

Introduction to Borderline Personality Disorder



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Pre-Test

- 1- Three words to define BPD ?
- 2- Prevalence BPD ? Schizophrenia? Bipolar?
- 3- Difference in BPD prevalence between men and women ?
- 4- % remission after 10 years?
- 5- % successful suicide ?
- 6- Neuroimaging specific for BPD ?
- 7- Etiology?
- 8- Any medication to treat BPD ?
- 9- Other treatments ?
- 10- Three important qualities to be able to work with BPD?

Pre-Test

- 1- 3 words to define BPD (phenomenology)?
- 2- Prevalence BPD ? Schizophrenia? Bipolar?
- 3- Prevalence BPD in men versus women ?
- 4- Outcome 10 years after Dx ?
- 5- % successful suicide ?
- 6- Neuroimaging specific for BPD ?
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- 9- Other treatments ?

Health & Science

•The Mystery of Borderline Personality Disorder

By JOHN CLOUD Thursday, Jan. 08, 2009



"Borderline individuals are the psychological equivalent of third-degree-burn patients. They simply have, so to speak, no emotional skin. Even the slightest touch or movement can create immense suffering." Marsha Linehan

Prevalence:

1-3% (to 5.3%) general population

(USA =5,873,108)

10% of psychiatric outpatients

20% of psychiatric inpatients.



Torgersen S. Epidemiology. In Oldham JM, Skodol AE, Bender DS eds. *The American Psychiatric Publishing textbook of personality disorders*. 1st ed. Washington, DC: American Psychiatric Pub; **2005**

Diagnostic Criteria for BPD (301.83)

- Fears of abandonment
- Unstable intense interpersonal relationships
- Identity disturbances
- Self-damaging impulsivity (e.g., spending, sex)
- Recurrent suicidal or self-mutilating behavior
- Affective instability
- Feelings of emptiness
- Inappropriate intense anger
- Transient paranoia or dissociation

Clinical Features Phenomenology



- ☯ Emotion dysregulation;
- ☯ Cognitive dysfunction;
- ☯ Dissociative states; perceptual alteration; temporary malfunction of reality testing.

Zanarini MC. The Subsyndromal Phenomenology of BPD. In
Borderline personality disorders. Boca Raton: Taylor & Francis; 2005.

BPD- 1- Behavioral Symptoms



- ☯ Poor affect regulation.
- ☯ Poor impulse control.
- ☯ Unstable relationships.
- ☯ Risky behaviors.
- ☯ Self harm.
- ☯ Suicidality.

BPD-2- Cognition

Problems with:

- ☯ Attention
- ☯ Memory
 - ☯ working memory
 - ☯ declarative memory
 - ☯ procedural (implicit) memory
- ☯ Learning processes
- ☯ Executive functioning
- ☯ Social cognition (emotion recognition, interpretation of emotion, mentalization/ Theory of Mind [TOM])



BPD- 3- Cognition/Perceptual alterations



- ☹ Lapse in reality testing (paranoid experience, hallucination, magical thinking etc).

Kernberg 1967; Gunderson 2001; Zanarini et al 2005.

Evolution



- **75% meet criteria for remission after 6y//10y years (Zanarini et al.2003//2007)**
- **60-75% after 20 y F/u no longer meet criteria for BPD, were doing relatively well and able to live independently.**
- **10% completed suicide**
- **36%, among these who met 8 DSM criteria, completed suicide (compared to 7% who met 5-7 criteria).**



BPD: Etiopathology/ Risk & Vulnerability

Genetic Disposition??/ Temperament

Pathology of early attachment (Bandelow et al. 2005).

- neglect
- trauma (sexual, physical abuse)
- chaotic-disorganized

HPA axis hypersensitivity

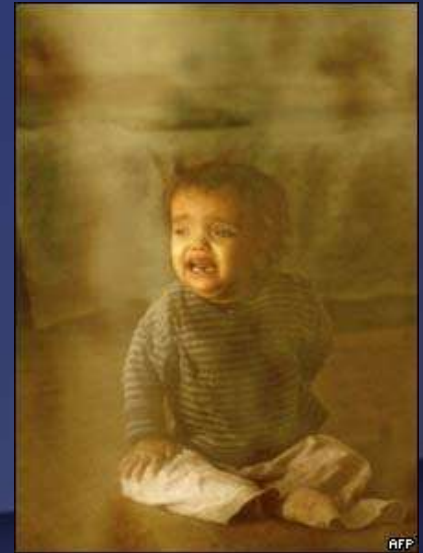
(Figuroa & Silk 1997; Rinne et al. 2002).

Neurotransmitter Systems

Serotonin (Coccaro, Siever et al. 1989; Figuroa & Silk 1997).

Dopamine (Friedel 2004).

NMDA receptors dysfunction (Grosjean & Tsai 2007).



Borderline Personality Disorder: Neuroimaging



- ⦿ Reduced **hippocampal** and **amygdalar** volumes. Driessen et al. 2000;Rush 2003; Terbatz van Elst et al.2003.
- ⦿ Hyperreactive **amygdala**. Herpertz et al 2001;Donegan et al 2003.
- ⦿ Aberrant functioning in the **cingulate cortex**. Hazlett et al.2005; Milham et al. 2005.
- ⦿ FMRI of BPD patients listening to scripts describing abandonment events show dysfunction of **medial and dorso-prefrontal cortex**. Schmal et al. 2003.
- ⦿ Pain produced neural deactivation in the perigenual **anterior cingulate gyrus (ACC)** and the amygdala in patients with BPD. Schmahl et al. Arch Gen Psychiatry. 2006
- ⦿ Abnormal **insula response** compared to healthy participant in task testing interpersonal cooperation skills. King-Casas et al. Science August 2008

Main Points:

When establishing BPD diagnosis pay attention to:

- Past and present symptoms in the 3 dimensions: behavioral, affective and cognitive
- History (personal and familial, social and psychiatric)
- Type of relationships established in and out therapy (object relation/transference; counter transference)
- Response to treatments (pharmacological and psychotherapeutic)

Treatment Modalities

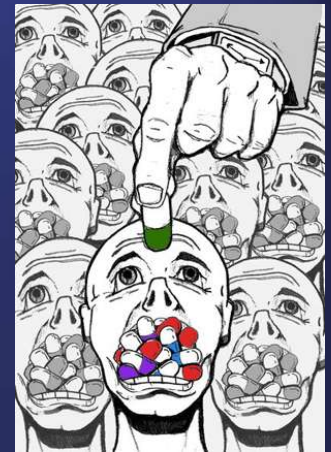


Psychotherapy

- Kernberg: Transference Focused Psychotherapy
 - Object relation model
- Linehan: Dialectic Behavioral Therapy (DBT)
 - Deficit in self regulation
 - Invalidating environment
- Bateman & Fonagy: Mentalization Based Treatment (MBT).
 - Importance of attachment; mentalization
- Jeffrey Young Schema Therapy

Pharmacologic Treatment in Borderline Personality Disorder

- SSRI (antidepressant)
- Antipsychotics (low dose)
 - Mood stabilizers
 - Anxiolytics
- *Polypharmacy is the (bad) rule rather than the exception*



PSYCHOTHERAPY BASICS

- **PROVIDE STRUCTURE**
- **BE MATTER OF FACT.** Calmly address affect-laden issues. Avoid expression of extreme emotions
- **HELP PATIENTS TO VALIDATE THEIR OWN EXPERIENCE** by acknowledging their feelings while also **CLEARLY STATING THE EXPECTATION OF BEHAVIOR CONTROL**

IN CRISIS: self-soothing, grounding, distraction

- Basics to intervening when someone is in distress
- Goal is to de-escalate emotional intensity before problem solving
- Breathing, “emotional recess”, naming item in the room, stroking an animal, coloring, singing a song
- Validation- wants to be understood rather than understand

When things are calmer

- Developing plan for crisis when patient are not in crisis
- Discuss validation, distraction and soothing strategies

Do not forget!

- Everyone's safety always primary
- Identify signs when hospital is needed
- Reduce access to means
- Identify supports and their purposes
- Involves support network
- Acknowledges own feeling to yourself
- Utilize your network to discuss feelings
- Use consultation opportunities to develop new ideas strategies, and to obtain validation for yourself.

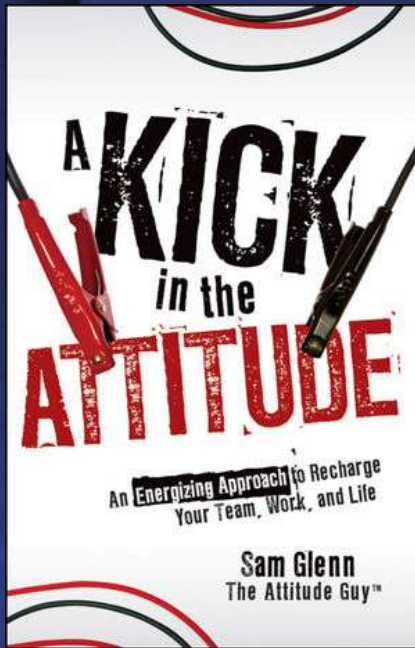
You have to be...

- **What you are told you are, whilst not being what you are perceived to be (do not let projective identification win!)**
- **Calm under fire**
- **Able to decrease arousal**
- **Reliable and consistent; doing what you have agreed to do**
- **Accept that you make mistakes and recognize enactment**
- **Inquisitive and curious rather than aloof and single minded**
- **Simple rather than clever**



Bateman A, personal communication, 2005.

Thank You 😊



- www.bgrosjean.com

Post -Test

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Post-Test with answers

1- Three words to define BPD ?

Emotion Dysregulation - Behavioral
Dysregulation – Cognitive alterations

2- Prevalence BPD ? 1.5-3% >18 y/o

Schizophrenia? 1.1% >18 y/o

Bipolar? 2.6 % >18 y/o

3- Difference in BPD prevalence between
men and women ? NO

4- % remission after 10 years? 70%

5- % successful suicide ? 10%

Post-Test with answers

- 6- Neuroimaging specific for BPD ? **Yes**
- 7- Etiology? **Mix of genetic vulnerability and stressful environment (chaos/abuse/neglect)**
- 8- Any medication to treat BPD ? **No only to alleviate some symptoms**
- 9- Other treatments ? **TFP DBT MBT**
- 10- Three important quality to be able to work with BPD? **Being aware and in control of counter transference; ability to be empathetic AND to set firm limits; good ability to translate emotion and acting out in non threatening language**

DIFFERENTIAL DIAGNOSIS BPD/ BIPOLAR

Bipolar 1 and 2 have **19.4% comorbidity** with BPD and 7.9% for all the other type of personality disorder.

Gunderson (2006)



Main points

- Trying to distinguish these two conditions is difficult because they share so many characteristics
- 3 possible diagnosis:
 - Bipolar only
 - Borderline PD only
 - BPD with BP
- The treatments to be considered are at time similar and require a subtle blend of suppleness and firmness

Common symptoms

- Rapidly changing moods of depression, irritability, grandiosity, pressured speech, racing thoughts, etc.
- Poor relationships
- Difficulties with concentration and focus
- Difficulties with task completion
- Impaired judgment and impulsivity
- Disorganization
- Becoming overwhelmed with stressful situations
- Psychotic Symptoms

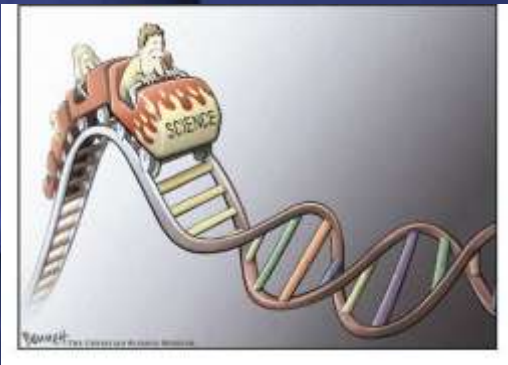
Differential diagnosis



- Can only be made over time
- Clinician need to be flexible and avoid to be rigid about the diagnostic label.

How are Bipolar and Borderline Personality Disorder Different?

- In BPD, mood changes are often more **short-lived** -- they may last for a few hours at a time.
- In contrast, mood changes in bipolar disorder tend to last for days or even weeks.



How are Bipolar and Borderline Personality Disorder Different?

- Mood shifts in BPD are usually *in reaction to an environmental stressor* (such as an argument with a loved one), whereas mood shifts in bipolar disorder may occur out-of-the-blue.
- Mood shifts typical of BPD *rarely involve elation* -- usually the shift is from feeling upset to feeling "OK," not from feeling bad to feeling a high or elevated mood, which is more typical of bipolar disorder.

How are Bipolar and Borderline Personality Disorder Different?

- **In BPD:**
 - auditive hallucinations that are intermittent and related to stress are recognized as hallucination.
 - no fixed paranoid delusions
 - feelings of “being unreal” are often related to stress
- In psychosis (schizophrenia/SAD) hallucinations are not identified as such, presence of fixed delusion, feelings of being “unreal” are infrequent

BPD

Bipolar

- **Cognitive**
unstable self
transient paranoid ideation
chronic emptiness
abandonment fear
 - **Poor impulse control**
(sex, substances, **self-harm**)
 - **Mood**
affective instability
reactive mood
episodic dysphoria
irritability, intense anger
anxiety
 - **Behavior**
suicide attempts (~10%)
self-harm
 - Completed suicide (~10%)
- **Cognitive**
unstable self
psychosis, esp. paranoid/grandiose

 - **Poor impulse control**
(spending, sex, substances, risk sports)
 - **Mood**
affective instability
"rejection hypersensitivity"
dysphoria
irritability, intense anger
anxiety
 - **Behavior**
suicide attempts (~10%)
self-harm
 - Completed suicide (~10%)