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Borderline Personality Disorder
M2 Psychiatry Sequence
Cluster B Personality Disorders

Borderline Personality Disorder

• “A pattern of instability in interpersonal relationships, self-image, and affects, and marked impulsivity.” (DSM-IV)
Borderline Personality Disorder

**Diagnostic Criteria for Borderline Personality Disorder (DSM-IV)**

A pervasive pattern of instability of 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:

1. Frantic efforts to avoid real or imagined abandonment
2. A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation
3. Identity disturbance: markedly and persistently unstable self-image or sense of self
4. Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating)
5. Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior
6. Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days)
7. Chronic feelings of emptiness
8. Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)
9. Transient, stress-related paranoid ideation or severe dissociative symptoms
Borderline Personality Disorder

Clinical Vignettes
• Prevalence: 3% of females and 1% of males
• Sex ratio: F:M=3:1
• Comorbidity: Depression, substance abuse, eating disorders, brief reactive psychosis
• Family: Mood disorders, substance abuse, Cluster B disorders, esp. antisocial personality disorder
Borderline Personality Disorder

Major Clinical Issues

- Suicide and self-mutilation
- Splitting - seeing the world as all good or all bad
- Rage
- Psychosis
- Childhood trauma (especially sexual)
- Dissociation - depersonalization, derealization, amnestic episodes,
Borderline Personality Disorder

Treatment

• Psychotherapy - Dialectical/behavioral therapy (DBT) is preferred. Individual, group, and cognitive/behavioral therapy (CBT) are difficult, but may be useful.

• Medication - Low-dose antipsychotics, mood stabilizers, and standard-dose antidepressants are moderately useful. Anxiolytics are beneficial in a minority of patients.
Borderline Personality Disorder

Physician-patient Interaction

• Idealization, devaluation, and splitting are common
• Firm limits and high tolerance for regressive (childish) behavior are essential
• Countertransference must be monitored carefully
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