

Borderline personality disorder patients more likely to seek hospital care, finds study

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A [new study](#) published in *The Primary Care Companion For CNS Disorders* by Flinders University has uncovered links between a patient's initial diagnosis of borderline personality disorder, or BPD, and their

recurrent visits to hospital.

The study investigated associations between patients with BPD and their hospital presentations as well as the effect of inpatient length of stay on time to hospital re-presentation.

The study reviewed a South Australian (SA) cohort of 86,740 Emergency Department (ED) and inpatient episodes of care for 25,619 mental patients presenting to SA [public hospitals](#) between 2014 and 2019.

Patients with BPD were at higher risk of returning to hospital when compared to patients with any other type of mental disorder says lead author Dr. David Smith from the College of Medicine and Public Health.

BPD is the most common personality disorder in Australia, affecting up to 5% of the population at some stage. It is a complex mental disorder that is often misunderstood.

BPD patients frequently present with other co-occurring problems, including [substance abuse](#), depression, anxiety, and bipolar affective disorder. Furthermore, BPD is associated with considerable psychosocial impairment, including poor social functioning, unemployment, and loss of income.

Worryingly, BPD patients have high rates of self-harm and suicide, leading to frequent presentations to emergency departments and [mental health services](#) with a reported mortality rate of up to 10%.

"We found that approximately 4% of all [mental health patients](#) were discharged from an Emergency Department (ED) or inpatient admission with a diagnosis of BPD recorded as the primary discharge diagnosis.

Those patients were then at higher risk of hospital re-admission compared to other mental health diagnostic groups in this study cohort," says Dr. Smith.

"Of particular interest is the association between initial inpatient length of stay in hospital and the number of days before they sought hospital treatment again.

"Those patients whose initial stay in hospital was up to 14 days returned to hospital on average 58 days sooner than those patients who stayed for two days or less," he says.

Dr. Smith says that further research, such as a more detailed pathway analysis, could determine factors that predicted whether, for BPD, any overnight stay and stays of less or greater than two days were associated with harm or benefit.

"There is no doubt that more needs to be done to provide better health care pathways for patients with BPD. We need to get more accurate recordings of BPD patients, and related presentations, more in-depth investigations of care pathways, and identifications of individuals who may benefit from a specific inpatient length of stay.

"We'd like to trace the patient's journey in hospital from the patient's perspective that would allow clinicians and managers to see and understand patients' experience by separating the management of a specific psychiatric condition and treatment into a series of consecutive events or steps (for example, activities, interventions, or staff interactions).

"This approach would also need to address BPD-related questions about sex and gender, such as how do sex and gender intersect with age, race and ethnicity, and other sociocultural factors as well as determine

outcomes.

"The synthesis of this type of information with data, such as from the current study, would provide deeper insights into patient journeys, including when things went right and when they did not," says Dr. Smith.

"We believe that building on existing resources would improve health and community-based services and [staff training](#), and not only boost the health and well-being of all Australians but significantly contribute to a reduction in [emergency department](#) presentations and hospital admissions," Dr. Smith adds.

More information: David Smith et al, Recurrent Mental Health Presentations to Public Hospital Services, *The Primary Care Companion For CNS Disorders* (2024). [DOI: 10.4088/PCC.23m03559](https://doi.org/10.4088/PCC.23m03559)

Provided by Flinders University

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