



UW PACC

Psychiatry and Addictions Case Conference

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BORDERLINE PERSONALITY DISORDER: DIAGNOSIS AND TREATMENT

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GENERAL DISCLOSURES

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GENERAL DISCLOSURES

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SPEAKER DISCLOSURES

✓ Any conflicts of interest?

PLANNER DISCLOSURES

The following series planners have no relevant conflicts of interest to disclose:

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OBJECTIVES

- Goal is to gain a better understanding of borderline personality disorder and how to treat it
- At the end of this presentation, knowledge should be gained for borderline personality disorder in regards to:
 - 1) Symptoms
 - 2) Diagnosis
 - 3) Treatment
 - 4) Clinical considerations

WHAT ARE PERSONALITY DISORDERS?

- Rigid, repetitive patterns of thinking, behaving and functioning
- Patients may not recognize symptoms
- Symptoms lead to distress, and impair social/occupational functioning
- Patterns are stable, and predictable. Can be traced back to childhood or early adulthood.
- Not better explained as a manifestation of another mental disorder, another medical condition, or substance use
- When healthy, personality is adaptable and flexible

4 AREAS OF DISTURBED PERSONALITY

- Impulse control
- Interpersonal function
- Cognition
- Affectivity

WHAT MAKES TREATMENT OF PERSONALITY DISORDERS SO DIFFICULT?

- Behaviors are egosyntonic
- Tendency to externalize behaviors

- What is the most common personality disorder in clinical population?
- What is the prevalence of personality disorders in the general population?

- A) Borderline Personality Disorder
- B) 10%

SYMPTOMS OF BORDERLINE PERSONALITY DISORDER

- Efforts to avoid abandonment
- History of unstable interpersonal relationships
- Self damaging impulsivity in 2 settings
- Recurrent suicidal behaviors/gestures/threats, or self injurious behaviors
- Affective instability/emotional dysregulation
- Chronic feelings of emptiness
- Inappropriate intense anger
- Brief, stress related paranoia

CRITERIA FOR DIAGNOSIS

- 5 or more of the aforementioned symptoms
- Keep in mind that these are chronic, and repetitive

MOST COMMONLY IMPLEMENTED DEFENSE MECHANISMS

- Splitting
- Projective Identification
- Denial
- Dissociation

CAUSES OF BORDERLINE PERSONALITY DISORDER

- Definitive cause is unclear
- Several factors play a role in development including genetics, biological factors, and psychosocial factors
- Keep in mind that these risk factors are associated with the disorder, but this is not always the case

HOW TO DIAGNOSE BPD

- Structured clinical interview
- Consider gathering collateral information from family, friends, and partners
- If you do not have the time/clinical experience to conduct this interview consider referral to psychiatrist, psychologist or licensed SW
- Make sure to rule out medical causes by doing a full medical work up, and ordering necessary labs. Consider a UDS as needed if you suspect substance use.
- Complete a thorough psychiatric ROS to rule out another mental disorder which could explain symptoms and to identify comorbid disorders. Treat if present.

TREATMENT

- Historically difficult to treat due to limited availability of resources including therapists
- 1st line treatment is psychotherapy. Approved treatments include DBT, Transference focused psychotherapy, schema therapy, and mentalization treatment
- 2nd line treatment includes medication management

DBT

- Developed in the 1980's by Marsha Linehan, Ph.D
- Focuses on balancing two opposing perspectives at once
- Treatment focuses on emotional regulation, distraction, mindfulness, and interpersonal effectiveness
- Reduces rates of suicide attempts

CONSISTS OF 4 KEY COMPONENTS

- 1) Group therapy for skills training
- 2) Individual therapy sessions to learn how to apply learned skills
- 3) Telephone coaching during times of crises
- 4) Case/team meetings for therapist to prevent burnout, and to discuss complexity of treatment.

MEDICATION MANAGEMENT

- Currently no FDA approved medications
- Focus of treatment is on cognitive/perceptual disturbances, impulsivity/aggression, and effective dysregulation
- Medications to consider include SSRIs, Antipsychotics, and Mood stabilizers.
- When using antipsychotics keep in mind that the required dose is often lower than what would be necessary for a primary psychotic disorder
- Remember to treat comorbid disorders!

CLINICAL CONSIDERATIONS:

- Maintain a calm, flexible, and stable approach
- Set consistent limits on acting out
- Consider having family/partners involved to reinforce limits
- Expect to encounter defenses, and monitor countertransference
- Be mindful of burnout
- Take threats of suicide seriously!

- Any questions?

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