Attribution of Constructs in Bipolar Disorder and Borderline Personality: A Study in Indian Females

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BACKGROUND: The urban development and recent cultural transformation has a comprehensive effect in young adults of Indian origin. As affective instability, impulsive behaviour and unrestrained ideas are common in increasing number of young females coming for psychiatric treatment, it pose a problem of differentiating between bipolar illness and borderline personality disorder. While proper identification of symptoms warrant diagnosis notwithstanding clinical overlap remains in areas of temperament, affective swing, behaviour and control.

OBJECTIVE: This study aims to measure negative affectivity, anger expression and control, self-esteem and psychological well being in three diagnostic groups: DSM-IV borderline personality disorder (BPD); bipolar affective disorder (BPAD); and major depressive disorder (MDD).

METHODS: Total ninety female patients who came to the local hospital outdoor for treatment were screened and selected for the study. Patients with other types of comorbidity, substance abuse or neurological problems were not considered. Three groups contained equal number of patients, thirty in each group. Groups were well matched in terms of age, gender distribution, socioeconomic and educational status, age at onset of illness, and severity of illness. Tests used were Eysenck Personality Questionnaire (EPQ-R), Spielberger Anger Expression Inventory, Self-esteem Questionnaire and Psychological Well-being Scale.

RESULTS: MDD group had significantly higher (p=<0.05) negative affectivity or neuroticism compared to two other groups. Negative affectivity was higher in BPAD group than BPD though it was non-significant. BPD group had significantly (p=<0.05) lesser anger control in contrast with other two groups. When measures of self-

esteem were compared, MDD group reflected significantly different (p=<0.05) standing than BPAD but not BPD group. MDD group was observed to have significantly (p=<0.05) lower well being perception followed by BPD group.

CONCLUSIONS: Clinical overlap of symptomologies in females can sometime be treatment confounder as younger females with bipolar disorder exhibit significant levels of borderline personality pathology than those with unipolar depression. Alternatively borderline personality can present sufficient affective disorder symptoms. Above measures can be effective in screening and initiate therapeutic intervention. Emphasis on cognitive therapies can be based on the assistance needed in deficient areas detected from above design of testing.

References:

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