

Borderline Personality Disorder and Co-morbidity: Treatment for Individuals With More Than One Diagnosis

BPD Patient and Family Education Initiative
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Purpose of this talk

- Review some of the basic facts of BPD and describe the major criteria for the diagnosis.
- Look at some of the most common illnesses that co-occur with BPD, and the prevalence of those.
- Discuss how and why the presence of those co-occurring illnesses complicate the diagnosis and treatment of BPD.
- Identify the most effective treatment approaches.

BPD is a common disorder

- Occurs in 1.6% to 5.9% of American adults
- 8%-18% of people in outpatient care
- 20% to 25% of inpatient population
- 50% to 60% of emergency room admissions for suicidality and self-harm

Hoskins, et al 2010

BPD facts

- Risk of suicide is 8%-10% (fifty times the general population)
- Accounts for 18% of all suicides
- Despite the dangers, people with BPD usually get better

People with BPD often have other psychiatric illness

- Mood disorders
- Anxiety disorders
- PTSD
- Substance use problems
- Eating disorders

People with BPD often have other psychiatric illness

- An average of 3.4 to 4.2 lifetime Axis I disorders
- Average of 2 personality disorders in lifetime

Harned et al, 2008

Complications of having multiple psychiatric illnesses at once

Can lead to:

- Under-diagnosis
- Delayed diagnosis
- Misdiagnosis
- Polypharmacy
- More complicated course

Diagnostic criteria for BPD (must have at least 5)

- Frantic efforts to avoid real or imagined abandonment
- A pattern of unstable and intense relationships
- Identity disturbance
- Impulsivity in at least two areas (reckless driving, sex, spending, binge eating, substance abuse)

Diagnostic criteria for BPD (con't)

- Recurrent suicidal or self- mutilating behavior
- Affective instability
- Chronic feelings of emptiness
- Inappropriate, intense anger
- Transient, stress-related paranoid ideation or severe dissociative symptoms

Mood Disorders

96% of patients with BPD will have a mood disorder during their lifetime.

- Major Depression
- Bipolar Disorder Type I
- Bipolar Disorder, Type II
- Dysthymia

McGlashan et al, 2000

Anxiety Disorders

88% of patients with BPD will have an anxiety disorder during their lifetime.

- Generalized Anxiety Disorder
- Panic Disorder
- Social Phobia
- PTSD

McGlashan et al, 2000

PTSD

47% to 56% of patients with BPD have co-occurring PTSD.

- 70% of people with BPD report childhood trauma (sexual, physical)
- The majority of people with childhood trauma do not go onto develop psychiatric problems

McGlashan et al, 2000

Substance Use Disorders

30% to 50% of people with BPD have co-occurring substance use disorders.

- Alcohol
- Opioids
- Cannabis
- Sedatives/anxiolytics
- Stimulants
- Hallucinogens

McGlashan et al, 2000

Eating Disorders

7% to 26% of people with BPD have co-occurring eating disorders.

- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorder
- Eating Disorder Not Otherwise Specified

The course of BPD and other co-occurring psychiatric illness: what we know

The McLean Study of Adult Development (MSAD)

Zanarini, et al 1993

Collaborative Longitudinal Personality Disorders Study (CLPS)

Gunderson, et al 2000

Course of BPD and co-occurring illness over time

Although rates of co-occurring disorders decreased over time, a high percentage of patients with BPD continue to have co-occurring illness.

Course of BPD and co-occurring illness over time

Whether or not co-occurring disorders resolve was heavily influenced by the remission status of BPD.

Course of BPD and co-occurring illness over time

The absence of a substance use disorder was a stronger predictor of recovery from BPD than any other type of disorder.

Relationship between BPD and depression: theories

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2. Depression is the more dominant form of illness that accounts for BPD.
3. The two disorders are independent of each other.
4. BPD and depression have overlapping causes, and the impact of having one predisposes to having the other.

Relationship between BPD and depression: study results

Improvements in the symptoms of BPD was strongly associated with remission of depression, but improvements in depression did not lead to improvements in BPD.

Relationship between BPD and depression: study implications

- Depression found in patients with BPD should not be expected to respond to the same treatments that are effective for depression in other patients.
- It would be unwise to postpone treatment for BPD while first seeking treatment for depression.

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3. Integrate treatments when you can.
4. When BPD gets better, many co-occurring disorders improve too.

Implications for treatment (con't)

5. Attend to substance use early.

Implications for treatment (con't)

5. Attend to substance use early.
6. People with BPD and co-occurring illnesses can and do get better.