

research on treatment seeking in borderline personality disorder in an epidemiologic sample has been completed, which compared treatment seeking in borderline personality disorder to that in other personality disorders and found no significant differences.² However, that study did not examine specific treatments or treatment satisfaction, and it may have used overly conservative estimates of borderline personality disorder, potentially reducing power.² We examined specific treatment-seeking behavior and satisfaction with some treatments in those with elevated borderline personality disorder symptoms over the previous 12 months using the National Comorbidity Survey–Replication (NCS-R) Part II (N = 5,692).³

Method. Borderline personality disorder symptoms were assessed with the International Personality Disorder Examination⁴ screening questionnaire, and those endorsing 5 or more criteria were classified as having elevated borderline personality disorder symptoms. Axis I or “neither diagnosis” comparison groups were also created and included those with <5 borderline personality disorder symptoms. All respondents indicated whether or not they received treatment in the last year for “problems with your emotions or nerves or your use of alcohol or drugs.” Services included visiting traditional providers such as a nonpsychiatric physician (MD) or a social worker or a mental health specialist such as a psychiatrist or psychologist. Nontraditional providers included “spiritual advisor,” “nontraditional healer,” mental health hotline, self-help support group, Internet support group, use of herbal medicine, and consultation of a “telephone psychic.” Satisfaction with services was rated from 1 (very satisfied) to 5 (very dissatisfied), and whether the participant “felt helped” was rated from 1 (a lot) to 4 (not at all); to produce odds ratios, these scales were dichotomized so that ratings of 1 and 2 were coded as “satisfied” or “felt helped.” Logistic regression analyses were conducted using COMPLEX function of MPlus to account for sophisticated sampling procedures.⁵ Age, sex, race/ethnicity, education level, marital status, occupational status, and family income were included as covariates.

Results. Approximately 50% of those with a diagnosis of borderline personality disorder symptoms sought treatment over the last year (Table 1); 29% sought treatment from traditional sources, 36% sought treatment from nontraditional sources, and only 17% sought treatment from a mental health specialist. Only 14% saw a psychiatrist in the last year, and only 7% saw a psychologist. They used more types of treatments (mean = 0.93, SD = 1.27) than those with an Axis I (mean = .77, SD = 1.08) or no diagnosis (mean = 0.37, SD = .77; $F_{1, 5683} = 412.24, P < .001, \eta_p^2 = .11$). They had increased odds, relative to both comparison groups, of seeking treatment of any kind, seeing a mental health specialist, seeking traditional treatment, and seeking nontraditional treatment. Respondents with borderline personality disorder had increased odds of seeing a psychiatrist, nonpsychiatric physician, or psychologist and being prescribed medication relative to those with no diagnosis. They also pursued more nontraditional treatments, with increased odds of using a mental health hotline, consulting a telephone psychic or nontraditional healer, attending a support group, and using herbal medicine. Of those with borderline personality disorder who sought any kind of treatment, 30% sought traditional treatment only, 42% sought nontraditional treatment only, and 28% consulted both traditional and nontraditional sources. Seventy percent of those with borderline personality disorder symptoms who sought treatment engaged in nontraditional treatment, making it the most commonly used type ($\chi^2_2 = 15.15, P < .01$). Although over 50% were generally satisfied and found most treatments helpful, they

Borderline Personality Disorder Symptoms and Treatment Seeking Over the Past 12 Months: An Investigation Using the National Comorbidity Survey–Replication (NCS-R)

To the Editor: Borderline personality disorder is associated with elevated health care utilization.¹ However, the degree to which those with borderline personality disorder access mental health care or alternative treatment is unclear. Currently, only limited

Table 1. Treatment-Seeking Type and Borderline Personality Disorder (N = 5,692)^a

Variable	Borderline Personality Disorder (N = 444), % Yes	Axis I Disorder (N = 973), % Yes	Neither Diagnosis (N = 4,275), % Yes	Adjusted OR (95% CI)	Wald
Treatment provider and outcome					
Nonpsychiatric physician (MD)					
Visit	18 ^b	18 ^b	4	1.43 (1.19–1.72)	14.16***
Satisfied	65 ^{b,c}	75 ^b	86	0.64 (0.44–0.94)	5.32*
Felt helped	67 ^{b,c}	78 ^b	83	0.60 (0.41–0.86)	7.64**
Psychiatrist					
Visit	14 ^{b,c}	10 ^b	2	1.90 (1.54–2.35)	35.66***
Satisfied	60 ^{b,c}	75 ^b	80	0.56 (0.37–0.87)	6.83**
Felt helped	73	81	83	0.73 (0.46–1.15)	1.82
Psychologist					
Visit	7 ^b	7 ^b	2	1.46 (1.09–1.95)	6.32*
Satisfied	74	77	83	0.89 (0.44–1.82)	0.10
Felt helped	81	82	79	0.91 (0.44–1.88)	0.07
Social worker					
Visit	4	3	< 1	1.45 (0.97–2.16)	3.26
Satisfied	76	78	88	1.01 (0.27–3.80)	0.01
Felt helped	79	84	96	0.64 (0.17–2.49)	0.41
Spiritual advisor					
Visit	6	6	2	1.11 (0.81–1.53)	0.45
Satisfied	82 ^{b,c}	96	92	0.20 (0.06–0.63)	7.43**
Felt helped	87	97	91	0.35 (0.11–1.06)	3.44
Nontraditional healer					
Visit	3 ^{b,c}	2 ^b	< 1	2.19 (1.40–3.43)	11.66**
Satisfied	89	87	100	0.17 (0.01–2.52)	1.66
Felt helped	83	90	100	0.25 (0.02–2.90)	1.24
Other assistance seeking					
Received psychotropic medication	35 ^{b,c}	33 ^b	13	1.52 (1.32–1.75)	33.14***
Used mental health hotline	12 ^{b,c}	6 ^b	2	2.10 (1.67–2.63)	41.00***
Consulted telephone psychic	3 ^{b,c}	1 ^b	< 1	2.01 (1.27–3.20)	8.73**
Attended support group	20 ^b	20 ^b	7	1.31 (1.10–1.56)	9.45**
Attended Internet support group	4	3	< 1	1.49 (1.00–2.22)	3.75
Used herbal medicine	8 ^b	8 ^b	3	1.36 (1.05–1.76)	5.41*
Overall treatment seeking					
Any help	50 ^{b,c}	45 ^b	17	1.56 (1.37–1.78)	45.01***
Traditional provider ^d	29 ^{b,c}	27 ^b	8	1.51 (1.29–1.77)	27.13***
Nontraditional provider ^e	36 ^{b,c}	31 ^b	12	1.49 (1.30–1.71)	32.44***
Mental health specialist ^f	17 ^{b,c}	13 ^b	3	1.67 (1.37–2.03)	26.44***

^aAnalyses included the following covariates: age, sex, race/ethnicity, education level, marital status, occupational status, family income level, and presence of a comorbid Axis I disorder.

^bSignificantly greater than those with neither diagnosis.

^cSignificantly greater or less than those with an Axis I diagnosis.

^dTraditional provider = nonpsychiatric physician, social worker, psychiatrist, or psychologist.

^eNontraditional provider = mental health hotline, support group, Internet support group, nontraditional healer, spiritual healer, herbal medicine, or telephone psychic.

^fMental health specialist = psychiatrist or psychologist.

* $P < .05$, ** $P < .01$, *** $P < .001$.

were less satisfied than controls with nonpsychiatric physicians, psychiatrists, and spiritual advisors and reported physicians as less helpful.

Despite higher rates of mental health care treatment seeking, few with elevated borderline personality disorder symptoms received traditional mental health treatment in the previous year. The finding that only 17% of those with symptoms visited a psychiatrist or psychologist indicates that more effort is needed to reduce barriers to appropriate treatment. Over 70% of those with borderline personality disorder symptoms seeking services did so in a nontraditional setting, pursuing services from the Internet, via telephone, and from the community at large. This suggests that those with borderline personality disorder symptoms may utilize nontraditional services more than those with other psychiatric

disorders.⁶ Most with borderline personality disorder symptoms were generally satisfied with services received, although less so for services of physicians, psychiatrists, and spiritual advisors, in contrast to previous findings that suggest low treatment satisfaction in this population.^{7,8} Findings should be considered in light of the limitations of using a self-report measure of borderline personality disorder.

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