

Does Borderline Personality Disorder Affect Treatment Trajectories of Patients with Major Depressive Disorder?



Sin-Ying Lin, M.A., Shereen Khoo, Ph.D., Mark Zimmerman, Ph.D.

Department of Psychiatry and Human Behavior, Brown Medical School, Rhode Island Hospital, Providence, RI

Background

Borderline personality disorder (BPD) is often comorbid with major depressive disorder (MDD) and is commonly viewed as a negative indicator of treatment outcomes in depression. However, research on the adverse predictive effects of BPD on treatment outcomes showed mixed results and primarily focused on single-point comparisons (e.g., pre-post comparisons), which may be insufficient to capture the mood fluctuation characterizing BPD. The current study leveraged daily assessment data to investigate the effects of BPD on the treatment trajectories of patients who primarily sought treatment for MDD.

Method

Participants (N = 1,087; 17.8% had BPD)

- Patients at the *Adult Partial Hospital Program* at *Rhode Island Hospital* from 2014 to 2020 who
 - Consented to research
 - Had a primary diagnosis of MDD upon admission
 - Completed a diagnostic interview and at least one daily assessment
 - Were granted a treatment completion status by the providers

Statistical Analysis

- Compared treatment outcomes in patients with primary MDD with and w/o BPD
- Examined the effects of BPD on depression treatment trajectories with multilevel modeling (MLM), accounting for the nested structure of longitudinal data and multiple admissions

Results

Figure 1. Treatment Trajectories of Patients with Primary MDD with or without Comorbid BPD

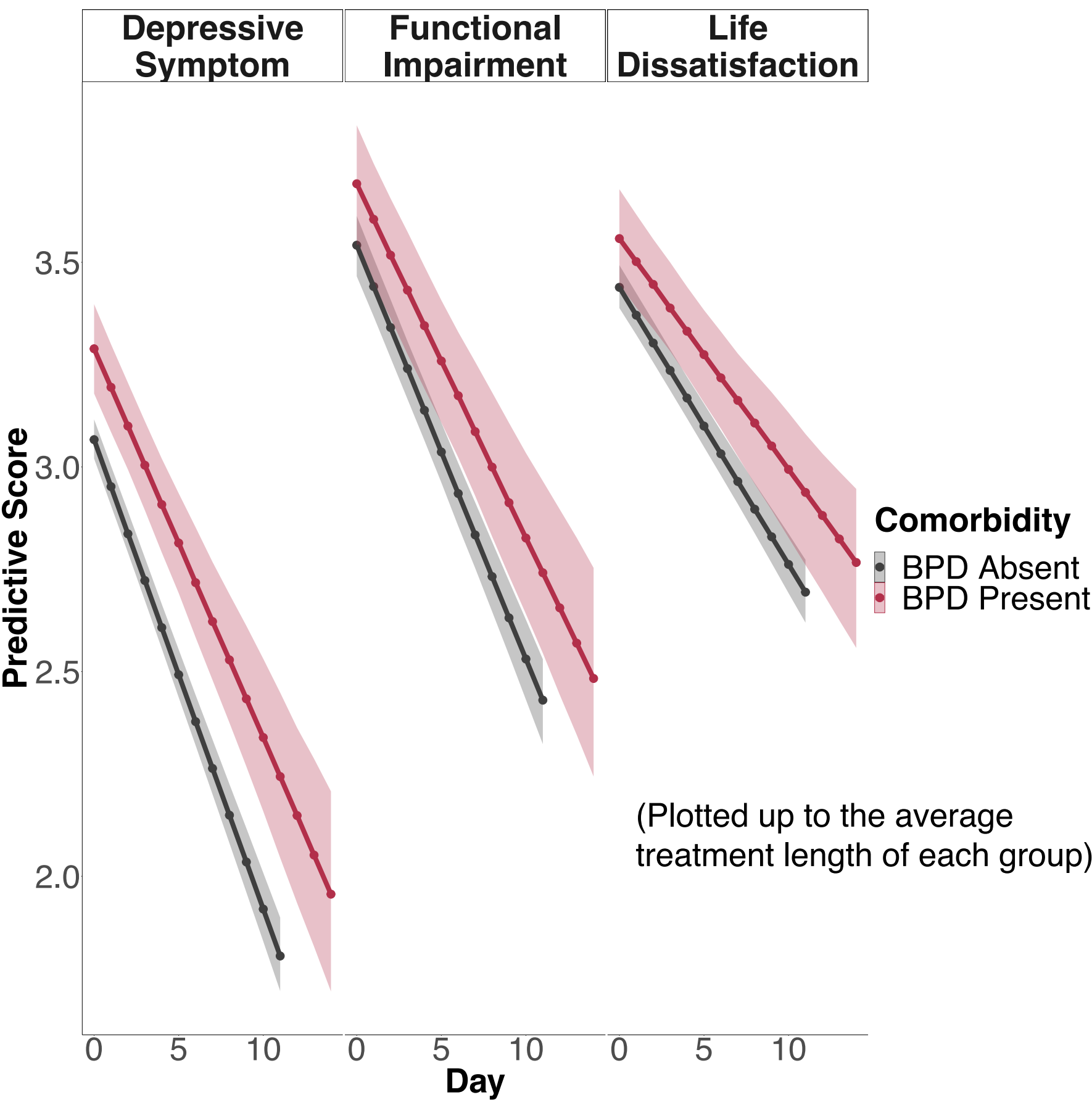


Table 1. Outcome and Treatment Length Comparisons

Variable <i>M (SD)</i>	At Discharge	
	BPD Absent	BPD Present
Depressive Symptoms	2.25 (0.84)	2.39 (0.89) NS
Functional Impairment	2.71 (1.16)	2.79 (1.21) NS
Life Dissatisfaction	2.86 (0.90)	2.98 (1.02) NS
Treatment Length	11.23 (5.17)	14.46 (11.01) ***

NS = Nonsignificant
*** = $p < .001$

Table 2. MLM Coefficients Corresponding to Figure 1

	Var.	B	SE	df	t	p
Depressive Symptoms	Intercept	3.07	0.03	869.18	121.41	<.001
	Day	-0.11	0.00	628.88	-29.84	<.001
	BPD	0.22	0.06	987.48	3.76	<.001
	Day*BPD	0.02	0.01	556.50	2.11	0.035
Functional Impairment	Intercept	3.54	0.04	896.09	97.32	<.001
	Day	-0.10	0.00	580.69	-21.71	<.001
	BPD	0.15	0.08	971.44	1.74	0.082
	Day*BPD	0.02	0.01	475.18	1.46	0.145
Life Dissatisfaction	Intercept	3.44	0.03	925.09	126.35	<.001
	Day	-0.07	0.00	548.20	-19.55	<.001
	BPD	0.12	0.06	975.01	1.89	0.059
	Day*BPD	0.01	0.01	439.79	1.40	0.161

Conclusion

1. Among patients seeking treatment for depression, those with comorbid BPD often endorsed *more severe* depressive symptoms at intake and showed *slower improvement* in symptom reduction than those without.
2. However, we found no difference in the initial status and speed of improvement in depression-related functioning and general life satisfaction in these two groups.
3. MDD patients with comorbidity BPD often required a more extended stay in the partial program but were able to achieve similar results to patients without BPD with, on average, three to four more days of stay, serving as (a) important evidence for insurance claims and (b) positive evidence for BPD prognosis