

# Introduction

- Complex Post-Traumatic Stress Disorder (CPTSD) and Emotionally Unstable Personality Disorder (EUPD) are distinct diagnostic categories that can result from exposure to trauma and adversity, particularly during childhood.
- As diagnoses associated with shared aetiology and overlapping symptoms that, separately, represent significant symptom burden for the individual, there is considerable interest in the relationship between the two diagnoses.
- There is particular interest in whether meeting criteria for both conditions impacts on treatment needs, multi-faceted risks, quality of life & functional impairment above those of EUPD alone.
- Establishing the impact of morbidity and identifying which symptom clusters are the most impactful is critical to developing effective treatments.

# Results

## I. Prevalence of CPTSD

Of the sample, 26 (65%) met diagnostic criteria for complex PTSD, in addition to their EUPD diagnosis.

## II. General distress, risk and QoL

- Mental and physical health scores on the ReQoL were significantly reduced in the EUPD+CPTSD group, than in the EUPD-only group (see Fig. 1), indicating poorer perceived QoL.
- Wellbeing, problems and risk scores on the CORE-OM were significantly elevated in the EUPD+CPTSD group. Importantly, the EUPD+CPTSD group had higher scores on risk to 'self', but not 'others' (see figures 1 & 2).

Fig 1: Distress and QoL scores

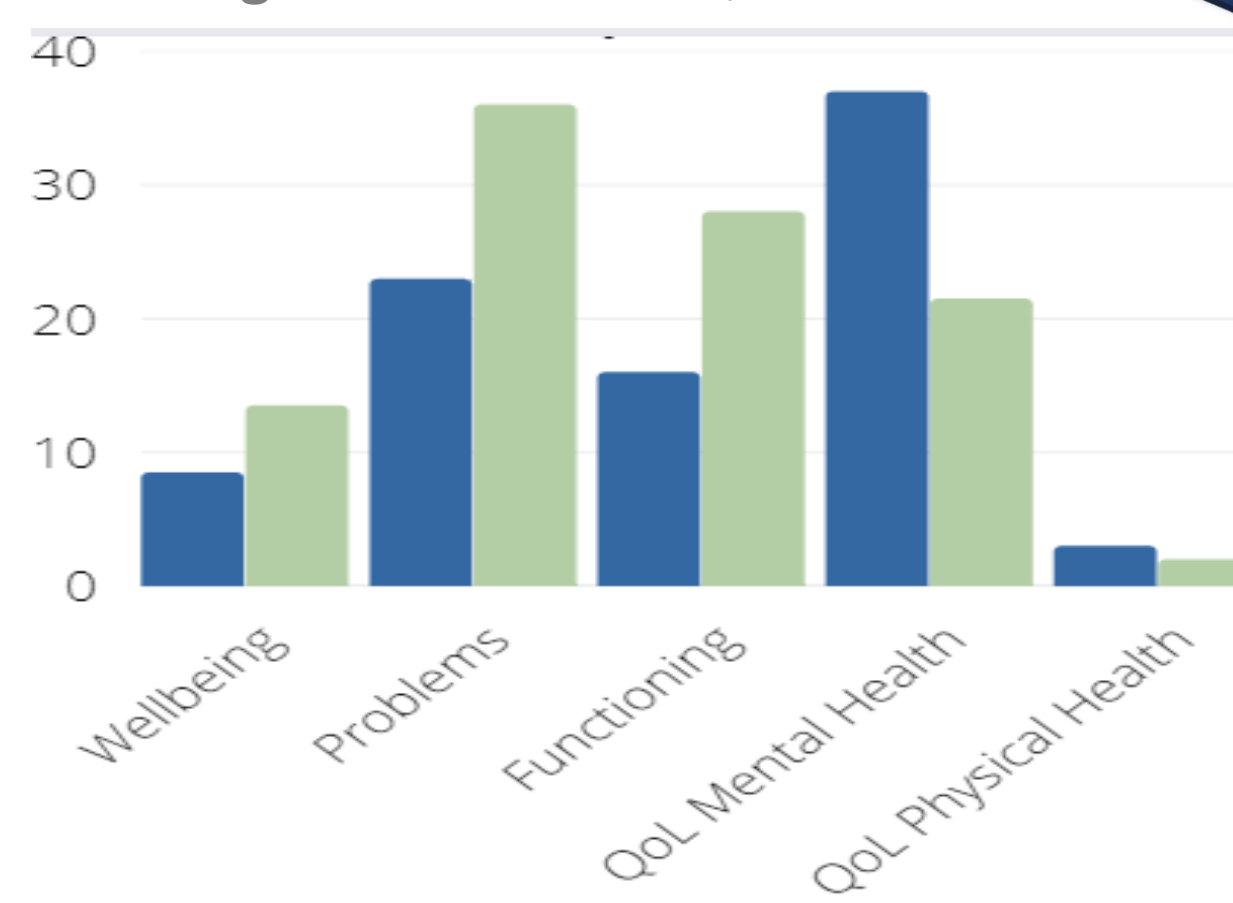
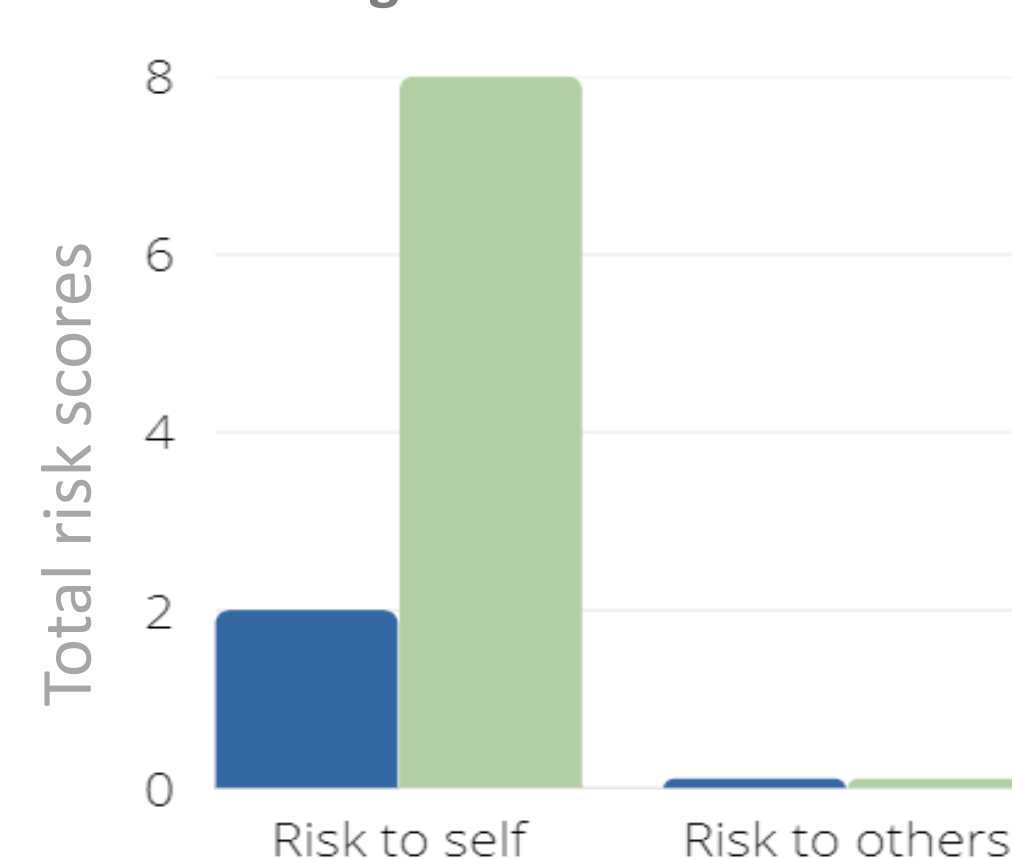


Fig 2: Risk scores



## III. Predictors of distress, risk & QoL

- CPTSD symptoms accounted for high levels of variance in outcomes, ranging from 12.1% to 55.1%.
- When controlling for the effect of all other symptom clusters, only affective dysregulation remained a significant predictor of general distress, risk to self and QoL (see table 1).

# ELEVATED DISTRESS AND RISK, WITH REDUCED QUALITY OF LIFE IN WOMEN WITH COMORBID COMPLEX PTSD AND EMOTIONALLY UNSTABLE PERSONALITY DISORDER



# Methodology





-  **Design:** Cross-sectional service evaluation of an inpatient specialist DBT service
-  **Participants:** 40 females with EUPD
-  **Measures:** The ITQ<sup>1</sup> measured trauma symptoms, the CORE-OM<sup>2</sup> measured general distress and risk, and the ReQoL<sup>3</sup> measured quality of life (QoL)
-  **Permissions:** The study was approved as a part of a wider service development and evaluation programme

Table 1: Hierarchical Regression Analyses: Which clusters predict distress, QoL and risk to self?

Item	CORE Total Distress		ReQoL Mental Health		CORE Risk to Self	
	B	p	B	p	B	p
Re-ex (PTSD)	3.82	.09	-2.47	.19	.51	.40
Av (PTSD)	-	-	-.14	.97	-.03	.96
Thr (PTSD)	3.08	.09	-1.41	.31	.45	.36
Ad (DSO)	<b>8.31</b>	<b>.002**</b>	<b>-6.92</b>	<b>.001***</b>	<b>1.35</b>	<b>.02*</b>
NSc (DSO)	.21	.93	-2.66	.86	.23	.58
Dr (DSO)	-.53	.84	.59	.75	.14	.77

Notes. Re-ex = Re-experiencing; Av = Avoidance; Thr = Sense of Threat; Ad = Affective Dysregulation; NSc = Negative Self-Concept; Dr = Disturbances in relationships

# Discussion

- The experience of comorbid EUPD and CPTSD is impactful, associated with elevated levels of distress and risk, and reduced QoL.
- Affect regulation appears to play a critical role in accounting for elevations in distress and risk, and reduced QoL, and may be a key transdiagnostic symptom cluster to target in treatments for comorbid EUPD and CPTSD.

# Authors

**Dr Deborah Morris**, Consultant Clinical Psychologist, Director CDCT, Senior Lecturer (Hon) Faculty of Medicine and Life Sciences, University of Buckingham  
**Elanor Webb**, Research Associate and Lecturer, CDCT, St Andrew's Healthcare  
**Petch Umpunjun**, Honorary Research Assistant, CDCT, St Andrew's Healthcare  
**Dr Emily Fox**, Director of Psychological Therapies, St Andrew's Healthcare

# References

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