



IMPAIRED REFLECTIVE FUNCTION AND EMOTIONAL DYSREGULATION ARE BOTH ASSOCIATED WITH LEVELS OF CAREGIVERS' BURDEN IN RELATIVES OF PATIENTS WITH BORDERLINE PERSONALITY DISORDER

N. Morandotti, P. Malinverni, P. Ambrosi, E. Caverzasi

Centro Interdipartimentale per lo Studio e la Ricerca sui Disturbi di Personalità, Dipartimento di Scienze del Sistema Nervoso e del Comportamento, Università degli Studi di Pavia, Italy

AIMS

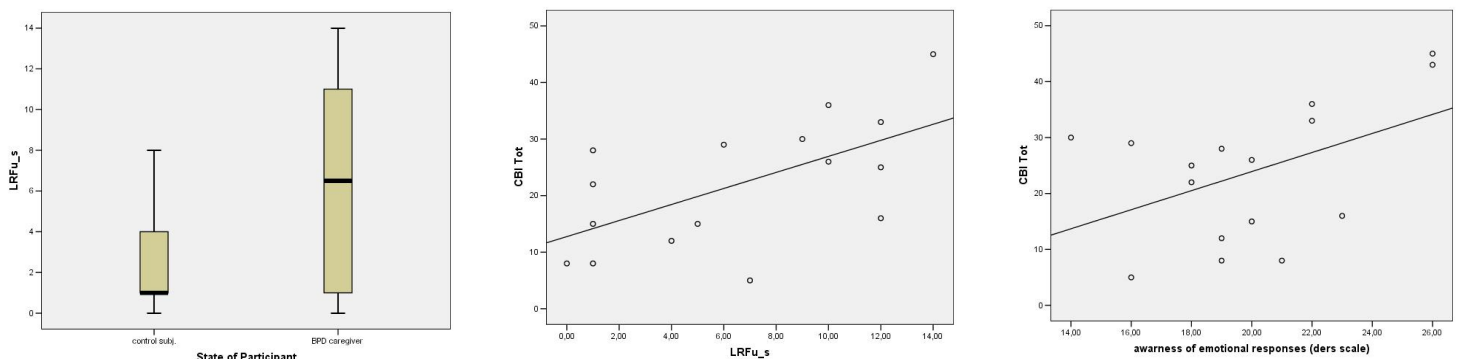
To study levels of reflective function (RF) and emotional regulation within relatives of Borderline Personality Disorder patients (BPD) compared to relatives of healthy subjects and their correlations with levels of caregivers' burden.

METHODS

20 parents of BPD patients asking for support to the Personality Disorder unit of University of Pavia because of stress related to dealing with their BPD relatives were recruited. Burden was measured with the Caregiver Burden Inventory (CBI). 20 relatives of healthy subjects matched with cases were recruited as control group. Both groups were administered the Reflective Function Questionnaire (RFQ), which measures certainty (LRFc_s) and uncertainty (LRFu_s) levels about self/other mental states, and the Difficulties in Emotion Regulation scale (DERS).

RESULTS

Relatives of BPD patients, compared to controls, showed lower awareness of emotional responses ($p < 0.05$), increased uncertainty and decreased certainty about mental states (both $p < 0.05$). Levels of burden are positively correlated with increased uncertainty ($r = 0.62$, $p < 0.05$) and lack of awareness of emotional responses subscale of DERS ($r = 0.55$, $p < 0.05$).



CONCLUSIONS

Impaired RF and emotional dysregulation were found within relatives of BPD users. In this sample of BPD relatives, levels of burden are related to lack of awareness of emotional responses and to uncertainty about mental states. Therefore, it seems that poor mentalizing and poor emotion awareness contribute to caregivers' burden levels. These findings sustain the need for allocating resources to provide support and psychoeducational interventions for relatives of BPD patients, as well as promoting better mentalization in families. Those interventions might integrate the MBT care programs of BPD users.