

# **PSYCHOPATHOLOGY, TRAUMA, AND PERSONALITY TRAITS IN PATIENTS WITH BORDERLINE PERSONALITY DISORDER AND THEIR SISTERS**

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# Background

- Frequent reports of childhood trauma in BPD
- Yet only some have such histories, and abuse parameters shape outcome
- Community studies show that most abused children grow up normal

# Objectives

- Comparing BPD patients with siblings growing up in the same family is a way to examine these relationships
- It also provides a way of examining the influence of personality trait profiles on the outcome of trauma

# Sample

- 56 pairs of sisters in which a proband had BPD
- BPD mean age=29, sisters=30
- Demographics similar but sisters had more education

# Measures

- BPD Diagnosis: DSM criteria +DIB-R score of at least 8/10
- Other PD: DIPD-IV
- Depression and substance abuse sections of SCID-I
- HAM-D, HAM-A, SCL-90

# Trait Measures

- DAPP-B:
- factor analyzed into DAPP1 (emotional dysregulation), DAPP2 (conduct problems), DAPP3 (intimacy problems), DAPP4 (compulsivity)
- Barratt Impulsivity Scale
- Affective Lability Scale

# Childhood Measures

- Childhood Trauma Interview  
(assesses parameters of sexual, physical, emotional abuse + neglect)
- Parental Bonding Instrument

# Results

- Most sisters psychopathology free
- Only 3 met criteria for BPD; two more had scores of 5/10 on DIB-R
- All measures of psychopathology higher in BPD than in sisters

# Results

- BPD patients higher on 16/18 DAPP scales, as well as factors 1, 2, and 3
- BPD patients higher on BIS and ALS

# Results

- Measures of childhood trauma were similar for BPD patients and their sisters with some exceptions:
- BPD had more severe PA, and more intrafamilial CSA (26.8% vs. 8.9%)

# Multivariate Analysis

- In multi-level analysis, personality trait profiles accounted for variance in DIB-R score above and beyond abuse levels

# Discussion

- Personality trait profiles seem to determine how children respond to trauma
- BPD patients were vulnerable and less resilient because of their impulsivity and affective instability
- BPD is best explained by a stress-diathesis model

# Limitations

- The sample may or may not be representative, as we recruited some of the sickest patients, and overall rates of abuse were higher than in most previous studies