

## Borderline Personality Disorder and Reckless Driving

**To the Editor:** Borderline personality disorder (BPD) is characterized by pervasive impulsivity. Reckless driving, one potential form of impulsivity, is implicated in a number of diagnostic approaches to BPD, including the *DSM*, yet empirical studies both suggest<sup>1-4</sup> and dispel<sup>5</sup> associations between BPD and reckless driving. In the present study, we examined in a consecutive sample of primary care outpatients the relationship between BPD and self-reported driving citations.

**Method.** Participants were men and women, aged 18 to 65 years, who were being seen at an outpatient internal medicine clinic for nonemergent medical care. Exclusion criteria were medical (eg, dementia, pain), intellectual (eg, mental retardation), or psychiatric disorders (eg, psychotic) 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%. Of these, 130 were male and 287 were female (2 failed to indicate sex). Respondents ranged in age from 18 to 65 years (mean = 49.48 years, SD = 15.26). Most were white/Caucasian (358; 85.4%); 35 were African American, 8 were Native American, 2 were Hispanic, 4 were Asian, 11 were "other," and 1 failed to indicate race/ethnicity. With regard to education, most (92.1%) had at least graduated from high school, with 159 (37.9%) having attended some college and 110 (26.3%) having earned at least a 4-year college degree.

One of the authors (C.L.) approached incoming patients in the lobby of the clinic, informally assessed exclusion criteria, and invited candidates to participate. Participants completed a 4-page research booklet and placed completed surveys into sealed envelopes and then into a collection box in the lobby.

The initial section of the survey explored demographic information. The next section, the author-developed Driving Questionnaire (available from the authors on request), consisted of yes/no

queries about 12 moving violations and 11 nonmoving violations (eg, expired registration, certificate of registration not in vehicle, driving an unregistered vehicle, lights required on vehicle). Data elicited were related to charges, not convictions. The third section contained 2 measures of BPD: the borderline personality scale of the Personality Diagnostic Questionnaire-4 (PDQ-4)<sup>6</sup> and the Self-Harm Inventory.<sup>7</sup> 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. Survey completion was assumed to be implied consent.

**Results.** Of the 419 respondents, 62 (14.8%) exceeded the clinical cutoff score for BPD according to the PDQ-4, 63 (15.0%) according to the Self-Harm Inventory, and 89 (21.2%) according to one or both measures of BPD.

Speeding was endorsed by two-thirds of participants, so we deleted this item from the following analyses. Scores on the PDQ-4 were positively correlated with the total number of moving violations ( $r=0.20$ ,  $P<.001$ ) as well as the total number of nonmoving violations ( $r=0.28$ ,  $P<.001$ ). Similarly, scores on the SHI were positively correlated with the total number of moving violations ( $r=0.17$ ,  $P<.002$ ) as well as the total number of nonmoving violations ( $r=0.29$ ,  $P<.001$ ).

To summarize, we found that BPD scores were statistically significantly correlated with both moving and nonmoving driving violations—correlations that were evident on 2 independent measures of BPD, each with a unique construct. The potential limitations of this study include the self-report format, an author-developed questionnaire for driving citations, and the overinclusive nature of the BPD measures. However, these data indicate that individuals with BPD appear to be at greater risk for reckless driving, both moving and nonmoving offenses, thus supporting this poorly researched subcriterion that is so often encountered in assessments for BPD. From a clinical perspective, this may be a fertile area of diagnostic inquiry and very likely represents another manifestation of the pervasive self-regulation difficulties encountered in these individuals.

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Randy A. Sansone, MD  
Randy.sansone@khnetwork.org  
Charlene Lam, BS  
Michael W. Wiederman, PhD

**Author affiliations:** Kettering Medical Center, Kettering, Ohio (Dr Sansone); Departments of Psychiatry and Internal Medicine, Wright State University School of Medicine, Dayton, Ohio (Dr Sansone); Wright State University School of Medicine, Dayton, Ohio (Ms Lam); and Department of Human Relations, Columbia College, Columbia, South Carolina (Dr Wiederman). **Potential conflicts of interest:** None reported. **Funding/support:** None reported.

doi:10.4088/JCP.09105494gre

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