



Axis I Comorbidity in Hospitalized Adolescents with Borderline Personality Disorder

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BACKGROUND

- ❖ Patients with Borderline Personality Disorder (BPD) place a significant burden on mental health services (Bender et al., 200)
- ❖ Axis I comorbidity in adult inpatients with BPD (Zanarini et al., 1998; Zimmerman & Mattia, 1999)
- ❖ Downward extension to inpatient adolescents
- ❖ **Goal:** Examine comorbidity of Axis I disorders in a sample of inpatient adolescents diagnosed with BPD compared to a group of psychiatric controls.
- ❖ **Hypothesis:** Patients with BPD would have significantly more Axis I psychopathology (mood, anxiety, substance abuse, oppositional defiant disorder, and conduct disorder) when compared to a psychiatric control group.

METHODS

Participants

- Ages 12-17
- Inpatient adolescent unit
- Consecutive admissions
- $N = 225$

Table 1. Demographics and characteristics of full sample.

	BPD		Psychiatric Control	
	M	SD	M	SD
Age	15.65	1.42	15.39	1.39
IQ	106.28	14.75	107.60	1.19
GAF				
Admission	36.52	7.35	38.38	7.0
Discharge	49.57	6.83	50.98	5.69
	%	N	%	N
Sex				
Males	16.1	10	49.7	81
Females	83.9	52	50.3	82
Ethnicity				
Caucasian	85.5	53	92.6	151
Non-Caucasian	15.5	9	7.4	12
BPD diagnosis	27.6	62	72.4	163
Previous Hospital (1-6)	54.1	33	48.8	79
History of Medical Prob	48.4	30	47.2	77
History of Psych Prob	98.4	60	96.9	158
Sexual trauma	31.6	18	15.4	21
Lifetime Suicide Attempts	47.5	28	35.5	55

Measures

Borderline Personality Disorder

- Childhood interview for borderline personality disorder (CI-BPD; Zanarini, 2003)

Axis I Psychopathology

- Diagnostic Interview Schedule for Children (NIMH-DISC-IV; Shaffer, Fischer, Lucas, Dulcan, & Schwab-Stone, 2000)
- CRAFFT Substance screen (Kinght et al., 2002)

RESULTS

- $n = 62$ BPD patients (28% of sample)
- $n = 163$ Psychiatric control
- No significant differences between both groups in terms of demographics except for gender:
 - **Ethnicity:** Caucasian 85.5% vs 92.6%; $\chi^2 = 2.77$, $p = .099$
 - **Age:** ($t = -1.21$, $p = .228$), IQ ($t = .548$, $p = .585$)
 - **Global Assessment of Functioning (GAF) scores at admission:** ($t = 1.76$, $p = .08$)
 - **Gender:** BPD (83.9%) vs psychiatric control (50.3%) were females ($\chi^2 = 21.007$, $p < .001$)

Table 2. Comparison of adolescents with BPD and psychiatric controls on Axis I disorders.

Axis I Disorder	BPD (n = 62)		Psychiatric Control (n = 163)		Chi-Square Analysis	
	N	%	N	%	χ^2 (df = 1)	p
Mood D/O	39	68.4	87	56.1	2.61	.106
MDD	32	55.2	51	33.1	8.60	.003
Dysthymia	2	3.4	1	.60	2.37	.124
Hypomanic	4	6.9	2	1.3	4.801	.028
Manic	4	6.9	6	3.9	.84	.358
Anxiety D/O	50	84.7	112	71.8	3.86	.049
GAD	13	22	13	8.3	7.66	.006
Agoraphobia	7	35	13	8.3	.656	.418
OCD	25	42.4	29	18.5	13.07	>.001*
Panic Disorder	13	22	17	10.9	4.42	.035
PTSD	9	15.3	7	4.5	7.29	.007
SAD	13	48.1	14	9	6.38	.012
Social Phobia	12	20	26	16.6	.356	.551
Specific Phobia	18	30.5	17	10.9	12.08	.001*
Eating D/O	6	54.5	5	45.5	4.23	.040
Anorexia	5	8.5	5	3.2	2.64	.104
Bulimia	1	1.7	0	0	2.64	.104
Externalizing D/O	36	61	54	35	11.78	.001*
ADHD	17	28.8	24	15.6	4.80	.028
ODD	28	47.5	20	13	29.04	>.001*
CD	24	40.7	23	14.8	16.65	>.001*

CONCLUSION

- ❖ Consistent with adult literature, inpatient adolescents with BPD have significantly more comorbid Axis I disorders .
- ❖ Further bolsters findings that BPD in adults and adolescents is comparable.
- ❖ Importance of assessing for BPD in adolescence.

