

Borderline Personality Disorder

Monzón Viera, Pedro

Definition:

Borderline is a personality disorder whose essential features are a pattern of marked impulsivity and instability of affects, interpersonal relationships, and self image. The pattern is present by early adulthood and occurs across a variety of situations and contexts.

It affects about 1-2% of the population, and around 10% of them commit suicide, a rather 50 times higher than in the general population.

Symptoms:

According to the DSM-IV, to be diagnosed with borderline personality disorder, a person must show at least five of the following symptoms:

- 1-Extreme reactions—including panic, depression...
- 2-A pattern of intense and stormy relationships with family, friends, and loved ones, from idealization (love) to devaluation (hate)
- 3-Distorted and unstable self-image or sense of self, which can result in sudden changes in feelings, opinions, values, or plans and goals for the future (such as school or career choices)
- 4-Impulsive and often dangerous behaviors, such as unsafe sex, substance abuse...
- 5-Recurring suicidal behaviors or threats or self-harming behavior, such as cutting.

Symptoms:

- 6- Intense and highly changeable moods
- 7- Chronic feelings of emptiness and/or boredom
- 8- Inappropriate, intense anger or problems controlling anger
- 9- Having stress-related paranoid thoughts or severe dissociative symptoms, such as feeling cut off from oneself, observing oneself from outside the body, or losing touch with reality.

Types of borderline personality disorder:

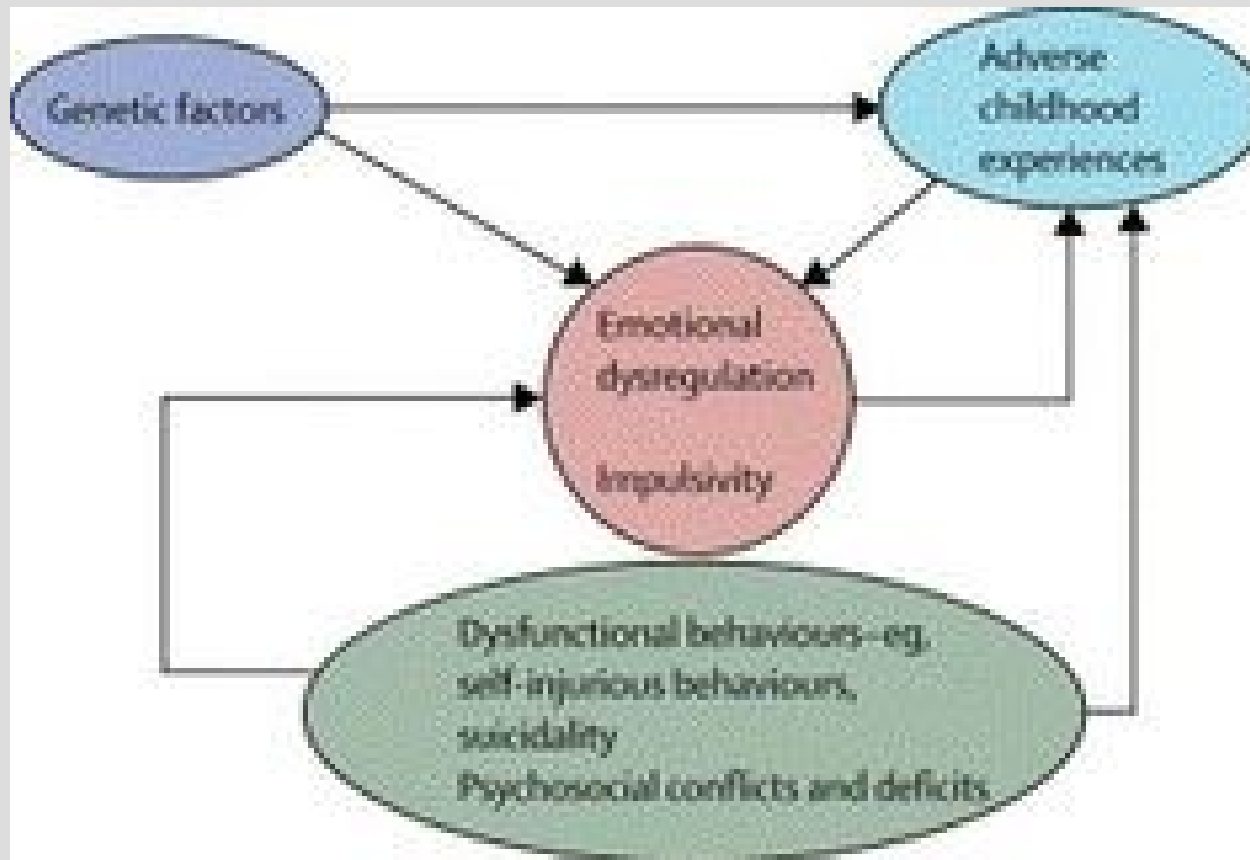
1- Discouraged Borderline: They tend to be clingy, go along with the crowd, and walk around feeling somber and somewhat dejected, but they are often angry and disappointed with the actions of those around them.

2- Impulsive Borderline: These individuals tend to be flirtatious, captivating, elusive and superficial. They are highly energetic and seek out thrill after thrill.

3- Petulant borderline: They are passive-aggressive persons. They will injure themselves—either physically or emotionally—in an attempt to get needs met. These persons have an unstable sense of self, a frantic fear of abandonment, and inability to express their needs.

4- Self-destructive: They will often engage in self-destructive behaviors whether it is conscious or unconscious.

Causes:



Causes:

- **Genetics.** Some studies of twins and families suggest that personality disorders may be inherited or strongly associated with other mental disorders among family members.
- **Environmental factors.** Many people with borderline personality disorder have a history of childhood abuse, neglect and separation from caregivers or loved ones.
- **Brain abnormalities.** Some research has shown changes in certain areas of the brain involved in emotion regulation, impulsivity and aggression. In addition, certain brain chemicals that help regulate mood, such as serotonin, may not function properly.

Treatment:

-Psychotherapy



-Medications



Psychotherapy:

- **Cognitive behavioral therapy (CBT).** CBT can help people with borderline personality disorder to identify and change core beliefs and/or behaviors that underlie inaccurate perceptions of themselves and others and problems interacting with others.
- **Dialectical behavior therapy (DBT):** Teaches skills to control intense emotions, reduces self-destructive behaviors, and improves relationships.
- **Schema-focused therapy.** This approach is based on the idea that borderline personality disorder stems from a dysfunctional self-image that affects how people react to their environment, interact with others, and cope with problems or stress.

Cognitive behavioral therapy:

- The underlying concept behind CBT is that our thoughts and feelings play a fundamental role in our behavior.
- The goal of cognitive behavior therapy is to teach patients that while they cannot control every aspect of the world around them, they can take control of how they interpret and deal with things in their environment.

Some characteristics about CBT:

- **Short-term:** Around 10-20 sessions.
- **It can be individual, in family, or groups.**
- **This type of therapy requires an active role of the patient:**
The patient must be willing to spend time analyzing his/her thoughts and feelings.

CBT: Steps

- Identify troubling situations or conditions in patient's life.**
- Become aware of his thoughts, emotions and beliefs about these situations or conditions.**
- Identify negative or inaccurate thinking.**
- Challenge negative or inaccurate thinking.**

Dialectical behaviour therapy:

-**DBT** differs from traditional CBT in its emphasis on **validation**, a powerful tool whereby the therapist and the patient work on “accepting” uncomfortable thoughts, feelings and behaviors rather than struggling with them. Once an identified thought, emotion or behavior has been validated, the process of change no longer appears impossible, and the goals of gradual transformation become reality.

- DBT also focuses on the development of coping skills.

DBT's goals:

The dialectical behavior therapy tries to achieve the following goals:

- Decrease the frequency and severity of self-destructive behaviors.
- Increase the motivation to change by providing positive reinforcement.
- Teach new “coping skills” that generalize to a person’s natural environment.
- Provide a treatment environment that emphasizes the strengths of both individuals and their treatments.
- Enhance the therapist's motivation and ability to treat their clients effectively.

Schema-focused therapy:



•Integrative approach to treatment that combines the best aspects of cognitive-behavioral, experiential, interpersonal and psychoanalytic therapies into one unified model, which tries to find out the people's schemas (patterns in thinking, feeling and behaving that require a different means of intervention).

Schema-focused therapy's stages:

- 1) Assessment phase, in which schemas are identified during the initial sessions.
- 2) Emotional awareness and experiential phase, wherein patients get in touch with these schemas and learn how to spot them when they are operating in their day-to-day life.
- 3) Focus, during which the client is actively involved in replacing negative, habitual thoughts and behaviors with new, healthy cognitive and behavioral options.

Pharmacotherapy:

- While medications do not cure BPD, some medications may be helpful in managing specific symptoms, such as anxiety, depression, or aggression.



Pharmacotherapy:

-Antipsychotics: For patients with borderline disorder who have cognitive-perceptual symptoms such as a suspiciousness, paranoia, split (all-or-nothing) thinking, and dissociative episodes.

-Mood stabilizers: For symptoms such as impulsivity, anger, anxiety, depressed mood, and general level of functioning.

References:

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