Complex PTSD: Examining the impact on quality of life in female inpatients with emotionally unstable personality disorder (EUPD)

Petch Umpunjun[1]., Elanor L. Webb[2]., Amy Dickens[3]., & Dr. Emily Fox[4].

[1]Honorary Research Assistant, CDCT, St. Andrew's Healthcare, UK
[2]Senior Research Assistant Psychologist, CDCT, St. Andrew's Healthcare, UK
[3]Assistant Psychologist, Low Secure and Specialist Rehabilitation Division, St. Andrew's Healthcare, UK
[4]Director of Psychological Therapies, St. Andrew's Healthcare, UK

ABSTRACT

Background: Complex Posttraumatic Stress Disorder (CPTSD) and Emotionally Unstable Personality Disorder (EUPD) have been aetiologically rooted in exposure to psychological trauma, which has subsequent impacts on later quality of life.

Method: A cross-sectional study was conducted, utilising secondary analysis of clinical data for 36 women with a primary EUPD diagnosis.

Results: The results demonstrated significant differences between EUPD-only and EUPD+CPTSD groups on the mental health, but not physical health subscale. Disturbances in self organization were a better predictor of poor mental and physical health than PTSD symptoms.

Conclusions: To improve quality of life for females with EUPD, treatment addressing the pervasive trauma histories of this population is key.

INTRODUCTION

Evidence has consistently documented poorer quality of life in trauma-exposed populations (Brewin et al., 2017), with notable impairments in those with CPTSD, who have experienced repeated trauma. Similarly, people with EUPD who often present with pervasive trauma histories (Morris et al., 2021), commonly report diminished quality of life (IsHak et al., 2013). Whether diminished quality of life in EUPD populations can be explained by the elevated prevalence of trauma in this group is unclear, however.

STUDY AIMS

The current study sought to:

- **Compare** the **quality of life** of individuals **with EUPD-only and EUPD+CPTSD**.
- **Investigate the association** between **trauma symptomology severity and quality of life** in EUPD patients.

METHOD

Design
A cross-sectional study employing secondary data analysis.

Participants
36 women aged 19-53 with a primary diagnosis of EUPD, residing in a specialist inpatient DBT service.

Measures
The International Trauma Questionnaire (ITQ) and Recovering Quality of Life (ReQoL) were utilised to assess trauma severity and quality of life.

Procedure
Scores on the ReQoL and ITQ, as routine outcome measures, were extracted from electronic clinical records

Ethical Consideration
Approval was obtained from research governance structures within the organisation.

RESULTS

Demographics

24 (66.67%) met criteria for CPTSD, based on ITQ scores (EUPD+CPTSD)

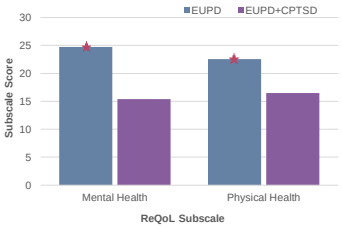
6 (16.67%) had a dual primary diagnosis of EUPD + another ICD-10 diagnosis

White female adults, aged 19-53 years (**M=27.08 years**, SD=7.32)

Mann-Whitney U Test

Findings revealed significant differences between EUPD-only and EUPD+CPTSD groups on the mental health (*U*=69.50, *p*=.011), but not physical health (*U*=95.00, *p*=.104), ReQoL subscale. Fig 1 depicts the different levels of clinical needs in EUPD and EUPD+CPTSD groups.

Fig 1. Mean rank of ReQoL subscale scores of EUPD and EUPD+CPTSD groups



Note. ***p*<.05** significance level

Simple Linear Regressions

Due to high collinearity and non-normality of data, a series of bootstrapped linear regressions were conducted to investigate the predictive ability of trauma symptomatology on clinical needs. Table 1 demonstrates the predictive effect of trauma symptomology severity.

Table 1: Summary of Linear Regressions

	R^2	β
Mental Health	.429	-1.141**
Physical Health	.041	-0.20

Note: ****p*<.01** significance level

RESULTS (CONTINUED)

Hierarchical Regression

Further hierarchical regression analyses with bootstrapping demonstrated that the 'disturbances in self-organisation' symptom cluster, which distinguishes CPTSD from PTSD, was a stronger predictor of poor mental health than PTSD symptoms. Neither predicted physical health (see Table 2).

Table 2: Summary of Hierarchical Regressions

	R	ΔR^2	ß
Mental Health	.717	.484	-2.449**
Physical Health	.217	.010	.000

Note: ****p*<.01** significance level

DISCUSSION

Consistent with previous research, quality of life was impaired in women with EUPD, regardless of trauma symptomology. Nevertheless, disparities were apparent, with poorer mental health scores for those with more severe trauma symptoms. Disturbances in self-organisation, which arise from pervasive and chronic trauma exposure, have a stronger bearing on quality of life than do PTSD symptoms. Thus, people with EUPD who are exposed to trauma, particularly of a pervasive nature, face particular reductions in quality of life, compared to those with EUPD who do not present with trauma symptomology.

Clinical Implications

- **SCREENING FOR TRAUMA HISTORY** in EUPD services is important, and may be a marker for particular diminishments in the quality of life of patients.
- **TRAUMA INTERVENTIONS** for people with EUPD should address the significantly poorer quality of life in this population.

Limitations & Research Directions

- The study was limited by the small, niche sample. Exploration of the impacts of trauma symptoms in larger, more diverse EUPD samples is needed.
- Physical health quality was measured on a singular item. Research exploring the impacts of trauma symptomology on more robust physical health outcomes is needed.

REFERENCES

Brewin, C. R., Cloitre, M., Hyland, P., Shevlin, M., Maercker, A., Bryant, R. A., ... & Reed, G. M. (2017). A review of current evidence regarding the ICD-11 proposals for diagnosing PTSD and complex PTSD. *Clinical Psychology Review*, *58*, 1-15. **IsHak, W.** W., Elbau, I., Ismail, A., Delaloye, S., Ha, K., Bolotaulo, N. I., ... & Wang, C. (2013). Quality of life in borderline personality disorder. *Harvard review of psychiatry*, *21*(3), 138-150. **Morris, D. J.,** Webb, E. L., Fox, E., Holmes, J., Reynolds, K., Head, M., Lunn, A., Canterbury, R., McAllister, P., Dionelis, K., & Kamath, S. (2021). Examining the prevalence of complex PTSD in an inpatient DBT service for females with a primary diagnosis of EUPD. *Abuse, 2*(1).

UNIVERSITY OF BIRMINGHAM
Centre for Developmental and Complex Trauma