



BORDERLINE PERSONALITY DISORDER AND SUBSTANCE USE DISORDERS: A REVIEW AND INTEGRATION

*Timothy J. Trull, Kenneth J. Sher, Christa Minks-Brown,
Jennifer Durbin, and Rachel Burr*

University of Missouri-Columbia

ABSTRACT. *The empirical literature on the comorbidity between borderline personality disorder (BPD) and substance use disorders (SUDs) is reviewed. BPD–SUD comorbidity data obtained from studies published from 1987 to 1997 document the frequent co-occurrence of these diagnoses. Methodological issues and theoretical models for understanding this co-occurrence are discussed. Finally, we present our conceptualization of the relations and interactions of the major factors influencing the development of BPD and contributing to the comorbidity between BPD and SUDs. © 2000 Elsevier Science Ltd.*

KEY WORDS. Borderline personality disorder, Substance use disorders, Comorbidity, Etiology, Theoretical models of comorbidity.

BORDERLINE PERSONALITY DISORDER (BPD) and substance use disorders (SUDs) are two forms of psychological problems that are often diagnosed within the same person. Despite the general acknowledgment of this co-occurrence, to date, a systematic and comprehensive review of this comorbidity is lacking. Further, few have discussed the various methodological and theoretical explanations for the comorbidity. In order to better understand the nature of the observed comorbidity between BPD and SUDs, we describe the major features of BPD, discuss major etiological factors that have been associated with BPD, review the existing data on the rates of comorbidity between BPD and SUDs, and present methodological issues and theoretical models for understanding this co-occurrence.

BORDERLINE PERSONALITY DISORDER

BPD is a severe personality disorder that develops by early adulthood, and is characterized by a lack of control of anger, intense and frequent mood changes, impulsive acts, disturbed interpersonal relationships, and life-threatening behaviors (American Psychiatric Association, 1994). BPD is the most commonly diagnosed personality disorder in both inpatient and outpatient settings (Widiger & Trull, 1993). In addition to its prevalence in clinical populations, recent estimates suggest that BPD is relatively prevalent in nonclinical populations as well (range, 2–4%; Gunderson & Zanarini 1987; Swartz, Blazer, George, & Winfield, 1990; Zimmerman & Coryell, 1989).

A growing body of evidence suggests that a comorbid BPD diagnosis may serve as a negative prognostic factor in those suffering from a variety of Axis I conditions, including, for example, anxiety disorders and major depression (e.g., Nurnberg et al., 1989; Shea, Widiger, & Klein, 1992). This is an important finding because the BPD diagnosis rarely occurs in isolation.¹ The highest rates of comorbidity occur between BPD and mood, substance use, and non-BPD personality disorders (Widiger & Trull, 1993). Focusing on Axis II comorbidity, it appears that very few BPD patients fail to meet criteria for another personality disorder (Widiger & Trull, 1993). These findings are consistent with the view that BPD represents a level of personality organization/dysfunction that cuts across existing diagnostic categories (Kernberg, 1984; Millon, 1981).

Substantial levels of impairment characterize BPD. Individuals diagnosed with BPD are prone to attempt suicide, to seek out and utilize health care services, and to report significant levels of functional impairment. Rates of completed suicide for BPD patients are estimated to be between 5 and 7%, and case-based studies of completed suicides indicate that BPD is typically the most prevalent Axis II diagnosis (Duberstein & Conwell, 1997). Further, BPD appears to be an independent risk factor for suicidal behavior over and above what can be accounted for by substance use disorder or other Axis I psychopathology (Brodsky, Malone, Ellis, Dulit, & Mann, 1997). Studies assessing the degree of functional impairment among those with personality disorder features indicate that those with a BPD diagnosis or features exhibit a greater degree of functional impairment than participants with other, non-BPD personality disorder features (Hueston, Mainous, & Schilling, 1996; Nakao et al., 1992). Finally, of patients presenting to primary care physicians, those with BPD features demonstrated one of the highest rates of health care utilization over the previous 6 months (e.g., visits to a physician, emergency room visits, hospitalizations) among those with personality disorder symptoms (Hueston et al., 1996).

Borderline Personality Disorder: Etiology and Development

Before presenting data on the comorbidity between BPD and SUDs, we briefly overview several major etiological factors that have been associated with BPD. These are also relevant to an understanding of the co-occurrence of BPD and SUDs. Although a

¹Although it is widely acknowledged that BPD rarely occurs in isolation, researchers may not fully appreciate the implications. For example, relevant to the present article, studies addressing the comorbidity between BPD and SUDs need to take into account the potential influence of other co-existing disorders (e.g., antisocial personality disorder) that may themselves show high rates of co-occurrence with SUDs.

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات