How to Diagnose and Manage Borderline Personality Disorder

A Carlat Webinar

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Conflicts and Disclosures

None

Learning Objectives

After the webinar, clinicians should:

1. Understand categorical and dimensional approaches to diagnosing borderline personality
2. Describe core principles of management
3. Summarize research findings on psychiatric treatment

Borderline Personality Disorder (BPD): The Basics

- Lifetime prevalence is 6%
- Accounts for 20% of psychiatric inpatients and 10% of outpatients
- Roughly equal F/M ratio
- Up to 70% attempt and 10% die by suicide
- Too few specialists to care for these patients

Biskin RS, Can J Psychiatry. 2015;60(7):303-308
Grant BF et al, J Clin Psychiatry. 2008;69(4):533-545
Paris J and Zweig-Frank H, Compr Psychiatry 2001;42:482–487

DSM's Categorical Taxonomy of BPD

Symptom domains and criteria:

- Unstable emotional responses: mood instability, inappropriate anger, and feelings of emptiness
- Impulsive behaviors: self-damaging acts and suicidal or non-suicidal self-harm
- Inaccurate perceptions: identity disturbance and transient paranoia or dissociation
- Unstable relationships: abandonment issues and interpersonal difficulty

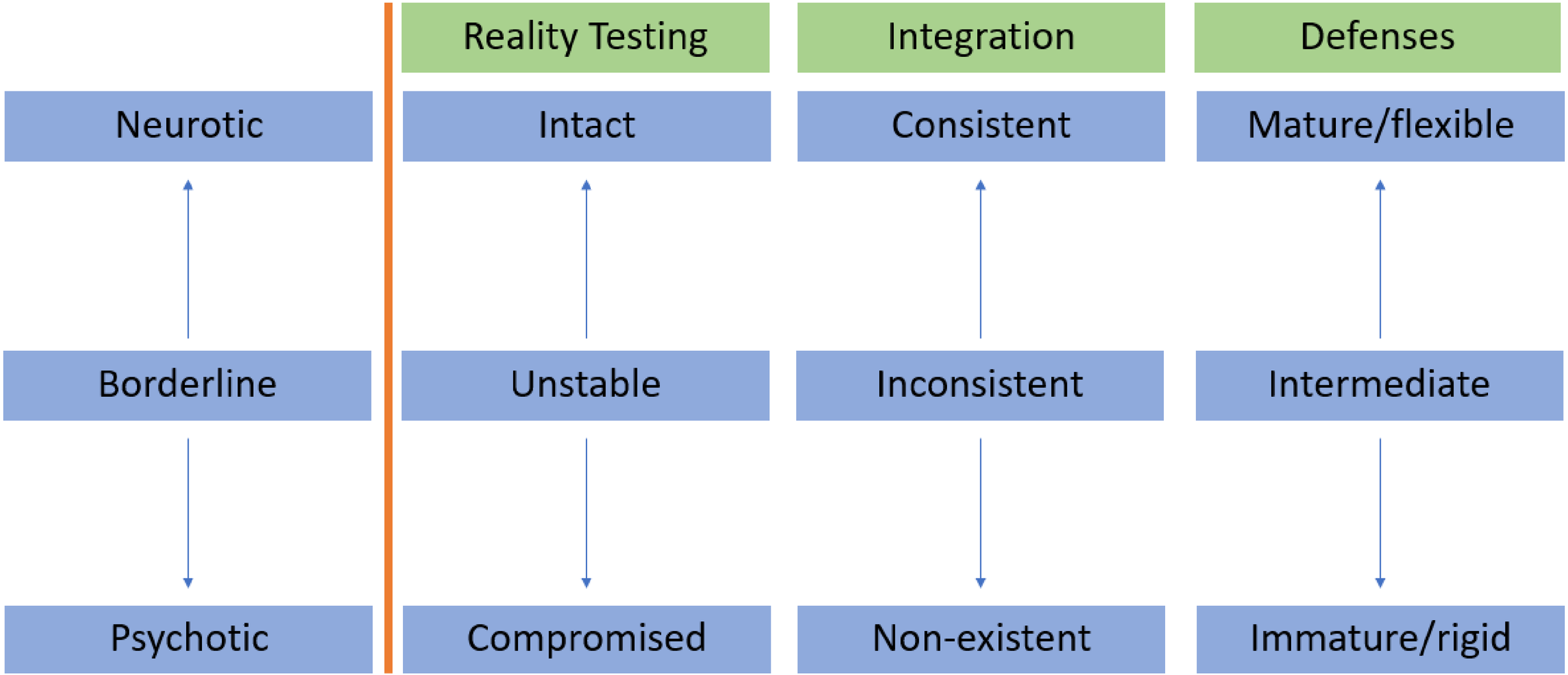
American Psychiatric Association. Borderline personality disorder. In DSM5-TR. 2022:753-758

Critique of the Categorical Model

- Limits of our language
- Disorders are present or absent, without concept of wellness
- Heterogeneity within and overlap between disorders
- Boundary between normal and abnormal seems arbitrary

Westen D and Arkowitz-Westen L, Am J Psychiatry 1998;155:1767-1771

Dimensional Model for Personality Organization



Kernberg O, J Am Psychoanal Assoc 1967;15:641-685
McWilliams N and Shedler J. Personality syndromes—P Axis. In: Lingiardi V and McWilliams N, eds. Psychodynamic Diagnostic Manual. 2nd ed. New York: Guilford Press; 2017:15-69

Critique of the Dimensional Model

- Difficult to grasp
- Absence of clear boundary for normality
- Lacks guidance on treatment
- Overlooks personality based on themes with 2-dimensional poles

An Integrated Approach to Diagnosis

- Review the diagnostic criteria with your patient, but don’t stop there
- DSM5’s Alternative Model:
  - Criterion A: level of personality functioning
  - Criterion B: personality traits

American Psychiatric Association. Alternative model for personality disorders. In DSM5-TR. 2022;881-901
Mulay AL et al, Borderline Personal Disord Emot Dysregul 2019;6:18

Core Principles of Management

- Offer diagnostic disclosure
- Validate distress, but don’t give into demands
- Anticipate interpersonal hypersensitivity
- Prescribe conservatively
- Encourage work over love

Choi-Kain L and Gunderson J. Applications of Good Psychiatric Management for Borderline Personality Disorder. APA Publishing, Washington DC. 2019:169-187

Diagnostic Disclosure

- Diminishes sense of alienation
- Anchors expectations about course and treatment
- Fosters alliance
- Medicalizes their experience and decreases blame
- Prepares clinicians for countertransference

Validate Distress, But Don’t Give In To Demands

- Acknowledge the patient’s experience
- Remain calm and nonreactive; tolerate the patient’s anger empathically
- Hold the patient accountable
- Schedule consistent visits and set goals in between visits

Interpersonal Hypersensitivity

- Stages: connected <-> threatened <-> aloneness <-> despair
- Responding to hypersensitivity:
  - Be curious, inquire about how you contributed, and collaborate
  - Evaluate safety risk

Gunderson J and Links P. Handbook of Good Psychiatric Management for Borderline Personality Disorder. APA Publishing, Washington DC. 2014:13-20

Prescribe Conservatively

- No medication is FDA approved
- Maintain realistic expectations:
  - No medication is uniformly or dramatically helpful
  - Polypharmacy is associated with worse outcomes
- Benzodiazepines are generally contraindicated
- Don’t continue a medication if it is not helping

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Silk K and Feurino L. Psychopharmacology of personality disorders. In The Oxford Handbook of Personality Disorder. New York: Oxford University Press, 2012:713-726

Encourage Work > Love

- Patients can be preoccupied with finding love, but BPD is sensitive to interpersonal stressors
- Work provides structure and meaningful experiences
- Skills developed in psychotherapy can be mastered in vivo

Carlat Take

- Verge of paradigm shift for diagnosing BPD and other PDs
- An integrated categorical and dimensional approach offers simplicity and complexity
- Most patients can be managed effectively with core principles from GPM
- If needed, more intensive treatments include DBT, MBT, TFP, and ST*

*DBT: dialectical behavioral therapy; MBT: mentalization-based therapy; TFP: transference focused psychotherapy; ST: schema therapy