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

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.
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

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

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.
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%

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

Collaborative Longitudinal Personality Disorders Study (CLPS)

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

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.

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

Temperamental Symptoms

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

Examples of Symptoms

► Acute symptoms: self-mutilation, suicide efforts, quasi-psychotic thoughts

► Temperamental symptoms: angry feelings and acts, distrust and suspiciousness, abandonment concerns

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

- **Anger:**
  - Baseline: [Value]
  - 16 YR FU: [Value]

- **Self-mutilation:**
  - Baseline: [Value]
  - 16 YR FU: [Value]
Time-to-Remission of Intolerance of Aloneness and Suicide Efforts

![Bar chart showing comparison between baseline and 16-year follow-up (FU) for Intolerance of Aloneness and Suicide Efforts. The chart displays a significant decrease in both measures from baseline to 16-year follow-up.]
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

Acute Symptoms

- **Affective Symptoms**
  - Affective instability

- **Cognitive Symptoms**
  - Quasi psychotic thought
  - Serious identity disturbance

- **Impulsive Symptoms**
  - Substance abuse
  - Promiscuity
  - Self-mutilation
  - Suicide efforts

Acute Symptoms II

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

Temperamental Symptoms

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

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

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)

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)

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

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

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%

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

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

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

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

Polypharmacy at 16-Year Follow-Up

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

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

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.