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SHORT REPORT

THE COMORBIDITY, RELATIONSHIP AND TREATMENT IMPLICATIONS OF BORDERLINE PERSONALITY AND OBESITY

RANDY A. SANSONE,* LORI A. SANSONE†
and MICHAEL W. WIEDERMAN‡

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Abstract—Studies indicate that a significant minority of obese individuals in clinical studies meet criteria for borderline personality. Although the relationship between obesity and borderline personality remains unexplained, the following article discusses the implications of treating obesity among individuals with this personality disorder. Longitudinal intervention, normalizing or regulating eating patterns, and reframing weight plateaus are emphasized. © 1997 Elsevier Science Inc.

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We summarize our experience with, and impressions of, obese individuals with borderline personality as we believe these cast new light on a challenging clinical topic. The majority of previous studies (see Table I) indicate that a minority of obese subjects (1–30%) meet the criteria for borderline personality according to selected study measures [1–7]. A potential confound in these studies, however, was the selection of study populations which were either: (1) in active treatment for obesity (e.g., gastric surgery, psychological intervention); or (2) recruited from advertisements. Therefore, it is not known if these previously studied samples reflect the general population of obese individuals.

In an attempt to study a more naturalistic population, we examined the prevalence of borderline personality among obese women being treated for routine medical concerns in a primary care setting [8]. Using a standardized interview, the Diagnostic Interview for Borderline Patients [9], we found that 7% of this consecutive sample met the criteria for borderline personality. In comparison, in our study of obese women in active treatment in an eating disorders program [10], 40% met criteria for borderline personality (according to the Diagnostic Interview for Borderline Patients). These findings indicate a distinctly different prevalence of borderline personality symptomatology in two different obese study populations, and the prev-

*Department of Psychiatry, Wright State University School of Medicine, Dayton, OH, USA.

†Premier Integrated Medical Associates, Dayton, OH, USA.

‡Department of Psychological Sciences, Ball State University, Muncie, IN, USA.

Address correspondence to: Dr. Randy A. Sansone, Sycamore Primary Care Group, 2150 Leiter Road, Miamisburg, OH 45342, USA. Tel: (937) 865-8753; Fax: (937) 865-8754.

Table I.—Studies examining the prevalence of borderline personality disorder in obese subjects

Investigators	Sample	% BPD ^a
Grana et al. [1]	Gastric surgery	2.2
Black et al. [2]	Gastric surgery	18.4
Larsen [3]	Gastric surgery	1.1
Black et al. [4]	Gastric surgery	30.4
Specker et al. [5]	Advertisements	20.0
Berman et al. [6]	Weight program	6.3
Yanovski et al. [7]	Advertisement	5.5

^a Borderline personality disorder.

alence rates themselves are meaningful. In addition, our findings suggest that the prevalence of borderline personality among obese women may be substantially greater in settings associated with active treatment for eating disorder compared with settings where there is no active weight disorder treatment.

The relationship between comorbid obesity and borderline personality, if any, might be explained in several ways. First, the comorbid association of the two disorders could be coincidental. This explanation would require that the prevalence of borderline personality among the obese be no different than in the general population. According to the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed) [11], the prevalence of borderline personality in the general population is estimated to be around 2%. This estimate is considerably lower than the prevalence of borderline personality in obese subjects reported by most studies (see Table I).

Second, it could be that the instruments used in the assessment of borderline personality are measuring symptoms or aspects of some other type of psychological dysfunction such as posttraumatic stress disorder. In this regard, sexual trauma has been reported to be associated with obesity. Mitchell reported a significant correlation between sexual abuse and body weight, with more severe forms of abuse resulting in higher body weights [12]. Felitti reported an association between acknowledged sexual abuse and obesity in patients in a primary care setting [13]. Therefore, a measure for borderline personality that unintentionally elicits the emotional sequelae of trauma might be expected to over represent the prevalence of borderline personality symptomatology in a traumatized population.

Third, it is our position that, in at least some individuals, there may be an etiological association between the two disorders. Borderline personality is characterized by significant self-regulatory deficits which might behaviorally manifest as prolonged and excessive calorie ingestion that, over time, could result in an increase in body weight. If there is an association between borderline personality and early developmental trauma, the trauma/obesity data [12, 13] would readily accommodate our position. If our position is valid, we would cautiously qualify it by emphasizing that borderline personality would be but one of several etiologic substrates for obesity (e.g., genetic predisposition, sociocultural factors) and might apply to a minority of obese individuals.

Despite the unclear relationship between borderline personality and obesity, there are important treatment implications to consider when the two disorders comorbidly exist. In comparison with brief and time-limited interventions (e.g., 10

group sessions, gastric surgery, 3-month intervention with stimulants), we approach the weight disorder with: (1) longitudinal intervention (i.e., 1–2 years), using group and/or individual psychotherapy; (2) focus on regulating eating behavior (i.e., four meals per day, 1800–2200 calories per day) rather than weight loss; and (3) encouragement of weight plateaus for several months following the loss of 15% of the original body weight. In addition, we believe that it is essential to accommodate the dynamics of the personality disorder in the management of these individuals.

We genuinely believe that appreciating the comorbidity and the possible etiologic relationship, if any, between borderline personality and obesity will improve overall assessment and intervention with those comorbid individuals who are seeking treatment for weight disorder. At the very least, the treatment of weight disorder needs to be undertaken in conjunction with an understanding of the dynamics of the personality disorder.

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