

Axis II Comorbidity of Borderline Personality Disorder

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The purpose of this study was to assess the prevalence of a full range of DSM-III-R axis II disorders in a sample of criteria-defined borderline patients and axis II controls. The axis II comorbidity of 504 personality-disordered inpatients was assessed blind to clinical diagnosis using a semistructured research interview. Odd, anxious, and dramatic cluster disorders were each common among borderline patients. However, only odd and anxious cluster disorders were significantly more common among borderline patients (N = 379) than axis II controls (N = 125). Paranoid, avoidant, and dependent personality disorders were the most highly discriminating disorders between borderline patients and controls. In addition, male and

female borderline patients exhibited somewhat different patterns of comorbidity. Although the rates of avoidant and dependent personality disorders were similar, male borderlines were significantly more likely than female borderlines to meet DSM-III-R criteria for paranoid, passive-aggressive, narcissistic, sadistic, and antisocial personality disorders. These results suggest that there is a particularly strong relationship between anxious cluster disorders and borderline personality disorder (BPD). They also suggest that gender plays an important role in the expression of axis II comorbidity, particularly with respect to dramatic cluster disorders.

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BORDERLINE PATIENTS are often diagnosed with comorbid axis II disorders or, perhaps more commonly, traits of other axis II disorders. Although these comorbid aspects of personality often have important treatment implications, this area of comorbidity has been the object of relatively little empirical study.

There are a number of reasons for this lack of empirical effort. One reason is that diagnostic interviews conforming to DSM criteria for axis II disorders needed to be developed, and their reliability had to be determined. The reliability of four of the main axis II interviews has now been assessed and found to be both adequate¹⁻⁴ and comparable to reliability levels obtained in the assessment of axis I disorders.^{5,6}

A second reason for the paucity of studies in this area is that there has been a good deal of controversy concerning the validity and clinical utility of a number of the disorders in various versions of the DSM.⁷ There has also been strong advocacy concerning the use of a dimensional system of assessment, rather than the more common categorical system.⁸ Due to these concerns, much of the research effort in this area has been devoted to studies of diagnostic efficiency,⁹ multidimensional

scaling,¹⁰ the concordance of different research interviews,^{11,12} and the co-occurrence of all the disorders described in DSM-III and DSM-III-R.^{12,13}

A third reason for the limited number of studies in this area was the relative instability in the criteria sets for many axis II disorders because our official system of nomenclature moved from DSM-III to DSM-III-R.⁷ These changes and the addition of two provisional diagnoses (self-defeating and sadistic personality disorders) discouraged research in this area by highlighting the transitory nature of these criteria sets and by necessitating the time-consuming development of DSM-III-R versions of each of the diagnostic interviews for axis II disorders.

All told, six studies that detailed the axis II comorbidity of BPD have been published.¹⁴⁻¹⁹ Three of these studies used DSM-III criteria,^{15,16,19} one used draft criteria for DSM-III-R,¹⁴ and two used DSM-III-R criteria.^{17,18}

In general, the three studies that assessed axis II comorbidity according to DSM-III criteria found that schizotypal and histrionic personality disorders were the most common comorbid axis II disorders,^{15,16,19} while the three DSM-III-R studies found that paranoid, avoidant, dependent, histrionic, and narcissistic personality disorders had the highest comorbidity rates among borderline patients.^{14,17,18}

Despite the consistency of these findings, the generalizability of the results of these studies has been limited by four main methodological problems. First, only three of these studies used a semistructured research interview to assess the presence or absence of BPD.^{14,15,19} Second, most of these studies had relatively small numbers of

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borderline patients (<40).^{15,16,18,19} Third, only two studies assessed the prevalence of axis II disorders using a semistructured interview of proven reliability^{14,19}; the remainder using guided clinical interviews^{15,16} or a checklist filled out by clinicians.^{17,18} Fourth, only one of these studies used near-neighbor axis II controls,¹⁶ one was uncontrolled,¹⁴ and the other four used heterogeneous collections of inpatients or outpatients.^{15,17-19}

The present study builds on the design of these earlier studies by incorporating all four of the following features. First, borderline status was assessed according to well-defined research criteria using semistructured interviews of proven reliability and validity. Second, a sample of almost 400 borderline patients was studied. Third, axis II assessments were made using a semistructured interview of demonstrated reliability. Fourth, a rigorously diagnosed group of personality-disordered patients was used as controls.

The present study is also, to the best of our knowledge, the first study to assess the effect of gender on the axis II comorbidity exhibited by borderline patients.

METHOD

All subjects were inpatients admitted between March 1991 and December 1995 to McLean Hospital in Belmont, MA. Each patient was initially screened to determine the following: (1) age between 18 and 50; (2) normal or better intelligence; (3) no history or recurrent symptomatology of a serious organic condition or major psychotic disorder (i.e., schizophrenia or bipolar I disorder); and (4) definite or probable axis II diagnosis by the admitting physician.

Written informed consent was obtained from each patient. Three semistructured diagnostic interviews were then administered to each patient blind to his or her clinical diagnosis by one of five interviewers (E.D.D., A.E.S., A.T., A.L., V.R.). These instruments were: (1) the Structured Clinical Interview for DSM-III-R Axis I Disorders (SCID I), a semistructured interview designed to assess the lifetime prevalence of many of the most common axis I disorders described in DSM-III-R²⁰; (2) the Revised Diagnostic Interview for Borderlines (DIB-R), a semistructured interview that can reliably distinguish clinically diagnosed borderline patients from those with other axis II disorders²¹; and (3) the Diagnostic Interview for DSM-III-R Personality Disorders (DIPD-R), a semistructured interview that reliably assesses the presence of the 13 axis II disorders described in DSM-III-R.²²

All five interviewers had been trained in the administration and scoring of these instruments by the first author (M.C.Z.), who is one of the developers of both the DIB-R and DIPD-R. Adequate levels of interrater reliability had been obtained during this training period (e.g., kappa \geq .85 on the DIB-R and DSM-III-R diagnoses of BPD).

Between-group comparisons involving categorical data were computed using the χ^2 statistic corrected for continuity; between-group comparisons involving continuous data (age and socioeconomic status) were computed using Student's *t* test. The Bonferroni correction for multiple comparisons was applied where appropriate.

RESULTS

All told, 504 patients were interviewed. Three hundred seventy-nine patients met both DIB-R and DSM-III-R criteria for BPD, and 125 met DSM-III-R criteria for at least one nonborderline axis II disorder.

Demographically, borderline patients were found to be similar to controls in terms of their marital status, race, and socioeconomic background. More specifically, about two thirds of each group had never been married (70% v 64%), 11% of each group was nonwhite, and each group had a mean socioeconomic status as measured by the five-point Hollingshead-Redlich scale²³ (1 = highest, 5 = lowest) of 2.6 ± 1.3 . However, borderline patients were found to be slightly, but significantly, younger than axis II controls (27.6 ± 6.9 v 29.2 ± 8.9) ($t = 2.10$, $df = 502$, $P = .036$). In addition, a significantly higher percentage of borderline patients (78%) than controls (56%) were female ($\chi^2 = 21.99$, $df = 1$, $P = .00001$).

We initially compared the axis II comorbidity of borderline patients and axis II controls. Because a significantly higher percentage of borderline patients than controls were women, two subanalyses to control for gender were also conducted. Because the results of these analyses were somewhat different for male and female borderline patients and controls, we decided to present our results for men and women separately, as well as our overall results comparing the mixed-gender sample of borderline patients and controls.

Table 1 compares borderline patients and axis II controls on rates of axis II disorders. At the Bonferroni-corrected alpha level of $P < .0033$, a significantly higher percentage of borderline patients than controls met DSM-III-R criteria for four specific disorders (paranoid personality disorder, avoidant personality disorder, dependent personality disorder, and self-defeating personality disorder) and two types of disorder (odd and anxious cluster disorders).

Table 2 presents significant differences in axis II comorbidity between female borderline patients and female axis II controls. At the Bonferroni-

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