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Letter to Editor

Frequency of borderline personality disorder in suicide patients: A letter to editor

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Dear Editor,

Borderline personality disorder (BPD) is one of the personality disorders associated with suicide commitment.[1] The individuals with this condition suffer from instability in functioning, interpersonal relations, and mood. Severe anger, signs of emotional instability and frequent suicide commitments are the hallmarks of BPD.[2] Self-harm is another characteristic of this disorder which is described as a behavior to cope with anxiety or distress.[1] At least around 70%-75% of these patients have committed one case of self-harm during their lifetime, and around 9% of these suicide attempts have culminated successfully.[2]

The maximum level of suicide in BPD occurs before 40 years of age and its possibility increases when the case is associated with major depressive disorder, dysthymia, drug abuse, psychotic diseases, as well as physical and sexual abuse during childhood.[3] The number of previous attempts for suicide, the presence of one eating disorder, psychotic symptoms, and family history of a general anxiety disorder determine the degree of suicides seriousness.[4]

In a descriptive and analytical study, 329 patients with suicide commitment referring to the emergency ward of Sina hospital (affiliated with Tabriz University of medical sciences) in 2019 were included. The instrument used was a borderline personality scale (STB) including 22 items with yes and no answers, whose aim was to assess BPD from different dimensions (the factors of despair, impulsivity, stress-related dissociative and paranoid symptoms). The three dimensions of the questionnaire include despair factor (items 1-7), impulsivity (items 8-16), as well as stress-dependent paranoid and dissociative symptoms (items 17-22). Each 'yes' answer was assigned one score, while every 'no' answer was assigned zero scores. To obtain the score related to each dimension, the scores of items related to that dimension were summed up together. The total score was between 0 and 22, where 0-7, 7-15, and 15-22 indicate a low, moderate, and high probability of BPD, respectively. Jackson and Claridge reported the reliability of the questionnaire as 0.61, while Rawlings reported an alpha coefficient of 0.81 for STB.[5]

The mean age of the studied patients was 28.68 ± 9.01. In terms of gender, 178 (54.1%) were female and the rest were male. The main drug used for suicide was acetaminophen with a frequency of 21.3%. The mean total score of the questionnaire was 9.35 ± 4.55. The scores in the dimensions of despair, impulsivity, stress-associated paranoid (or dissociative disorder) were 3.8 ± 1.91, 3.88 ± 2.17, and 1.65 ± 1.50, respectively. The mean total scores of the questionnaire in men and women were 8.70 ± 4.66 and 9.89 ± 4.39, respectively (P value = 0.019), indicating a higher incidence of BPD in females. In term of probability of existence patients with BPD, 119 (36.2%), 181 (55%), and 29 (8.8%) had a low, moderate, and high probability of this disease, respectively. This suggests that around 64% of patients with suicide commitment suffer from BPD which is higher than moderate probability.

One of the main characteristics of BPD is frequent suicide commitments, observed with numerous attempts in half of the patients and successful suicide in 3%-10% of cases.[6] Yen examined those with a high risk of suicide and found that around 90% of those who had committed suicide in the follow-ups had BPD.[3] However, Levine indicated that self-harm behaviors and suicides are not merely associated with BPD; rather other personality disorders may also be involved.[7] Another study showed that in those with suicide, the coping strategy against problems and emotional regulation was impaired, and treatment should be targeted towards correcting these issues.[8] In the study by Caitlin E. Titus, it was found that distraction weakens the relationship between suicide and BPD, while punishment empower this correlation, demonstrating the role of different strategies in the treatment of this disorder.[9]

Based on the results of the present study, the high prevalence of BPD in those with suicide commitment was observed. Since impulsivity and emotional behaviors

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are the main characteristics of this disorder, investigation of this disorder in patients with suicide commitment is recommended. Also, regarding the prevention of suicide commitment as an important public health problem, the role of personality disorders especially BPD should be considered and therapeutic strategies should be applied to treat these conditions. One of the limitations of personality disorder assessment, also observed in this study, was the patients with impaired consciousness or cases of uncooperativeness, making their assessment impossible. It is suggested that in subsequent studies, therapeutic methods be applied based on assessing and treating personality disorders in patients with suicide commitment.

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Authors' Contribution
All authors have read and approved the manuscript. SSS and FR performed the data collection, writing, critical revision and drafting of the manuscript. FR undertook the major parts of the study design and performed the statistical analysis, data analysis, and data interpretation.

Ethical Approval
This study was approved by ethical committee of Tabriz Azad University.

Conflict of Interests
The authors have no conflicts of interest.

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References
1. Oldham JM. Borderline personality disorder and suicidality. Am J Psychiatry. 2006;163(1):20-6.
2. Lieb K, Zanarini MC, Schmahl C, Linehan MM, Bohus M. Borderline personality disorder. Lancet. 2004;364(9432):453-61. doi: 10.1016/s0140-6736(04)16770-6.
3. Yen S, Shea MT, Sanislow CA, Grilo CM, Skodol AE, Gunderson JG, et al. Borderline personality disorder criteria associated with prospectively observed suicidal behavior. Am J Psychiatry. 2004;161(7):1296-8. doi: 10.1176/appi.ajp.161.7.1296.
4. Black DW, Blum N, Pfohl B, Hale N. Suicidal behavior in borderline personality disorder: prevalence, risk factors, prediction, and prevention. J Pers Disord. 2004;18(3):226-39. doi: 10.1521/pedi.18.3.226.35445.
5. Rawlings D, Claridge G, Freeman JL. Principal components analysis of the Schizotypal Personality Scale (STA) and the Borderline Personality Scale (STB). Pers Individ Dif. 2001;31(3):409-19. doi: 10.1016/s0191-8869(00)00146-x.
6. Paris J. Suicidality in borderline personality disorder. Medicina (Kaunas). 2019;55(6):223. doi: 10.3390/medicina55060223.
7. Levine AZ, Aljabari R, Dalrymple K, Zimmerman M. Nonsuicidal self-injury and suicide: differences between those with and without borderline personality disorder. J Pers Disord. 2020;34(1):131-44. doi: 10.1521/pedi_2018_32_385.
8. Kuehn KS, King KM, Linehan MM, Harned MS. Modeling the suicidal behavior cycle: understanding repeated suicide attempts among individuals with borderline personality disorder and a history of attempting suicide. J Consult Clin Psychol. 2020;88(6):570-81. doi: 10.1037/ccp0000496.
9. Titus CE, DeShong HL. Thought control strategies as predictors of borderline personality disorder and suicide risk. J Affect Disord. 2020;266:349-55. doi: 10.1016/j.jad.2020.01.163.