Borderline Personality Disorder

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Reviewed July, 2014, Expires July, 2016

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By Wanda Lockwood, RN, BA, MA

Purpose

The purpose of this course is to define borderline personality disorder, describe the symptoms, causes, treatments, and co-morbid conditions.

Goals

Upon completion of this course, one should be able to:

- Differentiate borderline personality disorder from narcissistic, histrionic, and antisocial personality disorders.
- Discuss the causes of borderline personality disorder.
- Describe 8-10 types of symptoms related to borderline personality disorder.
- Discuss issues related to children and adolescents.
- List at least 3 co-morbid conditions of borderline personality disorder.
- Describe at least 4 types of therapy for borderline personality disorder.

Introduction

With some psychiatric disorders, it's difficult to paint an exact picture of symptoms because they may be so varied within one individual and among different individuals. This is the case with borderline personality disorder, which was originally called "borderline" because it was believed that people with this disorder were on the "border" of neurosis and psychosis although some researchers believe that this is not a correct description and the disorder should be renamed. There are so many variations in presentation that people may be misdiagnosed—or not diagnosed at all—compounding the challenges that people face. People with borderline personality disorder are often difficult for friends and families to cope with because of their profound insecurities, disorganized lifestyles, self-destructive tendencies, and lack of self-awareness. However, people with borderline personality disorder can respond to treatment, so healthcare providers must recognize the patterns of behavior that are typical of borderline personality disorder.

What is borderline personality disorder?

Borderline personality disorder is a serious dramatic-erratic personality disorder, classified by *DSM-IV* as part of a group of 4 related personality disorders although symptoms may overlap with the patient with borderline personality disorder showing characteristics of the other types of disorders:

- **Borderline personality disorder**: The patient may have wide-ranging symptoms, including extreme emotional lability, polarized thinking ("splitting"), unstable relationships, poor self-image, self-destructiveness, and lack of self-identity.
- **Narcissistic personality disorder:** The patient has a self-centered pattern of grandiosity, deep need for admiration of others, and a lack of empathy for the feelings of others, but is less self-destructive.
- **Histrionic personality disorder:** The patient has extreme emotional lability and need for attention and is often sexually inappropriate and provocative, but less self-destructive than those with borderline personality disorder.
- **Antisocial personality disorder:** The patient shows a disregard and lack of empathy for others or the rights of others and has a history of conduct disorder before age 15.

While only about 2% of the general population have borderline personality disorder, these patients represent 10% of psychiatric outpatients, and 20% of psychiatric inpatients. Borderline personality disorder is much more common in females (1:33) than males (1:100).

What are the causes of borderline personality disorder?

As with most psychiatric disorders, there is probably interplay of genetic, hormonal, brain chemistry, and environmental factors that influence development of the disorder, and researchers have not been able to define the exact cause. The chance of developing borderline personality disorder is 6 times higher for those with a family history of the disorder. However, there is a close correlation between a history of childhood abuse (especially sexual abuse such as incest), neglect, and abandonment and borderline personality disorder. While statistics vary, studies show that 20-70% of females with borderline personality disorder report a history of sexual abuse, and the numbers may be higher because of the reluctance of many patients to admit they were victims of sexual abuse or incest.

What are the symptom criteria for borderline personality disorder?

While borderline personality disorder is classified as a personality disorder, the symptoms include behavioral as well as personality traits. Borderline personality disorder is characterized by poor interpersonal relationships, distortions of self-image, and marked impulsivity in many areas including ≥5 of the following criteria:

- **Fear of abandonment:** Often there is irrational fear of abandonment if immediate needs not met, such as if someone is delayed or changes plans, related to fear of being alone.
- **Unstable interpersonal relationships:** There is vacillation between unrealistic idealizing and vilifying a partner, often with abrupt shifts in

opinions. Frequent promiscuous relationship are common as well as an inability to set boundaries in a relationship. The person may utilize splitting and idealize some people and devalue others. There is a strong need for attachment, but behavior is often alienating.

- **Poor self-image/identity disturbance:** The person has a disturbed sense of identity resulting in wild swings in self-image related to goals, values, sexuality, friends, and career. There are persistent feelings of being bad, evil, or non-existent.
- **Self-damaging impulsivity** *(in ≥2 areas)***:** Excessive spending, gambling, sex, substance abuse, reckless driving, and eating disorders, such as binge eating are common.
- **Suicidal or self-mutilating behavior:** The person makes frequent threats or attempts of suicide and self-injurious behavior, such as cutting or burning (occur in 60%), often in reaction to threats of separation, depression, or feelings of abandonment, usually beginning during adolescence or early adulthood. Cutting/burning may relieve feelings of dysphoria. Suicide threats sometimes are used as a method of controlling others. About 8-10% die from successful suicide. About 70-75% commit at least one act of deliberate self-harm.
- **Affective instability: The** person has intense periods of dysphoria, anxiety, irritability persisting for hours or a few days, disrupted by episodes of anger, panic, or despair.
- **Feelings of emptiness: The** person is chronically depressed, easily bored, and constantly seeking something to fill the emptiness, but often undermining success in school, work, or relationships to ensure repeated failure.
- **Lack of anger control:** Temper tantrums, frequent displays of anger, verbal outbursts and sarcasm, constant states of anger, and recurrent physical fights are common.
- **Transient ideation or severe dissociative symptoms:** Episodes of dissociation may persist for minutes or hours and occur in relation to stress and feelings of being abandoned by nurturer or caregiver. Sometimes psychotic type hallucinations or hypnagogic phenomena (hallucinations, visions, tactile sensations, or paralysis during the period between being awake and falling asleep) may occur.

What exactly is splitting?

Splitting is a defense mechanism in which people keep opposing feelings separate in their minds rather than integrating them—resulting in extremes with feelings, attitudes, and actions veering wildly from one extreme to the other. For example, a girl who has been sexually abused by her father may see the perpetrator as a kindly loving wonderful father on one hand and a horrible monster on the other. Sometimes she will view him only as loving and idealize him for being a wonderful father. Other times, she will see him only as completely evil. She is not able to integrate these two different pictures, so her feelings and reactions careen back and forth between the two. She may view herself in the same way—good girl on one side but evil on the other.

There is no diagnostic test for borderline personality disorder, so diagnosis is made on the basis of a psychiatric exam, symptoms related to these criteria, and history. Symptoms usually peak in early adulthood, and this is the time when suicide is the greatest danger. Most people stabilize between their 30s and 40s and are better able to function in relationships and careers.

How does borderline personality disorder affect children?

Symptoms associated with personality disorders often manifest during childhood, but there is no consensus related to diagnoses of the pediatric population. Children may exhibit a syndrome characterized by behavioral problems, mood and anxiety disorders, and cognitive impairment. Some researchers describe this syndrome as “borderline” because the symptoms often resemble those experienced by adults with borderline personality disorder; however, the disease progression is not so clear as children may go on to develop a wide range of personality disorders, sometimes including borderline personality disorder but not always. Children with these symptoms often share the same types of exposure to neglect and physical and sexual abuse, suggesting a similar causal relationship. Some researchers use the term multiple complex developmental disorder to describe this syndrome. There is some evidence that girls with borderline traits tend to develop affective disorders while boys tend to develop dyscontrol syndromes and alcohol or substance abuse.

By adolescence, those who will go on to be diagnosed with borderline personality disorder as adults already exhibit similar behavior patterns, so diagnosis can probably be established during adolescence.

What are co-morbid conditions or complications?

Co-morbid conditions include drug and alcohol abuse as well as other types of personality and mood disorders, such as depression and bipolar disorder. Borderline personality disorder must be differentiated from other causes of similar symptoms, such as cocaine-induced personality changes. Patients with borderline personality disorder may have multiple diagnoses of psychiatric disorders if the symptoms meet the standard criteria for each disorder. For example, about 50% of all patients with borderline personality disorder also meet criteria for histrionic personality disorder, antisocial personality disorder, or schizotypal personality disorder. Because borderline personality disorder so closely correlates with abuse, some researchers believe that it is essentially a sub-type of post-traumatic stress disorder.

Eating disorders are a common co-morbid condition, primarily bulimia rather than anorexia. Attention deficit disorder and learning disabilities are common. Those who have attempted suicide numerous times may have physical disabilities related to those attempts as well as scarring from self-mutilation. Because of their propensity for risk-taking behavior, people with borderline personality disorder may have unplanned pregnancies, sexually-transmitted diseases, and may be involved in auto accidents or physical altercations, resulting in injury. They are often involved in abusive relationships, either as the abused or the abuser.

Interestingly, women with borderline personality disorder have children at a rate that is only 25% of the average of the general population, and men with the disorder often have no children. Marriage rates are about 50% of the average of the general population, probably reflecting issues with relationships and self-identity.

What are the treatments for borderline personality disorder?

Psychotherapy is the cornerstone of treatment for borderline personality disorder. A combination of both medications and psychotherapy is sometimes indicated but medications alone are not usually successful. Treatment can pose a real challenge to the therapist because patients are often non-compliant with treatment or drop out of treatment altogether. One problem with medications is that people with borderline personality disorder often exhibit a strong placebo effect and may show marked improvement when first beginning a medication, but then there is a sharp drop in response. Additionally, because of the propensity for substance abuse, they may become addicted to medications, and they frequently overdose on medications as a method of attempting suicide, so these factors must be taken into consideration when ordering medications.

Despite the problems related to treatment, people should be informed of their diagnosis, with an explanation of how they fit the diagnosis, and advised how treatment can help them. Treatments include:

Treatment	Description
Alcohol or substance abuse rehabilitation.	Rehabilitation program for substance abuse is often needed before other types of therapy can be successful
Dialectical behavioral therapy (DBT) (*Developed for borderline personality disorder)*	Dialectical refers to both methods of accepting a patient while at the same time helping them to change as well as replacing dichotomous (black-white) thought process with dialectical (rational). DBT is based on the theory that those with borderline personality disorder (1) lack self-regulation and distress tolerance, causing them to over-react, and (2) experience both social and environmental factors that interfere with their behavioral skills. There are 2 basic components to DBT: • Psychotherapy (usually weekly): This type of cognitive behavioral therapy focuses on adaptive behaviors by exploring events and discussing alternative responses in order to help the patient cope with perceived trauma. DBT focuses on problems in a priority order: 1. Suicidal behavior. 2. Therapy-interfering behavior. 3. Quality of life issues. 4. Post-traumatic stress response. 5. Self-respect. 6. Behavior skills acquisition (from group

	work). 7. Patient-centered goals. • Group therapy (usually 2.5 hours/week): These sessions are used to help patients focus on learning behavioral skills, such as accepting reality, using distraction techniques, and self-soothing techniques. A number of studies have shown that DBT is successful at reducing self-injury, suicide, and depression, reducing the need for hospitalization and improving social functioning.
Systems training for emotional predictability and problem solving (STEPPS). (Developed for borderline personality disorder)	The STEPPS program is a form of cognitive behavioral therapy that was developed at the University of Iowa to treat borderline personality disorder. Patients are taught basic skills to help them set goals and learn to trust and take risks. There are 3 steps to the program 1. *Awareness of illness:* People are given printouts of the criteria for the disorder and are helped to identify how the criteria fit their profile. 2. *Emotion management skills training:* People are taught 5 basic to help them manage their disorder. 3. *Behavior management skills training*. People meet in groups in a seminar type setting for 20 weekly 2-hour meetings. Each week focuses on a particular skill, such as distancing, communicating, setting goals, sleeping, and abuse avoidance. Typically, people receive printed materials, but poetry, audio recordings, art activities and relaxation exercises are included, and people may share their own creative works related to the week's topic. STAIRWAY is a one-year program with 2 monthly meetings to reinforce and extend the skills learned in the STEPPS program. STAIRWAY includes: • Setting goals. • Trusting and taking risks. • Anger management. • Impulsivity control. • Relationship behavior. • Writing a script. • Assertiveness training. • Your choices. • Stepping out.
Mood stabilizers	Lithium may help to stabilize mood swings it they are extreme, but it must be monitored carefully because of the danger of toxicity related to overdose.
Anti-convulsants	Divalproex (Depakote®) and lamotrigine (Lamictal®) may also be used to control mood swings. Lamotrigine is especially helpful with depressive episodes.

SSRIs	Prozac® is sometimes used to decrease anxiety, impulsivity, and aggression, and SSRIs pose less danger with overdose than some others, so it is usually the medication of choice.
Atypical antipsychotics	Risperdal® may be used to control impulsivity and aggression although SSRIs are safer.
Opiate receptor antagonist	Naltrexone (ReVia®) may be used for treatment of dissociative symptoms.
Family therapy	This type of therapy can help family members cope with the symptoms and support that patient. This type of intervention is especially helpful for children or adolescents that show symptoms related to borderline personality disorder, especially if the program includes techniques for behavior modification.

One large study showed that the patients the most responsive to treatment were those with high intelligence, artistic talents, physical attractiveness (women), and obsessive-compulsive tendencies that helped them stay focused on work and self-discipline. On the other hand, the patients with poor results from treatment, that is they committed suicide or had continued symptoms, were those with a history of transgenerational incest, parental violence and abuse, untreated substance abuse problems, and antisocial or schizotypal manifestations.

Summary

Borderline personality disorder is a serous dramatic-erratic personality disorder that is part of a group of 4 related disorders: borderline, narcissistic, histrionic, and antisocial personality disorders. Borderline personality disorder is probably caused by interplay of genetic, hormonal, brain chemistry, and environment factors, but a history of neglect and abuse, especially sexual abuse and incest, is common. Diagnosis is based on symptoms related to the following criteria:

- Fear of abandonment.
- Unstable interpersonal relationships.
- Poor self-image/identity disturbance.
- Self-damaging impulsivity.
- Suicidal or self-mutilating behavior.
- Affective instability.
- Feelings of emptiness.
- Lack of anger control.
- Transient ideation or severe dissociative symptoms.

Children may exhibit similar symptoms although they may develop other disorders than borderline personality disorder. Symptoms of borderline personality order often manifest during adolescence. Co-morbid conditions, such as drug and alcohol abuse and other personality and mood disorders are common. Because of risk-taking behavior unplanned pregnancies, sexually-transmitted diseases, and accidents may occur. Psychotherapy, such as DBT or STEPPS, is central to treatment although medications such as mood stabilizers,

anticonvulsives, and atypical antipsychotics may be used. However, medications alone are rarely successful.

References

- Borderline personality disorder. (2006, May 19). *MayoClinic.com*. Retrieved March 6, 2008, from http://www.mayoclinic.com/health/borderline-personality-disorder/DS00442
- Borderline personality disorder. (2008, March 6). *National Institute of Mental Health.* Retrieved March 6, 2008, from http://www.nimh.nih.gov/health/publications/borderline-personality-disorder.shtml
- Carver, D. D. (1997). Clinical aspects of borderline personality disorder. *Medscape Psychiatry and Mental Health eJournal.* Retrieved March 8, 2008, from http://www.medscape.com/viewarticle/430852_1
- Clarkin, J.F., Levy, K.N., Lenzenweger, M.F., & Kemberg, O.F. (2007). Evaluating three treatments for borderline personality disorder: a multiwave study. *American Journal of Psychiatry* 164 (6): 922-928.
- Dimeff, L,, and Linehan, M.M. (2001). Dialectical behavior therapy in a nutshell. *The California Psychologist* 34: 10-13. Retrieved March 8, 2008, from http://www.dbtselfhelp.com/DBTinaNutshell.pdf
- Factsheet: Borderline personality disorder. (2006, November 14). *Mental Health America*. Retrieved March 6, 2008, from https://secured.nmha.org/secure/store/?CFID=4608846&CFTOKEN=4c76457edc4e48a4-4E37E2EF-1372-4D20-C895A1266D5B2D25
- Grohol, J.M. (2007, June 22). Symptoms of borderline personality disorder. *PsychCentral.* Retrieved March 6, 2008, from http://psychcentral.com/disorders/sx10.htm
- Muscari, M.E. (2005). What therapy is recommended for borderline personality disorder in adolescents? *Medscape Nurses.* Retrieved March 6, 2008, from http://www.medscape.com/viewarticle/508832
- Finley-Belgrad, E.A. (2006, May 3). Personality disorder: Borderline. *eMedicine*. Retrieved March 6, 2008, from http://www.emedicine.com/ped/TOPIC270.HTM
- Rothrock, J., Lopez, I., Zweifer, R., et al. (2007, April 11). Borderline personality disorder and migraine. *Headache* 47 (1): 22-26. Retrieved March 6, 2008, from http://www.medscape.com/viewarticle/554932
- St. John, D., & Blum, N. (2002, June). The STEPPS group treatment program for borderline personality disorder. *University of Iowa Hospitals & Clinics.* Retrieved March 8, 2008, from http://www.uihealthcare.com/topics/medicaldepartments/psychiatry/stepps/index.html
- Stone, M.H. (2006). Borderline personality disorder. *Primary psychiatry* 13 (5): 36-39. Retrieved March 8, 2008, from http://www.primarypsychiatry.com/aspx/ArticleDetail.aspx?ArticleID=388

- Various treatment approaches benefit patients with borderline personality disorder. (2007). *American Journal of Psychiatry* 164: 922-928. *Medscape Nurses.* Retrieved March 6, 2008, from http://www.medscape.com/viewarticle/558822