Letters to the Editor

Therapists, which will be published as Cognitive-Behavioral Treatment for Adults With ADHD: Targeting Executive Dysfunction by Guilford.

References


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Study Limitations in Report of Suicidal Behavior Among Women With Co-occurring PTSD and Borderline Personality Disorder

To the Editor: In the October 2010 issue of the Journal, Melanie S. Harned, Ph.D., et al. (1) reported on an important study examining the relationship between posttraumatic stress disorder (PTSD) and borderline personality disorder. This is an important area of inquiry, and the authors have done an admirable job in comprehensively assessing their sample. However, the study has several limitations, and the conclusions are not consistent with recent studies that were not cited.

As stated by Harned et al. (1) themselves, we want to underscore the fact that the small size and select nature of their study (94 women) make it difficult to draw conclusions. They conducted numerous comparisons across variables without any adjustment for multiple comparisons. Furthermore, they have not cited recent large epidemiologic studies examining the association between PTSD, borderline personality disorder, and suicide attempts (2–4).

Harned and colleagues’ conclusion that frequency, intent, and lethality of suicide attempts are the same for individuals with borderline personality disorder with and without PTSD is inconsistent with recent work. Cougle et al. (2), using the U.S. National Comorbidity Survey Replication data (N=5,692), demonstrated that PTSD is associated with suicide attempts, even after adjusting for the effects of borderline personality disorder. We extended these findings using the National Epidemiologic Survey on Alcohol and Related Conditions (N=34,653), by showing that PTSD is associated with suicide attempts after adjustment for all sociodemographic factors and axis II disorders (3). Pagura et al. (4) were the first to examine comorbidity of PTSD and borderline personality disorder in a large nationally representative sample by comparing individuals with PTSD alone (N=1,820), borderline personality disorder alone (N=1,290), and comorbid PTSD and borderline personality disorder (N=643). This study found that individuals with comorbid PTSD and borderline personality disorder had greater odds of lifetime suicide attempt compared to individuals with either condition alone (4).

We have shown that individuals with co-occurring PTSD and borderline personality disorder have higher odds of having a suicide attempt than either disorder alone (3, 4). These findings are in contrast to the findings of Harned and colleagues’ study (1). We believe the discrepancy between the epidemiologic studies and the Harned et al. study is due to the differences in sample size. We note that epidemiologic studies cited above are limited by lack of assessment of lethality of suicide attempts, a strength of Harned and colleagues’ study. We suggest that future clinical studies need to gather a larger sample and include a comparison group of women with PTSD.

References


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Response to Nepon et al. Letter

To the Editor: We appreciate the thoughtful comments made by Dr. Nepon and his colleagues. Our recent study found that borderline personality disorder patients with and without PTSD did not significantly differ in the frequency, intent, and lethality of suicide attempts (1). Nepon et al. point out that this is inconsistent with the results of several recent epidemiologic studies (2–4). These studies, all published since our manuscript was originally submitted and thus not cited in our article, are to be commended for their use of large-scale, nationally representative samples. As Nepon et al. describe, these epidemiologic studies found that PTSD is associated with a greater risk of suicide attempt after controlling for the effects of borderline personality disorder (2, 3) and that individuals with both borderline personality disorder and PTSD had a higher rate of lifetime suicide attempt compared to individuals with either disorder alone (4). Nepon et al. suggest that the discrepant findings between these epidemiologic studies and our study are due to differences in sample size, as our study used a markedly smaller sample.
While we agree that our sample size is certainly a limitation of the study, we do not believe that the lack of between-group difference in suicide attempt frequency in our study can be attributed to the sample's size. In particular, the frequency of past-year suicide attempts was highly similar for borderline personality disorder patients with and without PTSD (yielding only a small between-group effect size), suggesting that the lack of statistical significance was not due to low power.

Instead, we think it is more likely that the discrepant findings are attributable to the nature of the sample rather than its size. Our study (1) used a clinical sample of women with borderline personality disorder participating in an outpatient treatment study who were selected on the basis of their high degree of suicidality. The study inclusion criteria required that participants exhibit both recent (past 8 weeks) and chronic (at least two episodes in the past 5 years) intentional self-injury (suicide attempts and/or nonsuicidal self-injury), as well as at least one suicide attempt in the past year. In contrast, the epidemiologic studies used community samples that were selected to be representative of the U.S. adult population (2–4).

Given that all of the borderline personality disorder patients in our study had attempted suicide in the past year, our ability to find differences between those with and without PTSD on the frequency, intent, and lethality of past-year suicide attempts was limited by the low degree of variability among participants. In contrast, the rate of lifetime suicide attempt was notably lower in the community samples (3%–4% of the total samples and 18%–32% of the borderline and PTSD subgroups; [2–4]), thereby providing greater variability and ability to detect between-group differences. Thus, our findings suggest that among suicidal borderline personality disorder patients, the addition of PTSD does not further increase the already high frequency of suicide attempts. The epidemiologic studies, on the other hand, suggest that PTSD does increase the frequency of suicide attempts among borderline personality disorder individuals in the community who exhibit lower rates of baseline suicidality. Rather than being discrepant findings, we think these studies are simply assessing this issue in very different borderline personality disorder populations.

It is also important to note that the lack of difference in the frequency of suicide attempts that was found in our study is consistent with other studies that have utilized clinical as opposed to community samples, even when the clinical samples were not required to exhibit a high degree of suicidality. Yen et al. (5) used data from the Collaborative Longitudinal Personality Disorders Study (N=621) to examine axis I and II disorders as predictors of prospective suicide attempts. In this treatment-seeking clinical sample, PTSD did not significantly increase the odds of a suicide attempt during the 2 years of follow-up after controlling for the highly significant effect of borderline personality disorder. Similarly, in a clinical sample of 60 women with borderline personality disorder, Rüsch et al. (6) found that borderline women with and without PTSD did not significantly differ in the lifetime number of suicide attempts. The discrepant findings highlighted by Nepon et al. may be due to the nature of the sample (clinical versus community) rather than its size.

Taken together, the research in this area seems to suggest several important findings. First, individuals with borderline personality disorder and PTSD, in combination or alone, are at heightened risk of attempting suicide and should be carefully assessed and monitored for suicide risk. Second, the impact of co-occurring PTSD on the frequency of suicide attempt among individuals with borderline personality disorder appears to vary depending on the degree of suicidality and treatment-seeking status of the sample. PTSD emerges as a consistent predictor of increased risk of suicide attempts among community borderline personality disorder samples that exhibit lower rates of baseline suicidality, whereas PTSD is not associated with a heightened risk of suicide attempts among suicidal and treatment-seeking borderline personality disorder patients.

References


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Self-Reported Incidences of Moving Vehicle Collisions and Citations Among Drivers With ADHD: A Cross-Sectional Survey Across the Lifespan

To the Editor: Vehicular collisions are a major public health problem and the leading cause of death for individuals 15–20 years old (1). Adolescent and young adult drivers with attention deficit hyperactivity disorder (ADHD) are at higher risk, with two to eight times more collisions, citations, and suspended licenses than their non-ADHD counterparts (2). Collision-related costs are also more expensive for drivers with ADHD (2). However, it is unclear whether collision and citation rates decline with maturation for middle-age drivers with ADHD as with the general population. To address this issue, an “ADHD and Driving Safety” survey was placed on five ADHD-related web sites inquiring about the type of ADHD...