The Long-term Course of Borderline Personality Disorder

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Borderline Personality Disorder (BPD) Is Now Seen as a Valid Disorder

- According to the criteria of Robins and Guze (1970)
  - It can be delimited from other psychiatric disorders
  - Something of its etiology (both environmental and biological) is known
  - It “runs” in families
  - It has a complex but increasingly known course

Robins E, Guze SB. *Am J Psychiatry.* 1970;126:983-987.

Borderline Personality Disorder Is Now Recognized as a Common Disorder

- 1.8% of American adults meet criteria for BPD (range 1.6-5.9%)
- About as common as bipolar I disorder
- More common than schizophrenia

APA. *DSM-IV-TR*; 2000.

Continuum of Borderline Psychopathology

- Some people with BPD recover spontaneously and are never patients
- Some use nonintensive outpatient treatment and are never hospitalized
- Others become severely ill and use large amounts of mental health services, including repeated inpatient stays

Continuum of Borderline Psychopathology (cont.)

- The latter group has defined BPD for generations of clinicians
- Until very recently, most research studies have focused on inpatient-level patients
- This presentation primarily deals with this type of severely ill patient

McLean Study of Adult Development (MSAD)

- First NIMH-funded prospective study of the longitudinal course of BPD
- 362 McLean inpatients assessed at baseline
- 8 waves of blind follow-up are complete: 2, 4, 6, 8, 10, 12, 14, and 16-year data
- 18-year wave is 99% complete
- 20-year wave is over 97% complete
- 22-year wave began in July of 2015

Subjects

- 290 patients meeting DIB-R and DSM-III-R criteria for BPD
- 72 axis II comparison subjects meeting DSM-III-R criteria for another personality disorder (but neither study criteria set for BPD)

DIB-R=Revised Diagnostic Interview for Borderlines.

DIB-R: Sectors of Psychopathology

- Dysphoric affect
- Disturbed cognition
- Impulsive behaviors
- Troubled relationships

Zanarini MC, et al. *J Pers Disord.* 1989;3:10-18.

DIB-R: Definition of Borderline Personality Disorder

- Symptoms in each of these 4 domains of borderline psychopathology must be present at the same time
- Results in a somewhat smaller and more homogeneous group of patients than DSM criteria

Zanarini MC, et al. *J Pers Disord.* 1989;3:10-18.

Earlier Studies of Course of Borderline Personality Disorder

- 17 small-scale, prospective studies of the short-term course of BPD
  - Patients with BPD do poorly in the short-run
- 4 large-scale, follow-back studies of the long-term course of BPD
  - McGlashan: Chestnut Lodge
  - Stone: New York State Psychiatric Institute
  - Paris: Jewish General Hospital in Montreal
  - Plakun: Austen Riggs
  - Patients with BPD do substantially better in the long-run

Limitations of Earlier Studies

- Use of chart review or clinical interviews to diagnose BPD
- No comparison group or the use of less than optimal comparison subjects
- Reliance on small size samples with high attrition rates

Limitations of Earlier Studies (cont.)

- Only very basic data collected at baseline and follow-up
- Typically, only 1 postbaseline reassessment
- Nonblind postbaseline assessments
- Variable number of years of follow-up in the same study

MSAD Subject Retention at 16-year Follow-up

- 88% of surviving patients with BPD still participating
- 83% of surviving axis II comparison subjects still participating

Symptomatic Remissions*

- Are common and relatively stable
  - 99% achieve a two-year remission
  - 95% achieve a four-year remission
  - 90% achieve a six-year remission
  - 78% achieve an eight-year remission

*Remission defined as no longer meeting either criteria set for BPD (DIB-R and DSM-III-R) for two years.

Adapted from: Zanarini MC, et al. *Am J Psychiatry.* 2012;169:476-483.

Recurrences of BPD

- Are relatively rare
  - After Remissions Lasting 2 Years: 36%
  - After Remissions Lasting 4 Years: 25%
  - After Remissions Lasting 6 Years: 19%
  - After Remissions Lasting 8 Years: 10%

Adapted from: Zanarini MC, et al. *Am J Psychiatry.* 2012;169:476-483.

Completed Suicide

- 4.5% of borderline patients
- Substantially less than the 9-10% found in two of the three follow-back studies conducted in the 1980s that assessed this outcome
  - Treatments may be more appropriately supportive
  - And sensitive to childhood adversity

Adapted from: Zanarini MC, et al. *Am J Psychiatry.* 2012;169:476-483.

Collaborative Longitudinal Personality Disorders Study (CLPS)

- Also NIMH-funded
- Now finished after following subjects for 10 years
- Basically the same symptomatic findings

Adapted from: Gunderson JG, et al. *Arch Gen Psychiatry.* 2011;68:827-837.

Complex Model of Borderline Psychopathology

- Hyperbolic temperament is the outward “face” of the neurobiological dimensions that underlie borderline psychopathology
- After “kindling” of some kind, acute and temperamental symptoms develop

Adapted from: Zanarini MC, et al. *Am J Psychiatry.* 2007;164:929-935.

Acute Symptoms

- Resolve relatively quickly
- Are the best markers for the disorder
- Are often the main reason for expensive forms of psychiatric care, such as inpatient stays
- Are akin to the positive symptoms of schizophrenia

Adapted from: Zanarini MC, et al. *Am J Psychiatry.* 2007;164:929-935.

Temperamental Symptoms

- Resolve relatively slowly
- Are not specific to BPD
- Are associated with ongoing psychosocial impairment
- Are akin to the negative symptoms of schizophrenia

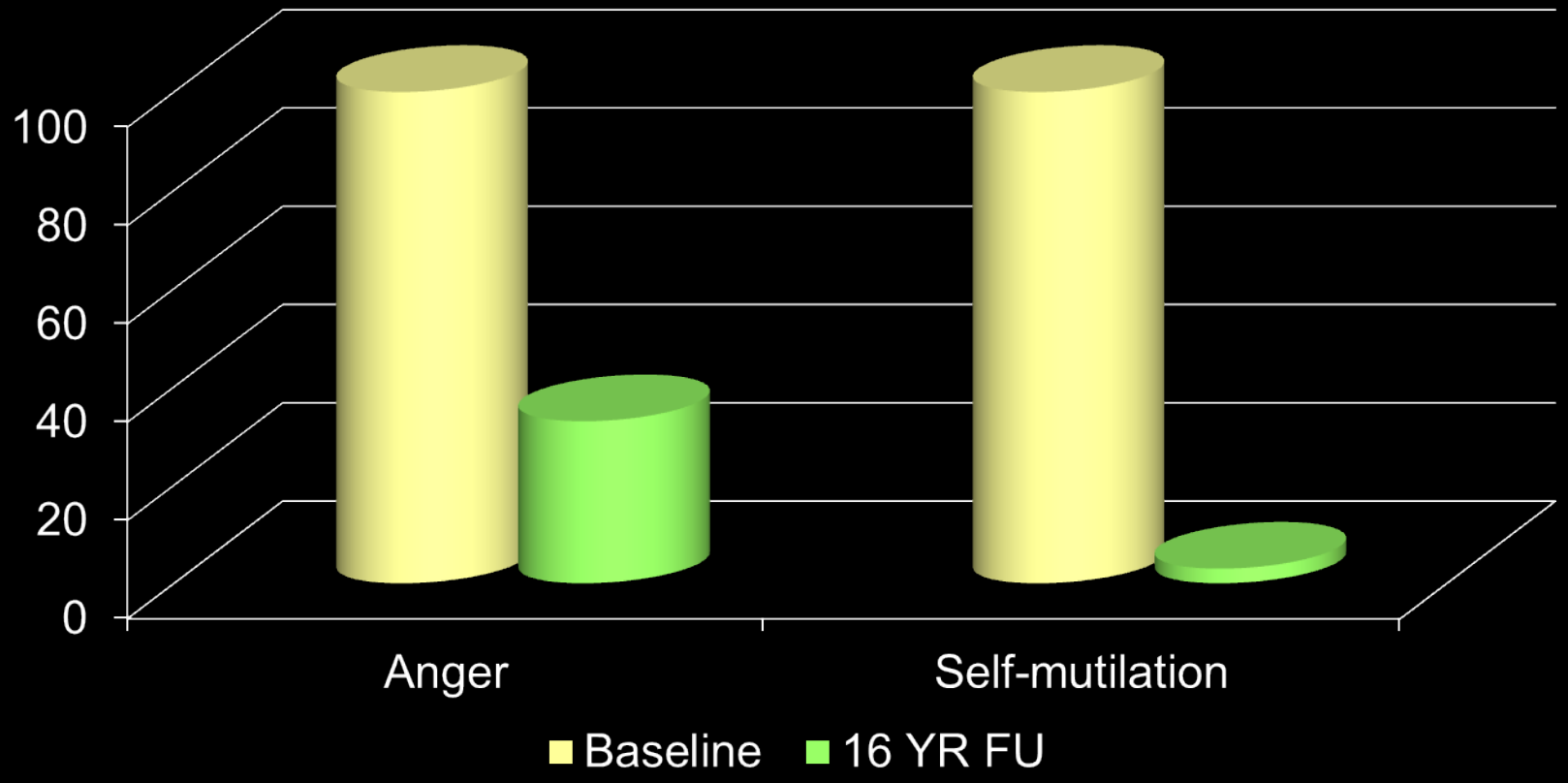
Adapted from: Zanarini MC, et al. *Am J Psychiatry.* 2007;164:929-935.

Examples of Symptoms

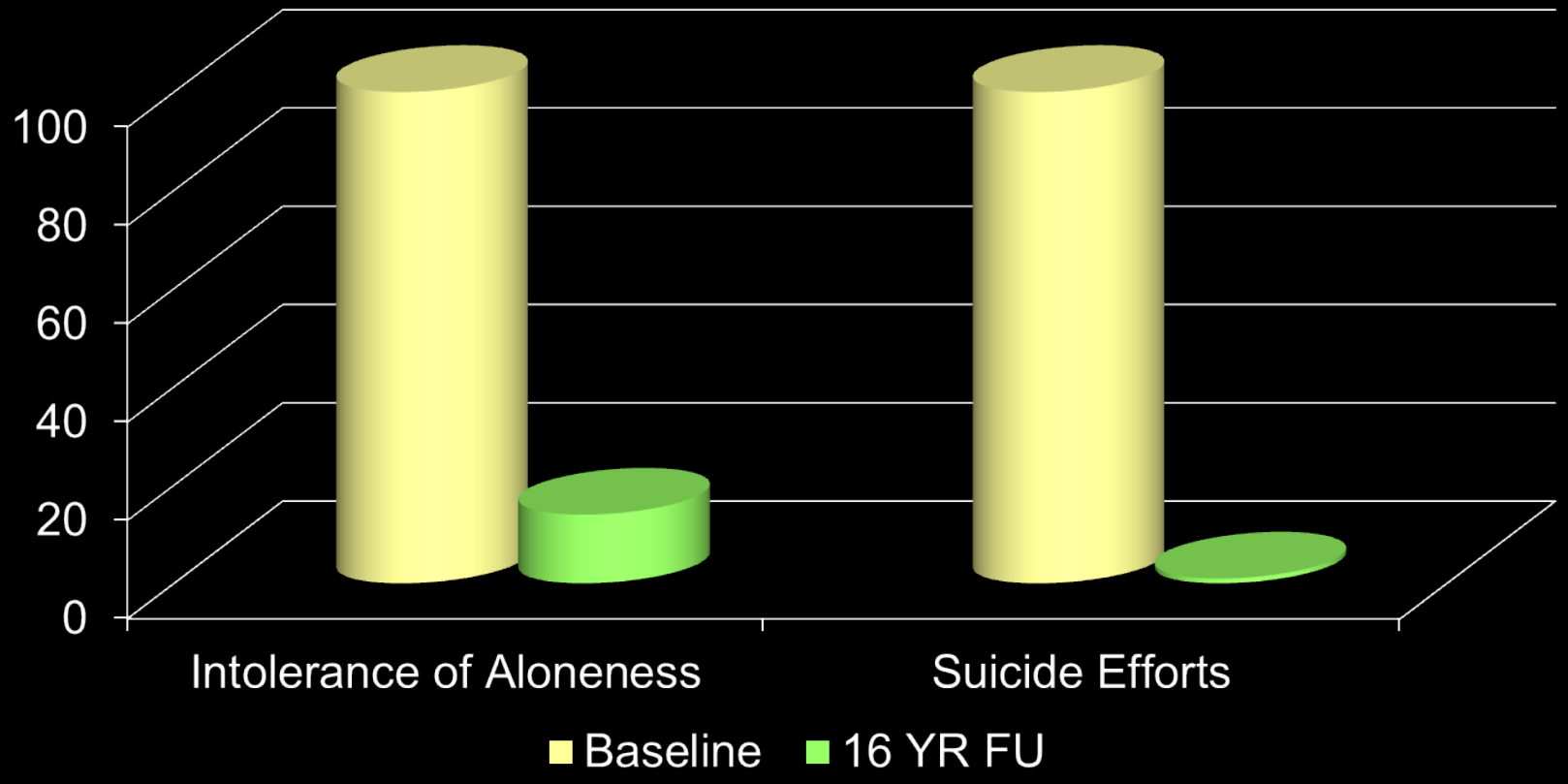
- Acute symptoms: self-mutilation, suicide efforts, quasi-psychotic thoughts
- Temperamental symptoms: angry feelings and acts, distrust and suspiciousness, abandonment concerns

Adapted from: Zanarini MC, et al. *Am J Psychiatry.* 2007;164:929-935.

Time-to-Remission of Chronic Anger and Self-mutilation



Time-to-Remission of Intolerance of Aloneness and Suicide Efforts



Course of 24 BPD Symptoms Studied

- Using two different methods of defining acute and temperamental symptoms among borderline patients
  - 12 symptoms were found to be acute in nature
  - And 12 symptoms were found to be temperamental in nature

Adapted from: Zanarini MC, et al. *Am J Psychiatry.* 2007;164:929-935.

Acute Symptoms I

- Affective Symptoms
  - Affective instability
- Cognitive Symptoms
  - Quasi psychotic thought
  - Serious identity disturbance
- Impulsive Symptoms
  - Substance abuse
  - Promiscuity
  - Self-mutilation
  - Suicide efforts

Adapted from: Zanarini MC, et al. *Am J Psychiatry.* 2007;164:929-935.

Acute Symptoms II

- Interpersonal Symptoms
  - Stormy relationships
  - Devaluation/manipulation/sadism
  - Demandingness/entitlement
  - Serious treatment regressions
  - Countertransference problems/”special” treatment relationships

Adapted from: Zanarini MC, et al. *Am J Psychiatry.* 2007;164:929-935.

Temperamental Symptoms I

- Affective Symptoms
  - Depression
  - Helplessness/hopelessness/worthlessness
  - Anger
  - Anxiety
  - Loneliness/emptiness
- Cognitive Symptoms
  - Odd thought (e.g., overvalued ideas)/unusual perceptual experiences (e.g., depersonalization)
  - Nondelusional paranoia

Adapted from: Zanarini MC, et al. *Am J Psychiatry.* 2007;164:929-935.

Temperamental Symptoms II

- Impulsive Symptoms
  - Other forms of impulsivity (e.g., eating binges, spending sprees, reckless driving)
- Interpersonal Symptoms
  - Intolerance of aloneness
  - Abandonment/engulfment/annihilation concerns
  - Counterdependency
  - Undue dependency/masochism

Adapted from: Zanarini MC, et al. *Am J Psychiatry.* 2007;164:929-935.

Symptoms That Resolve Most Rapidly

- Those reflecting core areas of impulsivity (e.g., self-mutilation, suicide efforts)
- Active attempts to manage interpersonal difficulties (e.g., stormy relationships, devaluation/manipulation/sadism)

Adapted from: Zanarini MC, et al. *Am J Psychiatry.* 2007;164:929-935.

Most Stable Symptoms

- Affective symptoms reflecting areas of chronic dysphoria (e.g., anger, loneliness/emptiness)
- Interpersonal symptoms reflecting abandonment and dependency issues (e.g., intolerance of aloneness, counter-dependency problems)

Adapted from: Zanarini MC, et al. *Am J Psychiatry.* 2007;164:929-935.

Recovery from BPD

- Recovery is defined as having a concurrent remission from BPD and good social and vocational functioning
  - This psychosocial functioning is defined as at least 1 emotionally sustaining relationship with a friend or romantic partner **and**
  - A good vocational performance, a sustained vocational history, **and** full-time vocational engagement

Adapted from: Zanarini MC, et al. *Am J Psychiatry.* 2012;169:476-483.

Recovery

- Is more difficult to attain than symptomatic remission, particularly sustained recoveries lasting 4-8 years
  - 60% achieve a two-year recovery
  - 54% achieve a four-year recovery
  - 44% achieve a six-year recovery
  - 40% achieve an eight-year recovery

Adapted from: Zanarini MC, et al. *Am J Psychiatry*. 2012;169:476-483.

Loss of Recovery

- Is somewhat more common than symptomatic recurrences
  - After Recoveries Lasting 2 Years: 44%
  - After Recoveries Lasting 4 Years: 32%
  - After Recoveries Lasting 6 Years: 26%
  - After Recoveries Lasting 8 Years: 20%

Adapted from: Zanarini MC, et al. *Am J Psychiatry*. 2012;169:476-483.

Reasons for Difficulty Attaining or Maintaining Recovery

- Inability to work or go to school consistently and competently
- On a full-time basis
- 47% are on disability and not working at 16-year follow-up

Adapted from: Zanarini MC, et al. *Acta Psychiatr Scand.* 2010;122:103-109.

Axis II Comparison Subjects

- More stable rates of symptomatic remission
  - 99% have a two-year remission and 97% have an eight-year remission
- Higher and more stable rates of recovery
  - 85% have a two-year recovery and 75% have an eight-year recovery

Predictors of Time to Recovery from Borderline Personality Disorder

- No prior hospitalizations
- Good vocational history
- Higher IQ
- No anxious cluster personality disorder
- Higher trait extraversion
- Higher trait agreeableness

Adapted from: Zanarini MC, et al. *Acta Psychiatr Scand.* 2014;130:205-213.

Nature of Significant Predictors

- Lack of chronicity
  - No prior hospitalizations
- Competence
  - Good vocational history and higher IQ
- Temperament
  - Lower avoidance and higher positive emotion and compassion for others

Non-significant Predictors

- Childhood adversity
  - Sexual abuse, severity of other forms of abuse, severity of neglect
- Adult adversity
  - Physical and/or sexual assault
- Family history of psychiatric disorder
- Axis I psychopathology

Psychiatric Treatment

- Mostly treated in community
- About 70% of patients with BPD are in individual therapy and taking standing medications during all 8 follow-up periods
- However, rate of psychiatric hospitalization declined from 100% at baseline to 24% at 16-year follow-up

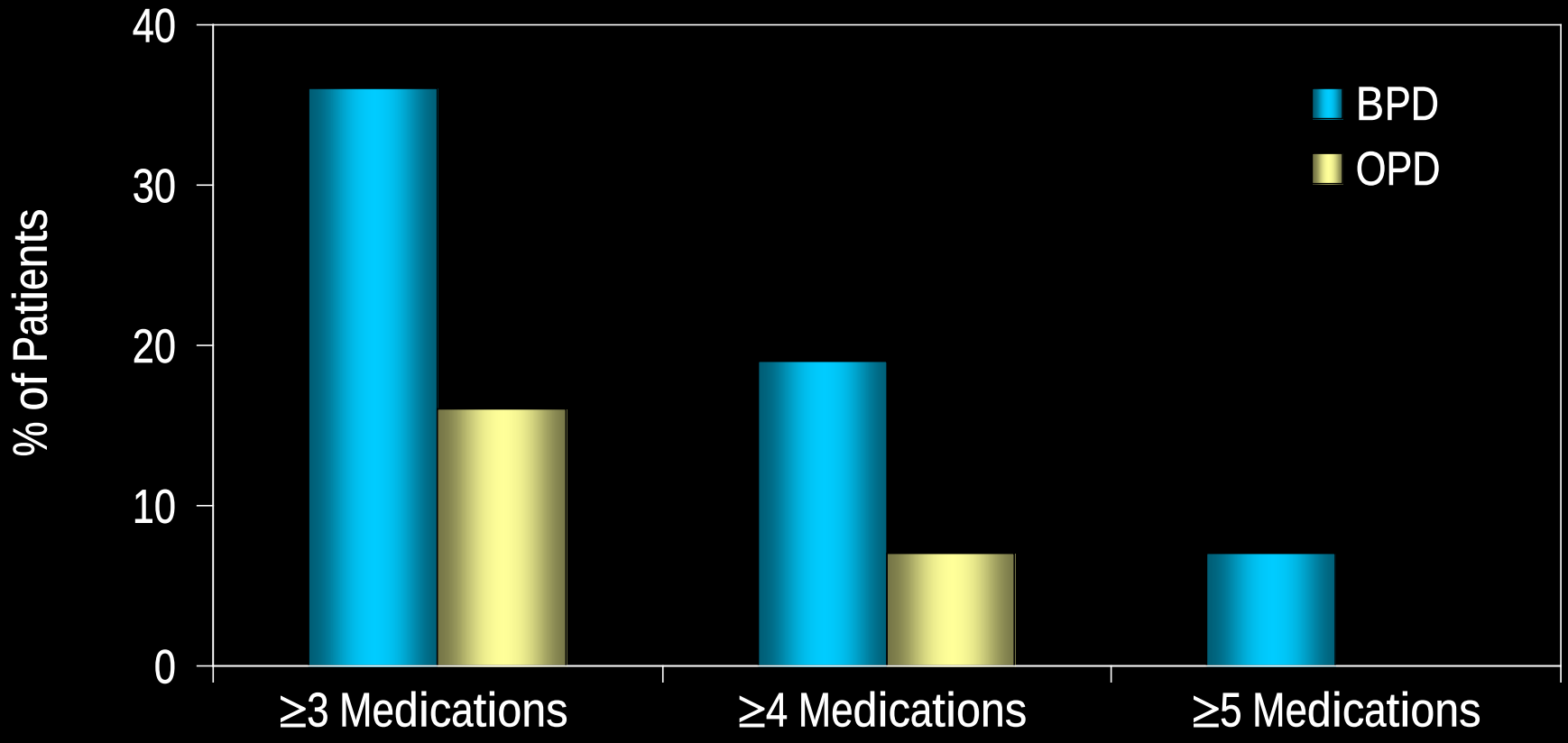
Adapted from: Zanarini, et al. *Psychiatr Serv. 2015;66:15-20*.

Rehabilitation Model

- Some borderline patients may need to be treated with such a model
  - As they have difficulty working consistently and competently
  - Have trouble managing everyday tasks
  - Often back away from anxiety provoking situations, including in the social realm
  - And struggle with sleep and pain management

Adapted from: Zanarini MC, et al. *Acta Psychiatr Scand.* 2010;122:103-109.

Polypharmacy at 16-Year Follow-Up



Adapted from: Zanarini, et al. *Psychiatr Serv. 2015;66:15-20*.

Polypharmacy and Borderline Personality Disorder

- No empirical evidence for its efficacy
- Associated with high rates of obesity
- Which, in turn, is associated with elevated rates of
  - Osteoarthritis
  - Diabetes
  - Hypertension
  - Chronic back pain
  - Urinary incontinence
  - Gastroesophageal reflux disorder
  - Gallstones

Adapted from: Frankenburg FR & Zanarini MC. *J Pers Disord.* 2006;20:71-80.

Other Health Findings

- Non-recovered borderline patients in worse physical health
  - 37% (vs. 16%) had a poorly understood syndrome
- More likely to make poor health-related life style choices
  - 34% (vs. 16%) are smoking a pack of cigarettes a day
- And use costly forms of medical care
  - 40% (vs. 17%) had medical hospitalization

Adapted from: Keuroghlian et al. J Psychiatr Res. 2013;47:1499-1506.

Suicide and Other Deaths

- 5.2% of borderline patients have committed suicide after 22 years of partially complete follow-up
- 6.9% have died of natural causes or accidents over the course of the study to date
- Only one comparison subject has committed suicide and two others have died of other causes

Main Findings

- 99% of patients with BPD experience a remission of their BPD
- Recurrences of BPD are relatively rare
- The course of BPD is very different from that of mood disorders where remission occurs more rapidly but recurrences are more common

Main Findings (cont.)

- BPD seems to be comprised of two types of symptoms
  - Acute symptoms
  - Temperamental symptoms

Main Findings (cont.)

- Recovery from BPD is more difficult to attain than remission from BPD alone
- However, it is relatively stable once attained

Main Findings (cont.)

- Completed suicide is substantially less common than the expected 10%
- This may be due to more trauma-sensitive or supportive treatments

Main Findings (cont.)

- Prediction of time to recovery is multifactorial in nature
  - Involves factors that are routinely assessed in treatment
  - And other factors, particularly aspects of temperament, that are not

Conclusions

- Symptomatic course, particularly for acute symptoms, is substantially better than previously known
- Other areas, such as vocational functioning and physical health, have a more guarded outcome
- Treatments of proven efficacy have been developed but are not widely available