Abstract

Backgrounds:

Borderline Personality Disorder (BPD) is an important risk factor for suicide attempts and completed suicides. Previous studies showed that substantial proportion of individuals with recent suicide attempts were diagnosed with BPD. However, majority of these studies were conducted in Western countries and this topic has received little attention in the Chinese population. This study sets out to explore the prevalence of BPD and its clinical correlates among suicide attempters in Hong Kong.

Objectives:

This study consisted of two phases. Phase I of the study examined the validity of the Borderline Personality Disorder Subscale of the Chinese version of the Structured Clinical Interview for DSM-IV Axis II Personality Disorders (SCID-II) in the local psychiatric patients. Phase II of the study reported the point prevalence of BPD and its clinical correlates in patients with recent suicide attempts.

Methods:

In Phase I, a convenient sample of 65 participants was recruited from the psychiatric outpatient clinic of Prince of Wales Hospital in April 2007. They were interviewed by a multidisciplinary clinical team led by experienced psychiatrists and then administered with the BPD Subscale of SCID-II by another independent rater. Clinicians' best-estimate diagnosis was used to assess the rater-clinician agreement and Kappa value was used to represent the level of agreement. In Phase II, a representative consecutive sample (n=160) of patients with suicide attempts referred to Prince of Wales Hospital from 1 April 2007 to 31 March 2008 was recruited. Their BPD status was determined according to the validated BPD subscale of SCID-II. The point prevalence of BPD was calculated. Subjects with and without BPD were compared in terms of demographic and clinical characteristics.

Results:

The Kappa value of rater-clinician agreement for the BPD subscale of SCID-II was 0.82. 30 out of 160 (18.8%) suicide attempters were found to suffer from BPD.

Suicide attempters with BPD were more likely to be female (p=0.020), more often reported history of childhood physical (p=0.043) and sexual abuse (p<0.001), history of past suicide attempts (p=0.010), being younger at first suicide attempt (p=0.039), and more likely to suffer from current alcohol and substance use disorder (p=0.043) and eating disorder (p=0.040) than those without BPD. Being Female, having history of childhood sexual abuse and current alcohol and substance use disorder were found to be independent predictors of BPD status by binary logistic regression.

Conclusion:

BPD occurs in a substantial proportion of suicide attempters. Increased alertness among mental health professionals may lead to earlier identification and appropriate management for this condition. Thorough assessment for co-morbid Axis I disorders and screening for history of childhood abuse are important as they are common in this group of vulnerable patients. Future studies may focus on the cultural sensitive management for BPD in Chinese patients.