

## FEMALE PERSPECTIVE OF BORDERLINE PERSONALITY DISORDER AND DEPRESSION

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Daily clinical practice shows that most admissions due to depressive symptoms are established more by personality (PD) - in particular borderline - than mood disorders (even if the prevalence of unipolar depression is assessed as 10 times higher than borderline PD). Both have a higher incidence in the female populace.

**Methods:** During the 6 months of recruitment, the patients admitted for depressive symptom complaints were screened with a medical history and socio-demographic inventory, the SCID II, the Hamilton Depression Rating Scale (HAM-D), the Beck Anxiety Interview (BAI), and the Beck Depression Interview (BDI). The patients will be retested through a follow-up after 3 and 6 months with HAM-D, BDI and BAI. Only the feminine part of the sample was considered (n=60) and divided by SCID II results in Borderline Personality Disorder [B] (n=33), Other PD [O] (n=14) and negative [N](n=9); 4 patients refused to complete the tests [R].

**Results:** Statistically, there were no significant differences among the groups, if the same test is compared at the same moment; however, during follow-up B improves in a statistically significant way compared to others. Moreover, those of B who underwent psychotherapy statistically had significantly lower scores than those of B who did not.

**Conclusion:** Research clearly demonstrates the importance of PD, and in particular borderline, in determining admissions due to depressive symptomatology. Moreover, Borderline PD patients improve more than other patients after an admission, particularly if they underwent psychotherapy.