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Borderline Personality Disorder

M2 Psychiatry Sequence

Michael Jibson
Fall 2008



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



Borderline Personality Disorder

Borderline Personality Disorder

- 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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Slide 5: American Psychiatric Association: *Diagnostic and Manual of Mental Disorders*, 4th ed, Text Revision (*DSM-IV-TR*), Washington, DC, American Psychiatric Association, 2000, p. 710