

## The prevalence of binge eating disorder and borderline personality symptomatology among gastric surgery patients

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Received 15 March 2007; received in revised form 12 July 2007; accepted 14 August 2007

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### Abstract

In this study, we examined the prevalence of binge eating disorder (BED) and borderline personality disorder (BPD) in a sample of 121 candidates seeking surgery for obesity. In this predominantly female sample (85.9%), according to the Questionnaire on Eating and Weight Patterns-Revised (QEWP-R), the prevalence of BED was 6.5%. As for the prevalence of BPD, 14.0% exceeded the clinical cut-off score on the Self-Harm Inventory (SHI), 14.0% exceeded the clinical cut-off score on the borderline personality scale of the Personality Diagnostic Questionnaire-4 (PDQ-4), and 7.4% exceeded the clinical cut-off score on the McLean Screening Inventory for Borderline Personality Disorder (MSI-BPD). Overall, 24.8% of the sample exceeded the clinical cut-off on at least one measure of BPD whereas only 3.3% exceeded the clinical cut-off on all three measures. In addition, there was a significant inverse relationship between the discrepancy between highest and lowest adult body mass index, and scores on the PDQ-4 and the MSI-BPD. The authors discuss the implications of these findings.

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*Keywords:* Binge eating disorder; Obesity; Borderline personality

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Borderline personality is an Axis II disorder that is characterized by chronic self-regulation difficulties and recurrent self-destructive behavior (Kolb & Gunderson, 1980). According to the *Diagnostic and Statistical Manual of Mental Disorders, 4th edition, text revision (DSM-IV-TR; American Psychiatric Association, 2000)*, the inherent self-regulation difficulties among individuals with this disorder may include binge eating. As for the self-destructive behaviors encountered in borderline personality disorder (BPD), among obese individuals, this may manifest as a medically self-destructive lifestyle (Sansone & Sansone, in press). Given the role of self-regulation difficulties in the

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construct for borderline personality and the difficulties with the regulation of food intake in many cases of obesity, we wondered whether there might be an association between these two phenomena, at least among some individuals.

With regard to the literature, we previously summarized the findings relating to the prevalence of BPD among the obese in a review article (Sansone, Wiederman, & Sansone, 2000). Among the seven published empirical studies in this review, sample sizes varied from 17 to 150 individuals, were predominantly female, and ranged across socioeconomic classes. Three samples consisted of gastric surgery candidates whereas the remaining samples were from primary care, weight-management, eating disorder, and mental health settings. Among these various samples of obese individuals, the prevalence of borderline personality ranged from 2.2% to 94.1%, compared to an estimated 2% in the general population (American Psychiatric Association, 1994). More specifically, we noted that among the 15 measures used for the assessment of borderline personality, 10 detected this Axis II disorder in their samples at rates of 25% or higher. The highest prevalence rates were among individuals from the eating disorder and mental health samples (i.e., psychological settings) whereas the lowest prevalence rates were among individuals seeking weight control in non-psychological settings (i.e., participants from primary care settings). This suggests that the nature of the treatment setting has a strong influence on the prevalence of BPD in a given obese study population (Sansone, Sansone, & Morris, 1996).

To further complicate this area of research, there is the phenomenon of binge eating disorder (BED). As a proposed psychiatric diagnosis designated for further study in the appendices of the *Diagnostic and Statistical Manual of Mental Disorders, 4th edition* (American Psychiatric Association, 1994), this eating disorder is characterized by impulsive binge eating with no compensatory behavior such as exercise, the use of laxatives, self-induced vomiting, or fasting. BED is highly prevalent in individuals with body mass indices (BMIs)  $\geq 40$  (i.e., up to 50%; McElroy et al., 2002). Therefore, it is commonly encountered among individuals suffering from obesity. The impulsivity associated with BED suggests the possibility of borderline personality features. Likewise, one of the types of impulsivity described for borderline personality in the *DSM-IV* is binge eating behavior.

In the existing literature, researchers have found prevalence rates for BPD among those with BED from less than 1% to 30% (Abbott et al., 1998; Grilo & McGlashan, 2000; McCann, Rossiter, King, & Agras, 1991; Picot & Lilienfeld, 2003; Raymond, Mussell, Mitchell, de Zwaan, & Crosby, 1995; Specker, de Zwaan, Raymond, & Mitchell, 1994; Telch & Stice, 1998; van Hanswijck de Jonge, van Furth, Lacey, & Waller, 2003; Yanovski, Nelson, Dubbert, & Spitzer, 1993). Among the 652 participants in the preceding nine investigations, 103 (16%) met the study criteria for borderline personality symptomatology. For the two studies using self-report measures for the diagnosis of BPD (i.e., for both, the borderline personality scale of the Personality Diagnostic Questionnaire-Revised), 30% of 78 participants met the criteria (Raymond et al.; Specker et al.). While useful, the ability to generalize findings from these previous studies is potentially limited by diverse recruitment strategies (e.g., advertisements versus recruitment among treatment-seeking individuals), predominantly female samples, and most importantly, the use of a single measure for the assessment of borderline personality.

In the present study, we examined the prevalence of binge eating disorder and, using three measures, borderline personality symptomatology in a sample of subjects seeking gastric surgery for obesity. In addition, we planned to compare the prevalence of borderline personality symptomatology among those with versus without BED.

## 1. Method

### 1.1. Participants

Participants, both males and females, were 18 years of age or older and undergoing consultation for gastric surgery for obesity (either a lap banding or bypass procedure). Exclusion criteria were medical, cognitive, or psychiatric impairment that would preclude the successful completion of a survey. Of the 124 individuals who were approached, 121 agreed to participate for a response rate of 97.6%.

The resulting sample consisted of 104 women and 17 men, ranging in age from 20 to 70 years (Mean = 44.6, SD = 11.8). The majority of respondents had attained a high school diploma as their highest level of completed education (77.5%); only 19.2% of the sample had attained a college degree. The majority (82.6%) was White; 14.0% were African-American, 1 respondent was Native American, 2 respondents were Asian, and 1 respondent was Hispanic. Respondents' BMIs ranged from 27.2 to 92.1 (Mean = 47.2, SD = 9.7).

### 1.2. Procedure

All participants were seeking evaluation from one surgeon and each was recruited by the program's social worker as time permitted (i.e., a sample of convenience). Following an introduction to the project and successful recruitment, participants were

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