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Discovering hope, one life at a time

Borderline Personality Disorder

NEA-BPD Meet and Greet

New York, NY – October 21, 2011

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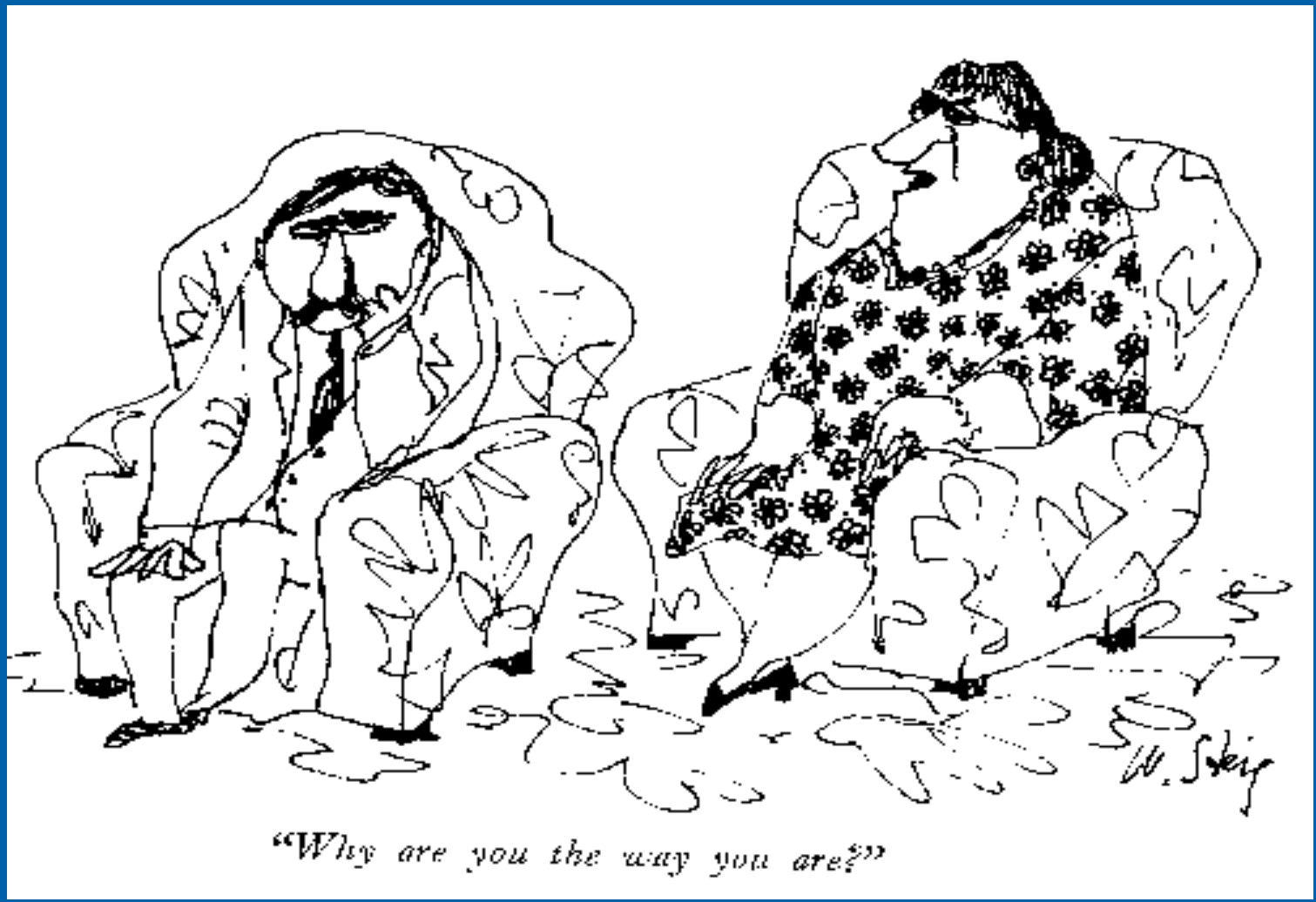

"Why are you the way you are?"

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Personality = Temperament + Character

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DSM-IV Definition of Personality Disorder

An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture. This pattern is manifested in two (or more) of the following areas:

1. Cognition
2. Emotions
3. Interpersonal functioning
4. Impulse control

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Personality “Order” or “Disorder”

Q Since everyone has a personality, how do we decide what a personality disorder is?

A Having too much or too little of normal traits can cause problems in functioning (like high blood pressure or low blood pressure).

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Borderline Personality Disorder (BPD)
APA DSM-IV Criteria
(At least 5 must be present)

1. Fear of abandonment
2. Difficult interpersonal relationships
3. Uncertainty about self-image or identity
4. Impulsive behavior
5. Self-injurious behavior
6. Emotional changeability or hyperactivity
7. Feelings of emptiness
8. Difficulty controlling intense anger
9. Transient suspiciousness or “disconnectedness”

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Heterogeneity of BPD

- DSM-IV - defined BPD is an extremely heterogeneous construct (Est. 256 varieties)
- Mix of unstable, stress-induced symptoms and stable personality characteristics (i.e., dimensional traits)

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Patients with BPD Have Severe Impairment in Functioning

- Common history of childhood trauma
- Mistrustful of others, yet cling to others for "life support"
- High internal levels of anxiety and distress
- Stormy interpersonal relationships
- High family stress
- Difficulty keeping jobs
- Overemotional and impulsive
- Self-injurious behavior

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High Suicide Risk in Patients with BPD

8 – 10 % commit suicide

60 – 70 % make suicide attempts

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BPD Causes and Risk Factors

- BPD evolves in the presence of biological vulnerability, psychological adversity, and social stressors.
- No single factor accounts for the disorder. BPD cannot be understood without considering a broad range of risks.
- One cannot assume that patients with a typical clinical picture will have a specific pattern of risk.
- One cannot assume that patients with a specific pattern of risk will develop BPD.

- Paris, 2008

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BPD as a Personality Disorder Emerging from the Interaction of Underlying Genetically-Based Traits

Impulsive aggression and affective instability = heritable endophenotypes that would contribute significantly to development of BPD

Siever et al., 2002

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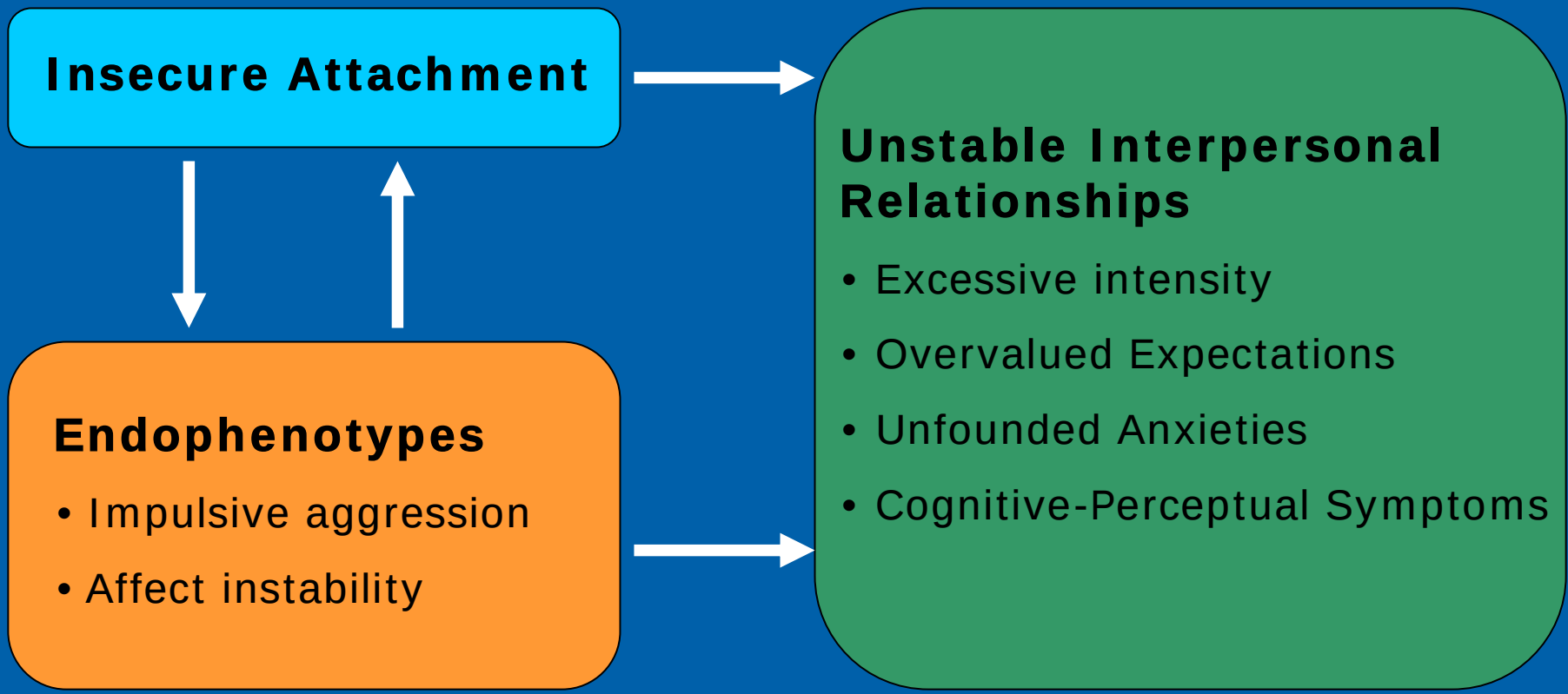
Borderline Personality Disorder



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Amygdala-Prefrontal Disconnection in BPD

Normal: prefrontal cortex → inhibitory control over amygdala

BPD: Absence of normally tight coupling

= disconnect between orbital frontal cortex and amygdala

→ failure to downregulate amygdala in response to aversive stimuli

- New et al., 2007

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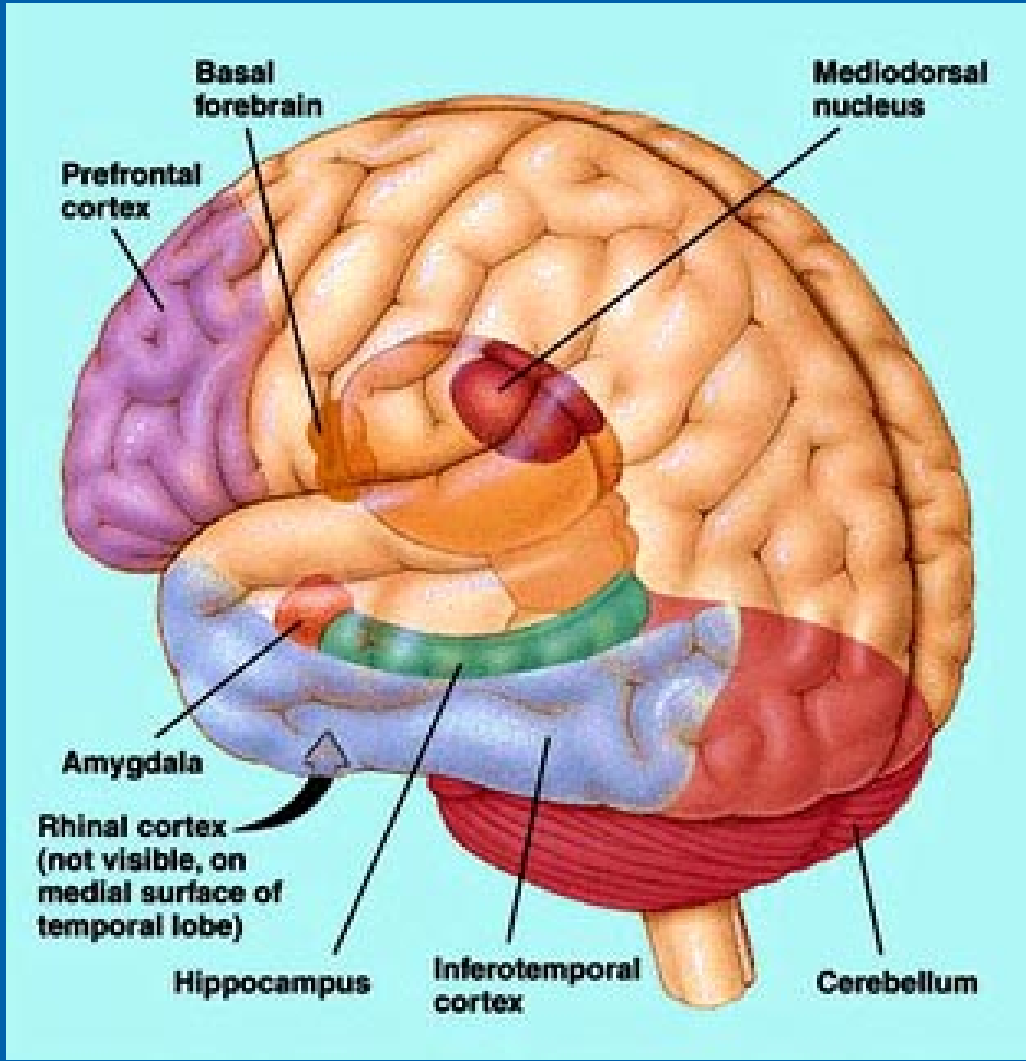
Basal forebrain
Mediodorsal nucleus
Prefrontal cortex
Amygdala
Rhinal cortex (not visible, on medial surface of temporal lobe)
Hippocampus
Inferotemporal cortex
Cerebellum

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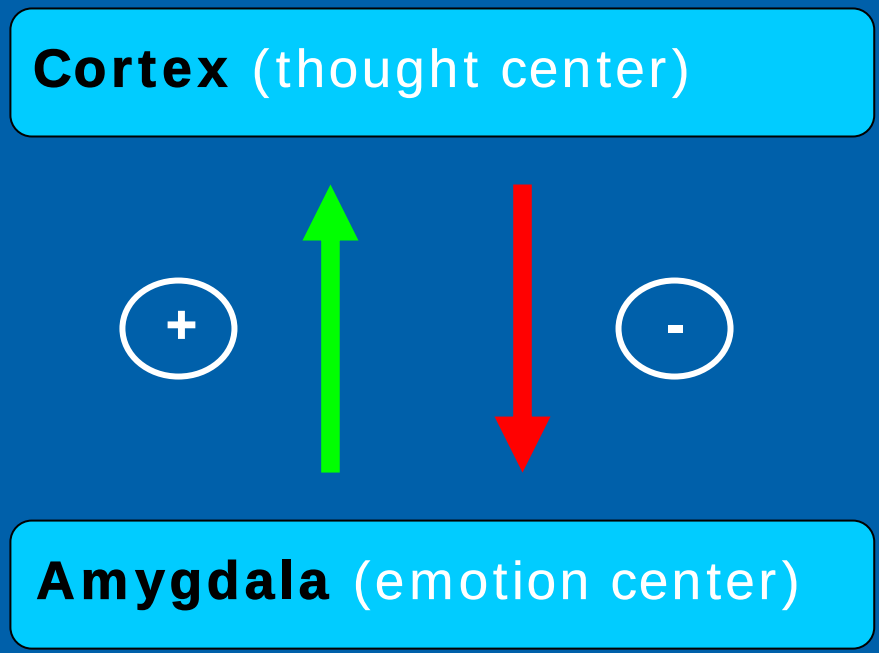
Normal



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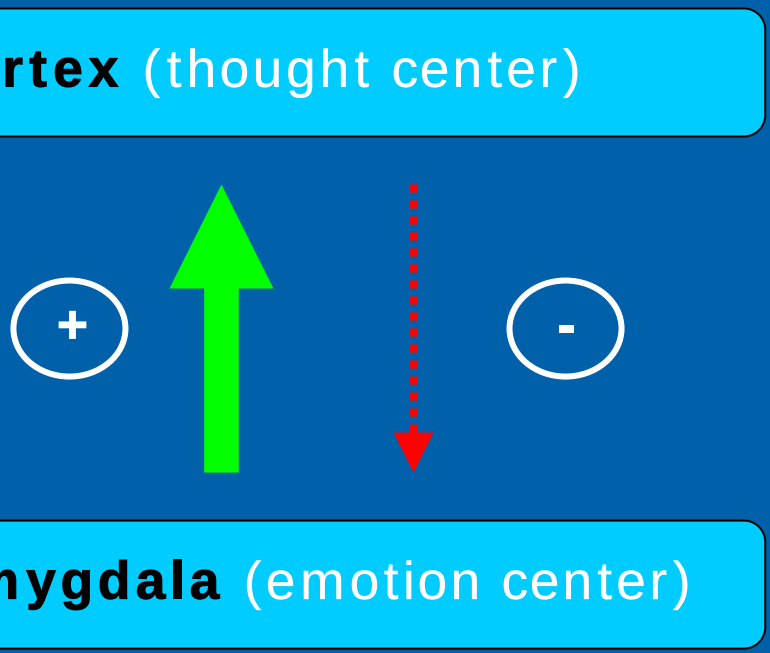
Borderline



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BPD Treatment

- Psychotherapy is the treatment of choice
- Many types of psychotherapy are effective
- Medications can help but should be adjunctive, symptom-targeted, and usually time-limited

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APA Practice Guidelines Work Group on Borderline Personality Disorder

John Oldham, M.D. (Chair)
Glen Gabbard, M.D.
Marcia Goin, M.D., Ph.D.
John Gunderson, M.D.
Paul Soloff, M.D.
David Spiegel, M.D.
Michael Stone, M.D.
Katherine Phillips, M.D.

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Types of Psychotherapy for BPD

1. Mentalization-Based Therapy (MBT)
2. Dialectical Behavior Therapy (DBT)
3. Schema-Based Therapy (SBT)
4. Transference-Focused Therapy (TFT)
5. General Psychiatric Management (GPM)
6. Cognitive Behavioral Therapy (CBT)
7. Systems Training for Emotional Predictability and Problem Solving (STEPPS)

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Overview of Psychotherapy for BPD

- Four manualized psychosocial treatments
  1. Dialectical Behavior Therapy
  2. Mentalization-Based Therapy
  3. Schema-Focused Therapy
  4. Transference-Focused Therapy
- All are effective to ↓ selected aspects of borderline psychopathology, especially self-mutilation and suicide attempts
- Symptoms relating to temperament are relatively slow to resolve

- Zanarini, 2009

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Psychotherapy, involving learning and memory, leads to:

- Gene activation
- Protein synthesis
- Increased intercellular connections
- Neurogenesis

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Four Essentials of Effective BPD Treatment

1. Establishment of a strong therapeutic alliance
2. Availability of skilled therapists
3. Funds / insurance coverage
4. Time

NOTE: THERE IS NO QUICK FIX

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Greatest Stressors for Professionals

1. Patient anger
2. Suicide attempts
3. Threats of suicide

Hellman et al.,1988

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Imagine the Impact of This

"Borderline Personality Disorder:
The Disorder that Doctors Fear Most"

Cover, Time Magazine January 19, 2009


JANUARY 19, 2009
Jeffrey Sachs: How More Government Can Save America
Borderline Personality: The Disorder That Doctors Fear Most
Can Apple Make It Without Steve Jobs?
TIME
Why Israel Can't Win
The siege of Gaza may punish Hamas, but it won't make Israel safe. Why it is in peril like never before
BY TIM McGIRK
PLUS: How Obama can forge a Middle East peace
BY MARTIN INDYK
www.time.com

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Should the Name be Changed?

"Borderline personality disorder by any other name would still be as real, as disabling, and as necessary to treat, as other serious mental illnesses."

- Thomas Insell, MD
Director, National Institute of Mental Health
Director's Post, April 19, 2010

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Longitudinal course

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Collaborative Longitudinal Personality Disorders Study (CLPS)

- 5 Collaborative Sites

  Brown (Shea), Columbia (Skodol), Harvard (Gunderson), Yale (McGlashan), Texas A&M (Morey)

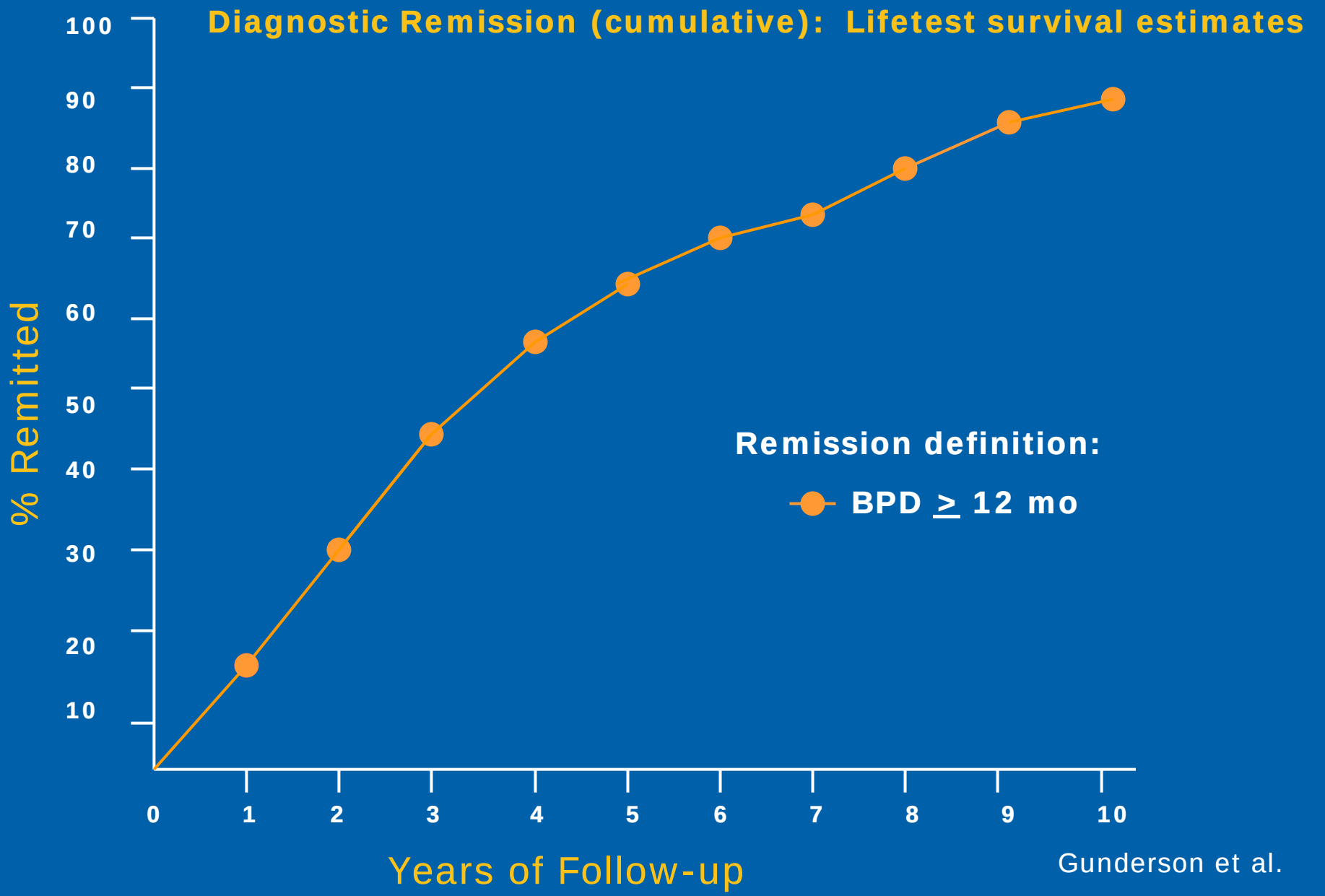
- 668 Patients Recruited Originally (+65)

  STPD (N= 86), BPD (N=175), AVPD (N= 158),

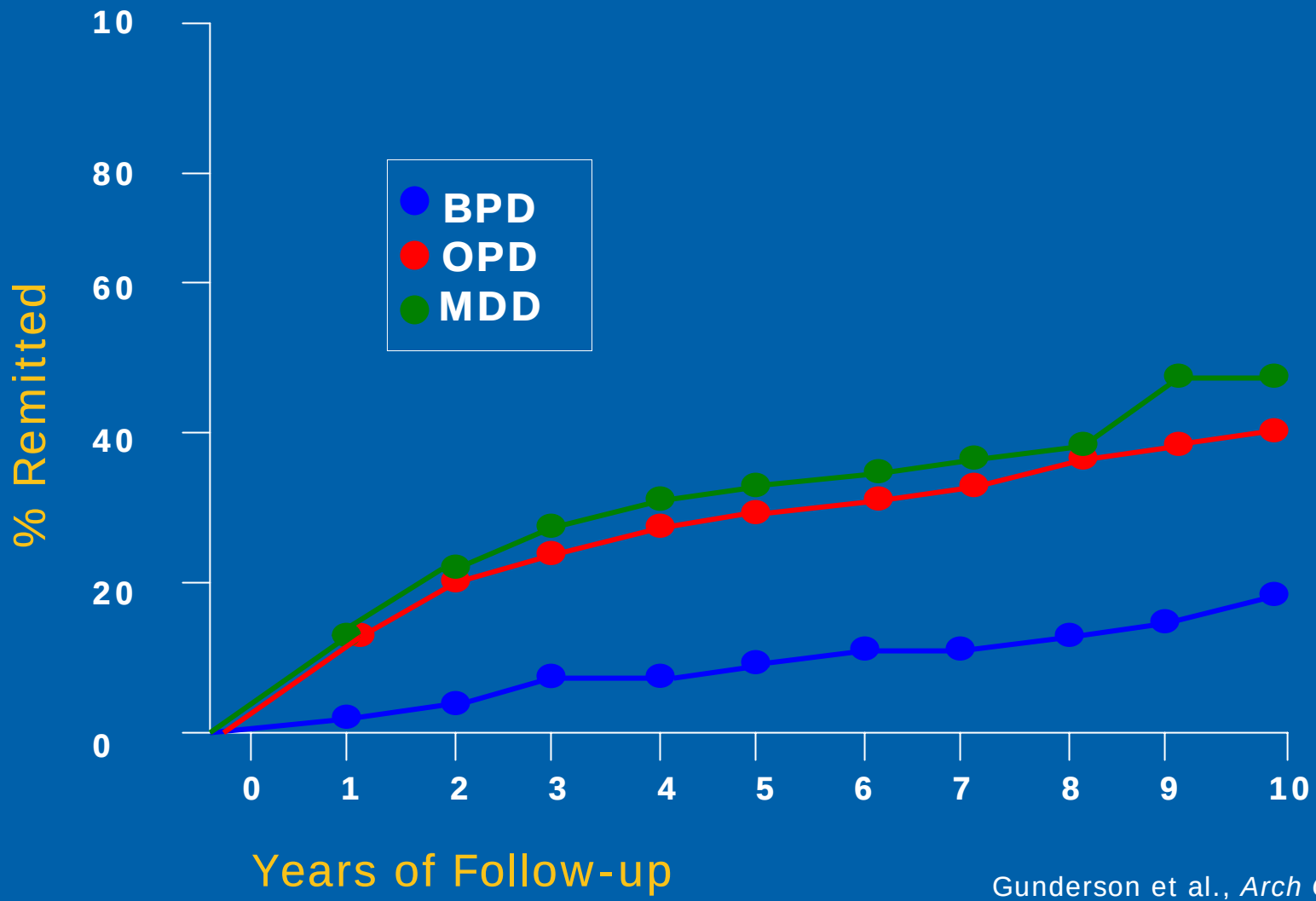
  OCPD (N= 154), MDD and no PD (N= 95)

- Followed Longitudinally for >14 Years

  To determine the stability of symptoms, diagnoses, dimensions, and functioning and to determine the predictors of clinical course


Diagnostic Remission (cumulative): Lifetest survival estimates
% Remitted
100
90
80
70
60
50
40
30
20
10
0
1
2
3
4
5
6
7
8
9
10
Years of Follow-up
Remission definition:
BPD ≥ 12 mo
Gunderson et al.

Functional Remission (GAF > 70 for 12 months): Lifetest survival estimates



Gunderson et al., *Arch Gen Psych*, 2011

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Cost-effectiveness of BPD Treatment

- Patients with BPD given individual psychotherapy 2x/wk for 1 year
  - ↓ work absence (4.47 months vs. 1.37 month)
  - ↓ cost of health services (net savings of $18,000 per patient)

Hall et al., *J Ment Health Policy Econ*, 2001

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The Good News

- BPD is treatable
- Treatment works
- With good treatment, and enough time, patients get better

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Thank you for your interest!