

LETTER TO THE EDITOR

THE ABUSE OF PRESCRIPTION MEDICATIONS: A RELATIONSHIP WITH BORDERLINE PERSONALITY?

Dear Editor:

The abuse of prescription medications is well known by practitioners in pharmacy and medical settings. Indeed, according to the 2007 National Survey on Drug Use and Health-National Findings, the rate of self-reported prescription drug abuse by community participants older than the age of 12 years “during the past month” was 7 percent.¹ However, the relationship between the abuse of prescription medications and borderline personality disorder (BPD) has received relatively scant attention. Whereas patients with BPD are known to have high rates of substance abuse,² only one prior study has examined the relationship between the abuse of prescription medications and BPD.³ In that study, which was an analysis of 13 prior databases, the self-reported prevalence of the abuse of prescription medications among patients in four psychiatric settings (N = 440) and nine medical settings (N = 599) was 46.9 and 46.2 percent, respectively, and in both subsamples, those with BPD were significantly more likely to report the abuse of prescription medications than those without BPD. However, the individual studies in this large analysis were oftentimes small and samples of convenience. In the following study, we examined the relationship between the abuse of prescription medications and BPD in a large and consecutive sample of internal medicine outpatients.

Participants were males and females, ages from 18 to 65 years, who were being seen at an outpatient internal medicine clinic for nonemergent medical care. Exclusion criteria were medical (eg, pain), intellectual (eg, mental retardation), cognitive (eg, dementia), or psychiatric (eg, psychosis) dysfunction that would preclude the completion of a research booklet. A total of 492 people were invited to participate; 419 agreed, for a response rate of 85.2 percent. Of these, 130 were male and 287 were female (two failed to indicate sex). Respondents ranged in age from 18 to 65 years (M = 49.48, SD = 15.26). Most were White/Caucasian (358; 85.4 percent); 35 were African American, 8 Native American, 2 Hispanic, 4 Asian, 11 “other,” and 1 failed to indicate race/ethnicity. With regard to education, most (92.1 percent) had at least graduated high school, with 159 (37.9 percent) having attended some college and 110 (26.3 percent) having earned at least a 4-year college degree.

With regard to methodology, one of the authors (C.L.) approached incoming patients in the outpatient-center lobby, informally assessed exclusion criteria, and invited candidates to participate. Participants completed a four-page research booklet and placed completed research booklets into sealed envelopes and then into a collection

box in the lobby. The initial section of the research booklet explored demographic information. The next section contained the yes/no query, “Have you ever abused prescription medication?” and two measures of BPD: (1) the borderline personality scale of the Personality Diagnostic Questionnaire-4 (PDQ-4)⁴ and the Self-Harm Inventory (SHI).⁵ Completion of the research booklet was assumed to be implied consent. Data were collected during April 2009. This project was approved by the institutional review boards of the affiliated community hospital as well as the university.

In the entire sample (N = 419), 359 respondents denied having abused prescription medications, 33 (9.2 percent) admitted to having done so, and 27 respondents left the item blank. In comparing the respondents who admitted versus denied having abused prescription medications, the admitters had statistically significantly higher scores on the PDQ-4 (M = 4.09, SD = 2.27) than did the deniers (M = 1.76, SD = 2.04), $t(1,390) = 6.23$, $p < 0.001$. Similarly, the admitters had statistically significantly higher scores on the SHI (M = 7.73, SD = 4.89) than did the deniers (M = 1.44, SD = 2.33), $t(1,390) = 13.11$, $p < 0.001$.

Another way to assess the relationship between having abused prescription medications and BPD is to examine the percentages of admitters and deniers who exceeded the clinical cut-off scores on each measure of BPD. Admitters were more likely to exceed the cut-off on the PDQ-4 (48.5 percent) than were deniers (12.2 percent), $X^2 = 30.60$, $p > 0.001$. Similarly, admitters were more likely to exceed the cut-off on the SHI (66.7 percent) than were deniers (11.1 percent), $X^2 = 69.98$, $p > 0.001$.

These data in a large and consecutive sample of internal medicine outpatients confirm the hypothesis that there is a relationship between BPD and the abuse of prescription medications. This relationship may be explained by the inherent self-regulation difficulties encountered in these patients, which likely contribute to a greater likelihood to abuse substances. Although the explicit nature of the abused prescription medications is unknown, we strongly suspect that prescription abuse relates to controlled substances, including narcotic analgesics.

This study has a number of potential limitations including the self-report nature of the data and the associated limitations of this methodology; the lack of definition of the types/classes of medications that were abused by participants; lack of assessment of participants' pain status; and presence or not childhood sexual abuse and/or other substance abuse (eg, alcohol, tobacco, binge eating). However, this is one of a handful of studies in this area, the sample is large and consecutive, and the findings are relatively robust. These findings imply that a general working knowledge by the clinician of BPD and the associated self-regulation difficulties is essential in negotiating

the challenges of clinical practice, particularly, for those clinicians who regularly prescribe narcotic analgesics.

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