

Borderline Personality Disorder: Diagnosis, Course, and Treatment

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Outline

- Epidemiology
- Symptoms
- Theories of Borderline Personality Disorder
- Course of BPD Symptoms
- Remission and Recovery in BPD
- Psychopharmacological Treatments for BPD
- Psychotherapies for BPD

Epidemiology

- BPD occurs in approximately 2% of the population
- BPD occurs in 10% of all psychiatric patients
- BPD occurs in 15-20% of all psychiatric inpatients
- BPD has been thought to be a disorder primarily of women (75%), but thinking on this appears to be changing

BPD Symptoms (DSM V)

- Interpersonal
- Affective
- Impulsive
- Cognitive
- Identity Disturbance

Interpersonal I

- A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation (DSM V)
- Frantic efforts to avoid real or imagined abandonment (DSM V)

Interpersonal II

- Fear of Engulfment/Annihilation (DIB-R)
- Devaluation/Manipulation/Sadism (DIB-R)

Impulsive I

- Self-injury (DSM V)
 - Burning Self
 - Cutting Self
 - Hitting Self
- Recurrent Suicidal Behavior, Gestures, Threats (DSM V)

Impulsive II (DSM V)

- Substance Abuse/Dependence
- Impulsive Spending/Gambling
- Reckless Driving
- Yelling
- Breaking Things
- Physical Assaults
- Binge Eating/Purging
- Sexual Impulsivity

Affective

- Affective Instability due to **marked reactivity** of Mood (intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and rarely more than a few days) (DSM V)
- Inappropriate and Intense Anger or Difficulty Controlling Anger (DSM V)
- Chronic Anxiety (DIB-R)
- Chronic Depression (DIB-R)
- Feelings of Emptiness (DIB-R)

Cognitive

- Transient Stress-Related Paranoia or Severe Dissociative Symptoms (DSM V)
- Nondelusional Paranoia (DIB-R)
- Quasi-Psychotic Thinking (DIB-R)
- Odd Thinking/Unusual Perceptual Experiences (DIB-R)

Identity Disturbance

- Markedly and persistently unstable self-image or sense of self (DSM V)

DSM V Definition of Borderline Personality Disorder

- Patient must meet criteria for 5 of 9 symptoms listed above

DIB-R

- Revised Diagnostic Interview for Borderlines
- 125 Items
- Each item scored: 0=not present; 1=probable; 2=present
- 4 Sections
 - Affect (0-2)
 - Cognition (0-2)
 - Impulsivity (0-3)
 - Interpersonal (0-3)
- Maximum score 10; cutoff for diagnosis for BPD 8

What Causes Borderline Personality Disorder I

- Emotion Dysregulation Coupled with an Invalidating Environment (Linehan 1993)
- Interpersonal Hypersensitivity (Gunderson 2010)
- High Temperamental Levels of Anger Preventing the Combining of Thoughts Related to Positive Emotions with Thoughts Related to Negative Emotions (Splitting) (Kernberg 1984)
- Hyperbolic Temperament (Zanarini 2007)

What Causes Borderline Personality Disorder II

- Many symptoms of borderline personality disorder appear to have a strong genetic basis
- Symptoms may be associated with an abusive, neglectful, or invalidating environment

Comorbidity

- Borderline Personality Disorder is frequently accompanied by symptoms of multiple other psychiatric disorders

Major Depression

Anxiety Disorders

Substance Abuse

Eating Disorders

Diagnostic Controversies

- Some researchers claim that the diagnosis is not valid because it is associated with traits of other personality disorders (Tyrer 2010)
- Some researchers claim that the diagnosis is not valid because it really is a form of affective disorder (Bipolar Disorder) (Akiskal 2004)

Course of Symptoms in BPD

- Symptoms of BPD can be divided into acute and temperamental (Zanarini et al. 2006)

Acute Symptoms

- Quasi-Psychotic Thought
- Substance Abuse/Dependence
- Sexual Deviance
- Self-mutilation
- Manipulative Suicide Attempts
- Stormy Relationships
- Devaluation/Manipulation/Sadism
- Demandingness/Entitlement
- Treatment Regression
- Affective Instability
- Identity Disturbance

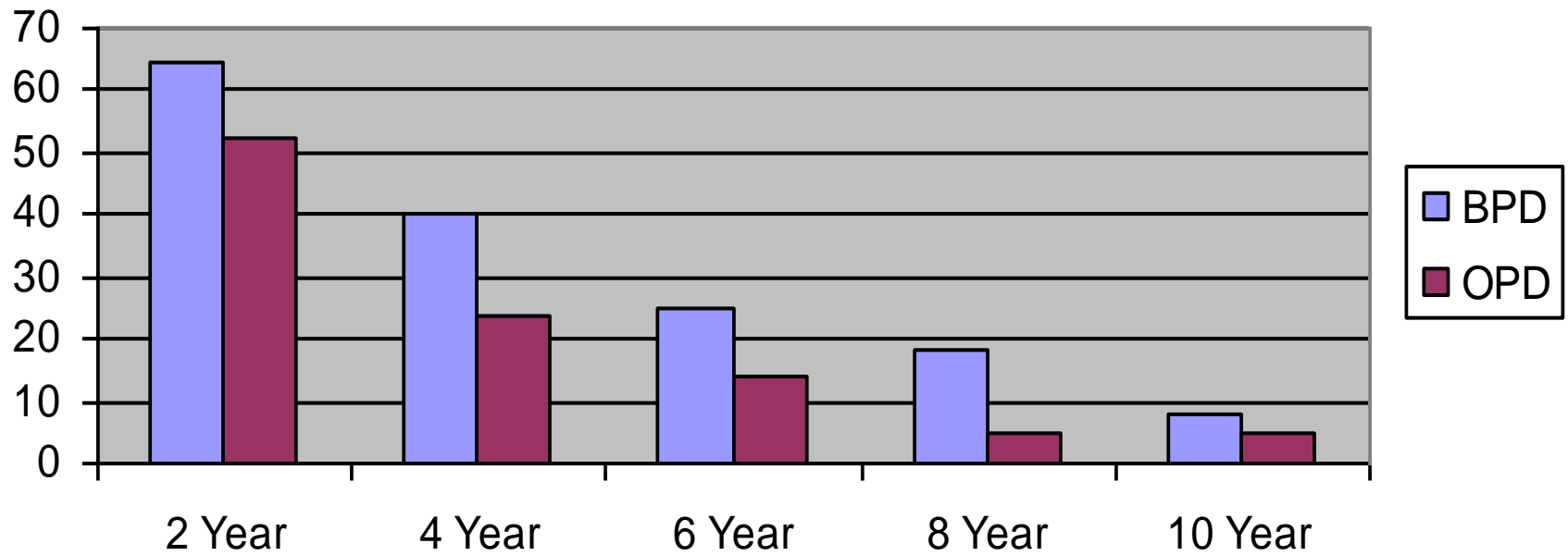
Temperamental Symptoms

- Chronic Depression
- Helplessness/hopelessness/worthlessness
- Anger
- Anxiety
- Loneliness/Emptiness
- Odd Thinking/Unusual Perceptual Experiences
- Nondelusional Paranoia
- General Impulsivity (eating binges, spending sprees, reckless driving, yelling, breaking things, assaults)
- Intolerance of aloneness
- Abandonment/engulfment/annihilation concerns
- Dependency/Masochism

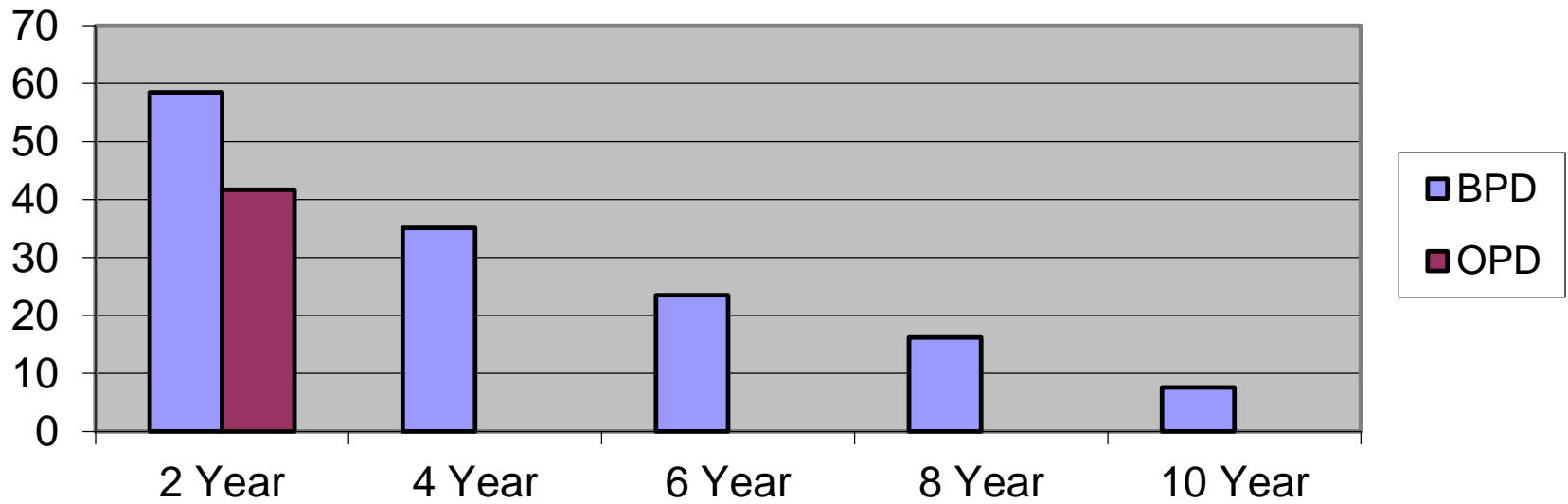
McLean Study of Adult Development

- 362 Subjects
- 290 BPD: 72 OPD (other personality disorders)
- Age 18-35 upon enrollment
- IQ 71 or higher
- Fluent in English
- Followed every 2 years for 10+ years
- Exclusion Criteria: Schizophrenia, Schizoaffective Disorder, Type I Bipolar Disorder, Organic Disorders

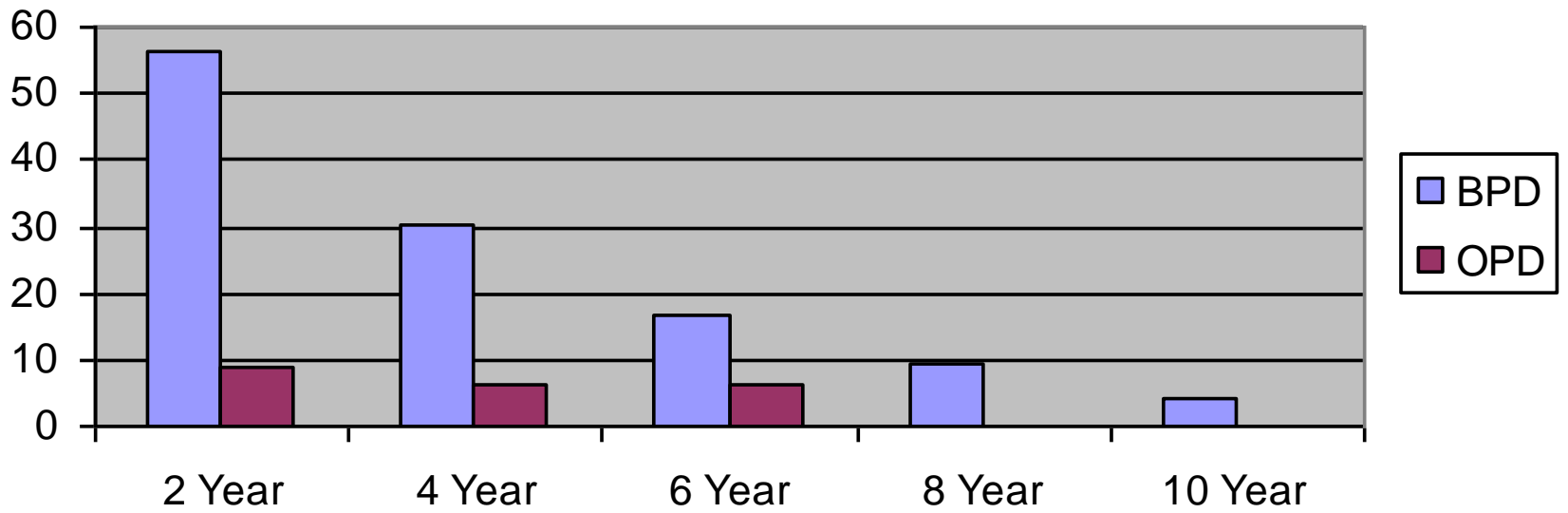
10 Year Course of Substance Abuse/Dependence



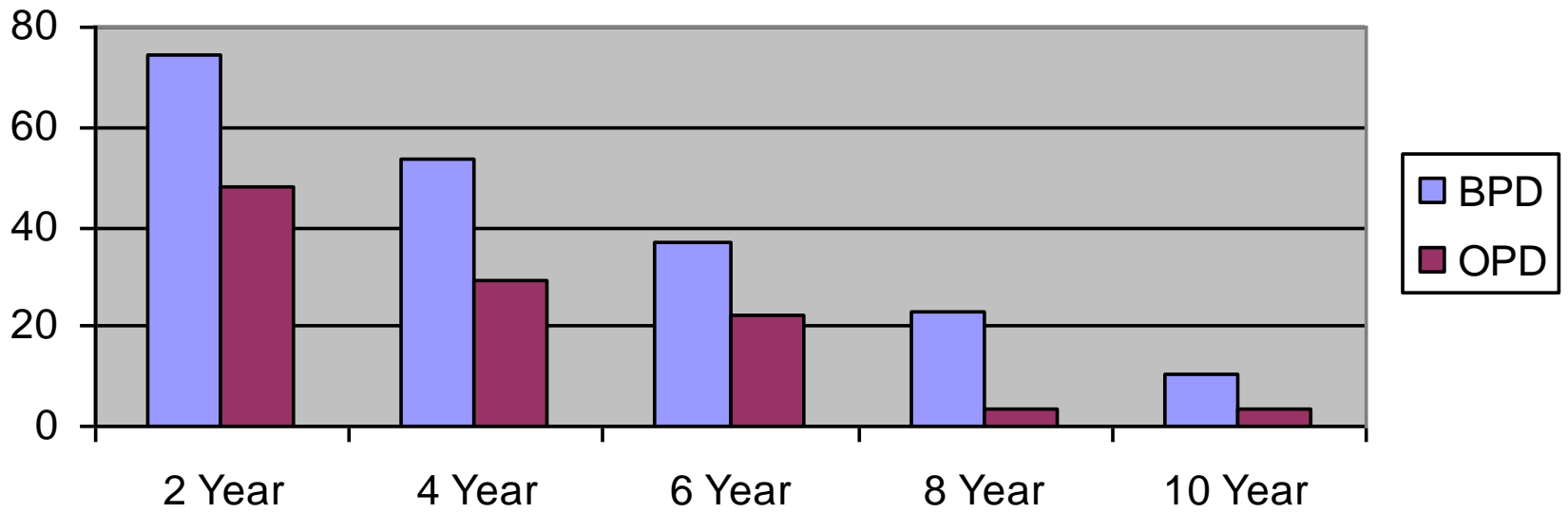
10 Year Course of Self-Mutilation



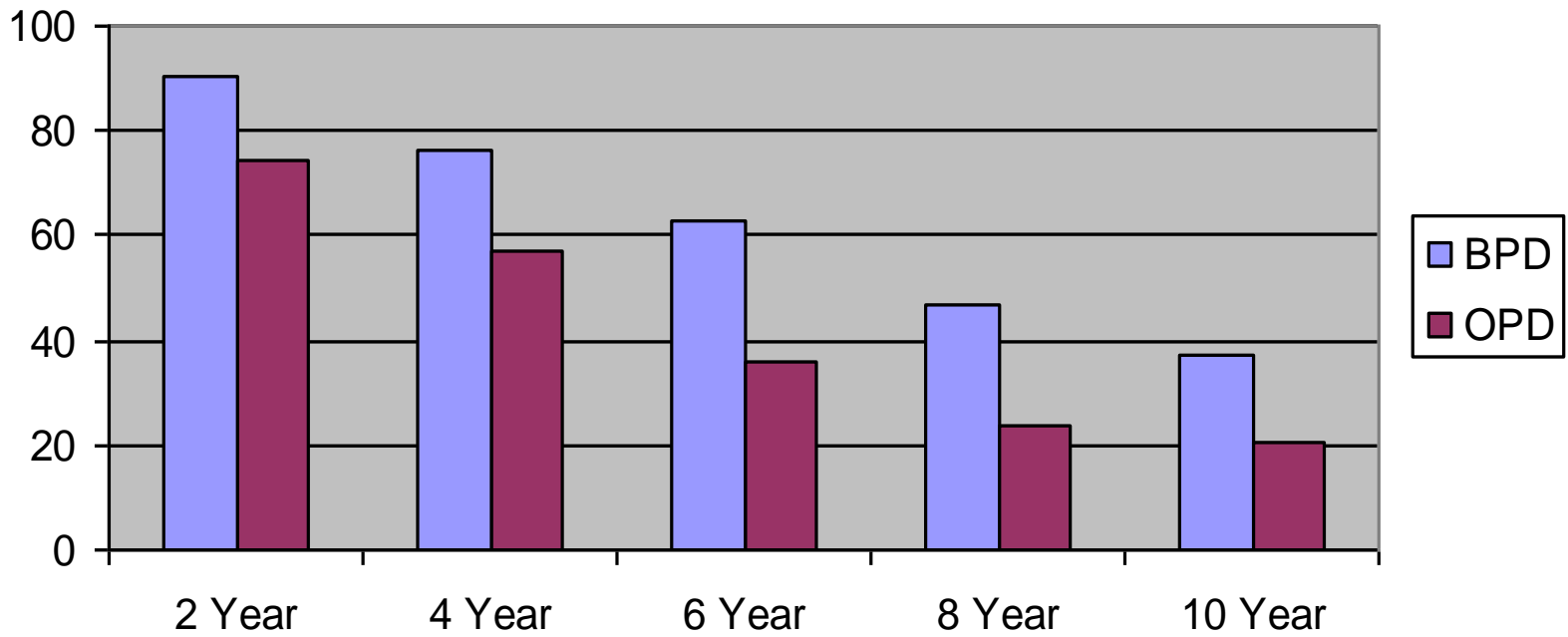
10 Year Course of Manipulative Suicide Attempts



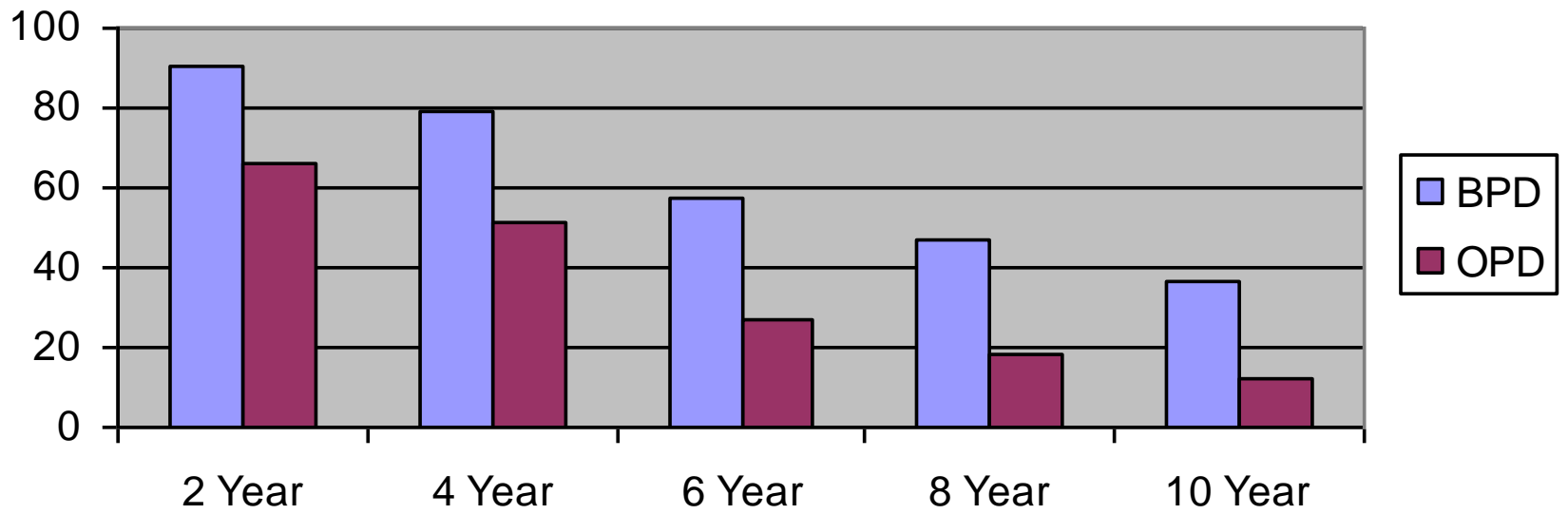
10 Year Course of Stormy Relationships



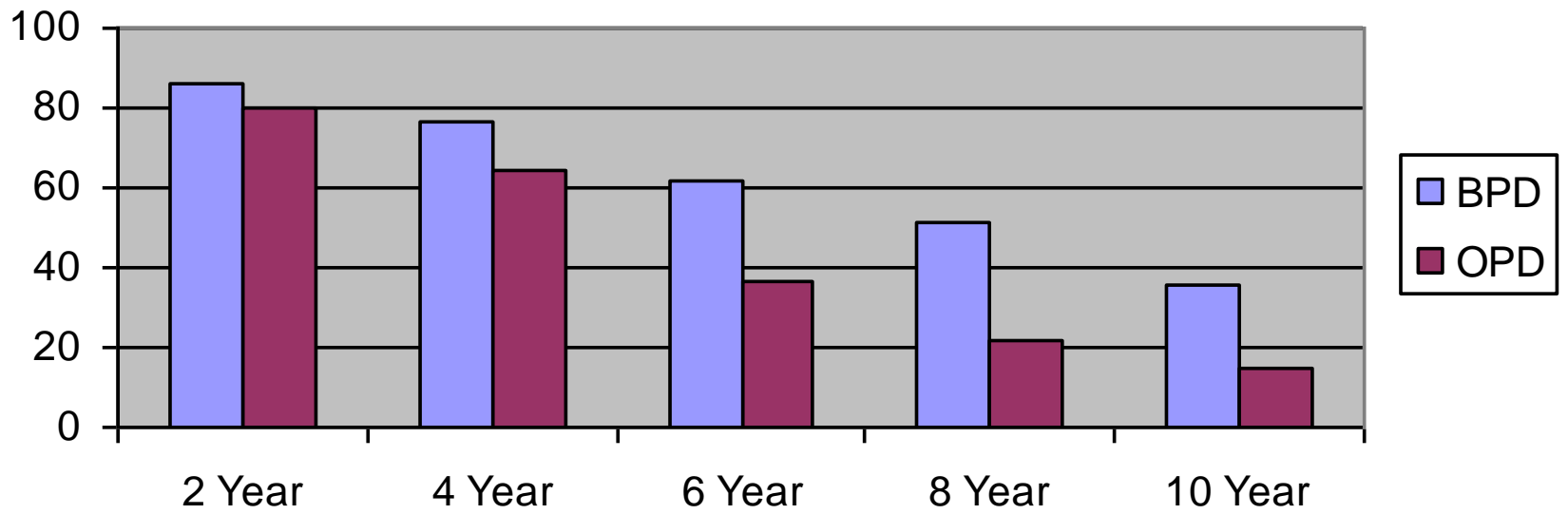
10 Year Course of Chronic/Major Depression



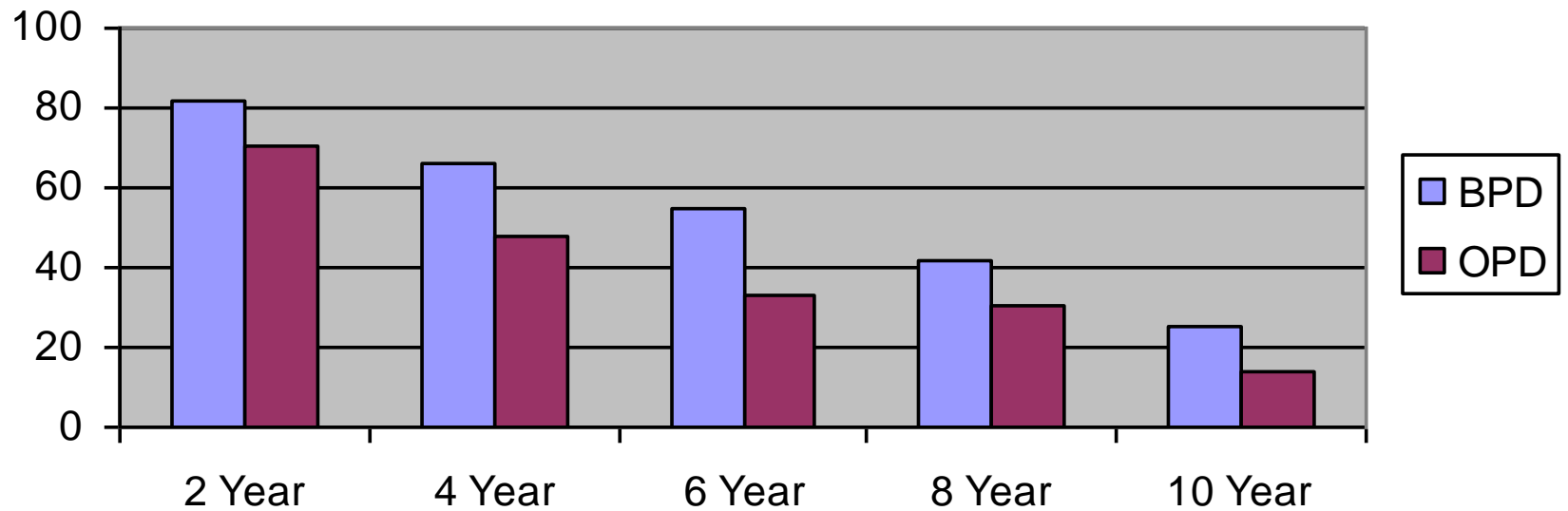
10 Year Course of Anxiety



10 Year Course of Loneliness/Emptiness



10 Year Course of Intolerance of Aloneness



Summary

- Impulsive Symptoms improve most rapidly
- Although affective instability improves substantially over time, difficulties with anxiety, anger, and depression remain common
- Quasi Psychotic Thinking improves substantially over time, but odd thinking/unusual perceptual experiences and nondelusional paranoia remain common.
- Active interpersonal symptoms, such as stormy relationships improve significantly, but symptoms tied to fears of separation appear more persistent.

Summary

- Acute Symptoms were reported in 10 year follow-up by less than 15% of patients who had reported them at baseline.
- Temperamental Symptoms appear to decline but more slowly

Most Persistent Symptoms

Median Time to Remission 6-8 Years

- Chronic Depression
- Chronic Feelings of helplessness/hopelessness/worthlessness
- Chronic Anxiety
- General Impulsivity
- Intolerance of Aloneness
- Counterdependency/serious conflicts over help/care
- Dependency/Masochism

Median Time to Remission 8-10 Years

- Chronic Anger/Frequent Angry Acts
- Chronic Loneliness/emptiness

Interpretation

- Acute Symptoms generally seem more impulsive and to have active/assertive component
- Temperamental Symptoms more likely to involve fearfulness and passivity

Remission/Recovery from BPD

Zanarini et al. 2010

- Remission: 1) Subjects would have DIB-R score of 7 or less; 2) Subjects would not meet DSM-III-R criteria for BPD for at least 2 years
- Sustained Remission: No longer meeting DSM-III-R and DIB-R criteria for BPD for 4 years
- Recovery: 1) Subjects would achieve remission of BPD symptoms for 2 years; 2) subjects would have at least one emotionally sustaining relationship with close friend, life partner, or spouse; 3) subjects would go to school or work consistently, competently, and on a full time basis.

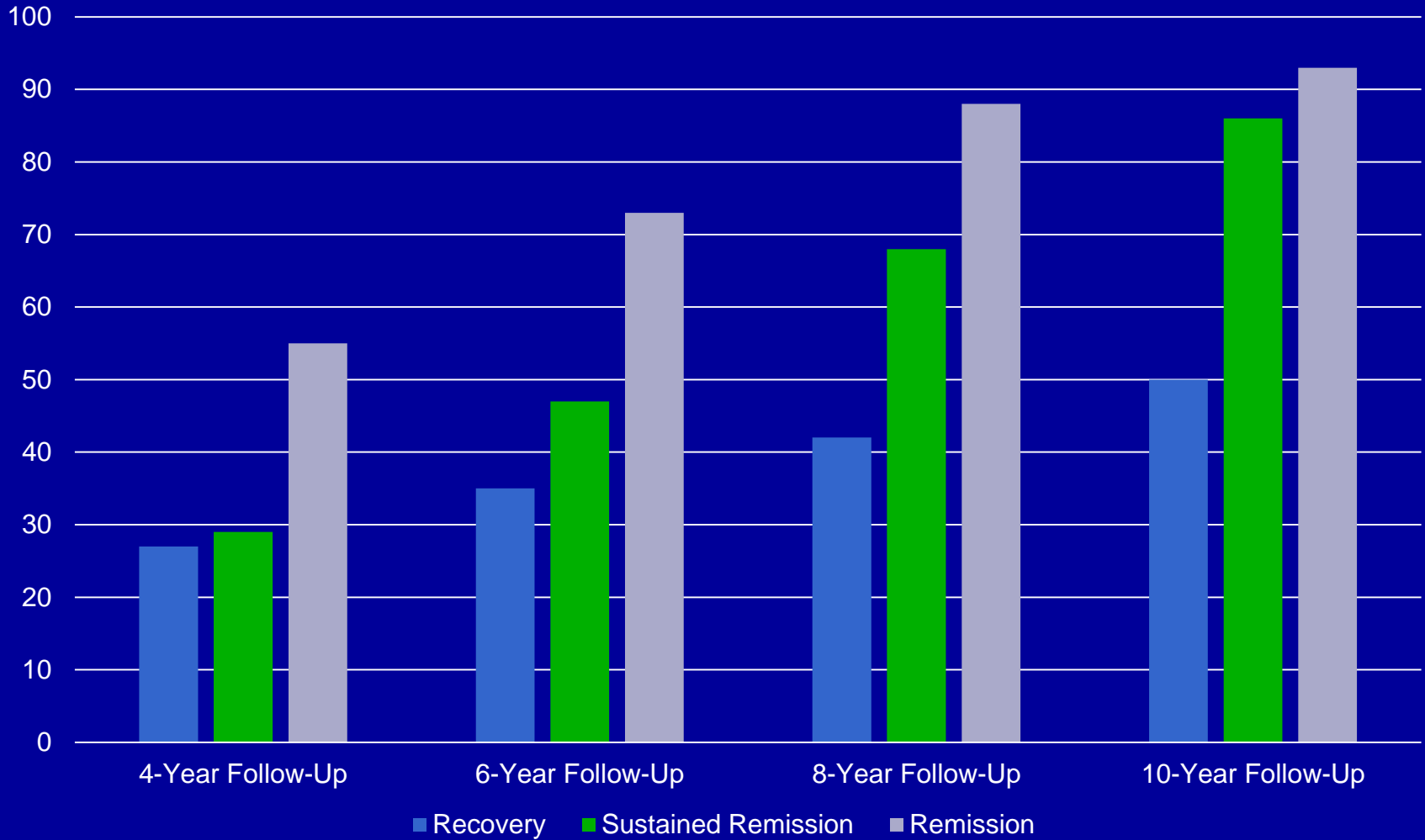
Remission

- Over 10 years, 93% of subjects achieved remission lasting at least 2 years
- Over 10 years 86% of subjects achieved a sustained remission lasting at least 4 years

Predictors of Remission Zanarini et al. 2006

- Younger Age upon entering study
- Absence of childhood sexual abuse
- No family history of substance use disorder
- Good vocational record
- Absence of anxious cluster personality disorder
- High Agreeableness
- Low Neuroticism

Time to Attainment of Remission, Sustained Remission, and Recovery from Borderline Personality Disorder



Interpretation

- Failure to achieve good psychosocial functioning due primarily to failure in vocational, not social realm
- 98% of BPD patients not achieving good psychosocial functioning did not do so because they were unable to function consistently well at a full-time job or academic program

Neurobiology

(Wilcox 2016)

- Insula and amygdala, areas that generate emotion, are hyperactivated in tasks that involve negative emotion
- Anterior cingulate cortex and prefrontal cortex, areas involved in regulating emotion, are hypoactivated in tasks that involving negative emotion

Treatment of Borderline Personality Disorder

- Psychopharmacologic Treatment
- Psychosocial Treatment

Psychopharmacologic Treatment – Mood Stabilizers

- Lamotrigine: may reduce mood instability, anger, and general impulsivity in BPD Reich et al. 2008
- Valproic Acid: may reduce anger in BPD Frankenburg and Zanarini 2002
- Topiramate: may reduce anger in BPD Nickel et al. 2004
- Oxcarbazapine: may reduce impulsivity in BPD Bellino et al. 2005

Antipsychotics

- Aripiprazole: may reduce anger in BPD Nickel et al. 2006
- Olanzapine: may reduce paranoid thinking in BPD Zanarini et al. 2001
- Quetiapine: may reduce overall severity of BPD Black et al. 2014

Antidepressants

- Phenezine: may reduce anger in BPD Soloff 2003

Psychosocial Treatments for BPD

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

Dialectical Behavior Therapy

(Linehan 1993)

- Skills-based treatment
- Employs the concepts of mindfulness and dialectics
- Treatment involves 1 hour of group treatment and 1 hour of individual skills coaching each week
- Treatment centers on teaching 4 modules: 1) Mindfulness; 2) Emotion Regulation; 3) Distress Tolerance; 4) Interpersonal Effectiveness
- Duration of treatment 12-24 months

Mentalization Based Treatment

(Fonagy and Bateman 1999)

- Based on the notion that individuals with BPD suffer from deficits in the ability to mentalize (understand the beliefs, motives, emotions, desires, and needs) themselves and others
- Treatment hypothesizes that mentalizing goes off line when attachment to an emotionally significant person disrupted
- Treatment involves helping borderline patient improve this ability with one individual session and one group session per week
- Treatment duration: 18 months

Transference-Focused Psychotherapy I

(Kernberg et al. 2006)

- Based on the hypothesis that borderline personality disorder is a psychological organization in which images of the self and others associated with negative emotions do not integrate with such images associated with positive emotions. In other words, individuals with BPD cannot tolerate ambivalence or an emotionally balanced view of themselves or others (splitting).
- Treatment involves twice weekly individual sessions with a therapist for up to several years.
- The treatment expects that patients will reenact split views of themselves and others in the treatment and that therapist will help them achieve a more emotionally integrated view of self-other

Transference Focused Psychotherapy II

- Treatment centers on a contract between patient and therapist
- Therapist and patient must agree on the contract
- Contract specifies on how crises will be managed
- Contract typically specifies no between-session contact and that patient will get him/herself to a hospital if necessary to maintain safety
- Contract requires a certain number of hours of a meaningful activity each week

Transference Focused Psychotherapy III

- Contract may take several months to negotiate and violations of contract are expected during the early stages of treatment

General Psychiatric Management I

(Gunderson 2014)

- Based on the idea that borderline personality disorder is caused by interpersonal hypersensitivity
- Involves both psychodynamic principles and targeted medication management (targeted toward mood instability, impulsivity, aggressiveness)
- Clinician makes clear that he expects the patient to get better, emphasizes functioning, and provides psychoeducation about the disorder

General Psychiatric Management II

- Reduction of symptoms and self-control are secondary goals required to attain the primary goals of improved functioning in work and relationships
- No specified intensity or duration

Shared Features of Psychotherapies

- All psychotherapies focused in the here and now
- All psychotherapies include crisis management for patients who are actively suicidal
- It is not clear that any one of these psychotherapies is more effective than the others

Summary I

- Borderline Personality Disorder (BPD) is a common psychiatric disorder that includes emotional instability, impulsivity, and interpersonal difficulties
- BPD appears to have at least some genetic component; the role of environmental factors is less clear
- Most patients with BPD improve

Summary II

- Although most borderline patients achieve a remission of symptoms, only about half achieve recovery from this disorder.
- Remissions achieved by borderline patients are usually stable.
- Impulsive symptoms in borderline personality disorder typically remit early in the course of the disorder.
- Affective symptoms in borderline personality disorder tend to remit more slowly, if at all.
- Most borderline patients achieve improvements in psychosocial functioning, but these improvements tend not to be stable.

Summary III

- Difficulties in psychosocial functioning for borderline patients are most often explained by difficulty in achieving and sustaining competent vocational functioning.

Summary IV

- Several medication classes may be helpful in the treatment of BPD, but the effects of medication are generally not curative
- Psychotherapies remain the mainstay of treatment for BPD
- No one psychotherapeutic approach is most effective
- Many patients with BPD improve and may achieve remission and perhaps recovery without intensive treatment