Psychiatry Research 210 (2013) 980–985

Contents lists available at ScienceDirect

Psychiatry Research

journal homepage: www.elsevier.com/locate/psychres

Hostility and childhood sexual abuse as predictors of suicidal behaviour in Borderline Personality Disorder

Liliana Ferraz [a,b,*], Maria J. Portella [a], Mónica Vállez [c], Fernando Gutiérrez [d], Ana Martín-Blanco [a], Rocío Martín-Santos [e,f], Susana Subirà [b,c]

[a] Centro de Investigación Biomédica en Red de Salud Mental, CIBERSAM. Servicio de Psiquiatría, Institut d'Investigació Biomèdica- Sant Pau (IIB-SANT PAU), Barcelona. Universitat Autònoma de Barcelona (UAB), Spain

[b] Psychopathology and Neuropsychology Research Unit, Department of Clinical and Health Psychology, Universitat Autònoma de Barcelona, Bellaterra, Barcelona, Spain

[c] Fundació Sociosanitària de Barcelona, Hospital Duran i Reynals, Barcelona, Spain

[d] Personality Disorder Unit, Institute of Neuroscience, Hospital Clínic Barcelona, and IDIBAPS, Barcelona, Spain

[e] Department of Psychiatry, Institute of Neuroscience, Hospital Clínic, IDIBAPS, CIBERSAM

[f] Department of Psychiatry and Clinical Psychobiology, University of Barcelona, Barcelona, Spain

ARTICLE INFO

Article history:
Received 8 November 2012
Received in revised form
5 July 2013
Accepted 8 July 2013

Keywords:
Borderline personality disorder (BPD)
Impulsivity
Hostility
Temperament
Suicidal behaviour
Childhood sexual abuse.

ABSTRACT

Impulsivity is a multidimensional construct and has been previously associated with suicidal behaviour in borderline personality disorder (BPD). This study examined the associations between suicidal behaviour and impulsivity-related personality traits, as well as history of childhood sexual abuse, in 76 patients diagnosed with BPD using both the Structured Interview for *Diagnostic and Statistical Manual of Mental Disorders* III (DSM-III) Axis-II diagnoses and the self-personality questionnaire. Impulsivity-related traits were measured using the Barratt Impulsiveness Scale-11 (BIS-11), the Buss–Durkee Hostility Inventory (BDHI) and the Temperament and Character Inventory-Revised (TCI-R). We found that hostility and childhood sexual abuse, but not impulsivity or other temperament traits, significantly predicted the presence, number and severity of previous suicide attempts. Hostility traits and childhood sexual abuse showed an impact on suicide attempts in BPD. Our results support previous findings indicating that high levels of hostility and having suffered sexual abuse during childhood lead to an increased risk for suicidal behaviour in BPD.

© 2013 Elsevier Ireland Ltd. All rights reserved.

1. Introduction

Recurrent suicidal behaviours constitute one of the most severe features of borderline personality disorder (BPD), present in 70% of patients, with an average of three lifetime suicide attempts (Soloff et al., 2000). Prevalence rates for complete suicide in this disorder are around 3–10% (Paris and Zweig-Frank, 2001; Leichsenring et al., 2011). Among the factors that could be related to suicidality in BPD, personality traits, such as impulsivity (Rihmer and Benazzi, 2010; Courtet et al., 2011; Lynam et al., 2011), and early adverse experiences during childhood (Horesh et al., 2009; Wingenfeld et al., 2011) have been found to increase the risk of suicidal behaviours. However, few studies have investigated the joint contribution of these two factors to suicide risk in BPD.

Impulsivity, understood as a stable trait of personality, has been characterised as a multidimensional construct. In BPD, it is a nuclear feature that is generally expressed by a severe behavioural disturbance, manifested by recurrent self-aggressive behaviours, such as substance abuse, risky sexual behaviour and angry outbursts, among others (Links et al., 1999; American Psychiatric Association, 2000). Previous studies have consistently demonstrated that patients with BPD show high scores on scales measuring several aspects of impulsivity (Paris et al., 2004; Peters et al., 2012). The multidimensional nature of impulsivity observed in BPD ranges from greater motor activation to less attention and decreased planning (Bornovalova et al., 2005; Ferraz et al., 2009). In addition, aggressiveness or aggressive behaviours, also characteristic in subjects with BPD, can be measured as a dimension of attitudinal and behavioural hostility (Evren et al., 2011). In fact, patients with BPD usually exhibit high levels of hostility in several dimensions of the aggressiveness trait, such as assault, indirect aggression, irritability, resentment, suspicion and guilt (Dougherty et al., 1999; Paris et al., 2004; Ferraz et al., 2009).

Impulsivity and aggression have both been previously associated with suicidal behaviours across different diagnoses (Horesh et al., 1999; Carballo et al., 2006; Conner et al., 2009), as well as in BPD (Brodsky et al., 1997; Soloff et al., 1994; Soloff et al., 2000; Kolla et al., 2008; Giegling et al., 2009). There is also some evidence suggesting that this relationship is stronger in younger

* Corresponding author at: Department of Psychiatry, Santa Creu i Sant Pau Hospital, St. Antoni Mª Claret 167, 08025, Barcelona, Spain. Tel.: +34 93 553 7837; fax: +34 93 291 9399.

E-mail address: lilianaferraz@gmail.com (L. Ferraz).

0165-1781/$ - see front matter © 2013 Elsevier Ireland Ltd. All rights reserved.
http://dx.doi.org/10.1016/j.psychres.2013.07.004

individuals and decreases in importance with age (McGirr et al., 2008). Although these psychological traits are somehow related, they are different constructs. To date, the literature regarding this issue is confusing and contradictory (Gvion and Apter, 2011), as some authors consider them as a single global category, impulsive–aggressive diathesis (Mann et al., 1999; Seroczynski et al., 1999), while others believe that they represent distinct phenomena (Critchfield et al., 2004; Keilp et al., 2006; García-Forero et al., 2009). Impulsivity is a stable trait of personality that can be defined by spontaneous, poorly planned or situationally inappropriate behaviours that may or may not include aggressive behaviours (Evenden, 1999). Aggression or trait aggressiveness can be measured through attitudinal and behavioural hostility, defined as a general propensity to engage in acts of physical and verbal aggression, a proneness to anger and a proneness to hold hostile beliefs about other people across situations (Buss and Perry, 1992; Bushman, 1996).

Another impulsivity-related trait is the temperament dimension of Novelty Seeking (NS). According to Cloninger′s model, NS includes four personality traits associated with exploratory activity in response to novel stimulation, impulsive decision making, extravagance in approach to reward cues and quick loss of temper and avoidance of frustration (Cloninger et al., 1993). With regard to BPD, NS along with temperament dimension of Harm Avoidance (HA) have been consistently reported to be altered in these patients (Barnow et al., 2005; Calati et al., 2008; Ferraz et al., 2009). Furthermore, these two temperament dimensions were previously related to suicidal behaviours, both in BPD (Chapman et al., 2009; Giegling et al., 2009) and in other psychiatric disorders (Conrad et al., 2009; Pawlak et al., 2013; Perroud et al., 2013).

Early childhood traumatic experiences have been associated with self-destructive and suicidal behaviour later in life (Chen et al., 2010; Trask et al., 2011). Due to the high prevalence of history of childhood abuse among patients with BPD, some authors have studied its developmental consequences and its implication in the aetiology of the disorder (Zanarini and Frankenburg, 1997; Bandelow et al., 2005; Lobbestael et al., 2010). Apart from personality traits, having suffered adverse experiences in childhood could also underlie the behavioural disturbances of BPD, and especially self-injurious behaviours (Gratz, 2003; Gratz et al., 2011; Wingenfeld et al., 2011). Childhood abuse, and particularly childhood sexual abuse (CSA), has been previously related to suicide risk in BPD (Brodsky et al., 1997; Soloff et al., 2002; Soloff et al., 2008; Horesh et al., 2009). Soloff et al. (2002) showed that the occurrence and severity of CSA predicted suicidal behaviour independent of other known risk factors. In fact, this group found that in patients with CSA, the risk of suicidal behaviour was 10 times more than in patients without such history.

Despite the central role of impulsivity in BPD, and although it has been previously associated with suicidal-related variables, we still do not know how specific components of this trait and other related personality traits such as hostility and NS could be linked to suicidal behaviours. The relationship between impulsivity-related traits and suicide may be confounded by the heterogeneous nature of impulsivity and aggression constructs (Gvion and Apter, 2011). Moreover, childhood experiences of abuse, specifically with CSA, have been suggested as a potential risk factor for suicide in BPD.

This being so, the aim of the present study was to determine the relationships between impulsivity-related traits and history of CSA in suicidal behaviours in patients with BPD. We specifically aimed to study these two factors in order to establish the joint effect of both psychological and environmental risk factors on suicidal behaviours in BPD. We expected to find that high levels of impulsiveness (as a stable personality trait measured with the BIS-11) and high levels of hostility (as behavioural and emotional dimensions of trait hostility measured with the BDHI) would predict the presence and a higher number of suicide attempts. In addition, higher levels of NS and HA temperament traits would also predict the presence and higher number of suicide attempts. Finally, having suffered CSA would be associated with higher suicidality.

2. Methods

2.1. Subjects

The study sample consisted of 76 subjects diagnosed with BPD (*Diagnostic and Statistical Manual of Mental Disorders* fourth edition text revision (DSM-IV-TR) criteria), of whom 78% were women, with a mean age of 30.3 years (standard deviation (S.D.)=8.0). The initial sample consisted of 81 subjects, but five of them had to be excluded as they had not completed all the questionnaires. Patients were recruited over a period of 3 years in an outpatient hospital unit specialising in the assessment and treatment of BPD, Fundació Sociosanitària de l′Hospital Duran i Reynals, Barcelona. Subjects were initially screened using the Structured Clinical Interview for DSM-IV (SCID) Axis II Personality Disorders (SCID-II, Spanish version by First et al., 1999) and were included in the study if they met the BPD DSM-IV-TR criteria (APA, 2000). We used both the self-administered and the semi-structured interview to confirm a diagnosis of BPD. Demographic and clinical data were collected using a clinical interview designed *ad hoc* by our research team. Exclusion criteria were the following: schizophrenia or other psychotic disorder, current severe substance abuse or dependence, severe organic illness or mental retardation. All clinical and SCID-II interviews were conducted by an experienced clinical psychologist previously trained in the administration of this interview. Informed written consent was obtained from all patients prior to the inclusion in the study, which was approved by the Hospital Ethics Committee.

2.2. Measures

Suicidality

The primary outcome variable of the study was assessed by means of a structured interview designed to obtain a detailed history of previous suicidal behaviour and that systematically assessed the following variables: presence or absence of previous suicide attempts, lifetime number of attempts, lifetime number of medically attended attempts (i.e., severity of attempts) and age at first suicide attempt.

Childhood Sexual Abuse

Childhood history and early adverse experiences were determined by means of a clinical interview. A detailed history of general childhood abuse was obtained. For the purpose of the present work, we used only CSA as a study variable. Presence of CSA was defined as having suffered an experience of sexual abuse before the age of 16.

Impulsivity-related traits

Personality traits were assessed by means of validated self-reported instruments. Impulsiveness, defined as a stable trait of personality, was assessed using the Barratt Impulsiveness Scale – 11 (BIS-11; Spanish version, Oquendo et al., 2001a), a 30-item, Likert-type, self-report questionnaire that measures three subtypes of impulsiveness: motor (motor and lack of perseverance), attentional (inability to focus attention or concentrate) and non-planning impulsiveness (lack of self-control and planning). The BIS-11 has shown an adequate internal reliability (Cronbach′s α=0.75) in Spanish samples (Oquendo et al., 2001a). Hostility was measured by means of the Buss–Durkee Hostility Inventory (BDHI; Buss & Durkee, 1957, Spanish adaptation version, Oquendo et al., 2001b), a widely used self-rating questionnaire structured with a true/false format, and 74 items that assess impulsive–aggressive behaviour and hostility. It gives a total score of hostility and eight subscales. This questionnaire has shown a reliability of 0.86 in its Spanish version (Oquendo et al., 2001b). Temperament traits were assessed with the Spanish validated version of the Temperament and Character Inventory-Revised (TCI-R; Cloninger et al., 1993; Gutierrez-Zotes et al., 2004), a 240-item self-report assessing four temperament dimensions (Novelty Seeking (NS), Harm Avoidance (HA), Reward Dependence (RD) and Persistence (PS)) and three character dimensions. The Spanish version of this questionnaire has also shown adequate internal reliability (Cronbach′s α of 0.80–0.89). For the purposes of the present study, only temperament dimensions were used, given that it can be assumed that character dimensions are commonly and similarly altered in personality disorders, whereas temperament dimensions have shown to be discriminative of the type of personality disorders (Cloninger et al., 1993; Gutierrez et al., 2008). With regard to BPD,

دریافت فوری ← متن کامل مقاله

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