MAYO CLINIC

Medications and Borderline Personality Disorder

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- Off-label use of medication will be described for classes of medications

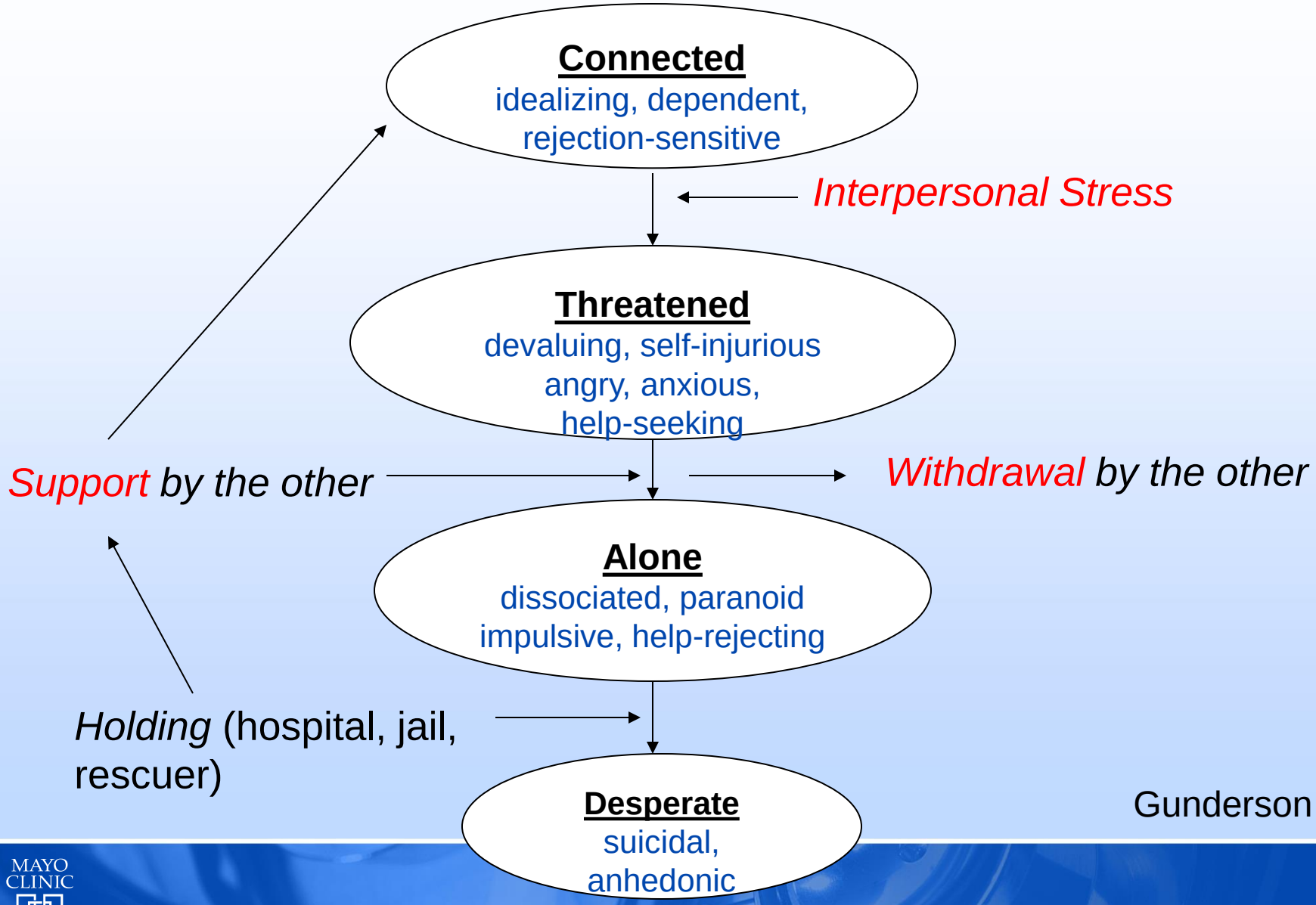
Outline

- Overview of BPD
  - Emphasis on interpersonal nature of symptoms
- How this impacts medication use
- What is known about medication effectiveness
- Principle-based approaches
- What families should know and can do to be helpful

BPD Criteria

- Interpersonal Hypersensitivity
  - Abandonment fears
  - Unstable relationships (ideal/devalued)
  - Emptiness
- Affective/Emotion Dysregulation
  - Affective instability (no elations)
  - Inappropriate, intense anger
- Behavioral Dyscontrol
  - Recurrent suicidality, threats, self-harm
  - Impulsivity (sex, driving, bingeing)
- Disturbed Self
  - Unstable/distorted self-image
  - Depersonalization / paranoid ideation under stress

BPD's Interpersonal Coherence



Gunderson 2014

Reactive Treatment: Perilous

- Persons with BPD often seek treatment reactively

- Example: Migraine Headaches
  - more medication overuse headaches
  - more unscheduled (acute) office visits
  - lower overall treatment response

Rothrock, Headache, 2007

Major Depression and BPD

- ~85% prevalence of MDD in BPD

Gunderson 2008

- BPD has a markedly negative effect on MDD ("treatment resistance") until BPD remits, but MDD has only modest effects on BPD's course.

Yoshimatsu and Palmer 2014

- BPD is most common reason for persistence of depression.

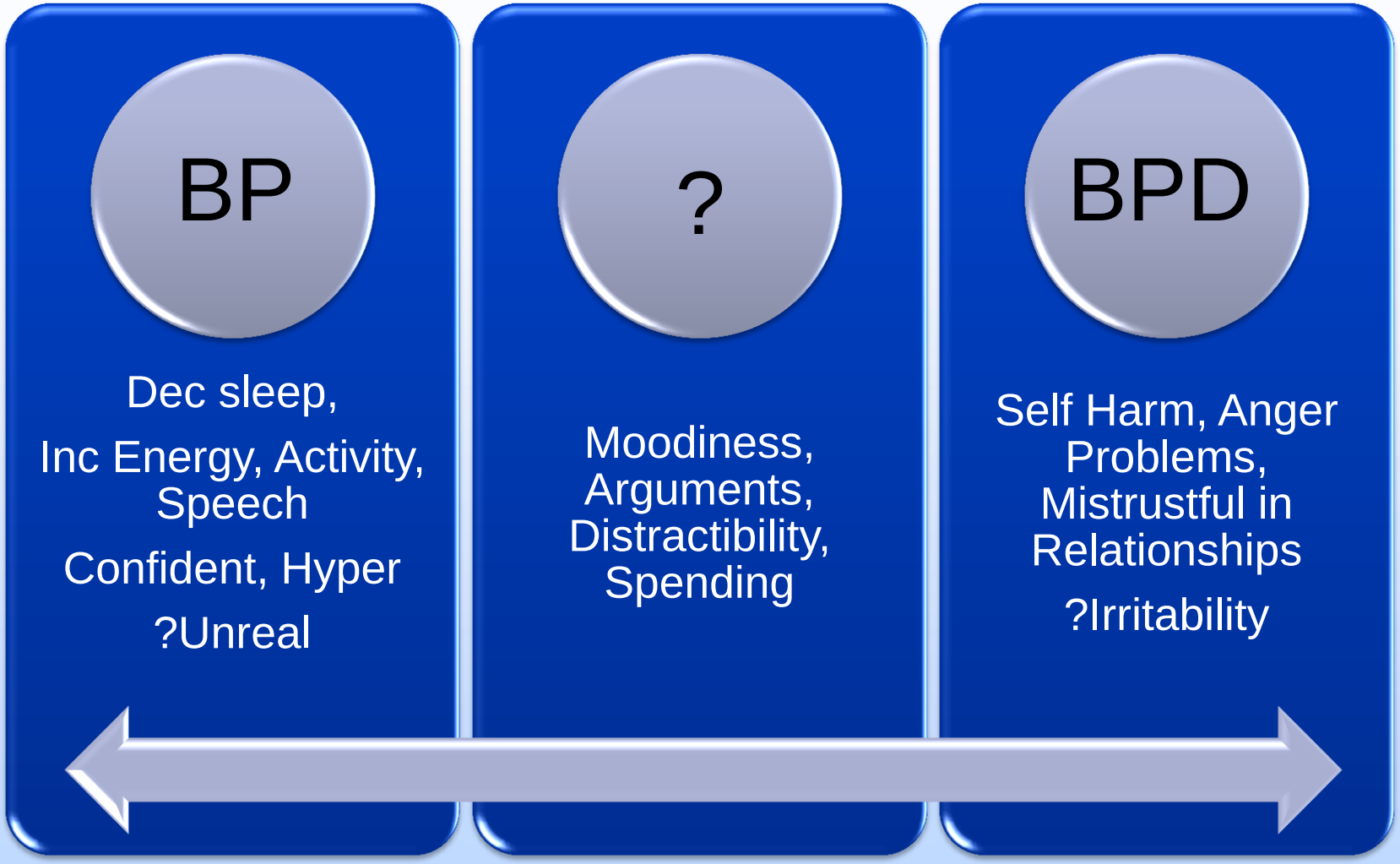
Skodol 2011

Bipolar Disorder and BPD

- ~15% prevalence
  - CLPS had 11% with BP I and 8% with BP II
  - MSAD had 1% with BP I and 14% with BP II
- No impact of BP I or II on BPD course
  - Modest evidence that BPD improvement impacts BP I > BP II
- Thus: *Comorbid but independent disorders*

MDQ and MSI BPD screen of 172 pts

with BP, BPD, or Both



What's known about the meds

- Limited studies. About 30 RCT's, mostly small
- Number of medications is inversely proportional to improvement

At a glance

	Antipsychotics	Antidepressants	Mood Stabilizers
Anger	++	+	+++
Depression	0	0	+
Anxiety	0	+	++
Impulsivity	+	0	+++
Cognitive/ Perceptual	++	0	0
Functioning	+	0	++

Adapted from Ingenhoven 2010

Symptom targets and medication types

	Mood Instab	MDD	Ax	Anger/ Impul	Cogn/ Percep	SIB/ Safety
SSRI	?	?/+	?	+	-	-
MS	+	?/+	?	++	-	+
AP	+	?	+	+	++	+

Note. ++ = helpful; + = modestly helpful; ? = uncertain, - = negative

Source. Adapted from Mercer et al. 2009; Silk and Faurino 2012

Class findings

- SSRI antidepressants: Safest, modest benefit
- Atypical antipsychotics: Perceptual sx, maybe anger, beware weight gain
- Mood stabilizers: May help with reactivity, beware pregnancy, inconsistent dosing, interactions
- Benzodiazepines (esp alprazolam) have no role in BPD

Specific agents best studied

- Mood stabilizers
  - Best studied with favorable safety profile: lamotrigine (200 mg) and topiramate (200-250 mg)
- Antipsychotics
  - Aripiprazole (15 mg) and olanzapine (2.5-10 mg), quetiapine (150 mg)
- Antidepressants
  - MAOI's, fluoxetine (more with impulsivity/aggression, esp in males)

Reality

- No medications carry a specific FDA indication for use in treatment of personality disorders
- BPD patients seem exquisitely sensitive to side effects
- Urges to help (or rarely to withhold help) are relevant
- Medications do not treat emptiness, loneliness, abandonment fears

Courtesy Ken Silk, MD

Do no harm

- Can do harm by moving focus onto finding “the right” medications
  - Lower expectations
  - Remember medications are adjunctive
- Can do harm by moving focus to medications during crises
- Can do harm with weight gain, other side effects
- Can do harm by adding medications in a hospital

Courtesy Ken Silk, MD

Polypharmacy is easy

- Especially with BPD
  - Criterion 4 – Impulsivity and anger → SSRI
  - Criterion 6 – Affective instability → Mood stabilizer
  - Criterion 7 – Emptiness as depression – Augment
  - Criterion 9 – Paranoid under stress – Antipsychotic
  - And something to sleep…

Courtesy Ken Silk, MD

Meds: Key Principles

1) Collaborate to determine goals and set expectations

2) Measure the effectiveness of the intervention

3) Use a methodical approach to medication trials. Careful on adding without subtracting

4) Hold reasonable limits

Substance Use Disorders

- Highly comorbid (15-20%)
- Negatively impacts course of BPD, and BPD negatively impacts course of SUD
- Medication-assisted treatment can be helpful
- Fits the principles we have established

What families can do

- Catch yourself looking for external fixes
  - Recent example
- Beware being too enthusiastic about the process marked by medication reductions
- Validate feelings / experiences (rather than looking for solutions)