

Predominant Polarity and Associated Posttraumatic Stress Disorder in Patients with Comorbid Bipolar Disorder and Borderline Personality Disorder: A Cross-Sectional Study

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Background

- Psychosocial morbidity is significant in patients with comorbid bipolar disorder (BD) and borderline personality disorder (BPD).
- Several studies indicate an increased number of depressive episodes, earlier age of onset, and higher frequency of traumatic experiences in childhood in patients with BD comorbid with BPD compared to BD patients without comorbid BPD¹.
- Early identification and proper treatment is crucial to minimizing the detriment to the quality of life in these patients.
- However, the effect of the comorbidity of BD and BPD on predominant polarity patterns has not been fully investigated. We conducted a study to investigate possible differences in predominant polarity patterns and possible clinical and psychopathological implications among patients with BD with and without comorbid BPD.

Methods

- This study consisted of a cross-sectional analysis, utilizing data previously collected by the UT Center of Excellence on Mood Disorders (UTCEMD).
- A sample of 38 patients with BD and comorbid BPD was compared with 38 patients with BD without comorbid BPD; groups were matched according to age, sex, and subtype of BD.
- The diagnoses of BD and BPD were confirmed through the Structured Clinical Interview (SCID) for DSM-IV disorders.
- Predominant polarity was defined by a proportion equal or higher than 2:1 lifetime depressive vs. manic + hypomanic episodes or vice-versa.
- Non-parametric tests were run to compare the predominant polarities exhibited by both groups; several other measures were also compared.

Results

- There was no statistically significant difference in predominant polarity between individuals with BD with and without comorbid BPD ($p=0.75$).
- However, the groups differed significantly in the frequency of Post-Traumatic Stress Disorder (PTSD) ($p=0.04$), with 39.5% of patients with the comorbidity and 17.1% of patients without the comorbidity meeting criteria for PTSD diagnosis (*Figure 1*).
- There was a trend towards higher rates of several of the anxiety disorders in the comorbid BPD group, specifically generalized anxiety disorder (GAD) ($p=0.08$) and social phobia ($p=0.09$), with higher frequencies in the comorbidity group (*Figure 2*).
- Mean Functional Assessment Short Test (FAST) scores were also higher (albeit not statistically significant) in the comorbidity group (38.0 vs 30.1; $p=0.07$).

Figure 1 – Frequency of PTSD in Patients With and Without BD-BPD Comorbidity

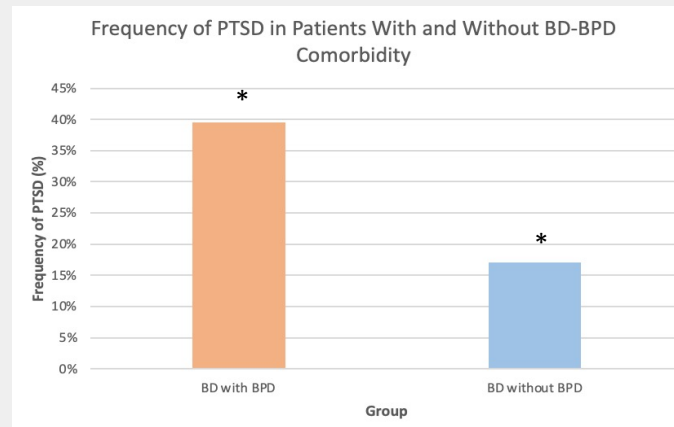
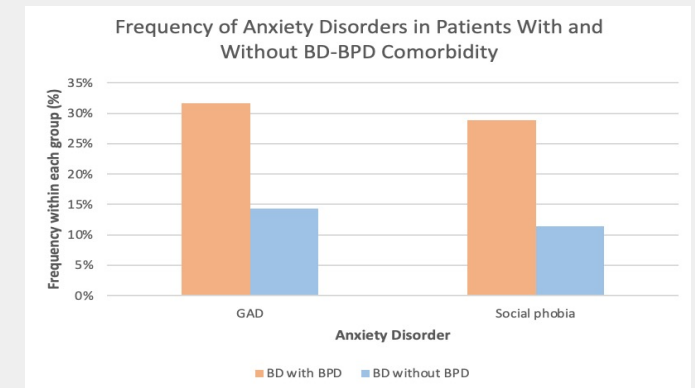


Figure 2 – Frequency of Anxiety Disorders in Patients With and Without BD-BPD Comorbidity



Conclusions

- No significant differences in predominant polarity were observed between individuals with BD with and without comorbid BPD.
- However, preliminary data suggests that patients in the comorbidity group have a higher frequency of anxiety disorders and PTSD, as well as lower self-reported levels of functioning.
- Further studies in larger clinical sample are warranted to fully evaluate the degree to which comorbid BPD impacts patients with BD.

References

1. McDermid J, Sareen J, El-Gabalawy R, Pagura J, Spiwak R, Enns MW. Comorbidity of bipolar disorder and borderline personality disorder: findings from the National Epidemiologic Survey on Alcohol and Related Conditions. *Compr Psychiatry*. 2015 Apr; 58:18-28. doi: 10.1016/j.comppsy.2015.01.004. Epub 2015 Jan 21. PMID: 25666748.