MAYO CLINIC

BPD Basics

Brian Palmer, MD, MPH
Vice Chair, Education
Assistant Professor of Psychiatry
Mayo Clinic

APA Annual Meeting
May 15, 2016

Brian Palmer, MD, MPH
has no conflicts of interest with respect to this presentation

MAYO CLINIC

Which is accurate?

A. More than 80% of patients with BPD achieve a sustained symptom remission within 10 years of diagnosis

B. BPD cannot be accurately diagnosed during a major depressive episode.

C. Only a minority of patients with BPD injure themselves.

D. The most common cause of BPD is childhood abuse and neglect

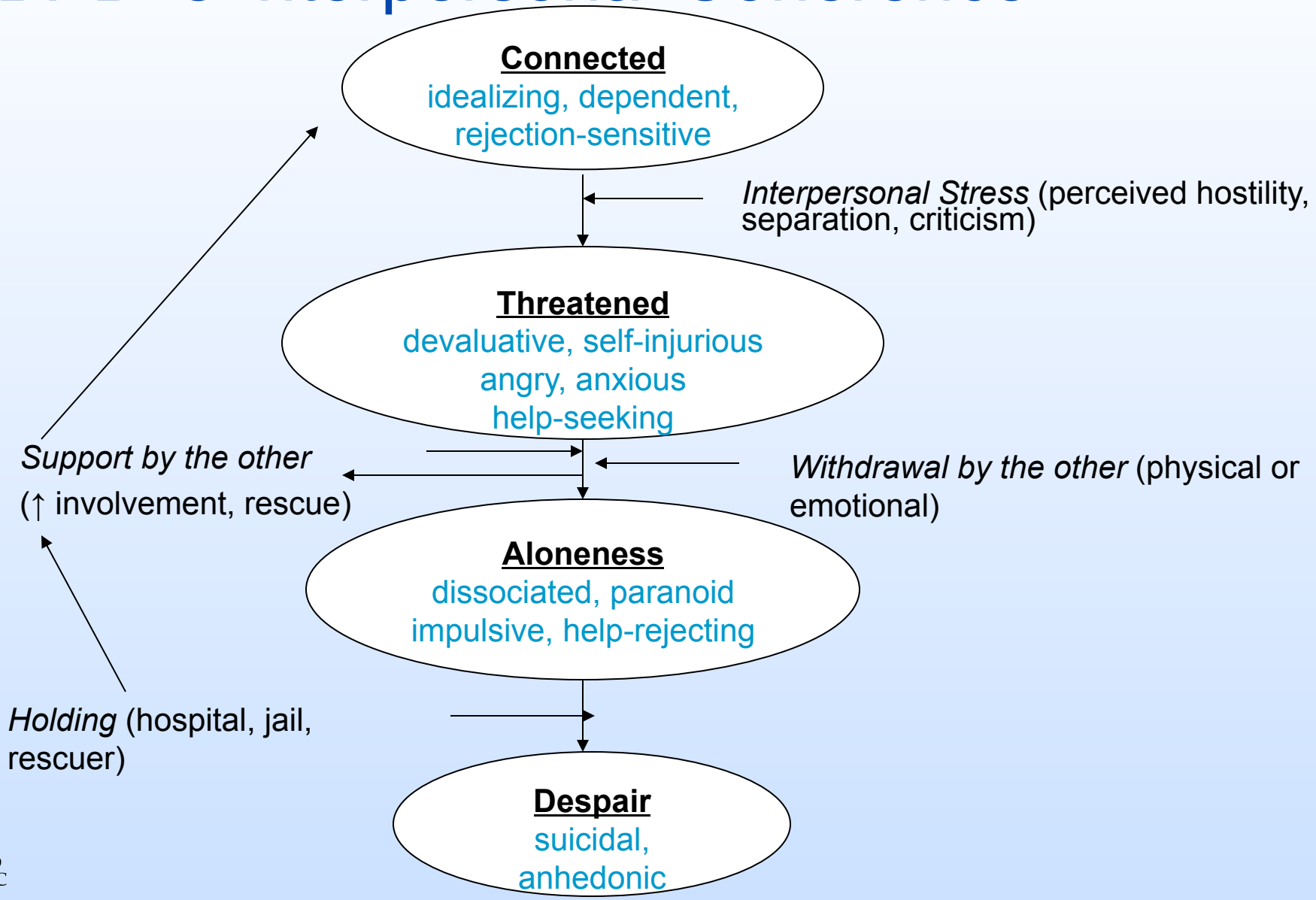
Myths about BPD

1. Unwise to share diagnosis
2. Cannot diagnose in an acute setting
3. BPD patients try to defeat therapists
4. Patients with BPD do not improve
5. I have to know DBT to treat BPD

BPD Criteria

- Interpersonal Hypersensitivity
  - Abandonment fears
  - Unstable relationships (ideal/devalued)
  - Emptiness
- Affective/Emotion Dysregulation
  - Affective instability (no elations)
  - Inappropriate, intense anger
- Behavioral Dyscontrol
  - Recurrent suicidality, threats, self-harm
  - Impulsivity (sex, driving, bingeing)
- Disturbed Self
  - Unstable/distorted self-image
  - Depersonalization / paranoid ideation under stress

BPD's Interpersonal Coherence



MAYO CLINIC

Basic Epidemiology

- Prevalence
  - Roughly 20% of clinical samples
  - 1.2 - 5.9% of the general population

- Gender
  - Approximately 75% female in clinical samples
  - More equal M:F ratio in community samples

Heritabilty / Familiality

- Across multiple twin/family studies
  - Overall BPD heritability ~55%

Gunderson 2014

- Two twin studies, one family study
  - Single latent factor accounts for the co-occurrence of interpersonal, emotional, behavioral and cognitive components

Gunderson 2011; Kendler 2010; Distel 2009

Contemporary BPD Neurobiology

- Hyperarousal-dyscontrol syndrome
  - Limbic basis for anxiety, dysphoria
  - Prefrontal basis for impulsiveness, action orientation
- Treatment involves increasing cortical activity in the face of limbic arousal, particularly with interpersonal stress

Make the Diagnosis

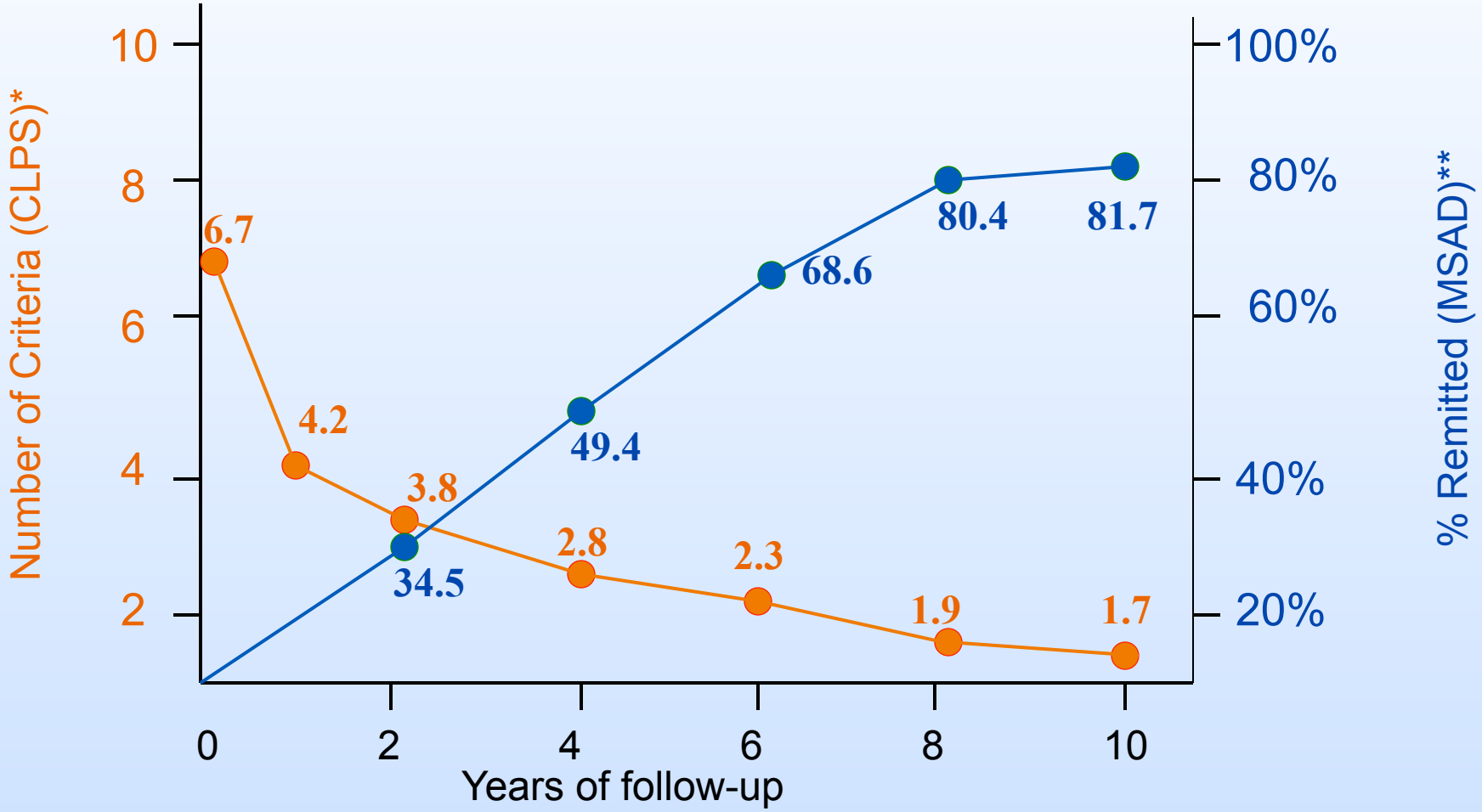
- 40% of patients who do have BPD and do not have bipolar disorder have previously been *inaccurately* diagnosed with bipolar disorder

Zimmerman 2010

- Comorbid depression does not effect the accuracy of BPD assessments

Morey 2010

BPD's Longitudinal Course



*From the Collaborative Longitudinal Study of Personality Disorders (Gunderson, *Archives*)

**From the McLean Study of Adult Development (i.e., Zanarini et al. AJP 2003; 160:274-283)

MAYO CLINIC

Depression and BPD

- Commonly co-occur
- Depression tends to stay “treatment resistant” until BPD improves
- BPD is the most common cause of persistent depression

Skodol, et al., *Am J Psychiatry* 2011

Clinical Pearls

- If patients are not improving – ask why?
- Treatment must focus on work/volunteering
- Differentiating from bipolar? Think interpersonally. Self-injury and intolerance of aloneness.
  - (Bipolar – think sleep-deprived energy enhancement)

MAYO CLINIC

DBT- The Approach

- Skills group (distress tolerance, emotion regulation, interpersonal effectiveness, core mindfulness)
- Individual behavioral therapy – chain analysis, shaping, reinforcement
- Phone coaching for skill generalization
- Acceptance AND change

MAYO CLINIC

Mentalization Based Treatment

- Focus on mentalizing process (implied/explicit, self/other, emotion/cognition)
- Easy to implement in a treatment setting
- Available brief trainings for any discipline

MAYO CLINIC

General ("Good") Psychiatric Management

- Found to be as effective as DBT (McMain et al., 2009)
- Features
  - Psychoeducation
  - Therapeutic stance of curiosity
  - Interpersonal, emotional, here-and-now focus
  - Case management emphasized (work, volunteer)
  - Pragmatic; integration of psychopharm, groups, family, split treatments

Common Features of Effective TX

- Insist patients think through emotionally charged moments
- Structured (groups and individual work), coherent and stable, not reactive
- Anticipate crises
- Supervision for managing countertransference
- Therapists are active
- Monitoring progress

Case

18 F referred from child inpatient unit. Restraining order, pending assault charges. Cut daily, laxative abuse (ED NOS), alcohol misuse. Had nights of little/no sleep worried about restraining order. Parents desperately afraid; mom sleeping on carpet outside her door.

Management

- Parent guidance/support (NEA-BPD), Mayo parent guidelines
- Weekly meeting with patient.
  - Initially, no goals, no agenda, did not recall session-to-session, focused on crises
  - Wrote autobiography
- Lamotrigine titrated up to 200 mg over 6 weeks.

Now

- Completed 5 semesters of college.
- Markers of movement of defenses from interpersonal to intrapsychic – uses me to help her understand herself (rather than solve problems for her).
- Gently re-entering relationships – with awareness (and challenges).
- Still on lamotrigine.

Reactive Treatment: Perilous

- Persons with BPD often seek treatment REACTIVELY

- For medical symptoms, the result is
  - more chronic medical conditions
  - fewer pro-active health behaviors
  - higher use of emergency services

Frankenburg 2004

- For migraine headaches, the result is
  - more medication overuse headaches
  - more unscheduled (acute) office visits
  - lower overall treatment response

Rothrock 2007

MAYO CLINIC

Review and Thoughts

- 20% of clinical samples. Patients get worse with poor treatment. Get better with effective treatment.
- Learning about yourself is a wonderful, if sometimes painful, opportunity these patients present.
  - Reactions to patient anger
  - Your own fears of bad outcomes – anxiety management
- Stance of curiosity. Your life can make sense.
- Attend to interpersonal – reactions to feeling held, abandoned, etc.

Which is accurate?

A. More than 80% of patients with BPD achieve a sustained symptom remission within 10 years of diagnosis

B. BPD cannot be accurately diagnosed during a major depressive episode.

C. Only a minority of patients with BPD injure themselves.

D. The most common cause of BPD is childhood abuse and neglect