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Quality of Life among Parents of Borderline Personality Disorder Female Patients

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

﴿وَعَلَّمَكَ مَا لَمْ تَكُنْ تَعْلَمُ وَكَانَ

فَضْلُ اللَّهِ عَلَيْكَ عَظِيمًا﴾

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List of Abbreviations

| Abb. | Full term |
|--------------|---|
| ACC | Anterior cingulate cortex |
| AF | Atrial Febrillation |
| ANOVA | Analysis of variance |
| BPD | Borderline personality disorder |
| CBT | Cognitive behavioral therapy |
| CLPS | Collaborative Longitudinal Personality Disorders Study |
| CSHCN | Families of Children with Special Health Care Needs |
| DBT | Dialectical behavior therapy |
| DM | Diabetes Mellitus |
| DSM | Diagnostic and statistical manual of mental disorders |
| DVD | Digital Versatile Disc |
| FACTS | Families And Carers Training and Support |
| FC | Family Connections |
| FFP | Family to Family Program |
| FS..... | Family Skills |
| GHQ-28..... | The General Health Questionnaire – 28 |
| HCV | Hepatitis C Virus |
| HPA | Hypothalamic-pituitary-adrenal |
| HTN | Hypertention |
| HYPE | Helping Young People Early |
| ICMBD..... | ICD-10 Classification of Mental and Behavioural Disorders |
| IHD | Ischemic Heart Disease |
| LSD | Least Significant Difference. |
| MBT | Mentalization -based therapy |
| MSAD | McLean Study of Adult Development |
| MS-BPD | Making Sense of BPD |
| MSC | Masters Of Sciences |
| NESARC | The National Epidemiologic Survey on Alcohol and Related Conditions |
| NHMRC | National health and medical research council |
| NICE | National Institute for Health and Care Excellence |
| NO..... | Number |
| OPC..... | Out Patient Clinic |

List of Abbreviations *cont...*

| Abb. | Full term |
|-------------------|--|
| PaaS..... | Platform as a Service |
| PNS | Para-sympathetic nervous system |
| PTSD..... | Post Traumatic Stress Disorder. |
| QOL | Quality of life |
| RCTs | Randomized controlled trials |
| SD | Standard Deviation |
| SFT | Schema-focused therapy |
| SNS | Sympathetic nervous system |
| SSRI..... | Selective Serotonin Reuptake Inhibitor |
| STEPPS | Systems training for emotional predictability and problem-solving |
| TAU..... | Treatment as usual |
| TFP | Transference-focused psychotherapy |
| USA..... | United States of America |
| WFSBP | The World Federation of Societies of Biological Psychiatry |
| WHOQOL-BREF | WHO Quality of Life- Brief. |
| ZBI | Zarit's Burden Interview |

INTRODUCTION

Borderline personality disorder (BPD) is characterized by a pervasive pattern of instability in affect regulation, impulse control, interpersonal relationships and self-image. Clinical signs of the disorder include emotional dysregulation, impulsive aggression, repeated self-injury, and chronic suicidal tendencies, which make these patients frequent users of mental-health resources (*Leib et al., 2004*).

BPD is not uncommon with a prevalence of about 4% in the community, but as high as 20% in many clinical psychiatric populations. Moreover, BPD is usually associated with other psychiatric and personality disorders, high burden on families and parents, continuing resource utilization, and high treatment costs (*Kases et al., 2014*).

A meta-analysis by Rucco, 2005 revealed a significant difference between BPD and healthy comparison groups across multiple neuropsychological domains. BPD patients generally performed more poorly than healthy comparison groups on global dimensions of attention, cognitive flexibility, learning and memory, planning, speeded processing, and visuo-spatial abilities.

On studying the experience of living close to a person with BPD, the main categories that were found; powerlessness, guilt and lifelong grief with higher levels of psychological distress compared with the general population (*Ekdah et al., 2016*).

Moreover, it was noticed that parents endorsed varying levels of impact of their child's BPD on the six domains comprising burden, including marriage, physical health, standard of living, social life, career trajectory, and emotional health. While emotional health was the most severely affected, there were no significant correlations for any items during the birth, infancy and childhood epochs. Yet, several items were correlated with intensity of parental burden during the adolescence period (*Goodman et al., 2011*).

AIM OF THE WORK

1. Assessment of the quality of life among a sample of parents of female borderline patients aged 14-40 years.
2. Identification of the factors associated with poor quality of life.

BORDERLINE PERSONALITY DISORDER: EPIDEMIOLOGY AND FACTORS INVOLVED IN DEVELOPMENT

Epidemiology

BPD is not uncommon, in a community-based sample of children and adolescents, the prevalence of borderline personality disorder was 11% at age 9–19 years and 7.8% at 11–21 years. This disorder was also more common in girls than boys with 3:1 female: male gender ratio in clinical settings (*Tomko et al., 2014*).

An overview of 13 epidemiological studies from different countries composed of face-to-face interviews of the general population reporting about all types of personality disorders demonstrated a 2–5-year prevalence of between 0% and 4.5%, with a median of 1.7% and a mean of 1.6% for BPD (*American Psychiatric Publishing, Washington, DC, 2014*).

However, because a 2–5-year prevalence has limited value for understanding the importance of the disorder throughout life and from an individual's point of view, the lifetime prevalence is more relevant. The National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) study in the United States demonstrated a lifetime prevalence of 5.9% for BPD close to four times as high as the average 2–5-year prevalence (*Grant et al., 2008*).