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:

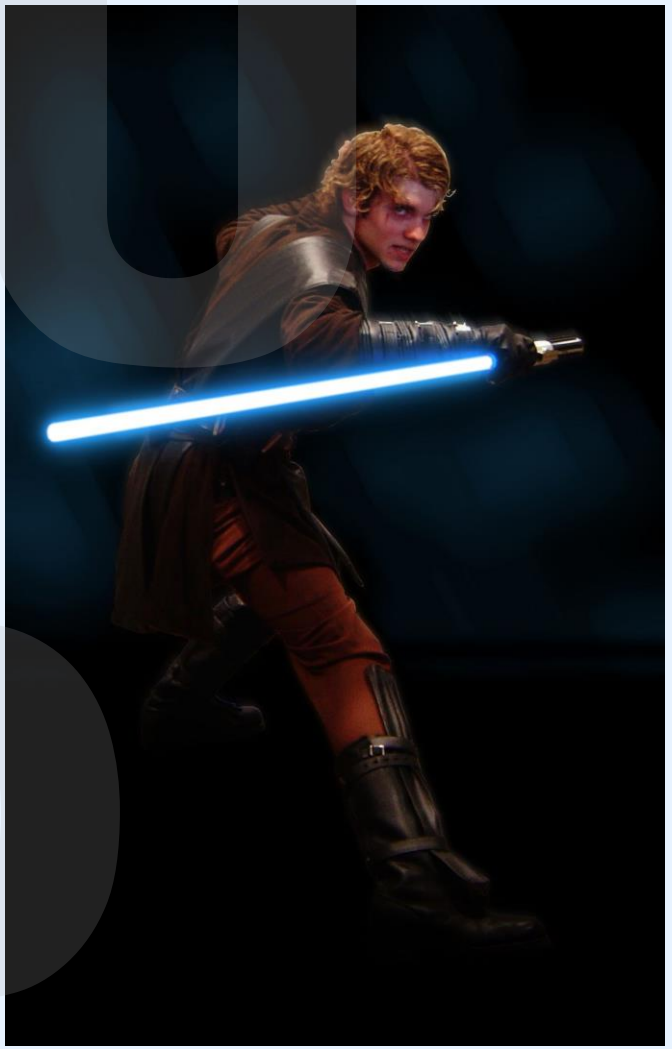
- Impulsivity in at least two areas that are potentially self-damaging
- Recurrent suicidal behavior

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

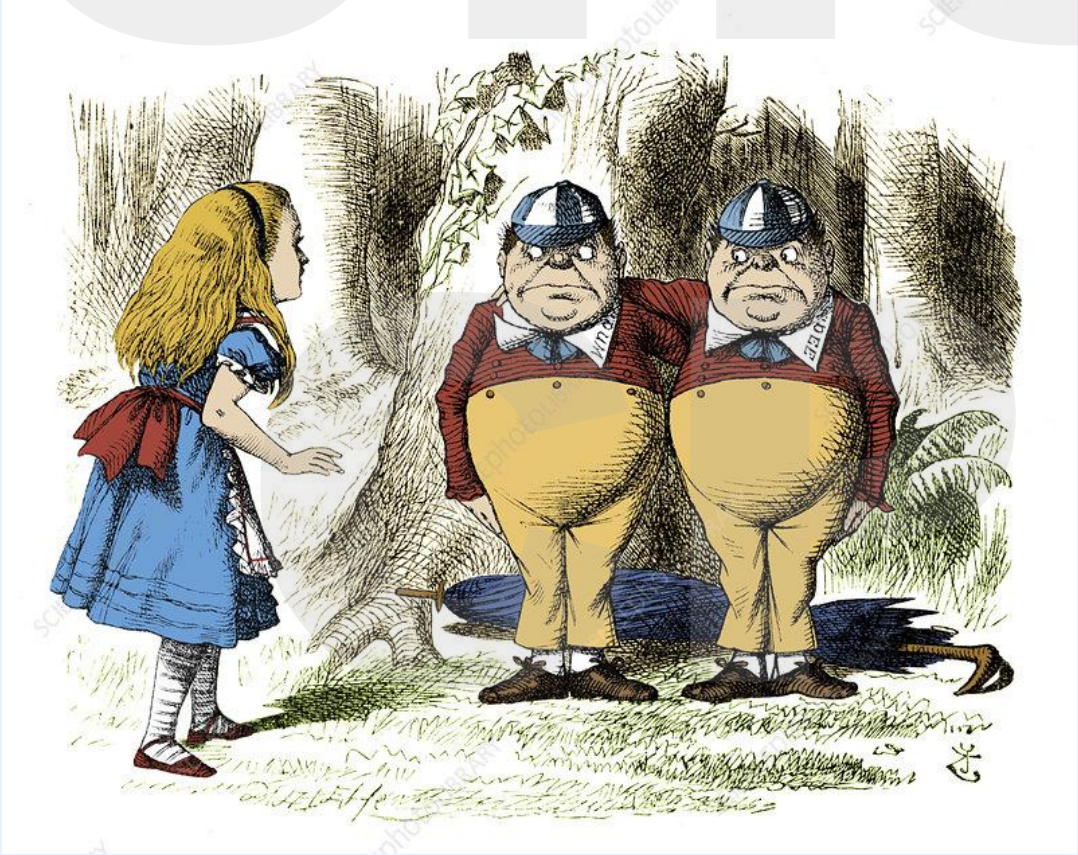
- Affective instability
- Inappropriate intense anger or difficulty controlling anger

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

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3012616/pdf/PE_1_2_19.pdf

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=210746

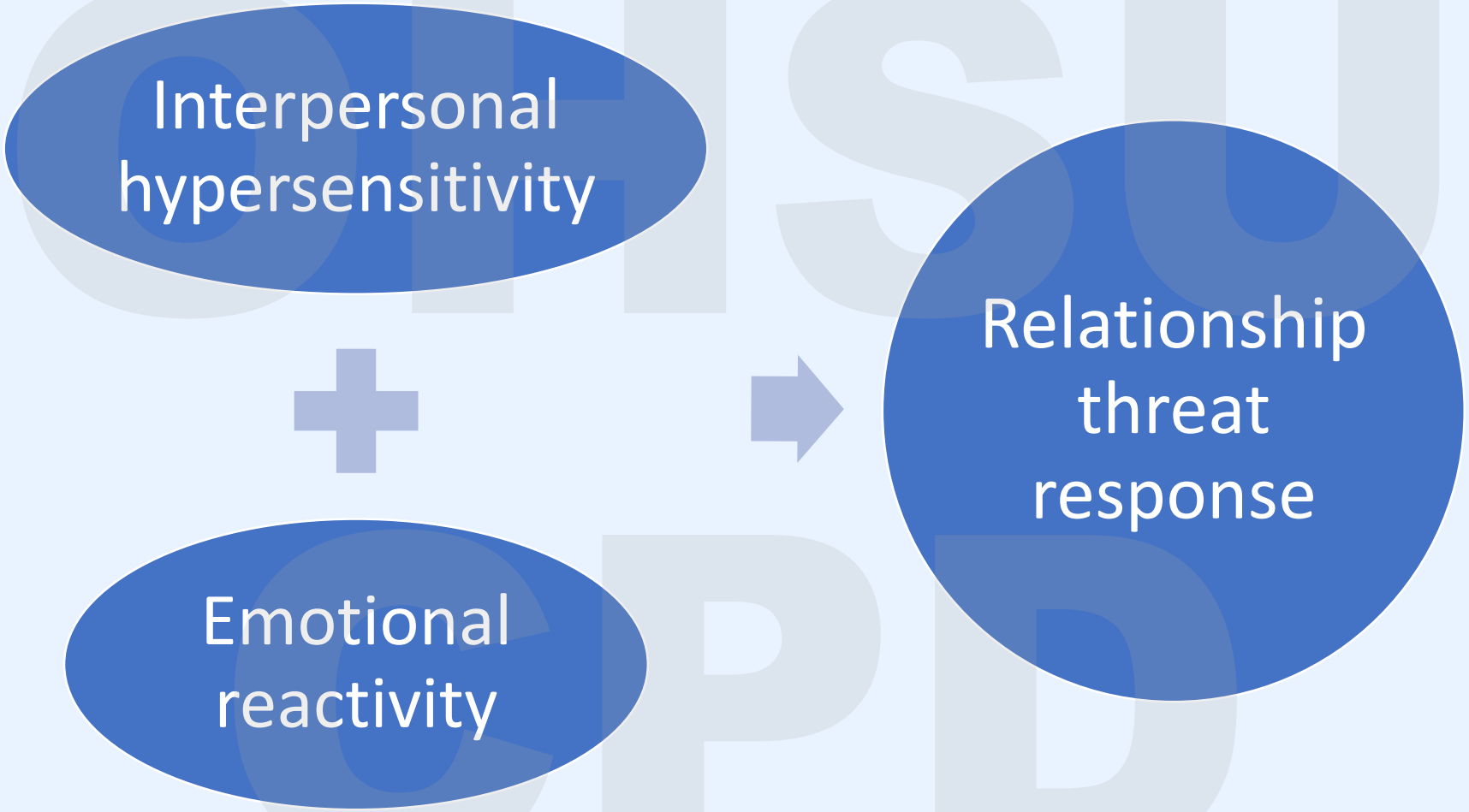
A few statistics for perspective:

- 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

Gunderson, JG. A BPD Brief: An Introduction to Borderline Personality Disorder, NEA-BPD 2011

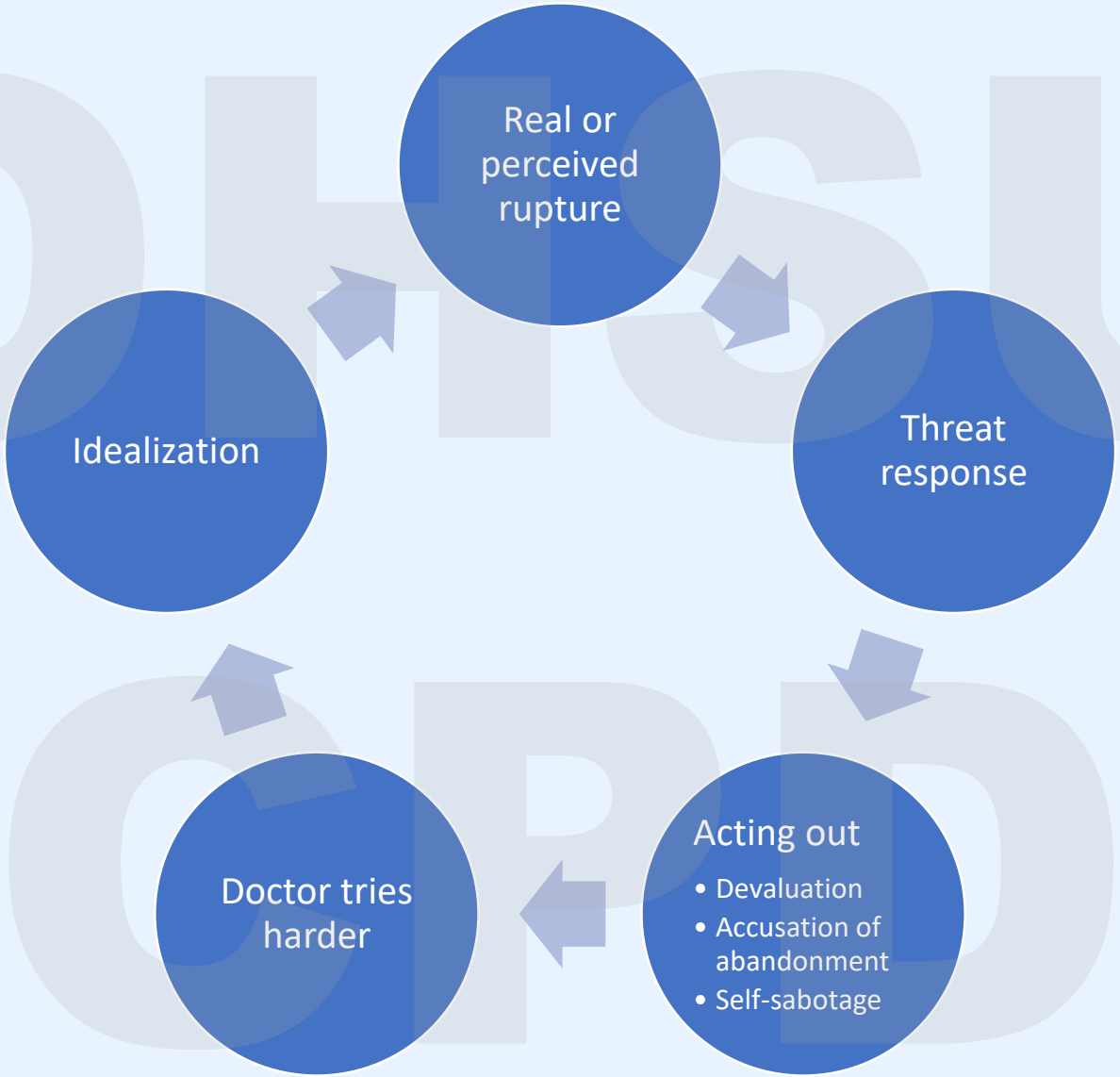
Models for understanding BPD

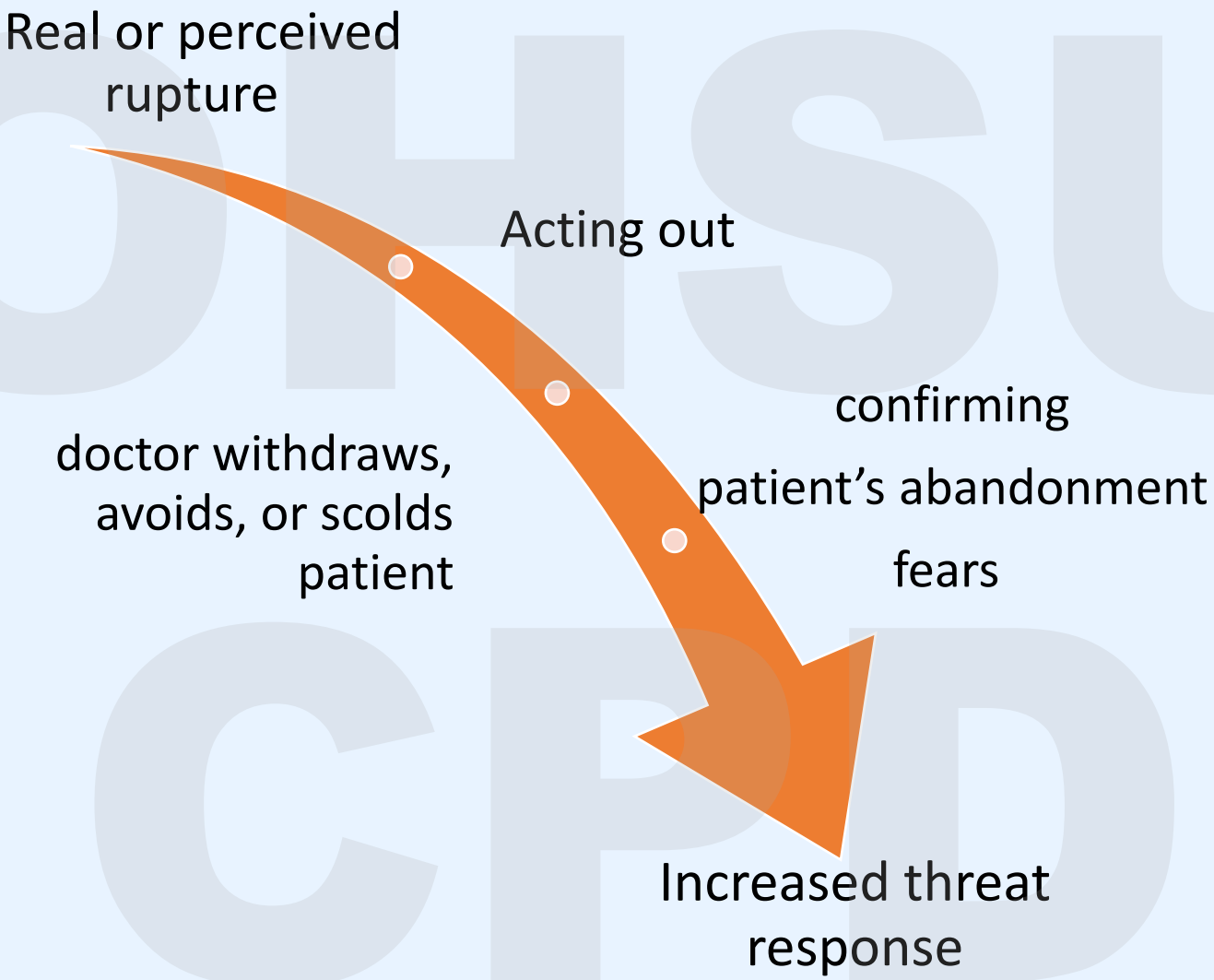
- Psychoanalytic – On the border between psychosis and neurosis
- Attachment theory – insecure infant attachment
- Genetic CNS predisposition – highly heritable inborn traits
- Neurodivergence – overlaps with genetic understanding, this perspective is in line with the emerging Autism, ADHD, and LD self-advocacy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


Interpersonal hypersensitivity
Emotional reactivity
Relationship threat response

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
Threat response
Acting out
• Devaluation
• Accusation of abandonment
• Self-sabotage
Doctor tries harder
Idealization


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), 724-738.

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

Choudhary S and Gupta R (2020) Culture and Borderline Personality Disorder in India. Front. Psychol. 11:714. doi: 10.3389/fpsyg.2020.00714

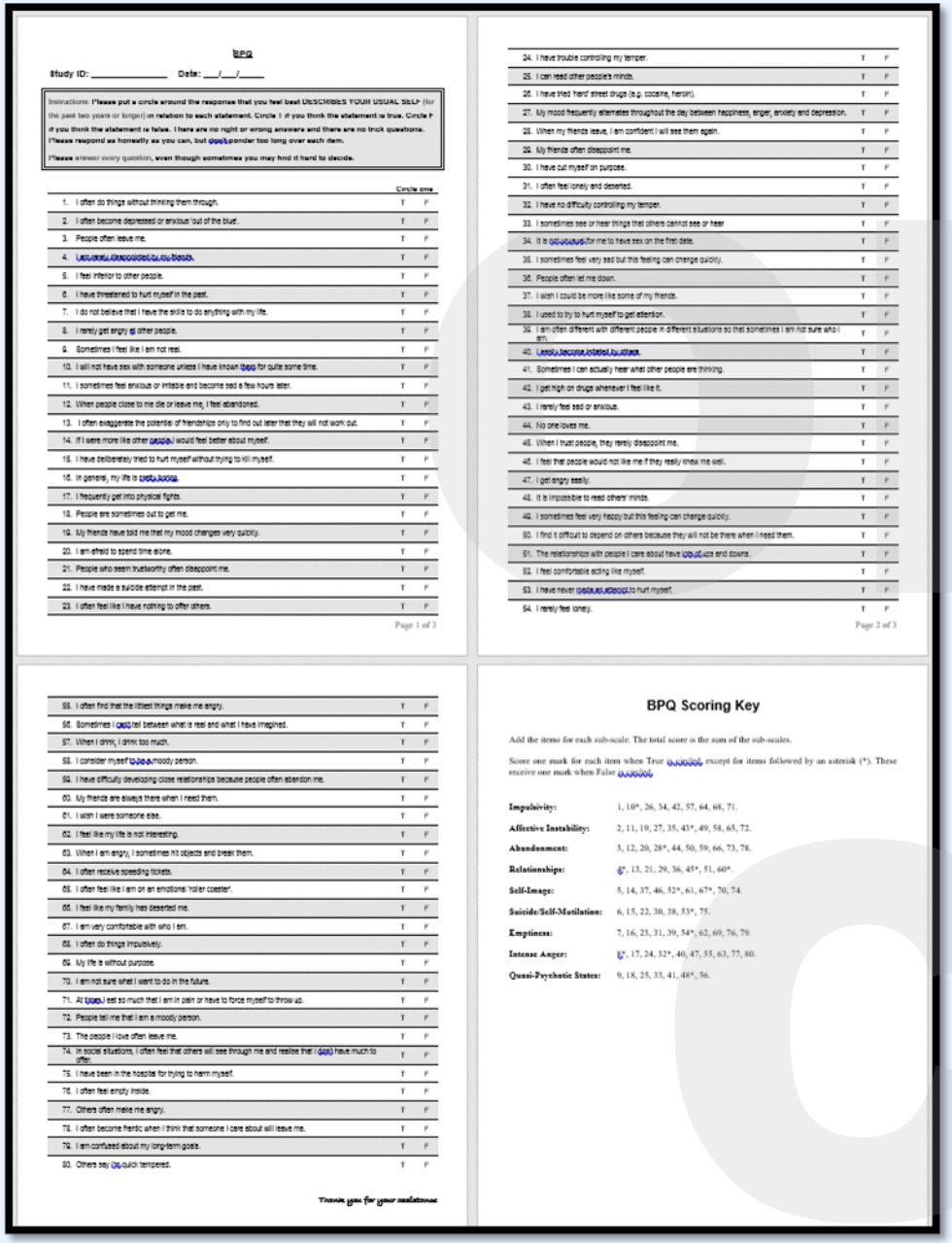
Screening for Borderline Personality Disorder

- 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%20Disorder.pdf



BPQ

Study ID: _____ Date: __/__/____

Instructions: Please put a circle around the response that you feel best DESCRIBES YOUR USUAL SELF (for the past two years or longer) in relation to each statement. Circle T if you think the statement is true. Circle F if you think the statement is false. There are no right or wrong answers and there are no trick questions. Please respond as honestly as you can, but don't ponder too long over each item.

Please answer every question, even though sometimes you may find it hard to decide.

	Circle one	
1. I often do things without thinking them through.	T	F
2. I often become depressed or anxious 'out of the blue'.	T	F
3. People often leave me.	T	F
4. I am easily discouraged by my friends.	T	F
5. I feel inferior to other people.	T	F
6. I have threatened to hurt myself in the past.	T	F
7. I do not believe that I have the skills to do anything with my life.	T	F
8. I rarely get angry at other people.	T	F
9. Sometimes I feel like I am not real.	T	F
10. I will not have sex with someone unless I have known them for quite some time.	T	F
11. I sometimes feel anxious or irritable and become sad a few hours later.	T	F
12. When people close to me die or leave me, I feel abandoned.	T	F
13. I often exaggerate the potential of friendships only to find out later that they will not work out.	T	F
14. If I were more like other people I would feel better about myself.	T	F
15. I have deliberately tried to hurt myself without trying to kill myself.	T	F
16. In general, my life is going wrong.	T	F
17. I frequently get into physical fights.	T	F
18. People are sometimes out to get me.	T	F
19. My friends have told me that my mood changes very quickly.	T	F
20. I am afraid to spend time alone.	T	F
21. People who seem trustworthy often disappoint me.	T	F
22. I have made a suicide attempt in the past.	T	F
23. I often feel like I have nothing to offer others.	T	F

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24. I have trouble controlling my temper.	T	F
25. I can read other people's minds.	T	F
26. I have tried 'hard' street drugs (e.g. cocaine, heroin).	T	F
27. My mood frequently alternates throughout the day between happiness, anger, anxiety and depression.	T	F
28. When my friends leave, I am confident I will see them again.	T	F
29. My friends often disappoint me.	T	F
30. I have cut myself on purpose.	T	F
31. I often feel lonely and deserted.	T	F
32. I have no difficulty controlling my temper.	T	F
33. I sometimes see or hear things that others cannot see or hear	T	F
34. It is not unusual for me to have sex on the first date.	T	F
35. I sometimes feel very sad but this feeling can change quickly.	T	F
36. People often let me down.	T	F
37. I wish I could be more like some of my friends.	T	F
38. I used to try to hurt myself to get attention.	T	F
39. I am often different with different people in different situations so that sometimes I am not sure who I am.	T	F
40. I easily become violent to others.	T	F
41. Sometimes I can actually hear what other people are thinking.	T	F
42. I get high on drugs whenever I feel like it.	T	F
43. I rarely feel sad or anxious.	T	F
44. No one loves me.	T	F
45. When I trust people, they rarely disappoint me.	T	F
46. I feel that people would not like me if they really knew me well.	T	F
47. I get angry easily.	T	F
48. It is impossible to read others' minds.	T	F
49. I sometimes feel very happy but this feeling can change quickly.	T	F
50. I find it difficult to depend on others because they will not be there when I need them.	T	F
51. The relationships with people I care about have ups and downs.	T	F
52. I feel comfortable acting like myself.	T	F
53. I have never made an attempt to hurt myself.	T	F
54. I rarely feel lonely.	T	F

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55. I often find that the littlest things make me angry.	T	F
56. Sometimes I can't tell between what is real and what I have imagined.	T	F
57. When I drink, I drink too much.	T	F
58. I consider myself to be a moody person.	T	F
59. I have difficulty developing close relationships because people often abandon me.	T	F
60. My friends are always there when I need them.	T	F
61. I wish I were someone else.	T	F
62. I feel like my life is not interesting.	T	F
63. When I am angry, I sometimes hit objects and break them.	T	F
64. I often receive speeding tickets.	T	F
65. I often feel like I am on an emotional 'roller coaster'.	T	F
66. I feel like my family has deserted me.	T	F
67. I am very comfortable with who I am.	T	F
68. I often do things impulsively.	T	F
69. My life is without purpose.	T	F
70. I am not sure what I want to do in the future.	T	F
71. At times I eat so much that I am in pain or have to force myself to throw up.	T	F
72. People tell me that I am a moody person.	T	F
73. The people I love often leave me.	T	F
74. In social situations, I often feel that others will see through me and realize that I don't have much to offer.	T	F
75. I have been in the hospital for trying to harm myself.	T	F
76. I often feel empty inside.	T	F
77. Others often make me angry.	T	F
78. I often become frantic when I think that someone I care about will leave me.	T	F
79. I am confused about my long-term goals.	T	F
80. Others say I'm quick tempered.	T	F

Thank you for your assistance

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 item when True (underlined) except for items followed by an asterisk (*). These receive one mark when False (underlined).

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: 6*, 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: 8*, 17, 24, 32*, 40, 47, 55, 63, 77, 80.

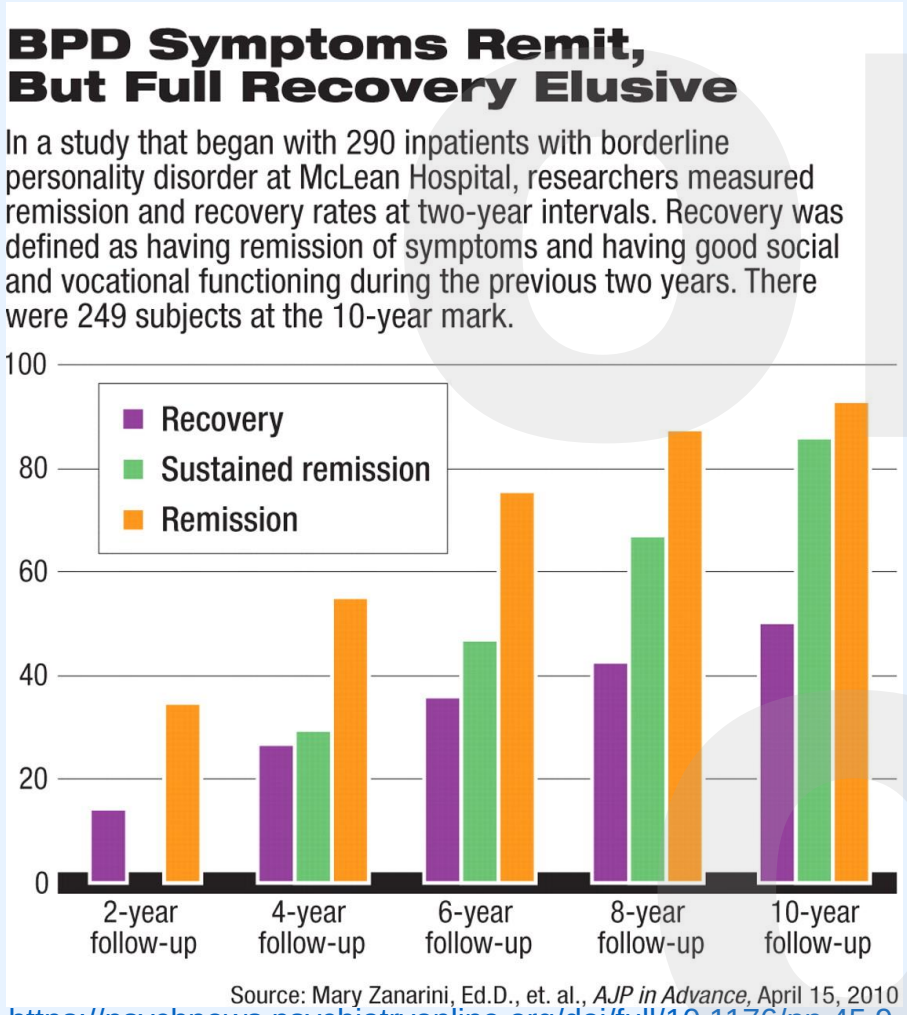
Quasi-Psychotic States: 9, 18, 25, 33, 41, 48*, 56.

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

Prognosis

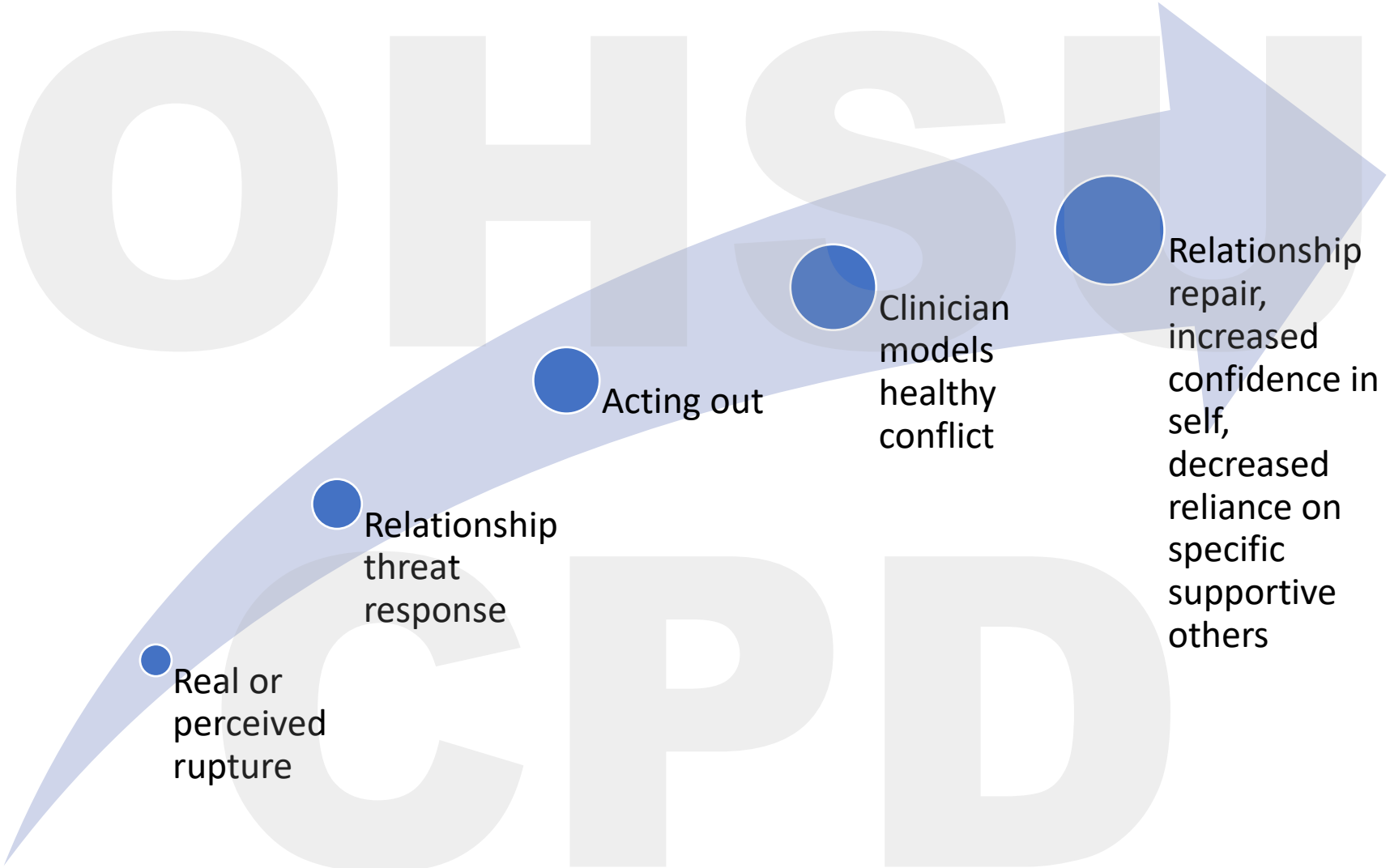


https://psychnews.psychiatryonline.org/doi/full/10.1176/pn.45.9.psychnews_45_9_018

- 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

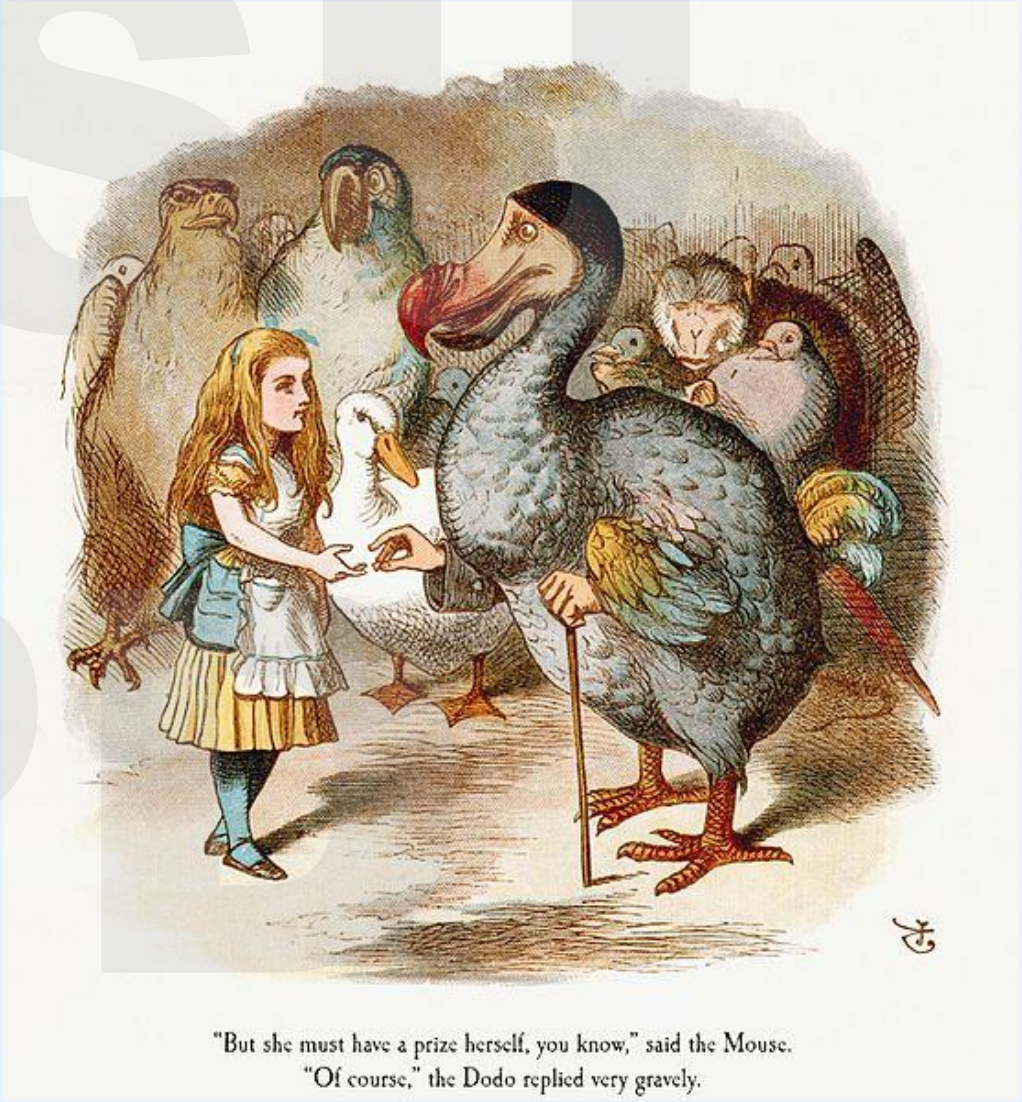
Process of help is by teaching, guiding, and modeling:

- 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


Real or perceived rupture
Relationship threat response
Acting out
Clinician models healthy conflict
Relationship repair, increased confidence in self, decreased reliance on specific supportive others

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

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

Image credit: Karen Roe, Suffolk, United Kingdom