Recent Research On Emotionally Unstable (Borderline) Personality Disorder

Internet Mental Health: Editor's Choice


Comment in:


Recent advances in the treatment of borderline personality disorder.

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OBJECTIVE: To examine recent research on the treatment of borderline personality disorder (BPD). METHOD: A narrative review of all recent controlled trials of therapy for patients with BPD. RESULTS: Various psychotherapeutic and psychopharmacological methods can be used to reduce impulsivity and dysphoric mood in this disorder. CONCLUSION: There is strong support for well-structured forms of psychotherapy, but evidence for pharmacotherapy in BPD is mixed. Treatment can usually be carried out in an outpatient setting.

Publication Types:

- Review
- Review, Tutorial

PMID: 16127960 [PubMed - indexed for MEDLINE]


Major depression in patients with borderline personality disorder: a clinical investigation.

Bellino S, Patria L, Paradiso E, Di Lorenzo R, Zanon C, Zizza M, Bogetto F.
OBJECTIVE: Borderline personality disorder (BPD) is characterized by a high frequency of comorbidity with major depressive disorder (MDD). This study aimed to compare the clinical characteristics of 2 groups of patients with MDD: those with concomitant BPD and those with other concomitant personality disorders. METHODS: We assessed 119 outpatients, using a semistructured interview for demographic and clinical features, the Structured Clinical Interview for DSM-IV, Hamilton anxiety and depression scales, the Zung Self-Rating Depression Scale (ZSDS), the Social and Occupational Functioning Assessment Scale (SOFAS), the Sheehan Disability Scale, and the Revised Childhood Experiences Questionnaire. We performed a regression analysis, using the number of criteria for BPD as the dependent variable. RESULTS: Severity of BPD was positively related to the ZSDS score, to self-mutilating behaviours, and to the occurrence of mood disorders in first-degree relatives; it was negatively related to the SOFAS score and age at onset of MDD. CONCLUSIONS: Patients with comorbid MDD and BPD present differential characteristics that indicate a more serious and impairing condition with a stronger familial link with mood disorders than is shown by depression patients with other Axis II codiagnoses.

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The boundary between borderline personality disorder and bipolar disorder: current concepts and challenges.

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OBJECTIVE: The boundary between borderline personality disorder (BPD) and bipolar disorder (BD) is a controversial subject. Clinically, it can be difficult to diagnose patients who present with both affective instability and impulsivity. This paper reviews concepts and challenges related to the overlap of these disorders. METHODS: A Medline search was conducted, using the key words borderline personality disorder, bipolar disorder, affective disorder, and personality disorder. Reference lists from articles generated were also used. Publications from the last 20 years were considered. RESULTS: Studies demonstrate a greater cooccurrence between these 2 disorders than between BPD and other Axis I disorders or between BD and other Axis II disorders. Some authors suggest that many patients diagnosed with BPD are better described as having BD, that the bipolar classification is too narrow, or that BPD should be considered a variant of affective disorders. Others present evidence supporting BPD as a valid construct. Hypotheses about the relation between the 2 disorders and suggestions for clinical
practice are offered. **CONCLUSIONS:** There appears to be sufficient evidence to consider BPD to be a valid diagnosis. Both disorders apply to heterogeneous populations, and their characteristics require further clarification. In diagnostically challenging situations, careful consideration of a patient's longitudinal history is essential. Future research will be important to ensure that our diagnostic classifications reflect clinically useful entities.

**Publication Types:**

- Review

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**Comment in:**


**Axis II comorbidity of borderline personality disorder: description of 6-year course and prediction to time-to-remission.**

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**OBJECTIVE:** The purpose of this study was to compare the axis II comorbidity of 202 patients whose borderline personality disorder (BPD) remitted over 6 years of prospective follow-up to that of 88 whose BPD never remitted. **METHOD:** The axis II comorbidity of 290 patients meeting both DIB-R and DSM-III-R criteria for BPD was assessed at baseline using a semistructured interview of demonstrated reliability. Over 96% of surviving patients were reinterviewed about their co-occurring axis II disorders blind to all previously collected information at three distinct follow-up waves: 2-, 4-, and 6-year follow-up. **RESULTS:** Both remitted and non-remitted borderline patients experienced declining rates of most types of axis II disorders over time. However, the rates of avoidant, dependent, and self-defeating personality disorders remained high among non-remitted borderline patients. Additionally, the absence of these three disorders was found to be significantly correlated with a borderline patient's likelihood-of-remission and time-to-remission; self-defeating personality disorder by a factor of 4, dependent personality disorder by a factor of 3 1/2, and avoidant personality disorder by a factor of almost 2. **CONCLUSION:** The results of this study
suggested that axis II disorders co-occur less commonly with BPD over time, particularly for remitted borderline patients. They also suggest that anxious cluster disorders are the axis II disorders which most impede symptomatic remission from BPD.

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The longitudinal course of borderline psychopathology: 6-year prospective follow-up of the phenomenology of borderline personality disorder.

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OBJECTIVE: The syndromal and subsyndromal phenomenology of borderline personality disorder was tracked over 6 years of prospective follow-up.

METHOD: The psychopathology of 362 inpatients with personality disorders was assessed with the Revised Diagnostic Interview for Borderlines (DIB-R) and borderline personality disorder module of the Revised Diagnostic Interview for DSM-III-R Personality Disorders. Of these patients, 290 met DIB-R and DSM-III-R criteria for borderline personality disorder and 72 met DSM-III-R criteria for other axis II disorders (and neither criteria set for borderline personality disorder). Most of the borderline patients received multiple treatments before the index admission and during the study. Over 94% of the total surviving subjects were reassessed at 2, 4, and 6 years by interviewers blind to previously collected information. RESULTS: Of the subjects with borderline personality disorder, 34.5% met the criteria for remission at 2 years, 49.4% at 4 years, 68.6% at 6 years, and 73.5% over the entire follow-up. Only 5.9% of those with remissions experienced recurrences. None of the comparison subjects with other axis II disorders developed borderline personality disorder during follow-up. The patients with borderline personality disorder had declining rates of 24 symptom patterns but remained symptomatically distinct from the comparison subjects. Impulsive symptoms resolved the most quickly, affective symptoms were the most chronic, and cognitive and interpersonal symptoms were intermediate.

CONCLUSIONS: These results suggest that symptomatic improvement is both common and stable, even among the most disturbed borderline patients, and that the symptomatic prognosis for most, but not all, severely ill borderline patients is better than previously recognized.

PMID: 12562573 [PubMed - indexed for MEDLINE]

Deliberate Self-Harm in a Nonclinical Population: Prevalence and Psychological Correlates

E. David Klonsky, M.A., Thomas F. Oltmanns, Ph.D., and Eric Turkheimer, Ph.D.

OBJECTIVE: Research on deliberate self-harm (intentionally injuring oneself without suicidal intent) has focused on clinical and forensic populations. Studying only these populations, which typically have serious psychopathology, may lead to inflated estimates of the association between self-harm and psychiatric disorder, as well as of the prevalence of deliberate self-harm. The present study investigated the prevalence and correlates of deliberate self-harm in a large group of nonclinical subjects.

METHOD: Participants were 1,986 military recruits, 62% of whom were men, who were participating in a study of peer assessment of personality traits and pathology. Individuals who did and did not report a history of self-harm were compared on measures of personality and psychopathology. The performance of self-harmers was compared on measures of personality and psychopathology.

RESULTS: Approximately 4% of the participants reported a history of deliberate self-harm. Compared with participants without a history of deliberate self-harm, self-harmers scored higher on self- and peer-report measures of borderline, schizotypal, dependent, and avoidant personality disorder symptoms and reported more symptoms of anxiety and depression. Item-level analyses indicated that peers viewed self-harmers as having strange and intense emotions and a heightened sensitivity to interpersonal rejection.

CONCLUSIONS: About one of every 25 members of a large group of relatively high-functioning nonclinical subjects reported a history of self-harm. Self-harmers had more symptoms of several personality disorders than non-self-harmers, and their performance across measures suggested that anxiety plays a prominent role in their psychopathology. Future research should investigate whether psychotherapies or psychiatric medications known to reduce symptoms of anxiety can be effective in treating deliberate self-harm.


Functional impairment in patients with schizotypal, borderline, avoidant, or obsessive-compulsive personality disorder.

Skodol AE, Gunderson JG, McGlashan TH, Dyck IR, Stout RL, Bender DS, Grilo CM, Shea MT, Zanarini MC, Morey LC, Sanislow CA, Oldham JM.

Collaborative Longitudinal Personality Disorders Study.

OBJECTIVE: The purpose of this study was to compare psychosocial
functioning in patients with schizotypal, borderline, avoidant, or obsessive-compulsive personality disorder and patients with major depressive disorder and no personality disorder. **METHOD:** Patients (N=668) were recruited by the four clinical sites of the Collaborative Longitudinal Personality Disorders Study. The carefully diagnosed study groups were compared on an array of domains of psychosocial functioning, as measured by the Longitudinal Interval Follow-Up Evaluation--Baseline Version and the Social Adjustment Scale. **RESULTS:** Patients with schizotypal personality disorder and borderline personality disorder were found to have significantly more impairment at work, in social relationships, and at leisure than patients with obsessive-compulsive personality disorder or major depressive disorder; patients with avoidant personality disorder were intermediate. These differences were found across assessment modalities and remained significant after covarying for demographic differences and comorbid axis I psychopathology. **CONCLUSIONS:** Personality disorders are a significant source of psychiatric morbidity, accounting for more impairment in functioning than major depressive disorder alone.

PMID: 11823271 [PubMed - indexed for MEDLINE]

**Psychiatric Aspects of Impulsivity.**

F. Gerard Moeller, M.D., Ernest S. Barratt, Ph.D., Donald M. Dougherty, Ph.D., Joy M. Schmitz, Ph.D., and Alan C. Swann, M.D.

**OBJECTIVE:** The authors discuss the relationship of impulsivity to psychiatric disorders and present selected hypotheses regarding the reasons for these relationships. **METHOD:** Previous research has shown significantly higher levels of impulsivity among patients with conduct disorder, personality disorders, substance use disorders, and bipolar disorder, compared to other psychiatric patients or healthy comparison subjects. A literature review of the theoretical bases of the relationship between these disorders and impulsivity is presented. Measurements of impulsivity and treatment options are discussed in relation to the physiology of impulsivity and the disorders in which it is a prominent feature. **RESULTS:** Impulsivity, as defined on the basis of a biopsychosocial approach, is a key feature of several psychiatric disorders. Behavioral and pharmacological interventions that are effective for treating impulsivity should be incorporated into treatment plans for these disorders. **CONCLUSIONS:** The high comorbidity of impulsivity and selected psychiatric disorders, including personality disorders, substance use disorders, and bipolar disorder, is in a large part related to the association between impulsivity and the biological substrates of these disorders. Before treatment studies on impulsivity can move forward, measures of
impulsivity that capture the core aspects of this behavior need to be refined and tested on the basis of an ideologically neutral model of impulsivity.


Treatment utilization by patients with personality disorders.

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OBJECTIVE: Utilization of mental health treatment was compared in patients with personality disorders and patients with major depressive disorder without personality disorder. METHOD: Semistructured interviews were used to assess diagnosis and treatment history of 664 patients in four representative personality disorder groups-schizotypal, borderline, avoidant, and obsessive-compulsive—and in a comparison group of patients with major depressive disorder. RESULTS: Patients with personality disorders had more extensive histories of psychiatric outpatient, inpatient, and psychopharmacologic treatment than patients with major depressive disorder. Compared to the depression group, patients with borderline personality disorder were significantly more likely to have received every type of psychosocial treatment except self-help groups, and patients with obsessive-compulsive personality disorder reported greater utilization of individual psychotherapy. Patients with borderline personality disorder were also more likely to have used antianxiety, antidepressant, and mood stabilizer medications, and those with borderline or schizotypal personality disorder had a greater likelihood of having received antipsychotic medications. Patients with borderline personality disorder had received greater amounts of treatment, except for family/couples therapy and self-help, than the depressed patients and patients with other personality disorders. CONCLUSIONS: These results underscore the importance of considering personality disorders in diagnosis and treatment of psychiatric patients. Borderline and schizotypal personality disorder are associated with extensive use of mental health resources, and other, less severe personality disorders may not be addressed sufficiently in treatment planning. More work is needed to determine whether patients with personality disorders are receiving adequate and appropriate mental health treatments.

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Frequency of Borderline Personality Disorder in a Sample of French High School Students

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Objective: To estimate the frequency of borderline personality disorder (BPD) in French high school students. Method: A random sample of high school students (n=1363) ranging in age from 13 to 20 years agreed to complete a questionnaire, the Screening Test for Comorbid Personality Disorders (STCPD); 107 of them volunteered to be interviewed. We assessed this group using the Revised Diagnostic Interview for Borderlines (DIB-R). We conducted a regression analysis to determine a cut-off for BPD diagnosis with the STCPD. Results: We estimated the overall frequency of BPD to be 10% for boys and 18% for girls. After a peak of frequency at age 14 years for both sexes, the frequency increased significantly again in late adolescence. Conclusion: This study found a high frequency of BPD in French adolescents, which adds to questions regarding the validity of diagnosing this disorder in adolescents.


Emotional responses in patients with borderline as compared with avoidant personality disorder.


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The aim of this study was to assess psychophysiological affect correlates, in addition to the usual self-report in borderline personality disorder (BPD) compared with avoidant personality disorder (APD) and normal controls (NCs), when responding to standardized experimental stimuli. In 24 BPD female patients, 23 APD female patients, and 27 female NCs, skin conductance response (SCR), heart rate (HR) change, and startle response were recorded while the subjects viewed slides with emotional content. Neither the self-report nor the psychophysiological data supported the hypothesis that affective responses of BPD individuals are generally stronger than those with APD. BPD patients showed no potentiation of the affective modulation of the startle reflex and their electrodermal reactivity was lower than in either the APD subjects or the NCs. The hypothesis of a general affective hyperresponsivity could not be confirmed. Low somatic arousal in BPD can interfere with the anticipation of signal stimuli and may explain the exaggerated...
openness borderline personalities show to stimuli, particularly in interpersonal situations.

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