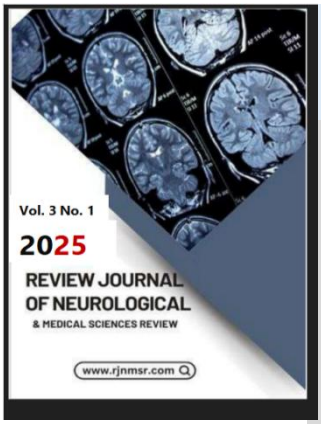

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Frequency of Antisocial and Borderline Personality traits in Patients of Substance use Disorder in Psychiatry Units of Tertiary Care Hospitals in Peshawar

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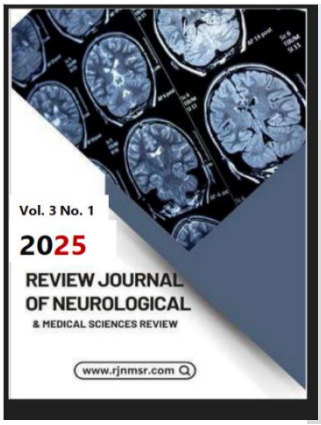
Abstract

Objective: To measure the frequency Antisocial and borderline personality traits in individuals with Substance Abuse Disorder. **Background:** Making an accurate diagnosis of personality traits or disorders (PDs) is crucial during the planning stage of a patient's treatment for substance use disorders (SUDs). **Methodology:** Descriptive cross-sectional was used for collecting data from n=205 patients with SAD at psychiatric hospital in Peshawar, Pakistan. Non-probability convenience sampling was used. The IPDE tool was used to assessed Personality Disorders (PDs). The research analysis occurred through SPSS version 22. SPSS version 22 was used to calculate mean values and standard deviations from numerical variables and display categorical data through frequencies and percentages for the gender of the patient and their socioeconomic status and Substance Abuse Disorder and personality disorder proportions. Chi-Square Test and Pearson's correlation were used for correlation among substance abuse disorders, Antisocial and Borderline PD. **Result:** Among substance use disorders, nicotine use disorder (31.2%) was the most common, followed by sedative/hypnotic use disorder (15.1%) and methamphetamine use disorder (13.2%). Borderline and antisocial personality disorders were highly prevalent, with 72.2% and 74.6% respectively. Results from the Pearson Chi-Square test indicated a link between substance abuse behavior and borderline traits since the value reached statistical significance with $\chi^2 = 20.475$ and $p = .039$. A statistical connection between Antisocial Personality Disorder and SAD was established



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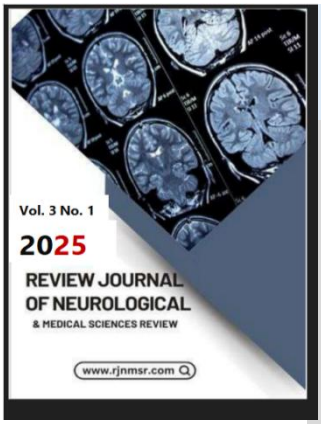
through the χ^2 analysis, which produced a result of $\chi^2 = 17.756$ and $p = 0.041$. Both borderline and antisocial personality disorders demonstrated a strong positive relationship with a statistical significance ($r = 0.464$, $p < 0.01$). Statistics revealed borderline personality disorder presented a minimal positive relationship to substance abuse at $r = 0.024$ with $p = 0.051$, and antisocial personality disorder demonstrated a slightly higher positive link at $r = 0.048$ with $p = 0.264$. **Conclusion**: Substance abuse disorder exists as a strong connection to borderline and antisocial personality traits. A combination of treatment approaches should become part of therapeutic interventions to enhance specific treatment methods for patients who have substance use disorder and personality disorder.

Keywords: Substance Abuse Disorder, Borderline, Histrionic Personality Disorder, IPDE, Antisocial Personality Disorder, Conversion Disorder

Introduction

According to the American Psychiatric Association, Personality Disorders and their corresponding characteristics have an inflexible and widespread origin and manifest in adolescence and early adulthood (1). People diagnosed with Antisocial Personality Disorder show self-interested actions along with insensitive attitudes toward other individuals. This disorder's diagnostic criteria include a person over 18 years old with significant difficulties in performing self-related tasks and maintaining functional relationships. ASPD involves focusing on personal goals and gratification without considering cultural norms or ethics. Borderline Personality Disorder (BPD) is diagnosed when a person struggles with identity, self-worthlessness, and interpersonal functioning. Both disorders can lead to unstable relationships and conflict (2).

Excessive consumption of alcohol, nicotine, and drugs of abuse usually leads to substance use disorders that affect social relationships along with schoolwork and professional duties. Cannabis leads the list of illegal substances that are frequently observed alongside sedatives, hypnotics, anxiolytics, inhalants, opioids, hallucinogens, and stimulants (3). The data from the 2018 National Survey on Drug Use and Health shows that drug abuse affects 20.3 million adults older than 12, with alcoholic driving in 14.8 million such instances. Taking other drugs into account, the study calculated that 4.4 million people had a problem with marijuana use, and those 2 million individuals had a problem with opiate consumption (4). According to estimates from the United Nations Office on Drugs and Crime (UNODC, 2013), 4.2 million people in Pakistan who were between the ages of 15 and 64 suffered from SUDs, while 6.7 million people used drugs. A national drug use survey conducted in Pakistan between 2012 and 2013 revealed that 6.7 million individuals participated in drug use, except for alcohol and tobacco. The World Drug Report 2022 demonstrated that drug usage worldwide reached 284 million people in 2020, and marijuana emerged as the most frequently used drug among them. At the same time, 11.2 million people worldwide used injected drugs with hepatitis C, affecting half of this group, as well as 1.4 million people having HIV and 1.2 million people carrying both illnesses (5). Personality disorders (PDs) exist together with substance use disorders (SUDs) during clinical practice. Research shows substance use patterns are



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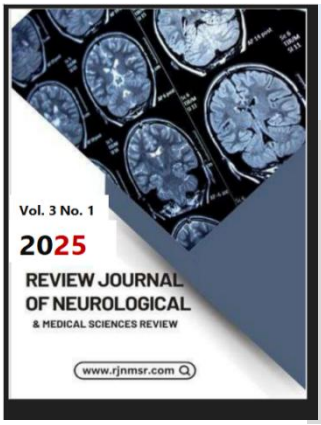
associated with borderline personality disorders, yet scientists disagree about why non-users lack high antisocial personality elements. The universal prevalence of PD extends from 10.8% to 14.8% among the general population and spans from 34.8% to 73.0% within the addiction treatment population. Medical tests show that drug use disorder patients have more personality disorders compared to patients with alcohol use disorder, even though their diagnosed conditions are similar. A hypothesis suggests that the initial onset of personality disorder and then the development of SUD as a secondary condition explains the increased prevalence of both diseases. The severity of SUD shows a positive relationship with the coexistence of PD and SUD (6)(7). Kleinman et al. found a prevalence of PD in 76 cocaine addiction patients, while Brooner et al. found 37% of opiate abuse patients diagnosed with Axis II disorder. More recent studies have shown a prevalence of PD in 57.9% of alcoholics, with APD being the most frequent. Women had the highest prevalence of borderline PD and self-defeating disorders. High comorbidity rates existed between PDs whose diagnostics extended beyond one singular diagnostic category. Additional substance abuse symptoms in the criteria resulted in an increase of diagnosed cases especially for Antisocial Personality Disorder and Borderline Personality Disorder (8)(9).

Medical professionals must establish precise personality disorder assessments when planning substance use disorder therapy for patients. Multiple worldwide research campaigns sought to explain the connection between personal traits and drug dependency and revealed a link between Antisocial PD and Borderline PD. The available data has become limited because structured diagnosis interviews and small study populations do not exist (8). Most research lacks the IPDE tool even though it has not been employed in other studies. Standard mental health facilities in Pakistan do not provide treatment to more than 90% of their common mental health patients. Pakistan faces a broad treatment deficiency for mental health because of inadequate mental health professional availability (10). Additional studies of substance use disorder with personality disorder could enhance specific treatments because research is currently insufficient (2). The purpose of this research investigation is to establish frequency rates among substance abuse disorder patients affected by borderline or antisocial personality disorders. Joint therapeutic techniques need to be employed for the treatment of these disorders.

Material & Methods

The study was conducted in the psychiatry unit of Khyber Teaching Hospital, Shafique Psychiatric Clinic and Alkhidmat Rehab and Psychiatric Center in Peshawar, Pakistan, using a Descriptive cross-sectional study. The calculated sample size was n=206 patients, taking 16 % prevalence of Antisocial in patients with Substance Abuse Disorder (2) and 95% confidence interval and 5% margin of error. The non-probability Consecutive Sampling Technique was used to select participants. Both inpatients and outpatients of either gender with substance abuse Disorder were included, whereas those with severe psychiatric conditions other than substance abuse disorder, participants with significant cognitive impairment, individuals with medical conditions and a history of psychosis and Individuals experiencing acute intoxication or withdrawal symptoms at the time of assessment. All patients



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presenting to the Peshawar Psychiatric Hospital with substance use disorder who meet the inclusion criteria were assessed after receiving written approval from the Research Committee. The patients provided written consent to participate and received a medical history evaluation and a physical examination. The International Personality Disorder Examination, in its version as a semi-structured clinical interview, used Questions No. 11F,18,20,29,47,56,74 for Antisocial Personality traits or Disorders and Question No. 4,8,13,25,40,43,53,60,75 for Borderline Personality traits or Disorders. The research tool consisted of two sections: demographic variables about patients' age status and gender, intermediate amount of PD, and borderline PD assessment data taken from the IPDE questionnaire. The research study implemented strict criteria that excluded variables that could disrupt the experiment.

The analysis occurred through SPSS version 26. The calculations included mean and standard deviation values for the numerical data. At the same time, categorical information such as patient gender and socioeconomic class per, personality disorder, and substance abuse frequencies received percentage and frequency analysis. The Chi-Square Test analyzed the relationship that exists between ASPD, BPD, and Substance Abuse Disorder. Pearson's correlation was also tested for strength and direction of association between substance abuse disorders and PDs, i.e., Antisocial and Borderline PD.

All results were presented in tables, charts, and figures.

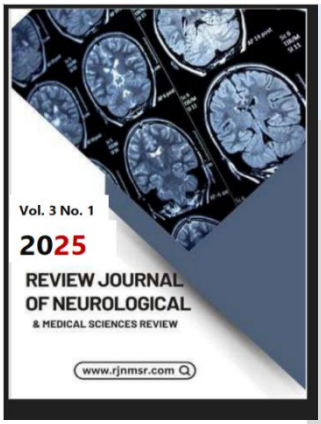
Result

Demographic Data

The table presents the demographic and socio-economic characteristics of 205 participants. In terms of age, 37 (18.0%) are between 12–18 years, 150 (73.2%) are 19–40 years, and 18 (8.8%) are 41–65 years. Regarding gender, 89 (43.4%) are female, and 116 (56.6%) are male. For marital status, 2 (1.0%) are unspecified, 56 (27.3%) are married, and 147 (71.7%) are unmarried. Lastly, in socio-economic status, 24 (11.7%) are from low, 133 (64.9%) from middle, and 48 (23.4%) from high socio-economic backgrounds.

Table 1: Descriptive Statistics; Frequency & Percentages of Demographic Variables

Variable	Category	Frequency	Percent	Valid Percent	Cumulative Percent
Age	12-18 Years	37	18.0	18.0	18.0
	19-40 Years	150	73.2	73.2	91.2
	41-65 Years	18	8.8	8.8	100.0
Gender	Female	89	43.4	43.4	43.4
	Male	116	56.6	56.6	100.0
Marital Status	Marital Status	2	1.0	1.0	1.0
	Married	56	27.3	27.3	28.3
	Unmarried	147	71.7	71.7	100.0
Socio-	Low	24	11.7	11.7	11.7



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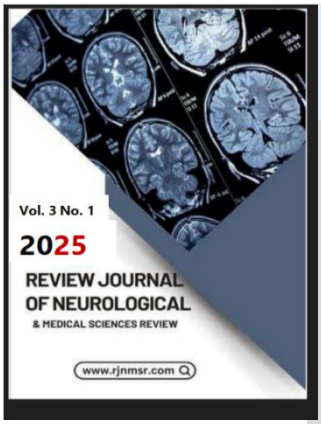
Economic Status					
	Middle	133	64.9	64.9	76.6
	High	48	23.4	23.4	100.0
	Total	**205**	**100.0**	**100.0**	**100.0**

Frequency of Personality Disorder, and Substance Abuse Disorder

This table represents the distribution of participants based on different psychological disorders and conditions. For Conversion Disorder, 119 participants (58.0%) responded "No," while 86 (42.0%) responded "Yes". For substance use disorders, the table reports on various drugs and their related disorders. Nicotine Use Disorder had the most frequency at 64 participants or 31.2%, then Methamphetamine Use Disorder with 27 participants, 13.2%, followed by Sedative, Hypnotic, or Anxiolytic Use Disorder at 31 participants, 15.1%. Other substance uses disorders include Alcohol Use Disorder (15 participants, 7.3%), Cannabis Use Disorder (13 participants, 6.3%), Inhalant Use Disorder (11 participants, 5.4%), and smaller categories such as Opioid Use Disorder (n=23 participants, 11.2%) and others like injectable analgesic, with 2 participants (1.0%). For Borderline Personality Disorder, 57 participants (27.8%) scored the lowest, means they are negative, while 148 participants (72.2%) scored the highest showing they are borderlined. Similarly, for antisocial personality disorder, n=153 participants (74.6%) scored the highest showing that that they have antisocial personality traits.

Table 2:Descriptive Statistics; Frequency & Percentages of SAUD, CD, BPD & ASPD

Category	Response	Frequency	Percent (%)	Valid Percent (%)	Cumulative Percent (%)
Conversion Disorder	No	119	58.0	58.0	58.0
	Yes	86	42.0	42.0	100.0
Substance Abuse Use Disorder	Alcohol Use Disorder	15	7.3	7.3	7.3
	Nicotine Use Disorder	64	31.2	31.2	38.5
	Cannabis Use Disorder	13	6.3	6.3	44.9
	Inhalant Use Disorder	11	5.4	5.4	50.2
	Injectable Analgesic	5	2.4	2.4	52.7
	Methamphetamine Use Disorder	27	13.2	13.2	65.9
	Phencyclidine	5	2.4	2.4	68.3



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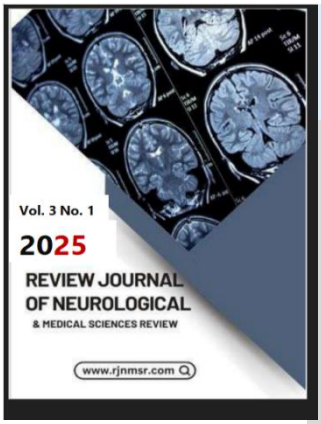
	and Other Hallucinogen Use Disorder				
	Opioid Use Disorder	23	11.2	11.2	79.5
	Sedative, Hypnotic, or Anxiolytic Use Disorder	31	15.1	15.1	94.6
	Substance Use Disorders	2	1.0	1.0	95.6
		57	27.8	27.8	27.8
	Lowest Score				
Borderline Personality Disorder	Highest Score	148	72.2	72.2	100.0
	Lowest Score	52	25.4	25.4	25.4
Antisocial Personality Disorder	Highest Score	153	74.6	74.6	100.0

Cross Tabulation

Table 3 shows that the two psychopathologies were cross-tabulated against various demographic variables, including age, gender, marital status, socio-economic status, and substance use disorders. With regard to age, the grouping of BPD consists of the highest individuals from the 19-40 years category (n=41, 73.17%) as well as ASPD (n=40 cases, 73.17%). The second group is the 12-18 years category of BPD with 11 individuals (18.05%) and ASPD with 9 individuals (18.05%). The smaller group was that of 41-65 years, whereby only n=5 (8.78%) was for BPD and n=3 (8.78%) for ASPD. Concerning gender, more male patients were diagnosed than females for both disorders. The results for BPD are as follows: n=20 males (56.59%) and n=37 females (43.41%). In regard to ASPD, n=30 males (56.59%) and n=22 females (43.41%) were affected. Thus, for marital status, in BPD there were n=40 (71.71%) unmarried and in ASPD n=34 (71.71%). Married individuals were in smaller proportions, which were BPD n=15 (27.32%) and ASPD n=16 (27.32%). Married individuals (0.98%) with BPD and ASPD were rare. Socio-economic status data indicated that the bulk of individuals with BPD (n=41, 64.88%) or ASPD (n=37, 64.88%) were from the middle socio-economic group, followed by the high socio-economic status group (BPD: n=10, 23.41%; ASPD: n=9, 23.41%). Very few patients had candidates from poor socio-economic backgrounds, with n=6 BPD cases (11.71%) and n= 6 ASPD cases (11.71%).

The most frequently occurring substance use disorder among patients with BPD was nicotine use disorder, with n=21 cases (31.22%), followed by cannibus use disorder with n=8 cases (13.17%), and sedative, hypnotic, or anxiolytic use disorder with n=7 (15.12%). In the same manner for the patients with ASPD, caffeine use disorder, with



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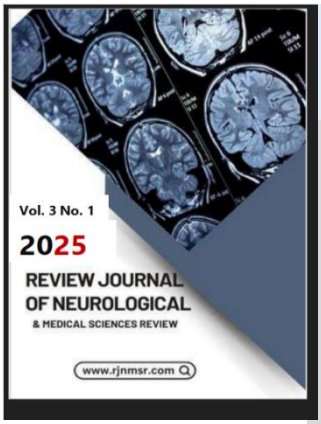
18 cases (31.22%), was the most occurring, followed by methamphetamine use disorder with n=8 cases (13.17%) and sedative, hypnotic, or anxiolytic use disorder with n=6 cases (15.12%).

Table 3: Cross-Tabulation of The Disorders with the Demographic Variables

Variables		Bipolar Personality Disorder				Antisocial Personality Disorder			
Category	**Subcategory**	**Yes**	**No**	**Total**	**Frequency (%)**	**Yes**	**No**	**Total**	**ASP Frequency (%)**
Age	12-18 Years	11	26	37	18.05%	9	28	37	18.05%
	19-40 Years	41	109	150	73.17%	40	110	150	73.17%
	41-65 Years	5	13	18	8.78%	3	15	18	8.78%
	Total	57	148	205	100.00%	52	153	205	100.00%
Gender	Female	37	63	89	43.41%	22	67	89	43.41%
	Male	20	85	116	56.59%	30	86	116	56.59%
	Total	57	148	205	100.00%	52	153	205	100.00%
Marital Status	Marital Status	2	0	2	0.98%	2	0	2	0.98%
	Married	15	41	56	27.32%	16	40	56	27.32%
	Unmarried	40	107	147	71.71%	34	113	147	71.71%
	Total	57	148	205	100.00%	52	153	205	100.00%
Socio-Economic Status	Low	6	18	24	11.71%	6	18	24	11.71%
	Middle	41	92	133	64.88%	37	96	133	64.88%
	High	10	38	48	23.41%	9	39	48	23.41%
	Total	57	148	205	100.00%	52	153	205	100.00%
Substance Use Disorder	Alcohol Use Disorder	3	12	15	7.32%	2	13	15	7.32%
	Nicotine Use Disorder	21	43	64	31.22%	18	46	64	31.22%
	Cannabis Use Disorder	2	18	20	9.75%	4	16	20	9.754%
	Inhalant Use Disorder	4	7	11	5.37%	3	8	11	5.37%
	Injectable Analgesic	5	2	7	3.42%	3	4	7	3.42%
	Methamphetamine Use Disorder	8	19	27	13.17%	8	19	27	13.17%
	phencyclidine Use Disorder and Other Hallucinogens	3	2	5	2.44%	1	4	5	2.44%
	Opioid Use Disorder	3	20	23	11.22%	5	18	23	11.22%
	Sedative, Hypnotic, or Anxiolytic Use Disorder	7	24	31	15.12%	6	25	31	15.12%
	Substance Use	1	1	2	0.98%	2	0	2	0.98%



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Disorders								
Total	**57**	**148**	**205**	**100.00%**	**52**	**153**	**205**	**100.00%**

Correlation Analysis

The Pearson Chi-Square test yielded a statistically significant result (χ^2 = 20.475, p = .039), indicating a potential association between substance abuse and borderline traits. The likelihood ratio test (χ^2 = 23.561, p = .015) further supports this association. The Pearson Chi-Square test also showed a significant association (χ^2 = 17.756, p = 0.041), and the likelihood ratio test was marginally significant (χ^2 = 20.041, p = .045).

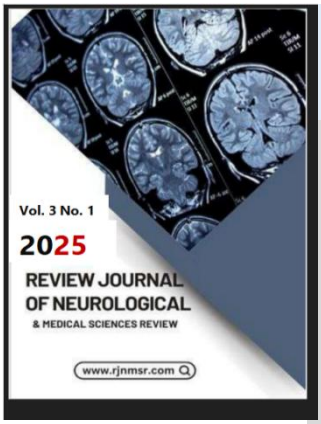
Table 4:Chi-Square Tests for the Association Between Substance Abuse Disorder and Personality Disorders

Test Statistic	Borderline Personality Disorder	Antisocial Personality Disorder
Pearson Chi-Square	20.475 (**p** = .039)	17.756 (**p** = **.041**)
Likelihood Ratio	23.561 (**p** = .015)	20.041 (**p** = .045)
Degrees of Freedom (df)	11	11
Number of Valid Cases (N)	205	205
Cells with Expected Count < 5	12 (50.0%), Min = 0.56	12 (50.0%), Min = 0.51

The correlations between Substance abuse disorder use disorder and other variables reveal some interesting insights. Age shows a very weak positive correlation (r = 0.017, p = 0.807), indicating no meaningful relationship. The relationship between gender and methamphetamine use disorder proved to be statistically insignificant because the correlation coefficient was weak at 0.038 (p = 0.592). Individuals diagnosed with methamphetamine use disorder tend to be unmarried based on the results showing a statistically significant (p = 0.012) weak negative correlation between the two variables (r = -0.176). Socio-economic status between these factors reveals a negligible negative correlation (r = -0.024) that sustains a p-value of 0.738 for nonsignificance. The connection between substance abuse and borderline personality disorder remained weak and statistically insignificant yet borderline positive (r = 0.024, p = 0.051). In contrast, antisocial personality disorder demonstrated a slightly stronger link with substance abuse (r = 0.048, p = 0.264).

Table 5:Pearson's Linear Correlation Tests for the Association Between Substance Abuse Disorder, Personality Disorders & Demographiv Variables

Variables	Age	Gender	Marital Status	Substance Abuse Disorder	Socio-Economic Status	Borderline Personality Disorder	Antisocial Personality Disorder
Age	1	-0.063	-0.112	0.017	0.070	0.042	0.092
Sig. (2-tailed)		0.371	0.110	0.807	0.321	0.552	0.190



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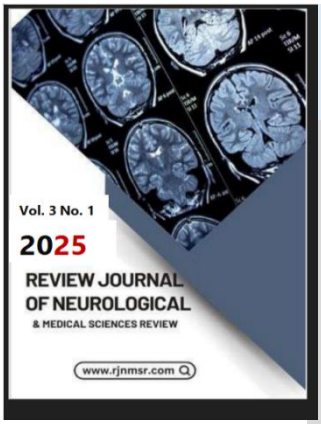
Gender	-0.063	1	0.061	0.038	-0.078	-0.004	-0.043
Sig. (2-tailed)	0.371		0.385	0.592	0.269	0.959	0.537
Marital Status	-0.112	0.061	1	-0.176*	0.000	0.153*	0.146*
Sig. (2-tailed)	0.110	0.385		0.012	0.995	0.029	0.037
Substance Abuse Disorder	0.017	0.038	-0.176*	1	-0.024	0.024	0.018
Sig. (2-tailed)	0.807	0.592	0.012		0.738	0.736	0.264
Socio-Economic Status	0.070	-0.078	0.000	-0.024	1	0.013	-0.038
Sig. (2-tailed)	0.321	0.269	0.995	0.738		0.850	0.585
Borderline	0.042	-0.004	0.153*	0.024*	0.013	1	0.464**
Sig. (2-tailed)	0.552	0.959	0.09	0.051	0.850		0.000
Antisocial	0.092	-0.043	0.146*	0.048*	-0.038	0.464**	1
Sig. (2-tailed)	0.190	0.537	0.037	0.264	0.585	0.000	

Notes

*Correlation is significant at the **0.05** level (2-tailed).

Discussion

The research provides valuable information about population backgrounds and study participants' actions and mental characteristics. People with Methamphetamine use disorder have a statistically significant lower tendency to be married, as indicated by the correlation value (r = -0.176, p = 0.012). This aligns with research indicating that substance abuse can disrupt personal relationships and family stability (11). Gender, age, socio-economic status, and borderline traits showed weak or negligible correlations with substance abuse disorder, indicating that this condition may not have strong demographic predictors in this sample. The lack of significant associations in these areas could suggest that substance abuse disorder is influenced more by environmental or situational factors than by inherent demographic characteristics. Borderline personality traits demonstrated a weak positive correlation with marital status and antisocial traits, indicating a tendency for individuals with borderline traits to exhibit some degree of antisocial behaviour. Similarly, antisocial traits showed a significant positive relationship with marital status, suggesting potential behavioural overlaps between these personality disorders (12).



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Both Borderline and Antisocial personality traits or disorders (PD) demonstrate a connection with substance use disorders (SUDs). The normal population demonstrates PD rates between 10% and 14.8%, but addiction patients show higher PD incidence, which reaches 34.8% to 73.0%. A higher number of individuals with PD develop drug use. The research findings match the results obtained from our study. A primary personality disorder leads to SUD development, where the presence of PD comorbidity directly relates to stronger SUD severity (6). This study found Borderline personality disorder (BPD) patients abused substances at a rate of 76%, but antisocial personality disorder (APD) patients showed a prevalence of 95% for substance use disorder. The study results showed equal alcohol abuse occurrences among these two patient groups. Borderline personality disorder patients demonstrated substance use disorder in fewer quantities than antisocial personality disorder patients, who significantly favored benzodiazepines, anticholinergics, cannabis, and opioids. The evaluation showed that multi-use substance abuse occurred more frequently among APD patients than among BPD patients (13). The research showed that SUD patients demonstrated at least one personality disorder in 56.6% of cases, with BPD at 13.1 % and ASPD at 20.8% among them. The research produced similar findings, with BPD being presented at 72.2% and ASPD accounting for 74% of the cases (14)(15).

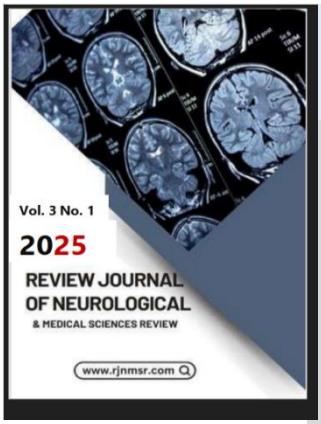
The literature demonstrates how sufferers of FND journey toward unhealthy alternative treatment methods, including legal and illegal substances, despite known security hazards. Research indicates that FND requires treatment through legal psychotropic agents, including alcohol, caffeine, nicotine, and cannabidiol (CBD, the cannabis plant component). They do not show therapeutic benefits for FND, yet they can help control symptoms either by directly affecting symptoms or by treating common co-occurring conditions such as anxiety. Data from our research demonstrates that substance abuse exists among 42% of patients who experience conversion disorder. However, further studies are required to evaluate which one is dependent and independent and study the temporal relation (16).

Limitations

Non-probability convenience sampling may have introduced some limitations to the generalizability of findings. Moreover, self-response versus other assessments of personality traits introduces subjective judgments. Findings are particular to Peshawar, which may not be a representative area as compared to other regions and cultures. Such exclusions were deemed as strict criteria; nevertheless, subtle confounders (for example, undiagnosed psychiatric comorbidities) may have contributed to the observed findings.

Future Research Recommendations

Therefore, future studies need to recruit a larger number of subjects from diverse psychiatric and general hospitals to improve the generalization of findings. Probability sampling is recommended for better generalization. Longitudinal studies may provide insight into the temporal relationship between SAD and personality traits. Neuroscientific correlates, socioeconomic factors, treatment outcomes, and gendered patterns should be further explored with the aid of advanced assessment



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tools. Cross-cultural comparisons will highlight the contribution of socioeconomic dynamics.

Conclusion

Substance use disorder is correlated with antisocial and borderline personality traits and disorders. The findings underscore the complexity of SAD and its intersection with personality traits, emphasizing the need for targeted psychosocial interventions tailored to specific demographic profiles. Doctors should utilize dual treatment interventions to enhance specific recovery options for patients with substance use disorder and personality disorder.

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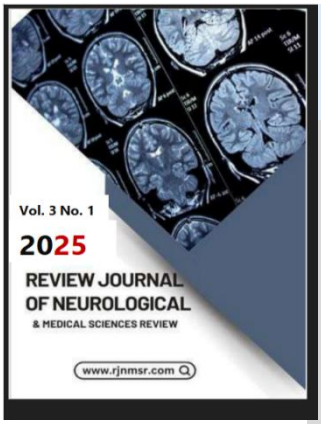

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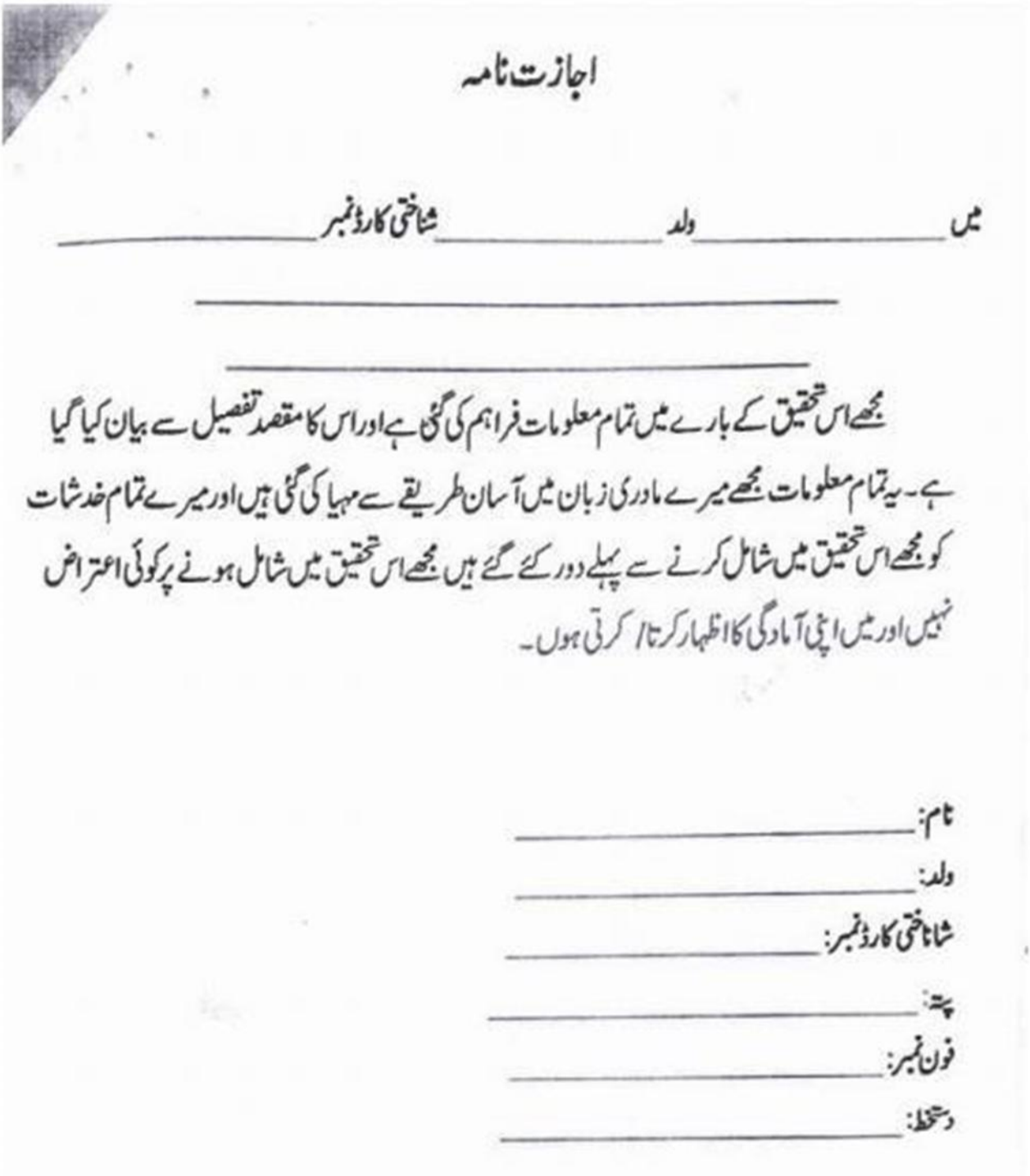

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