

Primary Care for the Patient with Borderline Personality Disorder

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Objectives

- Empathetically understand behavior patterns in patients with BPD
- Manage maladaptive behaviors which may interfere with medical care
- Manage negative emotions which arise in the care of these patients
- Help patients access effective treatment

“From the moment of birth, every human being wants happiness and does not want suffering.”

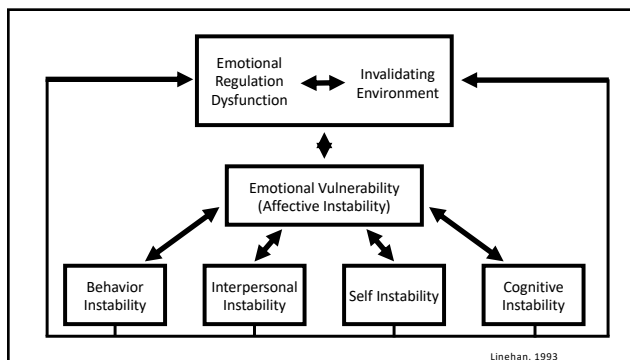
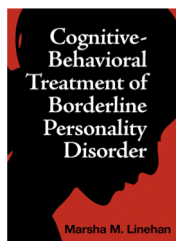
- Tenzin Gyatso; The Fourteenth Dalai Lama

DSM Criteria for BPD

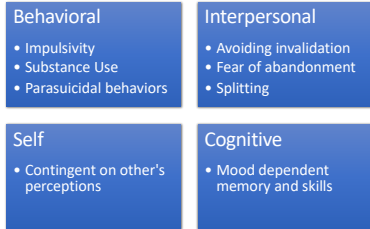
- Affective**
- Inappropriate, intense anger or difficulty controlling anger
 - Chronic feelings of emptiness.
 - Affective instability
- Cognitive**
- Transient, stress-related paranoid ideation or severe dissociative symptoms.
 - Unstable self-image or sense of self.
- Behavioral**
- Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior.
 - Impulsivity that is potentially self-damaging
- Interpersonal**
- Frantic efforts to avoid real or imagined abandonment.
 - Unstable and intense interpersonal relationships

Marsha Linehan biosocial theory of BPD

- High emotional vulnerability
- High emotional intensity
- Difficulty modulating resultant emotions
- Maladaptive behaviors to relieve distress
- Sensitivity to invalidation



Four Domains of Instability



Medical School Teaching About BPD

- Manipulative
- Dishonest
- Attention-seeking
- Needy

"From the moment of birth, every human being wants happiness and does not want suffering."

Epidemiology and Prognosis

- Lifetime prevalence: 2-6%
- Gender distribution: 75% female
- 10% risk of death by suicide
- Increased prevalence of:
 - Substance use disorder
 - Irritable bowel syndrome
 - Osteoarthritis
 - Diabetes
 - Obesity
 - Prescribed opioid use

Biskin, 2015

Natural History

- McLean Study of Adult Development
- 1992 - Present
 - 290 patients with BPD
 - Mean age 27
 - Mean GAF 39

| Global Assessment of Functioning (GAF) | |
|--|---|
| 91-100 | Enlightenment |
| 81-90 | Minimal symptoms, no dysfunction |
| 71-80 | Transient symptoms, slight dysfunction |
| 61-70 | Mild symptoms or mild dysfunction |
| 51-60 | Moderate symptoms or moderate dysfunction |
| 41-50 | Serious symptoms or serious dysfunction |
| 31-40 | Impaired reality testing or communication, major dysfunction in multiple domains |
| 21-30 | Behavior considerably influenced by delusions/hallucinations. Seriously compromised communication/judgement |
| 11-20 | Some danger of self-injury or self-neglect |
| 1-10 | Persistent danger of self-injury or self-neglect |

Zanarini, 2018

Natural History

- At 16 year follow up
- 78% had achieved 8 year remission
 - 10% relapsed
- At 20 year follow up
- GAF ≥ 61 in 60%
 - GAF ≥ 71 in 40%

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Zanarini, 2018

Natural History

Collaborative Longitudinal Personality Disorders Study (1996 – 2006)

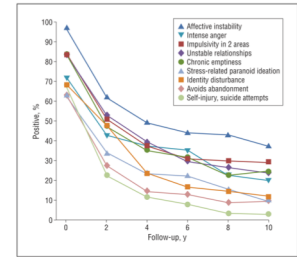
- 175 patients with BPD
 - Mean age 32
 - Mean GAF 53

Gunderson, 2011

Natural History

Collaborative Longitudinal Personality Disorders Study (1996 – 2006)

- 175 patients with BPD
 - Mean age 32
 - Mean GAF 53
- At 10 years follow up
 - 91% no longer met full BPD criteria
 - GAF ≥71 in 21%



Gunderson, 2011

Treatment - Psychotherapy

| Psychotherapy | Symptom Improvement | Citation |
|------------------------------------|--|-------------------------------|
| Dialectical behavior therapy | Suicidality, parasuicidality, depression, anxiety, anger | Cochrane 2012 (PMID 22895952) |
| Mentalized behavior therapy | Suicidality, parasuicidality, depression, interpersonal problems | Bateman 2009 (PMID 19833787) |
| Transference-focused psychotherapy | Suicidality, parasuicidality, BPD total severity | Doering 2010 (PMID 20435966) |

Treatment - Psychopharmacology

| Medication | Symptom Effect | Citation |
|---------------|---|--|
| Haloperidol | ↓ Anger | Soloff et al, 1986 |
| Olanzapine | ↓ Anger, mood instability | Zanarini, Frankenburg, 2001 |
| Aripiprazole | ↓ Anger, interpersonal problems, depression/anxiety | Nickel et al 2006 |
| Valproate | ↓ Interpersonal problems, depression | Hollander et al, 2001 Frankenburg, Zanarini, 2002 |
| Lamotrigine | ↓ Depression, impulsivity | Leiberich et al 2008 |
| Amitriptyline | ↓ Depression | Soloff et al, 1986 |
| SSRIs | Limited evidence for benefit | |

General principles of engagement

- Recognize invalidating behaviors
- Provide validation
- Encourage skill building
- Avoid reinforcing maladaptive behaviors
- Take suicidality seriously
- Refer for psychotherapy
- Avoid burnout

Validation and invalidation

| Patient prompt | Invalidating response | Validating alternative |
|--|---|--|
| "11/10 pain" | "It can't possibly be that bad" | "I can see this pain is incredibly distressing to you" |
| "I need an MRI because I know I have cancer" | "It's unlikely that cancer is the cause of your symptoms" | "I can understand why you might come to that conclusion" |

Encourage skill building

- Apparent competence can be misleading
- Intuitive skills can be hard to teach
- Teach emotion identification
- Enhance passive self-regulation
 - Deadlines
 - Lists
 - Schedules

Take suicidality seriously

- Patients will recover, but they need to survive long enough to do so
- Parasuicidal behavior is the greatest predictor of suicide
- ASQ
 - Passive suicidal ideation
 - Suicidal intention
 - History of suicide attempts
- SAFE-T (<http://www.sprc.org>)
 - Risk factors
 - Protective factors
 - Suicide inquiry
 - Risk assessment

Referral to psychotherapy

- Validate the distress
- Assure that you will continue treatment
- Be persistent

Finding a DBT therapist

- National
 - <https://behavioraltech.org/resources/find-a-therapist-app/>
- Shoreline
 - Sound DBT: <https://www.sound-dbt.com/>
 - Wise Mind: <https://www.wisemindtherapy.com/>
- Seattle
 - Columbia City DBT: <http://www.columbiacitydbt.com/>
 - Evidence-Based Treatment Centers: <http://ebtseattle.com/>
 - Greenlake Therapy Group: <https://www.greenlaketherapygroup.com/>
- Bellevue
 - Youth Eastside Services: <https://www.youtheastideservices.org/>
 - DBT Eastside: <http://www.dbteastside.com/>

Avoid burnout

- Recognize your effort
- Share the load with colleagues
- Maintain communication with your team
- Practice self care

Take Home Points

1. 1 in 20 of your patients have BPD
2. They are doing their best to manage intense distress
3. Spontaneous improvement is the norm
4. Only living patients can recover, take suicide seriously
5. Recognize invalidation in your language
6. Take care of yourself

Questions?

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