

Poster presentation

Axis I-Axis II comorbidity of borderline personality disorder: gender-related differences

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Background

Borderline patients often present for evaluation or treatment with one or more comorbid Axis I and/or Axis II disorders. These symptom disorders may mask the underlying borderline psychopathology, impeding accurate diagnosis and making treatment planning difficult. The presence of a certain co-occurring conditions impedes the symptomatic recovery of patients with Borderline Personality Disorder and has important treatment implications.

Materials and methods

A clinical sample of 109 patients, 84 females and 25 males, who, according to DSM-IV-TR, suffered from Borderline Personality Disorder and have been treated at the Community Mental Health Center between 2005 and 2006, were examined. Also gender, age, education and family condition were studied.

Results

The proportion between men and women was almost 1:3. Most of the patients have multiple diagnoses. 19(76%) males and 72 (85.7%) females comorbid one or more Axis I disorders and 10 (40%) males and 51 (60.7%) females comorbid one or more Axis II disorders. In particular 10 (40%) males and 56 (66.7%) females had mood disorders, with tendency for depression mostly for females (52.4 vs 36%). Also 3 (12%) males and 15 (17.9%) females, have been reported for anxiety disor-

ders, with tendency for panic disorder with or without agoraphobia and obsessive-compulsive disorder mostly for males (12 vs 10.7% and 8 vs 7.1%). Substance use and somatoform disorders frequently detected in males, in reverse eating disorders frequently detected in females. 6 (24%) males and 42 (50%) females had Cluster B and 10 (40%) males and 38 (45.2%) females had Cluster C personality disorders comorbidity. Histrionic, narcissistic, dependent, and obsessive-compulsive were mostly prevalent in females and avoidant respectively in males. In addition, Cluster A personality disorders rarely co-occurred in both gender.

Conclusions

The results from this study, suggest that the prevalence of DSM-IV-TR Axis I and Axis II disorders in our sample of BPD patients and their gender-related differences, represent the Greek population who seek psychiatric support at the Community Mental Health Centre. Future efforts to explore the link between BPD and Axis I-Axis II comorbidity may be further enriched the significant involvement of gender.

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