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Psychiatry Research 125 (2004) 161–170

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## Predicting borderline and antisocial personality disorder features in nonclinical subjects using measures of impulsivity and aggressiveness

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Received 27 December 2002; received in revised form 15 October 2003; accepted 4 December 2003

### Abstract

This study examines impulsivity and aggressiveness dimensions as predictors of borderline (BPD) and antisocial (ASPD) personality disorder symptoms in nonclinical subjects. A total of 747 undergraduate university students were administered the Personality Diagnostic Questionnaire-4+, the Barratt Impulsiveness Scale-11, and the Buss-Durkee Hostility Inventory. Hierarchical regression analysis showed that motor impulsiveness, irritability, resentment, and guilt predicted BPD symptoms among university students after controlling for the effect of ASPD and depressive symptoms. ASPD symptoms were predicted by motor impulsiveness, physical aggression, indirect aggression, and negativism. These results indicate that in nonclinical subjects BPD and ASPD symptoms share a common impulsivity dimension but are linked to different aggressiveness facets.

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**Keywords:** Personality Diagnostic Questionnaire; Barratt Impulsiveness Scale; Buss-Durkee Hostility Inventory; University students; Depressive symptoms; Hierarchical regression analysis

### 1. Introduction

Although impulsivity and aggressiveness are personality characteristics relevant to various aspects of psychopathology (Lish et al., 1996; Moeller et al., 2001), it is noted in DSM-IV (American Psychiatric Association, 1994) as well

as in recent studies that these personality dimensions are key features of borderline (BPD) and antisocial (ASPD) personality disorders.

It has been shown that impulsivity measures significantly predict the temporal stability of BPD diagnosis (Links et al., 1999) and discriminate BPD subjects from controls (Dougherty et al., 1999). Moreover, studies on sociality in BPD subjects showed that impulsive aggression is an important factor in suicide attempts in subjects

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with a BPD diagnosis (Soloff et al., 1994; Mann et al., 1999; Soloff et al., 2000). Other studies reported significant associations between measures of impulsivity and ASPD (Eysenck, 1993; Barratt et al., 1997), suggesting that impulsivity could link ASPD to BPD; however, the degree of impulsivity showed some variability among ASPD subjects (Moeller et al., 2001). Interestingly, even though impulsivity is currently considered a multidimensional construct (Eysenck, 1993; Patton et al., 1994; Moeller et al., 2001), few if any data are currently available on the relative relationships between specific impulsivity components and BPD and ASPD.

There are empirical data showing that subjects with ASPD manifest increased anger and aggression (Angst and Clayton, 1986; Bland and Orn, 1986; Haertzen et al., 1990; Dinwiddie, 1992; Hart et al., 1993; Dinwiddie and Bucholz, 1993). Research data indicating an association between BPD and aggressiveness are sparser than those for ASPD (Lish et al., 1996). Although an association between BPD and actual violent acts has been reported (Raine, 1993), other studies showed that BPD is associated with the emotional component of aggressiveness (i.e. irritability) rather than with physical aggression (Gardner et al., 1991). As a whole, the results of these studies show a general link of both BPD and ASPD to impulsivity and aggressiveness, but give no definitive answer to whether BPD and ASPD subjects share the same or different impulsive and aggressive features.

Starting from the above observations, the aim of this study was to evaluate the predictive role of different components of impulsivity and aggressiveness on BPD and ASPD features in a large sample of nonclinical subjects. The existing literature indicates that many of the thresholds for categorical personality disorder diagnoses are fairly arbitrary (Widiger, 1992), and that meaningful individual differences can be observed beyond the simple presence or absence of a categorical personality disorder diagnosis (Klein, 1993; Widiger and Frances, 1985). Hence, in this study dimensional (i.e. number of symptoms) BPD and ASPD diagnoses were retained for further analyses. Since depressive symptoms frequently co-occur with BPD features (Elliott and Gunderson, 1988) and

are reported to influence personality disorder measures, particularly self-report questionnaires (Loranger et al., 1991; Zimmerman, 1994), the confounding role of depressive symptoms in the relationships of impulsivity and aggressiveness components to BPD and ASPD features was also analyzed in this study.

## 2. Method

### 2.1. Subjects

The sample was composed of 747 undergraduate university students, studying at the University of Urbino and living on the university campus. There were 482 female subjects (64.5%) and 265 male subjects (35.5%). The mean age was 22.96 years (S.D.=2.63) and the average level of university education was 3.89 years (S.D.=1.97). All subjects signed written informed consent forms in order to participate in the study.

### 2.2. Measures

The Personality Diagnostic Questionnaire-4+ (PDQ-4+; Hyler, 1994) was used to assess the number of DSM-IV BPD and ASPD symptom criteria met by each subject. The PDQ-4+ is a 99-item, forced choice, self-report questionnaire designed to measure the DSM-IV personality disorders; the PDQ-4+ items are listed in random order within the questionnaire. The previous version of the PDQ-4+ has been shown to exhibit only moderate agreement with personality disorder diagnoses based on structured interviews primarily because of its tendency to overdiagnose personality disorders (Hyler et al., 1990; Zimmerman and Coryell, 1990; Hyler et al., 1992).

The Barratt Impulsiveness Scale-11 (BIS-11; Patton et al., 1994), a 30-item Likert-type self-report questionnaire, was used to assess the subjects' impulsivity level. The BIS-11 assesses three components of impulsivity: Motor Impulsiveness ('acting without thinking'); Attention ('not focusing on the task at hand'); and Non-planning Impulsiveness ('not planning and thinking carefully'). The BIS-11 total score provides a composite measure of the subject's overall impulsivity level

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