

TITLE of Ph.D THESIS:

Comorbidity between Borderline Personality Disorder and Attention Deficit Hyperactivity Disorder among Adults: A Cross Cultural Comparison

Subject: Psychology

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ABSTRACT

Borderline Personality Disorder (BPD) is a disorder of emotional, cognitive, behavioral and interpersonal dysregulation. The clinical picture of BPD described as a way of being in the world that involves massive mood fluctuations, intense relationships, conflicting self-identification, constant manipulation, and impulsiveness, anxiety, insecurity and paranoid ideation. Adult Attention Deficit Hyperactivity Disorder (ADHD), a common neurobehavioral disorder defined by inattention, impulsiveness and motor hyperactivity. poor organization, unstable interpersonal relationships, and low self—esteem, draws the attention towards the shared symptomatology between them. The aspect of co morbidity as explained by the existence of more than one psychiatric diagnosis in the same person; was the main rationale of the study.

The objective of the present investigation was to study the relationship between BPD and ADHD and to further check whether cultural differences affect the symptomatology and comorbidity of these two disorders. The hypotheses were formulated to see whether there is significant existence of co morbidity of BPD and ADI-ID in India and Kuwait. Further to see significant occurrence of anger, affective instability and Impulsiveness as commonly shared by BPD and ADHD adults of India and Kuwait and differences between two cultures on the grounds of common symptoms. The total sample in the research comprised of 60 already diagnosed BPD cases: 30 from each country. Keeping in view the objectives, data collection was carried out in two phases, the first phase focused on screening out the BPD+ADHD patients as per the requirement of the sample. This sample was obtained through application of the SCID-II to detect BPD and WURS (Wender Utah Rating scale) administered to get data on ADHD. In the second phase, the sample of 60 BPD+ADHD was further measured on three variables i.e. clinical anger, impulsivity, and affective instability. Mean scores of WURS were higher in Kuwaiti sample than Indian one, explaining that ADHD symptoms are significantly present in BPDs in Kuwaiti sample.

Between group differences were analyzed by applying independent samples t-test, and differences were not significant on any clinical variable and for age, gender and marital status, Pearson product method of co-relation was used to see the relation between dependant variables, r- values showed high correlation between BPD, anger MSRS and ADI-ID. ADHD also showed a high correlation with BPD, anger, impulsivity MS (LM) and MS (RS). With regards to the results of intercorrelation, India and Kuwait showed significant differences; in India all the variables were strongly correlated where as in Kuwait sample the r- values were very low.

The results of Multiple Regression analyses explained the comorbidity between BPD and ADITD as these predicted each other significantly and contributed equally to each other. In Indian sample BPD was predicted by anger and impulsivity whereas in Kuwaiti sample BPD was predicted by ADHD, with 23% contribution to BPD. ADIID in the same group was predicted by anger and BPD, showing 49% contribution of anger and BPD in the prediction of ADHD. Qualitative analyses of case studies supplemented the meaningful interpretation of the quantitative data.

To conclude, results of the total sample confirm the strong partnership of BPD and ADHD, they predict each other with absolute significance, hut in individual samples there are differences among cultures. In India BPD and ADI-ID are predicted indirectly through anger, impulsivity and mood swings, whereas in Kuwait ADI ID and BPD are direct predictors of each other accompanied by anger in predicting ADHD.