3	10.3
Schizophrenia	2	6.9
Other Personality disorders	2	6.9
Mixed anxiety and depressive disorder	3	10.3
Bipolar affective disorder	3	10.3

DISCUSSION

Borderline personality disorder is the most occurring disorder in clinical setting, described by severe functional disability considerable treatment utilization.¹⁴ The occurrence of borderline personality disorder in Shanghai in 2012, among psychiatric outdoor patients was 5.8% (3.5% among males, 7.5% among females).¹³ In Pakistan, data on burden of borderline personality disorder is sparse and scattered, with no authentic available figures. This study aimed to identify borderline personality disorder among psychiatric patients visiting the psychiatric outpatient department. The study found a prevalence of about 34% in this patient population with a male predominance.

As of late, awareness has risen that psychological disarranges can be seen as both as a clear cut develop (for example the nearness or nonattendance of a specific issue) and a dimensional build (for example a seriousness measurement, running from ordinariness with barely any side effects to an out and out confusion, when somebody shows a base number of indications and experiences related disability). In spite of the fact that personality pathology is most likely best portrayed by a solitary seriousness measurement, the authors do not know about any examination having been led on the pervasiveness rates of different quantities of BPD manifestations (a sign of seriousness) in the all-inclusive community, and the related outcomes of such indications.¹⁵ There have been a number of prevalence studies that were conducted in numerous clinical and psychiatric population to find out the exact number of such problem prevailing in the society. It was observed that psychiatric data is diverse and mixed; anyone can detect an increase in the frequency of BPD with the intensity of the clinical depiction and the type of treatment they get.¹⁶ BPD can be identified in adolescents with suicidal behaviors. Prevalence studies have been also conducted in various clinical populations. The available epidemiological studies suggest that the prevalence of BPD in the general population of adolescents is around 3%. The clinical

prevalence of BPD ranges from 11% in adolescents consulting at an outpatient clinic to 78% in suicidal adolescents attending an emergency department.⁸

Borderline personality disorders had severe intensity of impulsiveness and lack of sympathy self-regulating of Axis I diagnosis and the number of tries for suicides is something like 3 times higher in bipolar clients with comorbid borderline personality disorder.¹⁷ A previous study revealed that at a particular stage, 75% of people with Borderline Personality Disorder meet criteria for mood disorder especially major depression and Bipolar I, nearly 75% meet anxiety disorder criteria, 73% meet substance abuse and dependency criteria and about 40 % for PTSD.¹⁴ High frequency of males with Borderline Personality Disorder may be related to substance use disorder, while prevalence in females may be explained by post-traumatic stress (mostly domestic) and eating disorders.¹³ Multiple thirds of individuals related to BPD additionally fulfill the criteria for another Axis II identity issue sooner or later in their lives.¹⁴ Approximately 10% of patients with borderline personality disorder have bipolar I disorder and another 10% have bipolar II disorder. Likewise approximately 20% of bipolar II patients were diagnosed with borderline personality disorder, though only 10% of bipolar I patients were diagnosed with borderline personality disorder.¹⁸ As compared with the results of previous studies, this study shows that borderline personality disorder has higher prevalence (31%) with mood disorders and anxiety disorders. The study demonstrates that individuals with BPD look for help primarily for basic mental scatters, despite the fact that a large portion of their weaknesses don't result specifically from these co morbid mental disarranges. In this manner, it appears that assistance looking for just as referral to particular emotional well-being care by general experts is frequently founded on side effects instead of characteristics, most likely because of the recognition, among the two patients and experts, of there being progressively viable treatment choices accessible for basic mental scatters than for BPD.

CONCLUSION

Borderline personality disorder is quite prevalent among patients visiting the psychiatric OPD for various psychiatric issues including mood and anxiety disorders. Screening for BPD and early identification is recommended because early and correct diagnosis is crucial in making current and long term management plans in BPD, depressive disorder and other psychotic disorders.

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