

Words Matter: How Suicide Rates among People with Borderline Personality Disorder Differ Based on How the Diagnosis is Made

LUX ET VERITAS

Jennifer M. Loya, Ashley Wagner, Brian Pittman, & Margaret T. Davis Yale University School of Medicine

INTRODUCTION

- •Borderline personality disorder (BPD): Serious mental health condition characterized by affective instability, impaired self-image, intense and unstable interpersonal relationships, impulsivity, and <u>high risk for suicide</u>
- •23 to 76% of individuals with BPD attempt suicide and 10% die by suicide
- •Despite its seriousness, BPD remains understudied relative to other mental health conditions
- •Methodology may be one issue limiting growth in BPD research: Two separate research groups examining the prevalence of BPD in the same large nationally representative sample found 2.7% (Trull et al., 2010) versus 5.9% (Grant et al., 2008)
- of US adults met criteria for BPD
- •Understanding how seemingly small differences in selected diagnostic definition can affect prevalence rates, comorbidity, and presentation is crucial to inform future work on BPD and especially suicide

Current study

To examine the effect of differences in criteria used to assign a diagnosis of BPD on estimates of prevalence and suicide behavior

METHOD

PARTICIPANTS: Nationally representative sample of 36,309 non-institutionalized US adults who participated in the NESARC-III **MEASURES**:

- **BPD**: 30 clinician-administered items from the AUDADIS-5 where each item referred to one of the nine DSM-5 BPD criteria. Six diagnostic rules determined BPD status:
- BPD-A (n = 4,301): 5+ BPD criteria endorsed,
 1 associated with functional impairment (FI)
- BPD-B (n = 2,069): 5+ BPD criteria endorsed, all associated with FI
- BPD-A-18 (n=2,695): Using only the 18 items that overlap between the AUDADIS-IV and -5, 5+ BPD criteria endorsed, ≥ 1 associated with FI
- BPD-B-18 (n = 1,446): Using only the 18 items that overlap between the AUDADIS-IV and -5, 5+ BPD criteria endorsed, all associated with FI
- BPD-C (n = 408): All items for 5+ BPD criteria endorsed, ≥ 1 associated with FI
- BPD-D (n = 220): All items for 5+ BPD criteria endorsed, all associated with FI
- Suicide: Assessed with five items: Attempt history (ever, past year, past 5 years) and ages of first and most recent suicide attempts

DATA ANALYSIS: Analyses were weighted using population-attributable factors in keeping with best practices for epidemiological data analysis

- Descriptive analyses to examine prevalence and demographics
- Logistic regressions to examine the associations between BPD variables to suicide outcomes

RESULTS

Notes. *= p < .05, **= p < .01, ***= p < .001. Error bars in Figure A's represent standard error. Bars in Figure B's represent 99% confidence intervals.

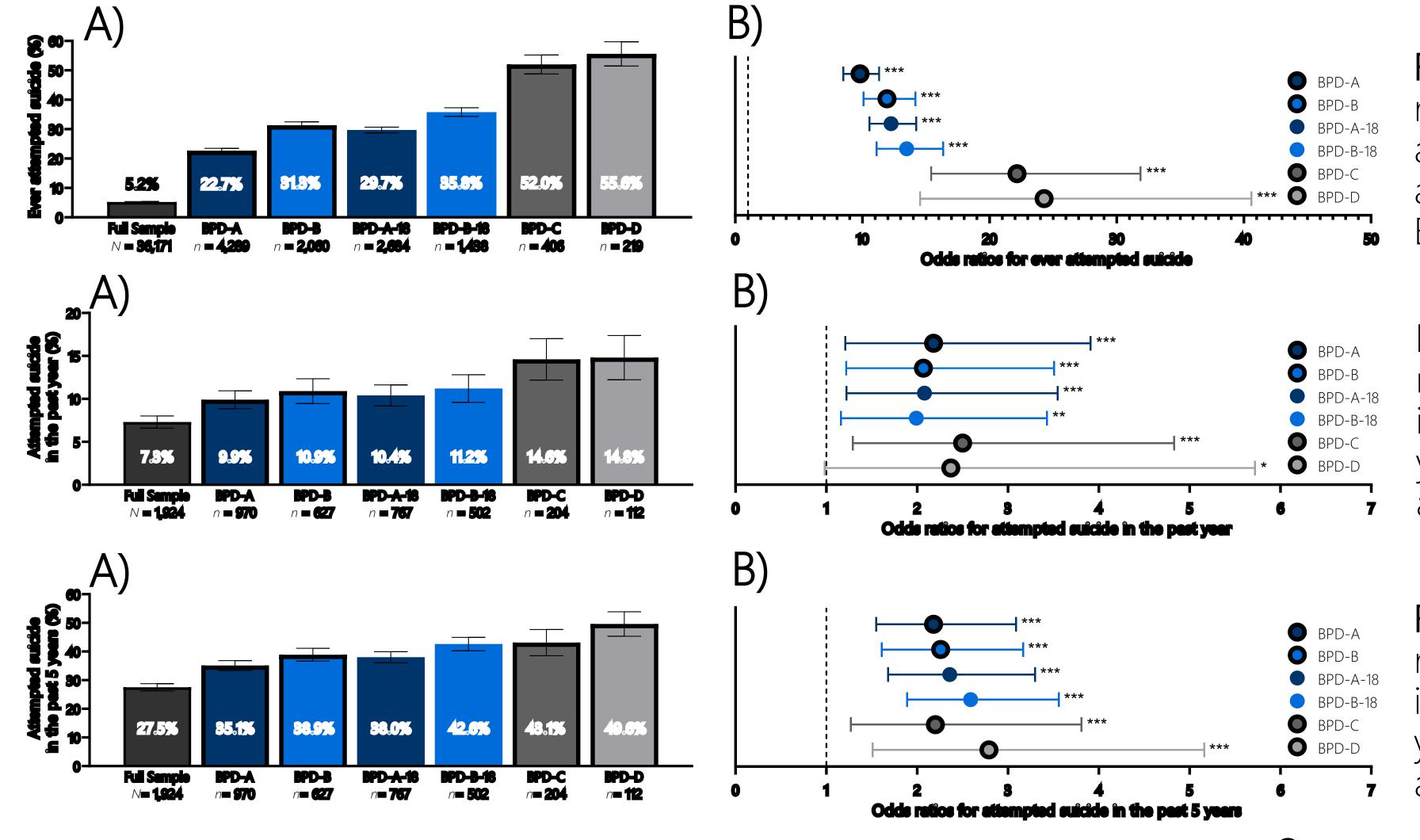
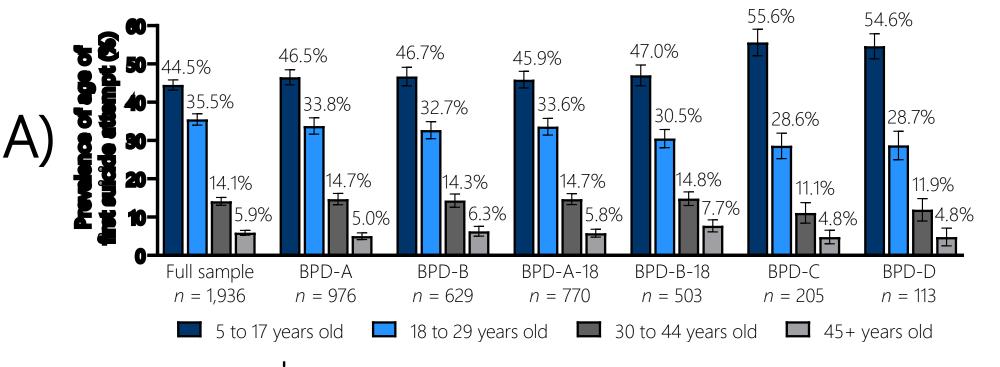
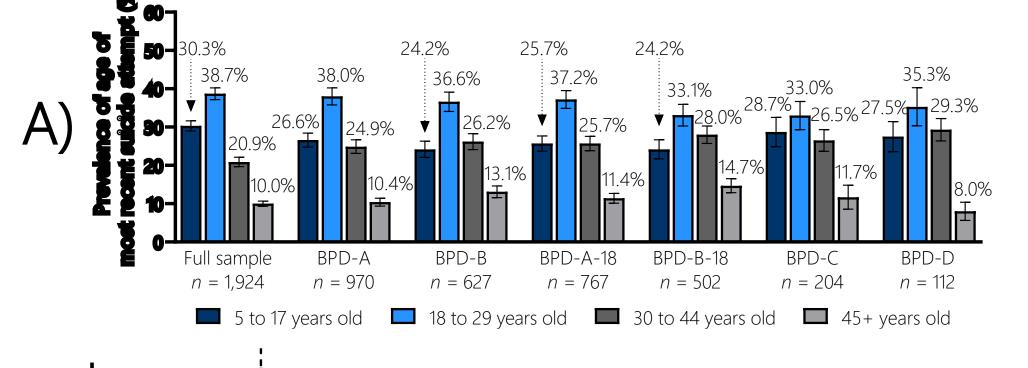


Figure 1. A) As the definition of BPD became more restrictive (from BPD-A to BPD-D), the prevalence of ever attempting suicide increased. B) Relatedly, the odds of ever attempting suicide (all significant) among individuals with BPD increased.

Figure 2. A) As the definition of BPD became more restrictive, the rate of attempting suicide in the past year increased. B) The odds of attempting suicide in the past year (all significant) among individuals with BPD was similar across the BPD variables.

Figure 3. A) As the definition of BPD became more restrictive, the rate of attempting suicide in the past 5 years increased. B) The odds of attempting suicide in the past 5 years (all significant) among individuals with BPD was similar across the BPD variables.





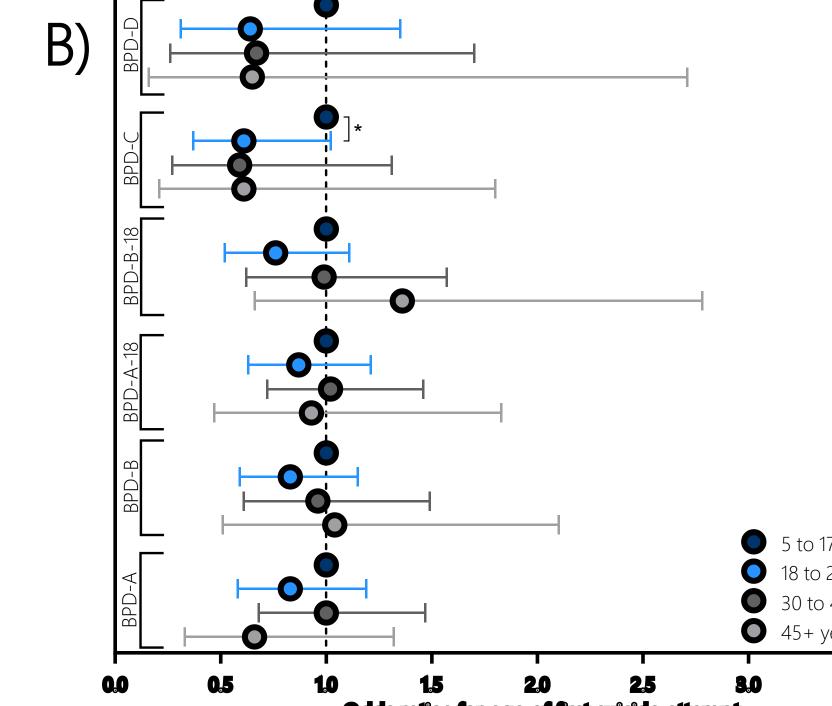


Figure 4. A) Across the BPD variables, most participants with BPD first attempted suicide between 5 to 17 years old. B) The odds ratios varied across the BPD variables.

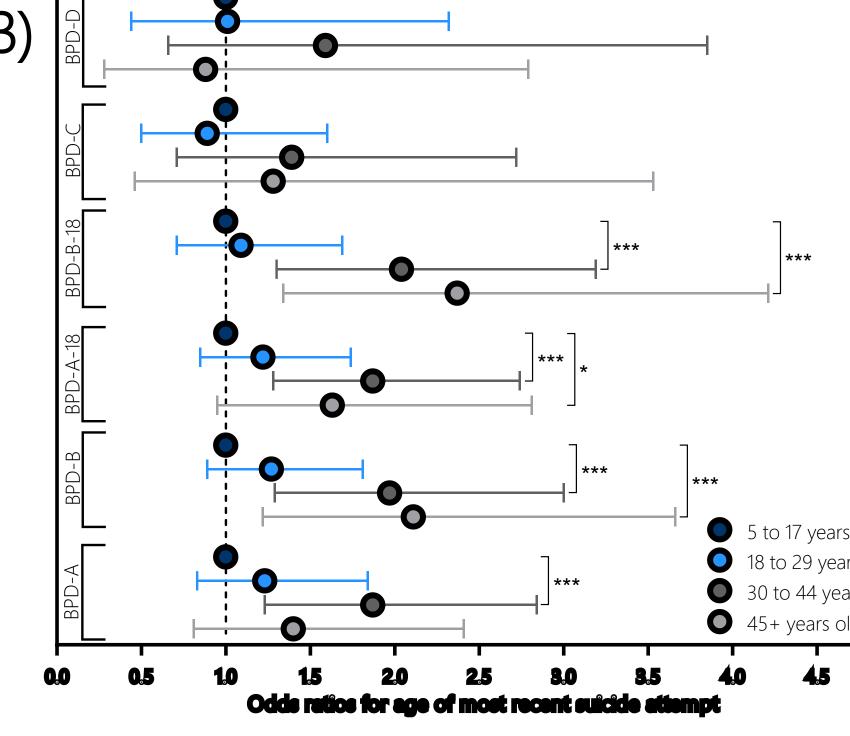


Figure 5. A) Across the BPD variables, most participants with BPD recently attempted suicide between 18 to 29 years old. B) The odds ratios varied across the BPD variables.

DISCUSSION

- Differences in the criteria used to define and assign BPD impact the estimated prevalence and understanding of suicide behavior among individuals with BPD
- Moving forward, the field examining BPD and associated problem behaviors—particularly suicide—should critically consider how to most effectively characterize BPD to understand these problems more accurately and optimize generalizability of findings

Funding: NIDA T32DA007238 (Loya); NIMH 5K08MH117351 (Davis) **Acknowledgements**: This presentation paper was prepared using a limited access dataset obtained from the National Institute on Alcohol Abuse and Alcoholism. This presentation paper has not been reviewed or endorsed by NIAAA and does not necessarily represent the opinions of NIAAA, who is not responsible for the contents

Questions? Contact Jennifer.Loya@yale.edu