Objective

To study potential predictors of the long-term QOL in patients diagnosed with borderline personality disorder.

Introduction

- According to WHO’s guidelines, QOL is a relevant aspect of recovery.
- There is strong evidence that BPD is related to an impaired QOL (IsHak et al., 2013).
- BPD symptoms were associated with poorer QOL at 11-year follow-up in a community-based young adult sample (Chen et al., 2006), although little is known about predictors of long-term QOL in clinical samples.
- Predictors of other related outcome (time-to-remission) have been reported in a BPD sample at 10-year follow-up: younger age, absence of childhood sexual abuse, good vocational record, low neuroticism and high agreeableness (Zanarini et al., 2006).

Methods

Participants were recruited in the Hospital de Sant Pau in Barcelona from a previous clinical trial (Soler et al., 2005) and reevaluated 10 years later.

Inclusion criteria:
1) Diagnosis of BPD (DSM-IV), assessed by SCID-II and DIB-R (Total Score ≥ 6);
2) Age of 18-45 years;
3) CGI-S score ≤ 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.

Predictive Measures at Baseline:
- Age
- BPD symptoms (DIB-R; Zanarini et al., 1989)
- Alternative FFM dimensions (ZKPQ; Zuckerman & Kuhlman, 1993)
- Childhood traumatic experiences (CTQ; Bernstein et al., 2003)
- Social Functioning (SASS; Bosc et al., 1997)

Outcome Measure:
- Quality of Life (Multicultural Quality of Life Index; Mezzich et al., 2000).

It consists of 10 items: 9 QOL dimensions (Physical and psychological well-being, self-care, occupational and interpersonal functioning, social and community support, personal and spiritual fulfillment) & QOL global perception.

MQLI Total score is obtained by adding all 10 item scores.

Results

Correlations between Predictors and Long-term QOL:

<table>
<thead>
<tr>
<th>Pearson (r)</th>
<th>Outcome: Total MQLI</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Age</td>
<td>.30 (.06)</td>
<td>.01</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Total CTQ</td>
<td>-.47** (.002)</td>
<td></td>
<td>.38 (0.02)</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Total DIB-R</td>
<td>-.23 (1.77)</td>
<td>.06</td>
<td>.09 (0.58)</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Imp-S Seek ZKPQ</td>
<td>.26 (.19)</td>
<td>.20 (0.27)</td>
<td>.19</td>
<td>.23</td>
<td>.01</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Neuroticism ZKPQ</td>
<td>-.12 (.52)</td>
<td>.12 (0.45)</td>
<td>.13</td>
<td>.21</td>
<td>.04</td>
<td>.04</td>
<td>.26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Agress-Host ZKPQ</td>
<td>.05 (.80)</td>
<td>.16 (0.86)</td>
<td>.19</td>
<td>.22</td>
<td>.59</td>
<td>.44</td>
<td>.44</td>
<td>.01</td>
<td></td>
</tr>
<tr>
<td>7. Activity ZKPQ</td>
<td>.16 (.34)</td>
<td>.02 (0.92)</td>
<td>.19</td>
<td>.23</td>
<td>.37</td>
<td>.05</td>
<td>.14</td>
<td>.11</td>
<td></td>
</tr>
<tr>
<td>8. Sociability ZKPQ</td>
<td>.03 (.87)</td>
<td>.01 (0.98)</td>
<td>.05</td>
<td>.03</td>
<td>.55</td>
<td>.08</td>
<td>.29</td>
<td>.47</td>
<td>.00</td>
</tr>
<tr>
<td>9. Total SASS</td>
<td>.35* (.04)</td>
<td>.36 (0.03)</td>
<td>.30</td>
<td>.23</td>
<td>.55</td>
<td>.03</td>
<td>.29</td>
<td>.49</td>
<td>.52</td>
</tr>
</tbody>
</table>

- Higher severity of reported childhood traumatic experiences (CTQ Total Score) and poorer social functioning (SASS Total Score) at baseline were significantly correlated with poorer long-term QOL.
- BPD symptoms (DIB-R Total Score) and age were inversely associated with long-term QOL, although it was not significant.
- Among FFM traits, only the Impulsivity-Sensation Seeking trait (ZKPQ) showed a moderate positive correlation with long-term QOL, although it was statistically non-significant.

Linear Regression Analysis:
- Due to the sample size, we introduced 3 predictors into the model, using Forced Entry method:
  - CTQ and SASS Total scores, as they had shown significant correlations with long-term QOL; DIB-R Total score, as BPD symptomatology had been considered a predictor of long-term QOL in a previous study.

<table>
<thead>
<tr>
<th>Coefficients</th>
<th>β</th>
<th>p</th>
<th>R²</th>
</tr>
</thead>
<tbody>
<tr>
<td>CTQ</td>
<td>-.40</td>
<td>.02</td>
<td>.294</td>
</tr>
<tr>
<td>SASS</td>
<td>.20</td>
<td>.22</td>
<td>(.01)</td>
</tr>
<tr>
<td>DIB-R</td>
<td>-.15</td>
<td>.32</td>
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</table>

- CTQ Total score was the most robust predictor of long-term QOL and its contribution was statistically significant.
- SASS and DIB-R Total scores did not contribute significantly to predict long-term QOL, although this could be due to a lack of statistical power.

Conclusion

In BPD patients, childhood traumatic experiences of neglect and abuse appear to be a relevant predictor of poorer QOL over time, controlling by initial BPD symptoms severity and social functioning.

These results need to be replicated in larger samples.

References


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