

**EXT: Invitation to Review for Transgender Health, Manuscript ID TRGH-2023-0062**

Transgender Health &lt;onbehalf@manuscriptcentral.com&gt;

Thu 3/30/2023 10:14 AM

To: Herman Sahni &lt;hsahni@bw.edu&gt;

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30-Mar-2023

Dear Dr. Sahni:

Manuscript ID TRGH-2023-0062 entitled "Transgender and gender diverse patients are diagnosed with borderline personality disorder more frequently than cisgender patients regardless of personality pathology" with Dr. Rodriguez-Seijas as contact author has been submitted to Transgender Health.

I invite you to review this manuscript. The abstract appears at the end of this letter, along with the names of the authors. Please let me know as soon as possible if you will be able to accept my invitation to review. If you are unable to review at this time, I would appreciate you recommending another expert reviewer. You may click the appropriate link at the bottom of the page to automatically register your reply with our online manuscript submission and review system. PLEASE DO NOT RESPOND TO THIS EMAIL.

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I realize that our expert reviewers greatly contribute to the high standards of the Journal, and I thank you for your present and/or future participation.

Sincerely,  
Dr. Aron Janssen  
Transgender Health  
ajanssen@luriechildrens.org

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## MANUSCRIPT DETAILS

**TITLE:** Transgender and gender diverse patients are diagnosed with borderline personality disorder more frequently than cisgender patients regardless of personality pathology

**AUTHORS:** Rodriguez-Seijas, Craig; Morgan, Theresa; Zimmerman, Mark

**ABSTRACT:** Purpose: Borderline personality disorder (BPD) is a severe form of psychopathology associated with a host of negative outcomes. Some literature suggests elevated prevalence among transgender and gender diverse (TGD) samples. Elevated BPD prevalence among TGD populations could be due to factors other than BPD-specific psychopathology. Studies of TGD samples typically omit assessment of BPD making it difficult to understand elevated BPD diagnosis. The current study explored (1) differences in BPD diagnosis among TGD patients versus cisgender patients, (2) if differences were explained by BPD-specific pathology, and (3) if BPD diagnostic disparities existed based on assessment modality.

**Methods:** Data from TGD (n=74) and cisgender heterosexual (n=920) patients who presented for treatment at one partial hospitalization program from 2014 – 2019 was compared to investigate differences in the frequency of BPD diagnosis.

**Results:** A larger proportion of TGD patients were diagnosed with BPD than cisgender patients (Odds Ratio [OR]=4.05,  $p<.001$ ). The disparity in diagnosis persisted even after controlling for BPD-specific personality pathology (OR=2.98,  $p<.001$ ). BPD diagnostic disparity occurred when assessed using structured (OR=4.78,  $p<.001$ ) and unstructured (OR=3.61,  $p<.001$ ) interview methods. There was no disparity, however, when BPD was diagnosed using an algorithm based on BPD-specific personality pathology purported to underlie the diagnosis.

**Conclusions:** Clinical providers appear inclined to assign a BPD diagnosis to TGD patients that may not correspond with group differences in underlying personality pathology. That some BPD symptoms might be more likely in TGD samples, future research can examine criterion-level biases in BPD diagnosis among TGD individuals.