

Interference With Wound Healing: Borderline Patients in Psychiatric Versus Medical Settings

To the Editor: Individuals with borderline personality disorder (BPD) are characterized by their persistent engagement in various self-destructive behaviors. While common self-destructive behaviors include self-mutilation (eg, cutting, hitting, scratching oneself) and suicide attempts, we have found in a number of empirical studies that some patients with BPD also intentionally prevent wounds from healing. In this study, which combines data from several smaller research projects that we have conducted, we compare the prevalence of interference with wound healing among patients with BPD from psychiatric versus non-psychiatric (ie, internal medicine, bariatric surgery, family medicine, buprenorphine) treatment settings.

Method. Participants consisted of 771 females and 269 males ($N = 1,040$), both from psychiatric settings (all from 1 inpatient site, $n = 441$)¹⁻⁴ and from various medical settings (ie, internal medicine, all from the same site (references 5-9 and R.A.S.; L. Gebauer, MD; T. Moussa, MD; et al, unpublished manuscript, 2007), $n = 332$; bariatric medicine, from 1 site,¹⁰ $n = 121$; family medicine, from 1 site, $n = 34$ ¹¹; buprenorphine treatment, from 1 site,¹² $n = 112$), who participated in 1 of 13 separate research projects. The descriptions of these individual samples can be found in the original reports for each (references 1-12 and R.A.S.; L. Gebauer, MD; T. Moussa, MD; et al, unpublished manuscript, 2007).

In all of these individual studies, participants completed 1 of 2 versions of the borderline personality scale of the Personality Diagnostic Questionnaire (PDQ), either the PDQ-R¹³ or the PDQ-4,¹⁴ as well as the Self-Harm Inventory (SHI).¹⁵ We used the borderline personality scale of each PDQ version to diagnose borderline personality symptomatology (BPS) in participants. The borderline personality scale of the PDQ is a true/false self-report measure that consists of the diagnostic criteria for borderline personality that are listed in the *DSM* (ie, PDQ-R, *DSM-III-R*; PDQ-4, *DSM-IV*). Various versions of the PDQ have been confirmed as useful screening tools for borderline personality in both clinical^{16,17} and nonclinical samples,¹⁸ including the use of the free-standing borderline scale.¹⁹ After dividing the subsamples according to BPS status, we examined participants' responses to 1 item on the SHI, which is a 22-item self-report measure of self-harm behavior—"Have you ever intentionally, or on purpose...prevented wounds from healing?"

Results. In the psychiatric samples ($n = 441$),¹⁻⁴ 325 respondents (73.7%) exceeded the PDQ cut-off score for BPS. Compared to psychiatric respondents who did not exceed the PDQ cut-off score ($n = 116$), the BPS group was significantly more likely to endorse "prevented wounds from healing" (16.9% vs 9.5%, $t_{1,439} = 2.16$, $P < .05$).

In the various medical samples ($n = 599$),⁵⁻¹³ 169 respondents (28.2%) exceeded the PDQ cut-off score for BPS. Compared to respondents who did not exceed the PDQ cut-off score ($n = 430$), the BPS group was significantly more likely to endorse "prevented wounds from healing" (13.0% vs 1.6%, $t_{1,597} = 4.29$, $P < .001$).

In the internal medicine-only samples ($n = 332$),⁵⁻¹⁰ 78 respondents (23.5%) exceeded the PDQ cut-off score for BPS. Compared to respondents who did not exceed the

PDQ cut-off score ($n = 254$), the BPS group was significantly more likely to endorse "prevented wounds from healing" (12.8% vs 2.0%, $t_{1,330} = 2.78$, $P < .01$).

We next considered only those respondents who exceeded the PDQ cut-off score for BPS. Such respondents from psychiatric samples were no more likely to have endorsed "prevented wounds from healing" (16.9%) when compared to respondents from either various medical samples (13.0%, $t_{1,492} = 1.17$, $P < .15$) or internal medicine-only samples (12.8%, $t_{1,401} = 0.95$, $P < .20$).

These data indicate several important findings. First, among patients with BPS, whether in psychiatric or medical settings, a similar proportion report preventing wounds from healing (13%–17%). In other words, the prevention of wound healing does *not* appear to be more common in medical settings. Second, in a psychiatric setting, preventing wounds from healing does not appear to be particularly specific to BPS. Indeed, there may be patients with other types of psychiatric disorders that wash out the specificity of this relationship (eg, obsessive-compulsive disorder, schizophrenia, other personality disorders). In contrast, in a medical setting, the relationship between preventing wounds from healing and BPS is far more specific. Therefore, this behavior in a primary care setting is *highly* likely to be associated with BPS.

This study has a number of potential limitations, including the self-report nature of all data, the use of 2 versions of the PDQ, various nonpsychiatric samples, and the consolidation of multiple samples for analysis. However, it is the only study that we are aware of that has examined in broad psychiatric and medical samples the relationship between BPS and the prevention of wound healing.

REFERENCES

1. Sansone RA, Gaither GA, Songer DA, et al. Multiple psychiatric diagnoses and self-harm behavior. *Int J Psychiatry Clin Pract.* 2005;9:41-44.
2. Sansone RA, Barclay J, Gaither GA. Assault histories among psychiatric inpatients with borderline personality: a pilot study. *Traumatology.* 2005;11(1): 65-68.
3. Sansone RA, Chu J, Wiederman MW. Domestic violence and borderline personality symptomatology among women in an inpatient psychiatric setting. *Traumatology.* 2006;12(1):314-319.
4. Sansone RA, McLean JS, Wiederman MW. The relationship between medically self-sabotaging behaviors and borderline personality among psychiatric inpatients. *Prim Care Companion J Clin Psychiatry.* In press.
5. Sansone RA, Hruschka J, Gaither G, et al. Benzodiazepine exposure and history of trauma. *Psychosomatics.* 2003;44(6): 523-524.
6. Sansone RA, Pole M, Dakroub H, et al. Childhood trauma, borderline personality symptomatology, and psychophysiological and pain disorders in adulthood. *Psychosomatics.* 2006;47(2): 158-162.
7. Sansone RA, Reddington A, Sky K, et al. Borderline personality symptomatology and history of domestic violence among women in an internal medicine setting. *Violence Vict.* 2007; 22(1):120-126.
8. Sansone RA, Barnes J, Muennich E, et al. Borderline personality symptomatology and sexual impulsivity. *Int J Psychiatry Med.* 2008;38(1):53-60.
9. Sansone RA, Tahir NA, Buckner VR, et al. The relationship between borderline personality symptomatology and somatic preoccupation among internal medicine outpatients. *Prim Care Companion J Clin Psychiatry.* In press.
10. Sansone RA, Schumacher D, Wiederman MW, et al. The preva-

- lence of binge eating disorder and borderline personality symptomatology among gastric surgery patients. *Eat Behav.* 2008;9(2):197–202.
11. Sansone RA, Sansone LA, Gaither GA. Diabetes management and borderline personality symptomatology: a pilot study. *Gen Hosp Psychiatry.* 2004;26(2):164–165.
 12. Sansone RA, Whitecar P, Wiederman MW. The prevalence of borderline personality among buprenorphine patients. *Int J Psychiatry Med.* In press.
 13. Hyler SE, Rieder RO. *Personality Diagnostic Questionnaire-Revised.* New York, NY: New York State Psychiatric Institute; 1987.
 14. Hyler SE. *Personality Diagnostic Questionnaire-4.* New York, NY: Hyler SE; 1994.
 15. Sansone RA, Wiederman MW, Sansone LA. The Self-Harm Inventory (SHI): development of a scale for identifying self-destructive behaviors and borderline personality disorder. *J Clin Psychol.* 1998;54(7):973–983.
 16. Dubro AF, Wetzler S, Kahn MW. A comparison of three self-report questionnaires for the diagnosis of DSM-III personality disorders. *J Pers Disord.* 1988;2:256–266.
 17. Hyler SE, Lyons M, Rieder RO, et al. The factor structure of self-report DSM-III Axis II symptoms and their relationship to clinicians' ratings. *Am J Psychiatry.* 1990;147:751–757.
 18. Johnson JG, Bornstein RF. Utility of the Personality Diagnostic Questionnaire-Revised in a nonclinical sample. *J Personal Disord.* 1992;6:450–457.
 19. Patrick J, Links P, Van Reekum R, et al. Using the PDQ-R BPD scale as a brief screening measure in the differential diagnosis of personality disorder. *J Personal Disord.* 1995;9:266–274.

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