Borderline Personality Disorder: Down the Rabbit Hole

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Disclosures

- Dr. Payne has nothing to disclose.
- This lecture includes off-label uses of medications.



Learning Objectives

- Be able to list the four symptom clusters for BPD
- Be able to name three evidence-based therapies for BPD
- Understand the basics of pharmacology with BPD
- Have hope for patients with BPD
- Increase confidence in caring for patients with BPD

Agenda

- What is Borderline Personality Disorder?
- Recognizing Borderline Personality Disorder
- Gender and cultural considerations for diagnosis
- Treatments for Borderline Personality Disorder



What is a personality?

"The combination of characteristics or qualities that form an individual's distinctive character." - Oxford Dictionary

"Personality is the way of thinking, feeling and behaving that makes a person different from other people. An individual's personality is influenced by experiences, environment and inherited characteristics. A person's personality typically stays the same over time." - American Psychiatric Association



What is a personality disorder?

"To be classified as a personality disorder, one's way of thinking, feeling and behaving deviates from the expectations of the culture, causes distress or problems functioning, and lasts over time". -- American Psychiatric Association

BPD Diagnostic Criteria

A pervasive pattern of unstable interpersonal relationships, self-image, and affects, and marked impulsivity beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

Interpersonal Hypersensitivity:

- Frantic efforts to avoid abandonment
- A pattern of unstable, intense relationships
- Chronic feelings of emptiness

Affect Dysregulation:

- Affective instability
- Inappropriate intense anger or difficulty controlling anger

Behavioral dyscontrol:

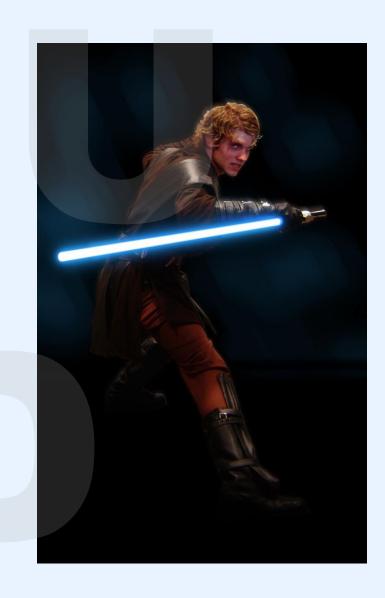
- Impulsivity in at least two areas that are potentially self-damaging
- Recurrent suicidal behavior

Disturbance of self:

- Identity disturbance
- Transient paranoia or severe dissociative symptoms

Interpersonal Hypersensitivity

- Frantic efforts to avoid abandonment
- A pattern of unstable, intense relationships
- Chronic feelings of emptiness

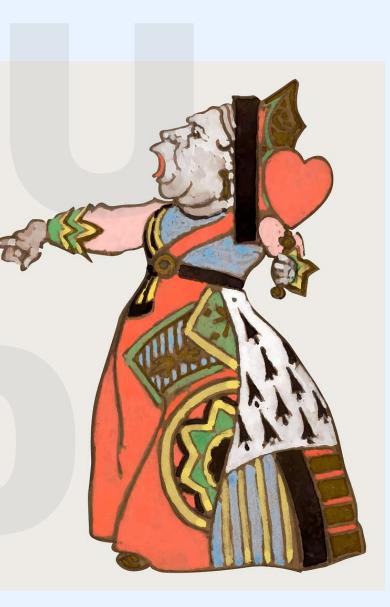


Bui E, Rodgers R, Chabrol H, Birmes P, Schmitt L. Is Anakin Skywalker suffering from borderline personality disorder? Psychiatry Res. 2011 Jan 30;185(1-2):299. doi: 10.1016/j.psychres.2009.03.031. Epub 2010 May 26. PMID: 20537718.

Affect Dysregulation

- Affective instability
- Inappropriate intense anger or

difficulty controlling anger



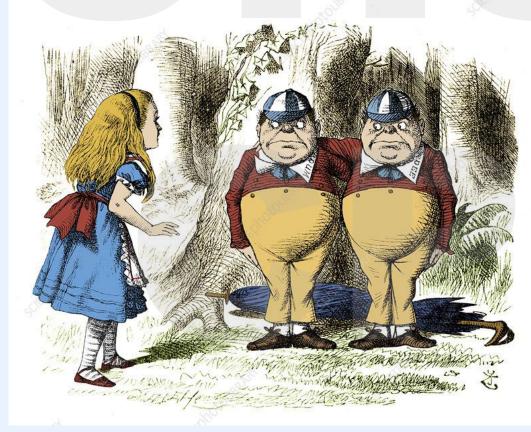
Behavioral dyscontrol

- Impulsivity in at least two areas that are potentially self-damaging
- Recurrent suicidal behavior or self-harm



Disturbance of self

- Identity disturbance
- Transient paranoia or severe dissociative symptoms



Why BPD matters in healthcare:

- Medically self-sabotaging behavior
- Increased perceptions of illness
- Pain syndromes (BPD in 50% of chronic pain patients)
- Prescription misuse and abuse
- HIV
- Skin picking or excoriation (1 in 4 have BPD)
- Factitious illness
- Plastic Surgery (more surgeries, less satisfaction)
- Rheumatoid Arthritis (perhaps 40% have BPD)
- Disability (3 times more likely)

AND

iatrogenic health problems due to ineffective, unnecessary, or unhelpful interventions

BPD in primary care

- Fewer PCP visits per year
- Lower mental/emotional health ratings
- Similar physical health self-rating
- Much higher rates of hospitalization
- Much higher rates of mental health care
- Much higher rates of psychiatric medications

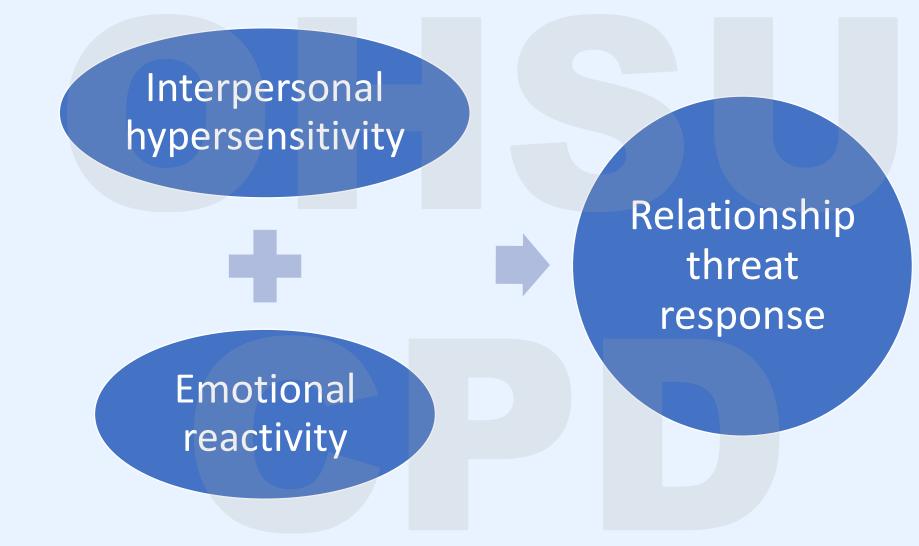
http://archinte.jamanetwork.com/article.aspx?articleID=21074

A few statistics for perspective:

- People with Borderline Personality Disorder make up about 3% of the general population
- 20 50% of psychiatric inpatients
- 15 20% of psychiatric outpatients
- 10% of patients with a Borderline Personality Diagnosis die via suicide

Models for understanding BPD

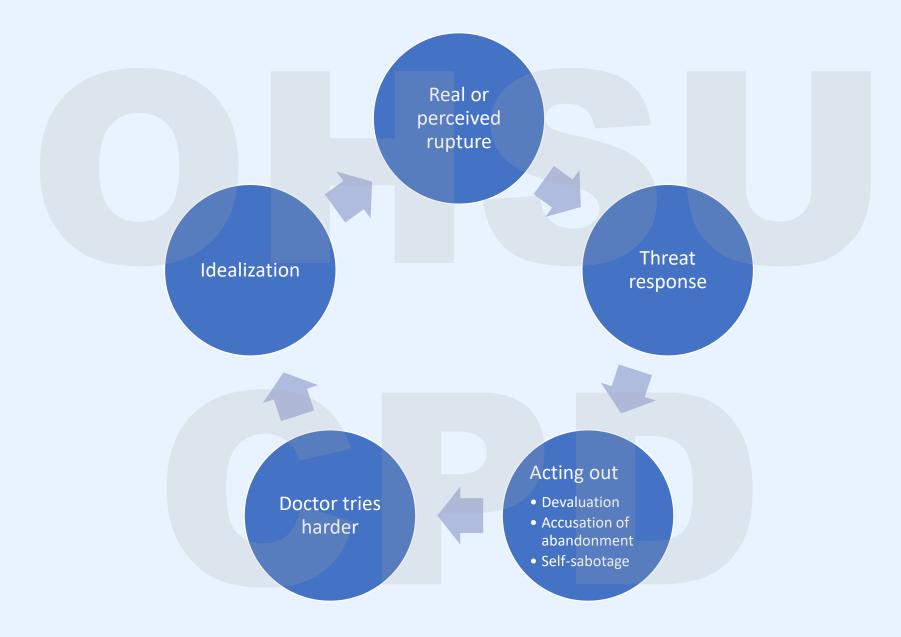
- Psychoanalytic On the border between psychosis and neurosis
- Attachment theory insecure infant attachment
- Genetic CNS predisposition highly heritable inborn traits
- Neurodivergence overlaps with genetic understanding, this perspective is in line with the emerging Autism, ADHD, and LD selfadvocacy movements
- Culture-bound syndrome reflects deviation from cultural norms and tolerance of this deviance, prevalence of BPD varies world-wide



Internal experience: Confusion, disorientation, dissociation, distortion, fear, anger

External experience: lashing out, attempts to escape, accusations of abandonment, deliberate self injury, impulsive suicide attempts, substance use, reckless sexual activity, rash decisions, "burning bridges"





Real or perceived rupture

Acting out

doctor withdraws, avoids, or scolds patient confirming patient's abandonment fears

Increased threat response

Gender disparities

- Very little research on BPD in transgender and nonbinary people
- Women make up 75% of borderline PD patients in psychiatric settings
- Men predominate in substance use and forensic settings
- Little research on BPD in gender minorities.
 - Overdiagnosis?
 - Underdiagnosis?
 - Increased prevalence due to social factors and risk factors?
 - Differences in symptom presentation?

Rodriguez-Seijas, C., Morgan, T. A., & Zimmerman, M. (2021). Is There a Bias in the Diagnosis of Borderline Personality Disorder Among Lesbian, Gay, and Bisexual Patients? Assessment, 28(3),

Cultural considerations and research disparities

- 50% of research on BPD has been conducted in North America Prevalence of diagnosis: Hispanic > White > Black Indigenous > Immigrants
- 25% of research has been conducted in Western and Northern Europe
- BPD has been found worldwide, but rates are much lower outside North America and Europe
- By definition a personality disorder requires one's thoughts, feelings, and behavior to deviate from the expectations of the culture and cause social or occupational dysfunction
- Presenting symptoms look different, must be understood in cultural context

Screening for Borderline Personality Disorder

- Borderline Personality Questionnaire
 - 80 True/False Questions in 9 domains
 - Score of 57 or higher (Sens 68, Spec 90) https://mhscales.com/bpq
- MacLean Screening Instrument for BPD
 - 10 Yes/No Questions
 - Score of 7 or higher (Sens 81, Spec 85)

https://www.ohsu.edu/sites/default/files/2022-09/%28MSI-BPD%29%20Macclean%20Screen%20for%20Borderline%20Personality%20Diso rder.pdf

BPO			24. I have trouble controlling my temper.	т	F
8tudy ID: Date://			25. I can read other people's minds.	τ	F
			28. I have tried hard street drugs (e.g. coosine, heroin).	т	F
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	BPQ Scoring Key			
Add the items for each sub-	scale. The total score is the sum of the sub-scales.			
Score one mark for each it receive one mark when Fal-	em when True is sjolos, except for items followed by e is siolos	an asterisk (*).	The	
Impulsivity:	1, 10*, 26, 34, 42, 57, 64, 68, 71.			
Affective Instability:	2, 11, 19, 27, 35, 43*, 49, 58, 65, 72.			
Abandonment:	3, 12, 20, 28*, 44, 50, 59, 66, 73, 78.			
Relationships:	§ *, 13, 21, 29, 36, 45*, 51, 60*.			
Self-Image:	5, 14, 37, 46, 52*, 61, 67*, 70, 74.			
Suicide/Self-Mutilation:	6, 15, 22, 30, 38, 53*, 75.			
Emptiness:	7, 16, 23, 31, 39, 54*, 62, 69, 76, 79.			
Intense Anger:	§*, 17, 24, 32*, 40, 47, 55, 63, 77, 80.			
Quasi-Psychotic States:	9, 18, 25, 33, 41, 48*, 56.			

MacLean Screening Instrument for BPD

1.	Have any of your closest relationships been troubled by a lot of arguments or repeated breakups?	Yes	_No
2.	Have you deliberately hurt yourself physically (e.g., punched yourself, cut yourself, burned yourself)? How about made a suicide attempt?	Yes	_No
3.	Have you had at least two other problems with impulsivity (e.g., eating binges and spending sprees, drinking too much and verbal outbursts)?	Yes	_No
4.	Have you been extremely moody?	Yes	_No
5.	Have you felt very angry a lot of the time? How about often acted in an angry or sarcastic manner?	Yes	_No
6.	Have you often been distrustful of other people?	Yes	_No
7.	Have you frequently felt unreal or as if things around you were unreal?	Yes	_No
8.	Have you chronically felt empty?	Yes	_No
9.	Have you often felt that you had no idea of who you are or that you have no identity?	Yes	_No
10.	Have you made desperate efforts to avoid feeling abandoned or being abandoned (e.g., repeatedly called someone to reassure yourself that he or she still cared, begged them not to leave you, clung to them physically)?	Yes	_No

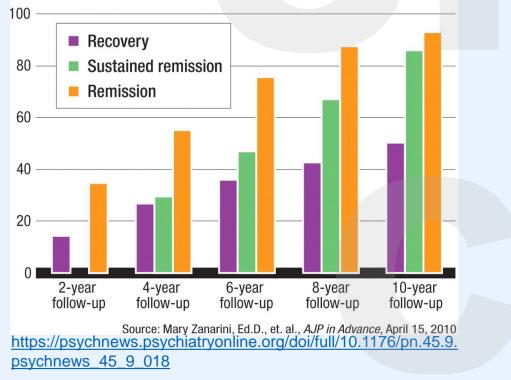
Maclean

BPQ

Тланж узи for your auditoria

BPD Symptoms Remit, But Full Recovery Elusive

In a study that began with 290 inpatients with borderline personality disorder at McLean Hospital, researchers measured remission and recovery rates at two-year intervals. Recovery was defined as having remission of symptoms and having good social and vocational functioning during the previous two years. There were 249 subjects at the 10-year mark.

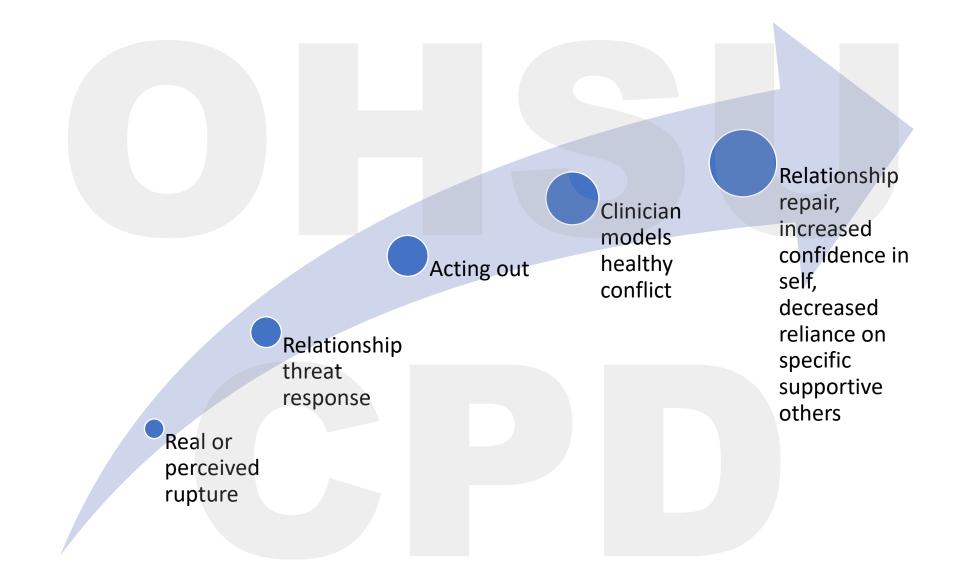


Prognosis

- First five years are most crisis-ridden
- 60% readmitted within the first 6 months
 - 35% readmission in 18-24 months
 - 40-50% remission in 2 years
 - 75% remission in 6 years
 - Relapse is rare after stability
 - About 50% achieve social stability

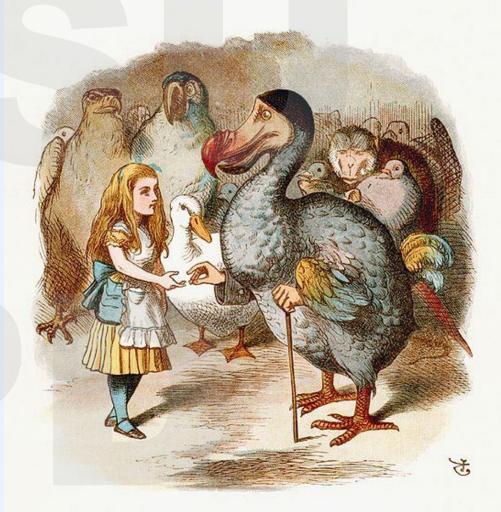
Process of help is by teaching, guiding, and modeling:

- Separations can be tolerated
- People can be helpful even if they are not ideal
- Progress is gradual
- Goals can be set and achieved despite not feeling well
- Trust that the patient will find their way



Evidence-based psychotherapies:

- General Psychiatric Management
- Dialectical Behavioral Therapy
- Mentalization Based Treatment
- Transference-focused Psychotherapy
- Schema-focused Therapy



"But she must have a prize herself, you know," said the Mouse. "Of course," the Dodo replied very gravely.

BPD Pharmacology

- No medications are FDA approved for BPD
- The following conditions improve in concert with BPD (will not improve unless BPD improves):
 - Depression
 - Anxiety
 - PTSD (with some caveats)
- Improvement is independent of BPD:
 - ADHD
 - Bipolar disorder

BPD Pharmacology continued

- SSRIs: may help with depression, anger, and impulsivity
- TCA's: generally not helpful
- Mood stabilizers, including lamotrigine: probably not helpful
- Atypical antipsychotics helpful when there are prominent cognitive symptoms
- Benzos: best to avoid
- Stimulants: may reduce suicidality

Lieslehto J, Tiihonen J, Lähteenvuo M, Mittendorfer-Rutz E, Tanskanen A, Taipale H. Comparative Effectiveness of Pharmacotherapies for the Risk of Attempted or Completed Suicide Among Persons With Borderline Personality Disorder. JAMA Netw Open. 2023;6(6):e2317130. doi:10.1001/jamanetworkopen.2023.17130

BPD suicidality

- Usually is a response to interpersonal stress, especially loss of support or (real or perceived) rejection
- Tends to be ambivalent (high rescue probability)
- 5-10% lifetime risk of completion same as schizophrenia
- Factors which increase risk:
 - Interpersonal stress, substance use, worsening depression, step-down in LOC
- Factors which decrease risk:
 - Positive interpersonal events/connections, safety plan, crisis skills, increased LOC, atypical antipsychotics

Managing suicidality (General Psychiatric Management approach)

- Express concern. Ask what happened.
- Help the patient make a safety plan
- Ask patient what would help (foster agency)
- Hospitalize briefly and sparingly
- Be clear about your limits
- Discuss case with colleagues
- Follow up after the crisis

In Summary . . .

- Be clear, calm, and consistent.
- Be real.
- Acknowledge your limits.
- Be prepared to be disappointing.



- Focus on evidence of progress toward a more engaged life outside the office. Maintain course if it's working, reassess if it isn't.
- Seek consultation or peer support when you are tempted to break the rules, or you feel out of your depth.

Resources

- <u>https://www.borderlinepersonalitydisorder.org/</u>
- <u>https://www.mcleanhospital.org/essential/gpm</u>
- <u>https://behavioraltech.org/</u>
- <u>https://istfp.org/training/training-in-tfp/</u>

