Basic Facts about Borderline Personality Disorder

Joel Paris

If You are Interested in Personality Disorders……

Overall PD Features

- Pattern of inner experience and behavior leading to distress and/or disability
- Begins early in life and lasts for years
- Not context-dependent or culture-specific
- Effects on cognition, affect, interpersonal relations and impulse control

Diagnosis

- BPD is characterized by emotional dysregulation (also called affective instability), a wide range of impulsive behaviors (self-harm, substance abuse, overdoses), highly unstable interpersonal relationships, as well as micropsychotic symptoms.
- Some of its most characteristic features are chronic suicidality and self-harm.

Differential Diagnosis

- BPD can be differentiated from major depression and bipolar disorders by its symptoms, as well as an early onset and later chronicity.
- BPD has complex comorbidity with anxiety, substance use, eating disorders, but the overall PD construct helps explain these co-occurrsences

How BPD Differs from Bipolar

- Mood swings are hourly or daily, and do not meet requirements for hypomania
- BPD does not respond to the same treatment as bipolar disorder
- BPD has a different (and more favorable) outcome

How BPD Differs from Depression

- Not an episode
- Most problems do not go away when depression lifts
- Outcome is different
- Rx is different—antidepressants of limited value

Prevalence

- BPD is a common mental disorder in clinical practice. Epidemiological studies suggest that its community prevalence is at least 1% (higher if one defines BPD more broadly).
- In clinical settings one mostly sees women, but community studies find as many men
- Prevalence highest in adolescence and then goes down with age (to about 1%)

Etiology

- The causes of BPD are complex and many are still unknown.
- It likely develops from a set of heritable temperamental variations, associated with underlying traits of affective instability and impulsivity
- These heritable factors account for about half the variance

Etiology (2)

- Temperamental predispositions can be amplified by psychosocial stressors, most particularly by childhood adversities.
- Social stressors can also shape the path to disorder
- Different patients can have different pathways to BPD (“equifinality”)

Course and Outcome

- BPD can have childhood precursors (behavioral disorders such as CD, ODD, ADHD)
- Symptoms begin early, and first clinical presentation is usually in adolescence.
- BPD usually creates most problems in young adulthood, but usually improves by age 30-40.
- By middle age. most cases no longer meet diagnostic criteria, so the prognosis is good.

Suicide and BPD

- Although up to 10% commit suicide, the vast majority choose to go on living.
- Suicide is more likely after a series of treatment failures
- The mean age of suicide is between 30 and 40, and younger patients are less at risk (note clinical implications for managing suicidal youths)

Treatment

- BPD has a reputation as a therapeutic challenge, but a large body of research has shown that specialized forms of psychotherapy can often be effective.
- In contrast, psychopharmacological interventions have limited value, particularly when given long-term.

Treatment (2)

- BPD patients tend do better in specialized clinics offering group+individual therapy
- There are several effective therapies (DBT, MBT, STEPPS), which probably work in much the same way, and have equal efficacy
- Many patients improve within a relatively short time (a few months) and maintain their gains

Treatment (3)

- Some recovered patients have residual psychosocial function for which they may need further Rx
- These services can also be provided in specialized clinics that focus on psychosocial rehabilitation

Summary

- BPD is common, and is associated with severe symptoms
- However its long-term outcome is more favorable than other major mental disorders
- We have learned how to treat BPD with reasonable success