

Driving Recklessly: Relationships With Borderline Personality Symptomatology

To the Editor: In this study, we examine the relationship between reckless driving and borderline personality disorder (BPD)—a relationship that has been infrequently studied.

Method. Participants consisted of men and women, aged 18 years or older, recruited from an identical clinical setting (an internal medicine outpatient clinic that is staffed predominantly by resident providers) during 4 research projects that were undertaken over a 2-year period (2009–2011).^{1–4} We compiled these cross-sectional datasets to maximize the current sample size for investigation. The resulting sample consisted of 1,102 patients: 353 men, 748 women, and 1 individual who did not indicate sex. Ages ranged from 18 to 97 years (mean = 49.74, SD = 15.35), and 87.1% of participants were white/Caucasian.

During clinic hours, each incoming patient was approached by a research assistant, who excluded individuals unable to successfully complete a survey (mostly due to severe illness and/or language difficulties). The recruiter reviewed the focus of the project with potential candidates and invited each to participate by completing a multipage survey. In addition to demographic queries, we examined, in the survey, borderline personality symptomatology through 2 self-report measures—the BPD scale of the Personality Diagnostic Questionnaire-4 (PDQ-4)⁵ and the Self-Harm Inventory (SHI)⁶; a score of 5 or higher on either scale indicates a diagnosis of BPD. As for inquiries about reckless driving, 1 PDQ-4 query states, “I have done things on impulse that can get me into trouble” and includes the item *reckless driving*. Likewise, SHI item 7 asks respondents whether they have ever “driven recklessly on purpose.” As the focus of the current investigation, these 2 items were not included in the total scoring of the PDQ-4 and SHI. To increase measurement reliability, we considered respondents who endorsed both items to have engaged in purposeful and problematic reckless driving.

These 4 projects were reviewed and exempted by the institutional review boards of both the community hospital and the university. Completion of the survey was assumed to function as implied consent, which was explicitly clarified on the cover page of the booklet.

Results. Of the 1,102 respondents, 77 (7.0%) endorsed both reckless driving items, with no statistically significant difference in the proportions of men (8.8%) and women (6.1%) ($\chi^2 = 2.55$,

$P < .15$). Point-biserial correlation coefficients revealed that those who endorsed both reckless driving items tended to be younger ($r = -0.17$, $P < .001$) and scored higher on the PDQ-4 ($r = 0.38$, $P < .001$) and the SHI ($r = 0.46$, $P < .001$). Similarly, when compared to respondents who denied ever having driven recklessly, those who did were more likely to exceed the clinical cutoff score on the PDQ-4 (58.4% vs 13.5%, $\chi^2 = 104.62$, $P < .001$) and the SHI (76.6% vs 15.0%, $\chi^2 = 174.12$, $P < .001$).

While the potential limitations of this study include the self-report nature of the data, including the borderline personality measures, and possible participant overlap in the 4 databases, findings in this large and consecutive sampling of 4 studies indicate clear relationships between reckless driving and BPD.

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Randy A. Sansone, MD

Randy.sansone@khnetwork.org

Michael W. Wiederman, PhD

Author affiliations: Departments of Psychiatry and Internal Medicine, Wright State University School of Medicine, Dayton, and Department of Psychiatry Education, Kettering Medical Center, Kettering, Ohio (Dr Sansone); and Department of Psychology, Columbia College, Columbia, South Carolina (Dr Wiederman).

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