بسم الله الرحمن الرحيم

∞∞∞

تم رفع هذه الرسالة بواسطة / مني مغربي أحمد

بقسم التوثيق الإلكتروني بمركز الشبكات وتكنولوجيا المعلومات دون أدنى مسئولية عن محتوى هذه الرسالة.

ملاحظات: لا يوجد

Quality of Life among Parents of Borderline Personality Disorder Female Patients

Thesis

Submitted for Partial Fulfillment of Master Degree in Neuropsychiatry

Submitted by

Samar Samir Farahat
M.B.B.Ch

Under Supervision of

Prof. Amany Haroun El Rasheed
Professor of Psychiatry
Faculty of Medicine, Ain Shams University, Egypt

Dr. Sherien Ahmed Khalil
Assistant Professor of Psychiatry
Faculty of Medicine, Ain Shams University, Egypt

Dr. Lobna Abubakr Ismail Azzam
Lecturer of Psychiatry
Faculty of Medicine, Ain Shams University, Egypt

Faculty of Medicine
Ain Shams University
2022

بسم الله الرحمن الرحيم

﴿وَعَلَّمَكَ مَا لَمْ تَكُنْ تَعْلَمُ وَكَانَ

فَضْلُ اللهِ عَلَيْكَ عَظِيمًا﴾

صدق الله العظيم

سورة النساء آية (١١٣)

Acknowledgments

*First and foremost, I would like to praise and thank **Allah**, the Most Merciful, who has always granted countless blessing, knowledge, and opportunity to me.*

*I would like to show my greatest appreciation and gratitude to **Prof. Dr. Amany Haroun Elrashid**, Professor of Psychiatry, Faculty of Medicine, Ain Shams University, for being an ideal teacher, mentor, and thesis supervisor, offering advice and encouragement with a perfect insight. I'm proud of, and grateful for, my time working with her.*

*I wish to express my deepest thanks and appreciation to **Prof. Dr. Sherin Ahmed Khalil**, Assistant Professor of Psychiatry, Faculty of Medicine, Ain Shams University, for her sincere efforts, fruitful encouragement.*

*I am deeply thankful to **Dr. Lobna Abubakr Ismaeil Azzam**, Lecturer of Psychiatry, Faculty of Medicine, Ain Shams University, for her great help, outstanding support, active participation and guidance.*

Without borderline personality patients and parents who agreed to participate in the study, this work would not have come to reality, I am really thankful to all of them.

I would also like to express my deepest gratitude to the board of doctors discussing my thesis.

Finally, I cannot forget the kind help, valuable cooperation and limitless support of my dear beloved family and friends; I really owe them a lot.

Samar Samir Farahat

List of Contents

List of Tables

List of Tables cont...

List of Tables cont...

List of Figures

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 Seritonin 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).***