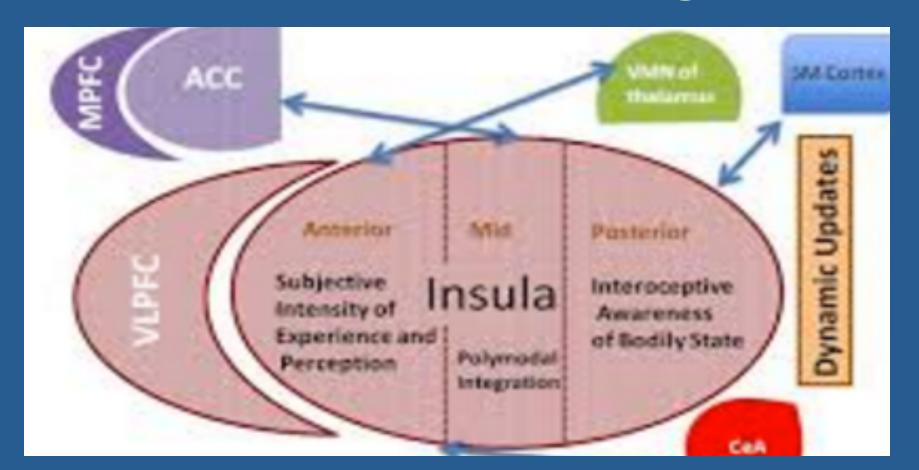
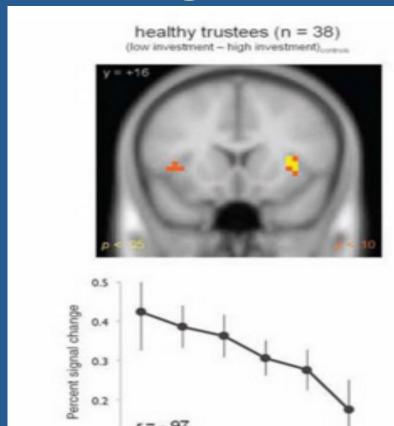
Neurobiological Theories of BPD

- 1) dysfunction in specific brain structures (e.g. insula)
- 2) dysfunction in the communication between brain regions (e.g. hyper-arousal dyscontrol syndrome)
- 3) dysfunction in various brain network connections

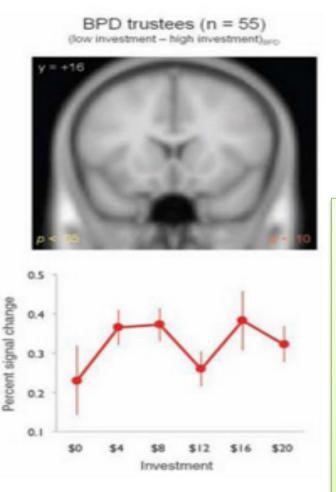
1. Specific Region Dysfunction: for ex. Insula- responsible for interoception, awareness of bodily states, sense of self, integration



Insula- brain activity during economic trust game- biomarker for BPD?

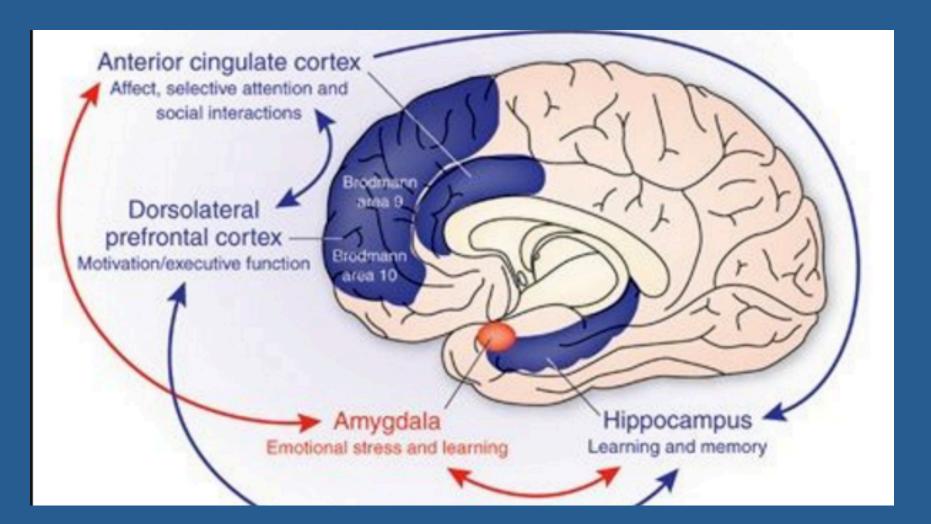


Normal subjects show inc Insula activity with perception of unfair treatment

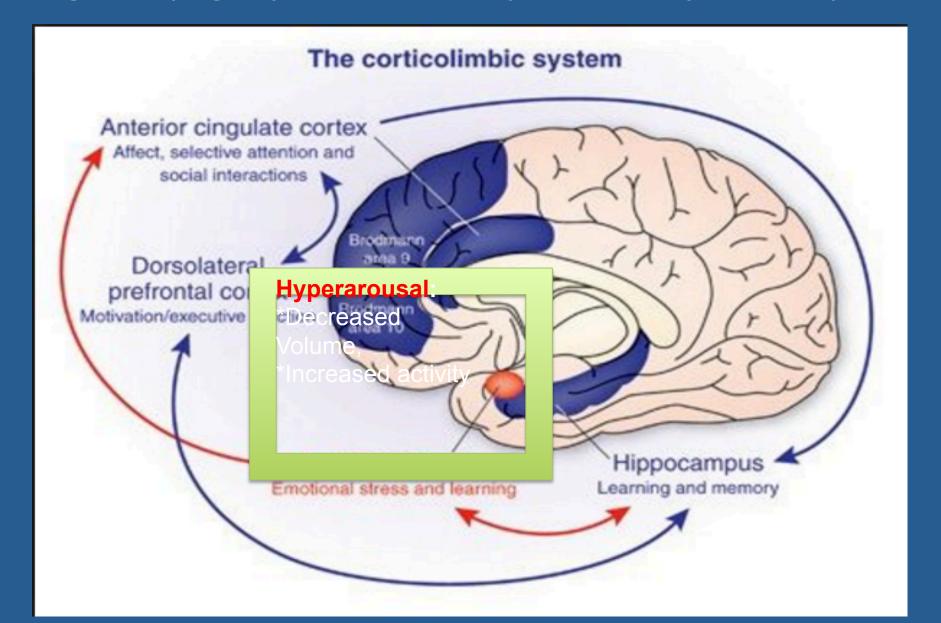


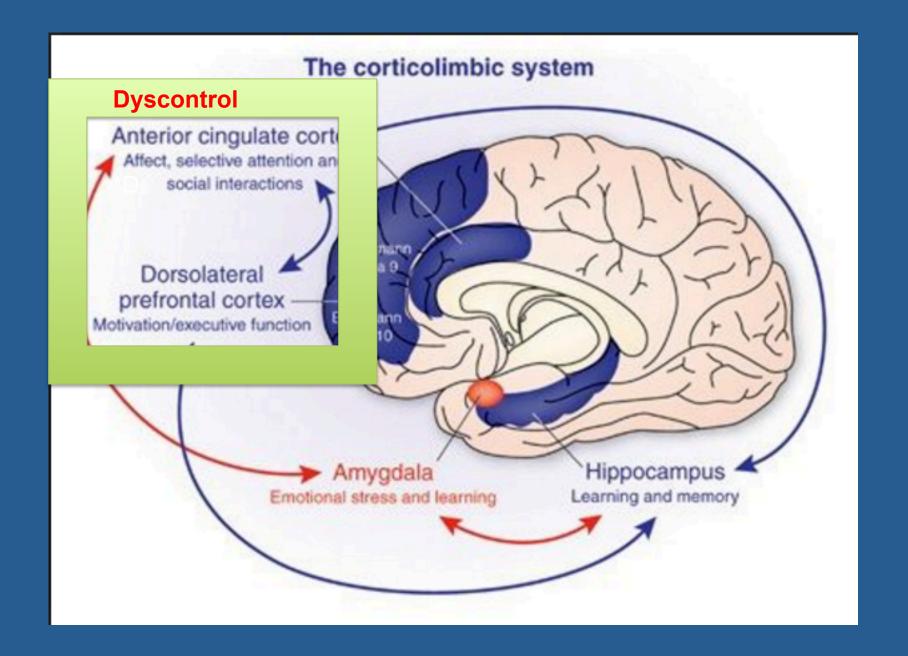
BPD subjects have different insula activation patterns, don't recognize social norms

2. Dysfunction in the communication between brain regions (e.g. hyper arousal dyscontrol syndrome).



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Networks and BPD

- The 3 networks most salient in BPD are:
- 1) The default mode: a network activated when the brain is at rest, influenced by the medial prefrontal cortex and posterior cingulate cortex, and responsible for self-referential thinking
- 2) The <u>salience network</u> including the orbital frontal insula and the dorsal anterior cingulate cortex
- 3) The <u>medial temporal lobe network</u> responsible for processing negative emotions.

Networks and BPD

In BPD, alterations in the connections between these 3 networks exist

- particularly problematic connectivity between
 - salience detection and
 - self-referential encoding
- resulting in
 - misidentification with neutral stimuli
 - as well as a failure to integrate salience information with internal representations.