

Fonctionnement dans la vie quotidienne - Hommes ayant un TPL

Démarche de mobilisation des connaissances

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Présentation de l'équipe



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PROBLÉMATIQUE

**EXAMEN DE LA
PORTÉE**

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**DÉMARCHE DE
MOBILISATION**

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SUR LE PROJET**

Problématique

Pourquoi avoir réalisé ce projet?



Les hommes ayant un TPL : Une population sous-représentée

- Prévalence du diagnostic (population générale) : 1,9 à 5,9%
- Sous-représentation dans la population clinique
 - Biais d'attribution du diagnostic
 - Fréquentation moindre des établissements de santé et services sociaux

30% Hommes



70% Femmes

Examen de la portée

Que sait-on du fonctionnement dans la vie quotidienne de cette population ?

Dresser le portrait du fonctionnement...

- Construit selon le cadre méthodologique de Mazaniello et Corbière (2020)
 - Cadre impliquant le transfert des connaissances à des professionnels
- Critère d'inclusion : analyse différenciée
- 12 articles adressant le fonctionnement (tel que défini par l'équipe) pour cette population
- Pour mettre en lumière le fonctionnement : classification selon les habitudes de vie du MDH-PPH2
- En cours de révision par la revue : *International Journal of Mental Health*

Daily living Functioning in Men with Borderline Personality Disorder : A Scoping Review

Keywords

Borderline Personality Disorder, men, gender, daily living, functioning.

Abstract

1. Introduction

Borderline personality disorder (BPD) is a complex and severe mental disorder. According to the DSM-V, the essential feature of BPD is a pervasive pattern of instability in interpersonal relationships, self-image, affects, and marked impulsivity that begins in the early adulthood and is present in a variety of contexts (American Psychiatric Association, 2013). BPD is only diagnosed when the personality traits cause significant functional impairment in daily life. Studies show that clinical symptoms of BPD such as impulsivity, self-injurious behaviors, emotional instability and suicide attempts are significantly associated with impaired psychosocial functioning and health service utilization, leading to major impacts on systems of care (Hoertel et al., 2014). Indeed, the annual costs associated with sick leaves and service provision to support individuals with BPD are estimated at CS25,000 (van Asselt et al., 2007) and can reach CS50,000 (Grant et al., 2008) per patient (J.J. Prevalence

Data published in 2015 by the Institut National de Santé Publique du Québec (INSPQ) shows that the prevalence of cluster B personality disorders is estimated to be 2.5% in men and 3.0% in women (INSPQ, 2015). Within cluster B personality disorders, the prevalence of BPD in the general population varies between 1.6% and 5.9% (American Psychiatric Association, 2013). The results of studies that have previously looked at differences in prevalence in the general population argue that there are possibly no significant difference between men and women but that men with a diagnosis of BPD are underrepresented in the clinical population, which is approximately 70% female (Bayer and Parker 2017, Slanley and Singh 2018). One explanatory hypothesis is that men are less likely to seek care. Also, many diagnostic criteria of BPD are closely related to female stereotypes. Therefore, it becomes easier for women to receive the diagnosis than men, since they generally exhibit less of those characteristics (Evans 2015). Men with BPD receive significantly less therapy and medication in their lifetime compared to women with BPD. However, men and women with BPD have similar patterns of high-level care (Goodman et al., 2010).

1.2. Clinical presentation of symptoms of BPD in women and men

Comparisons between men and women with BPD have tended to show some differences and have mainly focused on symptoms. BPD features most commonly associated with women are unstable and intense interpersonal relationships, suicidal and self-harmful behaviors, affective instability, and chronic feelings of emptiness. As for the men population, BPD symptoms closely associated with this gender are frantic efforts to avoid real and imagined abandonment, impulsivity, and inappropriate and intense anger (Hoertel et al., 2014). Additionally, women with BPD are more likely to have comorbidities of PTSD, panic disorder with agoraphobia, and bulimia nervosa. They are also more likely to have histrionic or avoidant personality disorder (McCormick et al., 2007; Barrow et al., 2007) while antisocial and narcissistic personality disorders are more present in men with BPD (Benzhad et al., 2012; Silbeschmidt et al., 2015). It is also more common for women than men with BPD to have a history of childhood sexual abuse, that can lead to developmental trauma (Bayer and Parker, 2017).

There is conflicting research evidence regarding aggression, suicidal risk and substance use disorder in men and women with BPD. Some studies show that men have more physically aggressive behaviors, while other studies show that there are no significant differences between the two genders (Sher et al., 2019). In terms of substance use disorders, some studies show that there is no difference in prevalence between the two genders (McCormick et al.) while several others demonstrate that the prevalence of substance use disorders among men is higher (Jonhson et al., 2003).

1.3. Seeking mental health services

In the general population, men's needs for mental health services are different from women's as they have different ways of living and responding to their life issues (ans 2015) Recent studies have attempted to understand the socio-cultural factors that may influence men's lived experiences and how they may affect the use of available services (Evans 2015). Indeed, the value of autonomy, independence, and success are among the main social norms associated with the male gender (Evans 2015). In response to these high expectations attributed to them, men may therefore be less likely to seek needed services by fear of being perceived as weak or less "manly" than their peers (Evans 2015). They may therefore tend to repress their emotions

Résultats

Où se situent les défis des hommes ayant un TPL quant à leur fonctionnement?

Les habitudes de vie couvertes...

Domaines abordés	Résultats
Condition physique et bien-être psychologique	<ul style="list-style-type: none">▪ Horaire de sommeil inversé (Tellides et al., 2007)
Responsabilités	<ul style="list-style-type: none">▪ Engagement dans des comportements illégaux (Sansone et al., 2012)
Éducation	<ul style="list-style-type: none">▪ Situations de probation supérieures (Bagge et al., 2004)▪ Moyenne générale cumulative inférieure (Bagge et al., 2004)
Travail	<ul style="list-style-type: none">▪ Changement régulier d'emploi▪ Activité qui doit être réalisée VS occupation significative (McCormick et al., 2007), (Wasmuth et al., 2020), (Sansone et al., 2010)
Relations interpersonnelles	<ul style="list-style-type: none">▪ Agression, violence physique et stratégies inadaptées▪ Diminution de la satisfaction maritale▪ Instabilité et ambivalence dans les relations familiales (Weinstein et al., 2012), (Munro et al., 2020), (Kirsten et al., 2006), (Tragesser et al., 2012), (Graboyes and Britney, 2020), (Tellides et al., 2007), (Sansone et al., 2010), (Choudhary et al., 2016), (Wasmuth et al., 2020)
Loisirs	<ul style="list-style-type: none">▪ Consommation de substances récréative (Wasmuth et al., 2020)

Les habitudes de vie non couvertes...

- **Portrait partiel du fonctionnement dans la vie quotidienne obtenu**
- **6/12 domaines du MDH-PPH2 non abordés**

Communication
Déplacements
Nutrition
Soins personnels de la santé
Habitation
Vie associative et spirituelle

Démarche de mobilisation

*Le pont avec les professionnels oeuvrant
auprès de la clientele*

Démarche de mobilisation des connaissances...

- 2 présentations de 90 min aux professionnels de la santé de l'IUSMM oeuvrant auprès de la clientèle cible
- Professionnels présents : ergothérapeutes, TS, infirmière clinicienne, psychoéducatrice-psychothérapeute, psychiatres
- Validation des résultats présentés par les professionnels
- Discussion : Impressions, alignement, retombées, recommandations



Fonctionner au quotidien – Hommes TPL
Examen de la portée

Projet de maîtrise en ergothérapie
Supervision par Nadine Larivière et Marc Corbière
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Pertinence du choix de démarche de mobilisation dans le contexte

- Mobilisation des connaissances faite auprès d'une équipe spécialisée avec la clientèle hommes ayant un TPL (IUSMM).
- Ciblé les professionnels à la source
- Sujet de recherche embryonnaire et niché
- Échange fait avec les professionnels pour compléter/valider le portrait du fonctionnement dépeint dans l'examen de la portée

Conclusion

- Nécessité d'effectuer plus de recherche sur les habitudes de vie non couvertes dans ce projet (population clinique et communautaire)
- Cibler les besoins des hommes vivant avec un TPL
- Créer des services en adéquation avec leur fonctionnement

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Questions



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