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The aetiological and psychopathological validity of borderline personality disorder in youth: A systematic review and meta-analysis

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HIGHLIGHTS

- Controversy exists regarding the validity of youth BPD.
- There are a growing number of studies examining the correlates of youth BPD.
- Youth BPD appears to share common environmental risk factors with adult BPD.
- Youth and adult BPD have overlapping psychopathological features.
- Results add support to the validity of youth BPD.

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ABSTRACT

Controversy surrounds the diagnosis of Borderline Personality Disorder (BPD) in youth. This meta-analysis summarised evidence regarding the aetiological and psychopathological validity of youth BPD (the extent to which youth and adult BPD share common risk factors and psychopathology). We identified 61 studies satisfying predetermined inclusion criteria. Statistically significant pooled associations with youth (19 years of age and under) BPD were observed for sexual abuse (all youth: odds ratio = 4.88; 95% confidence interval = 3.30, 7.21; children: OR = 3.97; 95% CI = 1.51, 10.41; adolescents: OR = 5.41; 95% CI = 3.43, 8.53); physical abuse (all youth: 2.79 [2.03, 3.84]; children: 2.86 [1.98, 4.13]; adolescents: 2.60 [1.38, 4.90]); maternal hostility/verbal abuse (all youth: 3.28 [2.67, 4.03]; children: 3.15 [2.55, 3.88]; adolescents: 4.71 [1.77, 12.53]); and neglect (all youth: 3.40 [2.27, 5.11]; children: 2.87 [1.73, 4.73]; adolescents: 4.87 [2.24, 10.59]). Several psychopathological features were also associated with youth BPD, including comorbid mood (3.21 [2.13, 4.83]), anxiety (2.30 [1.44, 3.70]) and substance use (2.92 [1.60, 5.31]) disorders; self-harm (2.81 [1.61, 4.90]); suicide ideation (all youth: 2.02 [1.23, 3.32]; children: 6.00 [1.81, 19.84]; adolescents: 1.75 [1.20; 2.54]) and suicide attempt (2.10 [1.21, 3.66]). Results demonstrate that adult and youth BPD share common aetiological and psychopathological correlates. This offers some support for the diagnostic validity of youth BPD and indicates the need for clinical recognition in this age group.

Contents

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Borderline Personality Disorder (BPD) is a serious mental disorder associated with suicide, severe behavioural and emotional dysregulation, high rates of comorbid mental disorder, and substantial costs to society (Leichsenring, Leibing, Kruse, New, & Leweke, 2011). The aetiological factors leading to BPD remain only partly elucidated, though it is recognised that genetic, neurobiological and psychosocial factors all contribute to the development of this disorder (Crowell, Beauchaine, & Linehan, 2009). Recently, research has focused on the developmental precursors of BPD in recognition of the fact that Personality Disorders are unlikely to appear de novo in adulthood, but rather have an identifiable phenotype emergent from childhood to early adolescence (Crowell et al., 2009; Geiger & Crick, 2010).

The UK National Institute for Clinical Excellence (NICE) now acknowledges the presence of BPD in individuals under the age of 18, and advocates intervention and treatment where necessary (NICE, 2009). Similarly, the American Psychiatric Association (APA) has called for more research pertaining to the efficacy of BPD treatments for adolescents (APA, 2001). Nevertheless, the diagnosis of BPD in youth remains somewhat controversial (Miller, Muehlenkamp, & Jacobson, 2008). Although young people with BPD symptoms often present to services seeking help (Chanen, Jovev, & Jackson, 2007), recent reports suggest that many clinicians are reluctant to diagnose BPD in adolescence, and particularly in childhood (Griffiths, 2011; Laurenssen, Hutsebaut, Feenstra, Van Busschbach, & Luyten, 2013; Paris, 2013). Common concerns include the possible transience of maladaptive personality traits in youth given that personality is not fully developed; the stigma associated with a BPD diagnosis; and the lack of developmentally appropriate personality disorder assessment criteria (Chanen & McCutcheon, 2008; Griffiths, 2011). Subsequently, adolescents manifesting BPD symptoms may be misdiagnosed (Paris, 2013), opportunities for early intervention may be missed (Chanen, Jovev, McCutcheon, Jackson, & McGorry, 2008), and BPD symptoms may become increasingly entrenched and harder to treat. Thus, it is clear that evidence regarding the validity of the youth BPD construct is needed to reduce this clinical reluctance, and spur the development and evaluation of age specific treatment strategies.

Narrative reviews have cogently argued for the recognition of BPD in childhood and adolescence, and presented some evidence regarding the convergent, concurrent, and to a lesser degree, predictive validity of youth BPD (Fonagy et al., 2015; Kaess, Brunner, & Chanen, 2014; Newton-Howes, Clark, & Chanen, 2015). Nevertheless, none of these reviews have utilised systematic search procedures or quantitatively synthesised results from extant studies using meta-analysis. Due to the contentious nature of the BPD diagnosis in younger individuals, a more systematic approach to the literature is now required to provide rigorous and unbiased evidence to inform clinical policy and practice (Hammersley, 2001). To address this gap in the literature, and take advantage of the recent surge in publications, we systematically searched all available evidence regarding the psychopathological and aetiological validity (Van Os, Linscott, Myin-Germeys, Delespaul, & Krabbendam, 2009) of the youth BPD phenotype (i.e., BPD in children and adolescents).

Psychopathological validity reflects the extent to which youth BPD manifests similar patterns of comorbidity, symptom domains and maladaptive behaviours to BPD in adulthood (Van Os et al., 2009). The adult literature indicates high rates of co-morbid psychiatric disorder in patients with BPD compared to patients without the disorder. Studies demonstrate increased odds of major depressive disorder (odds ratios [ORs] from 2 to 2.5); anxiety disorders (ORs from 1.5 to 7.7); post-traumatic stress disorder (ORs from 4.4 to 7.3); substance use disorder (ORs from 3.2 to 8.7); and eating disorders (OR from 3.6 to 5.2) (Grant et al., 2008; Skodol, Oldham, & Gallaher, 2014; Zimmerman & Mattia, 1999).

Adults with BPD are also at heightened risk of engaging in suicidal behaviour, with 60 to 70% of BPD patients attempting, and 8 to 10% completing, suicide (Oldham, 2013).

Aetiological validity may be discerned from the degree to which youth BPD is associated with similar risk factors to those found in adult BPD (Guzder, Paris, Zelkowitz, & Feldman, 1999; Van Os et al., 2009). Adult studies indicate robust associations with childhood sexual abuse (ORs from 1.6 to 4.2 (Battle et al., 2004; Nickel et al., 2004)); physical abuse (ORs from 1.6 to 7.7 (Battle et al., 2004; Johnson, Cohen, Brown, Smailes, & Bernstein, 1999)); emotional or verbal abuse (ORs from 1.9 to 4.5 (Battle et al., 2004; Johnson et al., 2001)); neglect (ORs from 3.7 to 5.1 (Battle et al., 2004; Johnson, Smailes, Cohen, Brown, & Bernstein, 2000)) and parental conflict ($r = .40$ (Herman & van der Kolk, 1987; Weaver & Clum, 1993).

The main aim of the current review was to examine associations between psychopathological (i.e., psychiatric disorders and suicidality) and aetiological (i.e., adverse life events) factors identified a priori in the adult literature and the BPD diagnosis in youth populations. A secondary aim was to examine associations with continuous BPD symptoms in acknowledgement of the dimensional approach to youth BPD advocated by some researchers (Sharp, Mosko, Chang, & Ha, 2011).

1. Method

1.1. Search and selection strategy

Prior to formulating the protocol for the review, C.W. and J.E. conducted a pilot search to ensure that a systematic review pertaining to the research question had not been previously published. For this pilot, we searched the Cochrane Database of Systematic Reviews (CDSR), the Centre for Reviews and Dissemination (CRD), and www.pubmed.gov (Sayers, 2007). We used MOOSE (meta-analysis of observational studies in epidemiology) guidelines as a framework for our review (Stroup et al., 2000). Methods of analysis and inclusion criteria