

# PHYSICAL HEALTH, HEALTH CARE UTILIZATION AND LONG-TERM QUALITY OF LIFE IN REMITTED AND NON-REMITTED BPD PATIENTS: A 10-YEAR FOLLOW-UP STUDY IN A SPANISH SAMPLE

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## Objectives

- (1) To describe the prevalence of physical illnesses and use of medical resources in remitted and non-remitted BPD patients at 10 years;
- (2) To study the impact of current physical health and BPD remission on QOL in the long-term.

## Introduction

➤ Remission from BPD has been associated with better physical health and lower use of medical services (Frankenburg & Zanarini, 2004).

➤ Borderline personality disorder (BPD) has been related to impaired QOL (IsHak et al., 2013).

➤ Little is known about the relative contribution of BPD diagnosis and physical health status to QOL in the long-term.

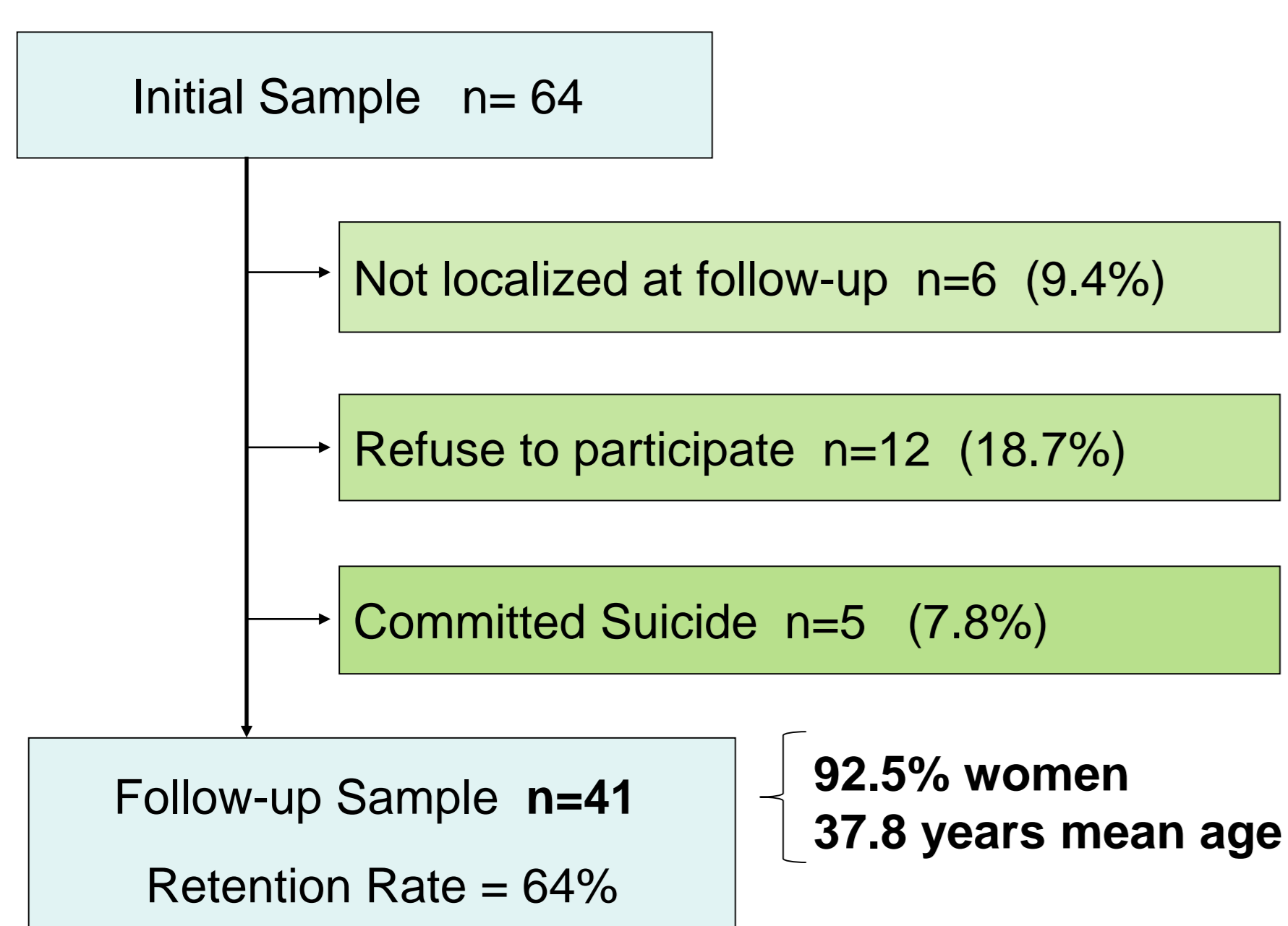
## Methods

The present sample was recruited at Hospital Sant Pau for a 10-year follow-up study on the long-term clinical and functional course of BPD (Alvarez-Tomás, I. et al., 2017).

### Inclusion criteria:

- 1) Diagnosis of BPD (DSM-IV), assessed by SCID-II and DIB-R (Total Score  $\geq 6$ );
- 2) Age of 18-45 years;
- 3) CGI-S score  $\geq 4$ .
- 4) No current diagnosis of schizophrenia, drug-induced psychosis, bipolar and major depressive disorders, alcoholism and other substance disorders, mental retardation or organic syndrome with psychiatric symptoms.

### Participants:



There were not significant differences between drop-outs and continuers in age, gender, and BPD severity at baseline.

➤ **Remission** was defined as not meeting BPD criteria by DIB-R and SCID-II in the prior 2-year period. 40 subjects in the follow-up sample completed the remission assessment.

➤ **Physical health and QOL** was evaluated at follow-up by interview and the Multicultural Quality of Life Index – MQLI (Mezzich et al., 2000), respectively.



## PHYSICAL HEALTH & MEDICAL RESOURCES

	Total (N=41)	Remitted (n=22)	Non-remitted (n=18)
<b>Some current medical illness</b>	<b>68%</b>	<b>59%</b>	<b>78%</b>
<b>2 or more current medical illnesses</b>	<b>32%</b>	<b>23%</b>	<b>44%</b>
Cardiovascular risk factors (BMI=>30, diabetes, HTA)	12%	5%	22%
Musculoskeletal diseases (osteoarthritis, fibromyalgia, etc.)	20%	18%	22%
Neurological diseases (migraine, brain stroke, multiple sclerosis, etc.)	10%	9%	11%
Allergies & intolerances	12%	18%	6%
Asthma & other lung diseases (bronchitis, etc)	15%	14%	17%
Sexually transmitted diseases (HIV, human papilloma virus, etc.)	5%	9%	0%
Endocrine diseases (hyper-/hypothyroidism, irregular menstruation, etc.)	15%	5%	22%
Digestive diseases (hiatal hernia, pancreatitis, appendicitis, etc.)	10%	9%	11%
<b>Use of primary care services last year</b>	<b>78%</b>	<b>68%</b>	<b>89%</b>
<b>Frequent users (+12 visits GP last year)</b>	<b>10%</b>	<b>0%</b>	<b>22% **</b>

\*\* Fisher's exact test:  $p=.03$

## Results

### Physical health & Use of medical resources:

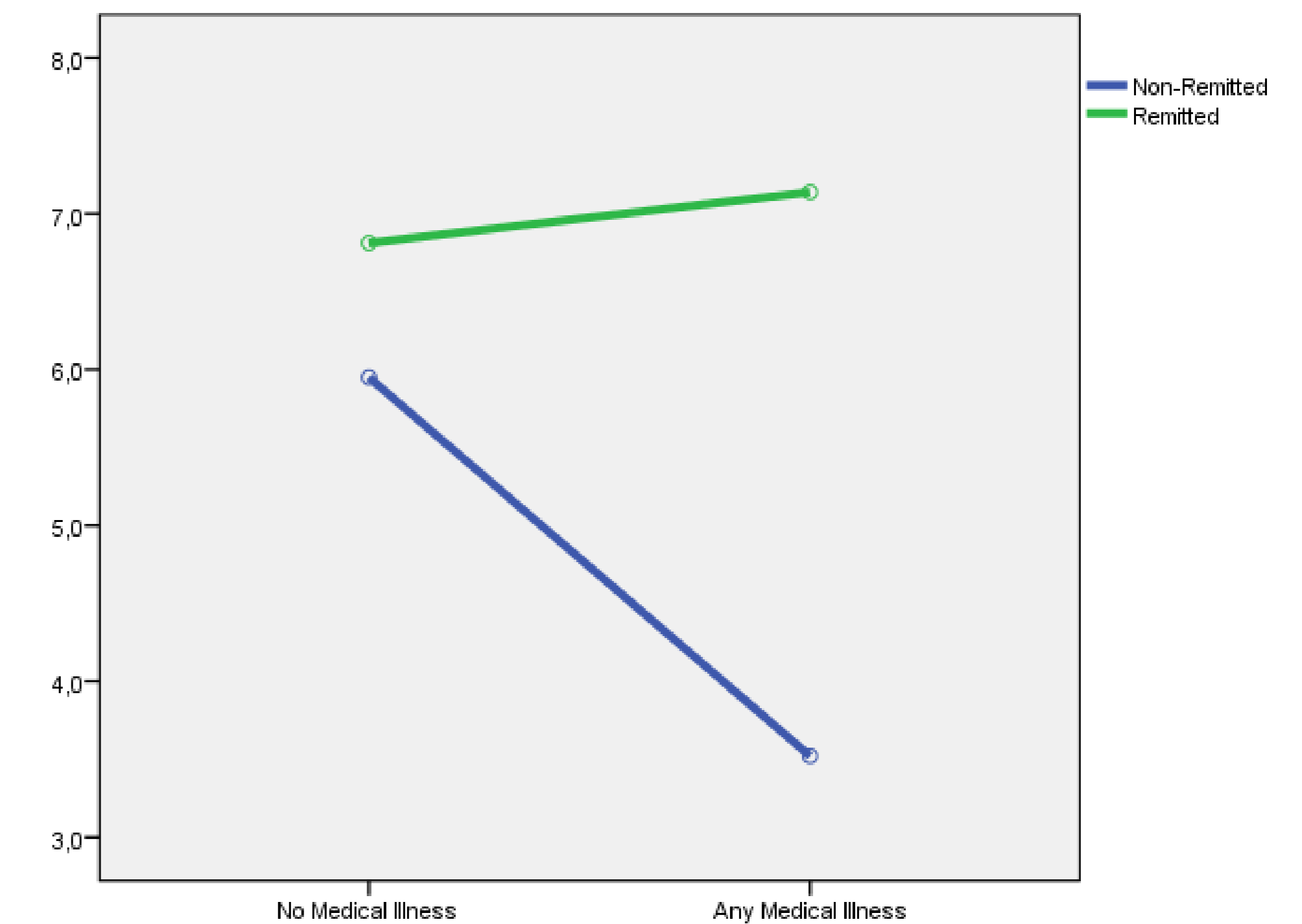
- 68% of BPD patients reported to suffer from at least a medical illness and one third presented several comorbid medical illnesses in the long-term.
- Non-remitted BPD patients tended to report poorer physical health than remitted ones, although differences between groups were not significant in Fisher's exact test analyses.
- Musculoskeletal, endocrine and lung diseases were the most commonly reported among BPD patients.
- 12% of BPD patients also reported cardiovascular risk factors in the long-term.
- The vast majority of BPD patients had been attended by a general practitioner at least once during the last year prior to follow-up assessment.
- Non-remitted BPD patients seem to use primary care services more frequently than remitted ones. This trend reached statistical significance.

### Impact of current physical health and BPD remission on long-term QOL:

- Remitted BPD patients were more likely to report higher QOL ( $M=6.9$ ,  $SD=0.37$ ) than non-remitted ones ( $M=4.7$ ,  $SD=0.46$ ). This effect was significant and showed a large effect size.
- Presenting some medical illness reduced the QOL of BPD patients, although this effect was not significant in the overall sample ( $M=5.3$ ,  $SD=0.31$  vs.  $M=6.38$ ,  $SD=0.5$ ).
- There was a significant interaction effect between the physical condition and BPD remission on QOL.

	F (df=1)	p	partial $\eta^2$
Medical Illness	3.2	.08	.08
Remission	14.5	.001	.29
Medical Illness * Remission	5.5	.03	.14

Estimated Marginal Means long-term QOL (Total MQLI)



- Quality of life of non-remitted BPD patients were significantly impaired by physical health problems.
- By contrast, remitted BPD patients reported similar QOL levels regardless their physical condition.

## Conclusions

The physical health of BPD patients may be hampered by chronic medical conditions and health risk factors in the long-term. Use of primary care services may be common among these patients.

Suffering from physical health problems seems to impair significantly the QOL of BPD patients who do not achieve remission over time.

In general, achieving remission from BPD appears to impact positively on long-term QOL.

Attending medical conditions in patients with persistent BPD symptoms is strongly recommended.

## References

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