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Childhood abuse, mental healthcare utilization, self-harm behavior, and multiple psychiatric diagnoses among inpatients with and without a borderline diagnosis

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Abstract

Although borderline personality disorder (BPD) has defined diagnostic criteria, a number of other clinical features are associated with this diagnosis. These features may include childhood histories of abuse (eg, sexual, physical, and emotional abuse; the witnessing of violence), high mental healthcare utilization, self-harm behavior, and polysymptomatic presentations that result in multiple Axis I diagnoses. Although each of these variables has been described in the empirical literature, only 1 other study has explored all 4 of these variables in a single study population—the Collaborative Longitudinal Personality Disorders Study. Using clinical diagnoses and self-report surveys, we explored these variables among psychiatric inpatients in a community hospital. We found that, compared with patients with no BPD, those with BPD reported significantly more types of childhood trauma, higher utilization of particular mental health services (ie, number of times and days of hospitalization for mental health or substance abuse, number of psychiatrists and therapists ever seen, number of courses of psychotherapy treatment), and a higher number of self-harm behaviors. Although not significant, there were positive trends for the remaining variables. The authors discuss the implications of these findings as they relate to patients with BPD.

1. Introduction

According to the *Diagnostic and Statistical Manual of Mental Disorders, fourth edition* (*DSM-IV*) [1], a variety of clinical criteria are associated with borderline personality disorder (BPD). Although these criteria have been empirically confirmed, the research literature indicates that several additional clinical features may be associated with BPD.

1.1. Childhood abuse

Many patients with BPD report childhood histories of trauma [2]. The literature on the relationship between childhood trauma variables and BPD in adulthood is extensive and beyond the scope of this paper. However, Sabo [3] and Goodman and Yehuda [4] provide excellent summaries of this material and the results from the Collaborative Longitudinal Personality Disorders Study indicate that, compared with other personality disorders, those with BPD reported higher rates of childhood traumatic exposure [5]. Childhood abuse may include sexual, physical, and emotional abuse. In some studies, the witnessing of violence is an additional trauma variable, although its influence in the development of BPD may be dependent upon the victim's age.

1.2. High mental healthcare utilization

Several researchers have confirmed the finding of high mental healthcare utilization among those with BPD. For example, Hull and colleagues [6] found that the 3 most common reasons for hospitalization of patients with BPD

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were anorexia nervosa, psychotic symptoms, and suicidality—all of which are associated with frequent hospitalizations, in general. Compared with those without BPD, Zanarini and colleagues [7] found that inpatients with BPD had significantly more extensive histories of mental health treatment. Hurt [8] determined that hospital readmissions were most often associated with an Axis II diagnosis of BPD. Finally, in the Collaborative Longitudinal Study of Personality Disorders [9], investigators found that BPD in combination with posttraumatic stress disorder resulted in higher frequencies of hospitalization than those patients with BPD without this secondary diagnosis.

1.3. Self-harm behavior

While *DSM-IV* [1] includes a criterion for recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior, an emerging body of literature is beginning to characterize the nuances of self-harm behavior. For example, compared with non-BPD controls, studies indicate that those with BPD evidence a greater number of suicide attempts [10,11], nonmedically serious attempts [12], serious overdoses [13], suicide attempts that are coupled with a history of self-mutilation [14], and suicidal behavior in the context of childhood sexual abuse [15]. In the Collaborative Longitudinal Personality Disorders Study [11], investigators determined in a sample of personality-disordered patients that BPD was a predictor for suicide attempts. Beyond the suicidal spectrum, the clinical relevance of global self-harm behavior to BPD was highlighted by Sansone and colleagues [16] who found that high scores on a self-harm measure were highly suggestive of the diagnosis of BPD.

1.4. Polysymptomatic presentations

Several investigators have noted a relationship between BPD and multiple psychiatric symptoms. In this regard, Zweig-Frank and Paris [17], as well as Morey and Zanarini [18], describe high levels of neuroticism among patients with BPD. In addition, Zanarini and colleagues [19] found an association between BPD and multiple Axis I disorders and concluded that a lifetime pattern of complex psychiatric comorbidity has strong predictive power for the borderline diagnosis. The association between BPD and multiple Axis I diagnoses was also confirmed by Zimmerman and Mattia [20]. Soderberg [21] found an association between BPD and multiple Axis II disorders, which according to Becker and colleagues [22] is likely to include other Cluster B disorders. The finding of multiple Axis I and II disorders was also confirmed by the Collaborative Longitudinal Personality Disorders Study [23].

1.5. Summary

To summarize, a large body of empirical literature indicates that certain clinical features (eg, childhood abuse, high mental healthcare utilization, high levels of self-harm behavior, multiple Axis I and II diagnoses) are common among those with BPD. However, only 1 prior study has examined all 4 of these variables in a single study population. This is an important undertaking because perhaps only particular features emerge in certain BPD populations such as those in tertiary care facilities, inpatients vs outpatients, unique populations (ie, those who are incarcerated), or patients in specialty clinics (eg, eating disorders, substance abuse). The purpose of this study was to simultaneously examine, in a population of psychiatric inpatients, these 4 variables and their relationship to BPD—that is, to confirm, or not, their correlation with the BPD diagnosis.

2. Method

2.1. Participants

Participants were men and women, between the ages of 19 and 59 years, who were admitted for inpatient psychiatric care to a community hospital in a midsized, midwestern city. Exclusion criteria were cognitive (eg, psychosis) or medical (eg, delirium) compromise that would preclude participation in the completion of a survey. During the study, 124 patients were approached to participate; 14 refused to enter the study for a response rate of 88.7%. Another 13 participants were excluded from the study because they could not be classified as either BPD or non-BPD (ie, they had Axis II designations of either borderline personality traits, rule out borderline personality traits, or rule out BPD). The resulting sample consisted of 58 women (59%) and 41 men (41%) (mean age = 34.00 years, SD = 10.67). Approximately 19% were married, 43% single, 24% divorced, 8% separated, and 6% widowed. Approximately 72% were Caucasian, 25% African American, and 3% Native American. Seven patients (7% of the entire sample) had minimally completed a college degree. Comparing the BPD (n = 31) with non-BPD (n = 66) participants with regard to demographic variables revealed that the BPD group was significantly younger than the non-BPD group (mean = 30.52, SD = 7.49 vs mean = 35.64, SD = 11.57; t_{95} = 2.25, P = .027), with no other significant demographic differences found.

2.2. Procedure

All patients were under the care of one attending psychiatrist, who recruited all participants as time allowed (ie, a sample of convenience) and clinically determined all Axis I and II diagnoses. Each participant completed a research booklet that inquired about the participant's background information (ie, age, sex, race, marital status, education) as well as the following variables.

2.2.1. Childhood abuse history

We explored 4 abuse variables. Each was preceded by the statement, "Before age 15, had you ever . . ." and items included "been sexually abused, physically abused, or emotionally abused" and "witnessed violence that was not directed at you?" Response options were simply "yes" or "no."