

CLPS PERSPECTIVES ON BPD

- 1. Description**
- 2. Course**
- 3. Predictors**
- 4. Mediators/moderators**

BPD CRITERIA PERFORMANCE IN CLPS

<u>Factors¹</u> Criteria1	<u>Prevalence³ (%)</u>			2 Year Dxic Effic ⁴	2 Year Pxic Signif. ⁵	<u>Relation to:</u>	
	Baseline	4 Yr	10 Yr			MDD ⁶	SA/DSH ⁷
<u>Interpersonal</u>							
1) Aband.	60	15	17	+			
2) IUR	79	37	46	++			
3) Identity²	61	25	26				+
<u>Behavioral</u>							
4) Imp	81	40	25	--		-	+
5) SIB/Suicidality	60	16	8	++		+	
<u>Affective</u>							
6) Aff Instab	95	43	64			++	++
7) Empty	71	42	25	-		++	
8) Anger	87	43	50			+	
9) Psychotic-like²	68	22	20			+	

1. Criteria are listed in the order of their diagnostic efficiency when they appeared in DSM IV (1994). As shown, this ordering conformed significantly to their factor structure. Ratings in red highlight noteworthy distinctions (see text).

2. Sanislow et al. 2002. These criteria were factored into the interpersonal factor by CLPS

3. McGlashan et al. 2005 (see also figure 1 – Slide 3)

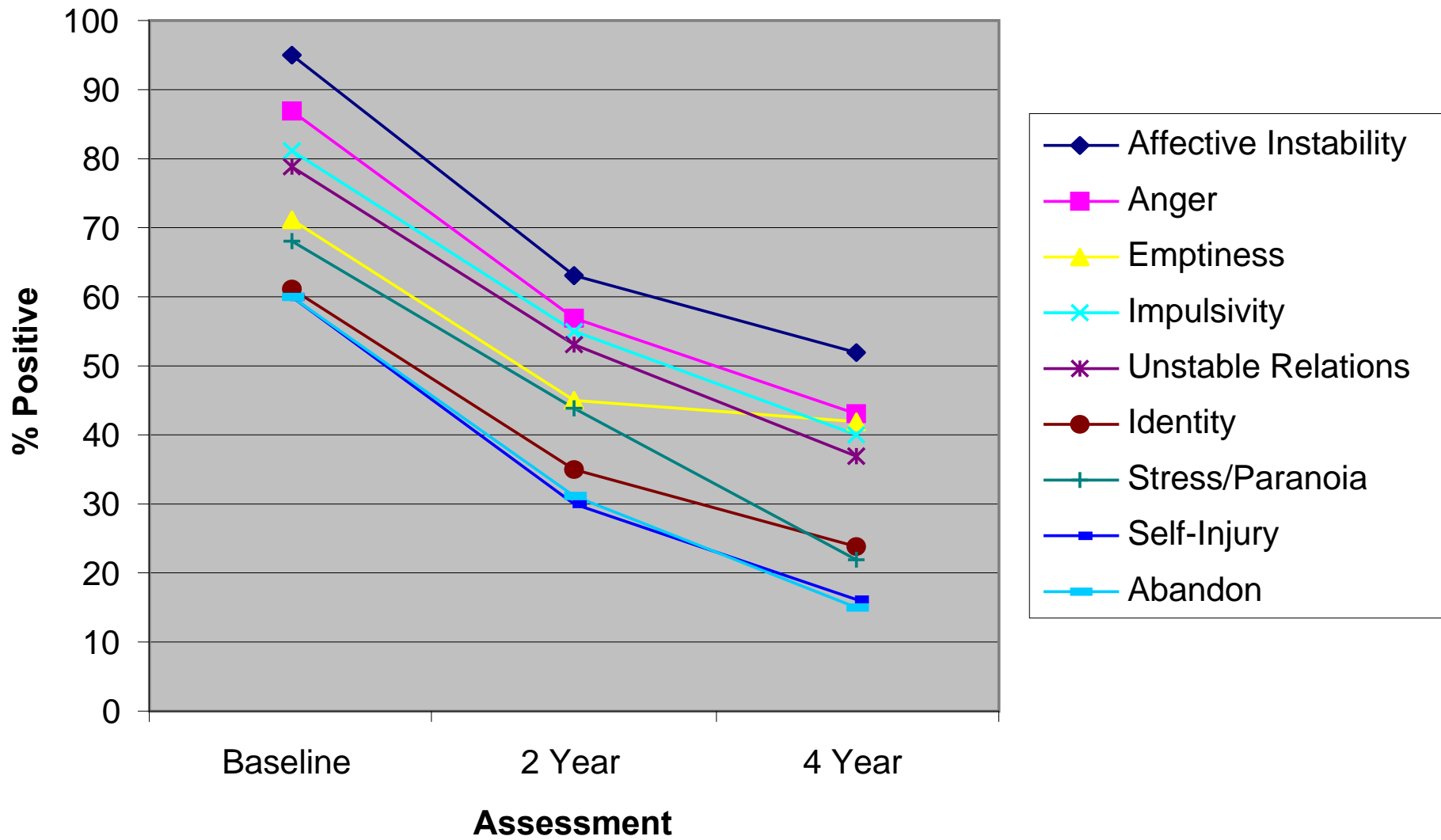
4. Grilo et al. 2007

5. Gunderson et al. 2006

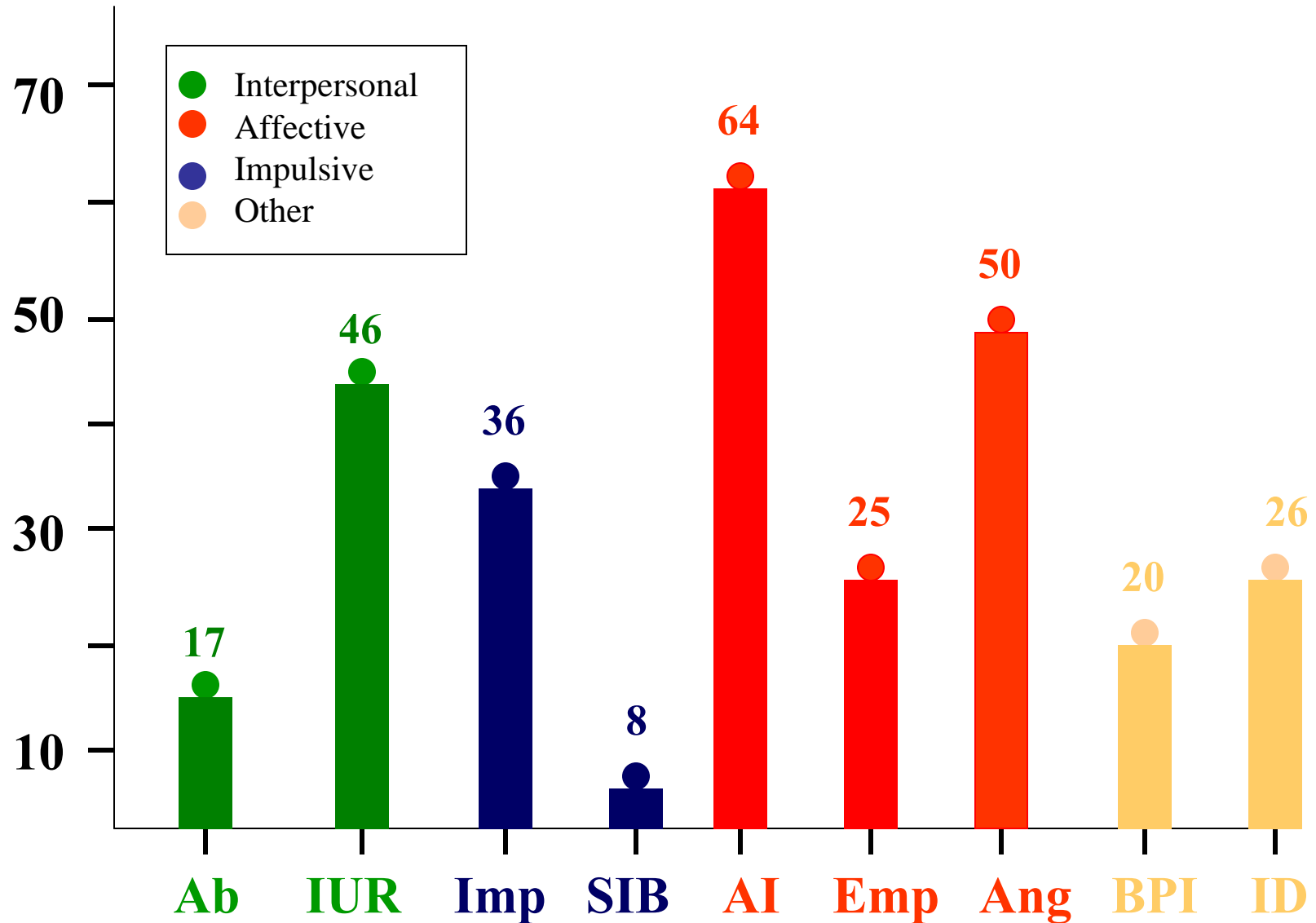
6. Gunderson et al. 2008 (6 year data) -- rates ability to predict remissions of co-occurring MDD

7. Yen et al. 2004 [? 2 year data] -- rates ability to predict suicidal acts (SA) or deliberate self-harm (DSH)

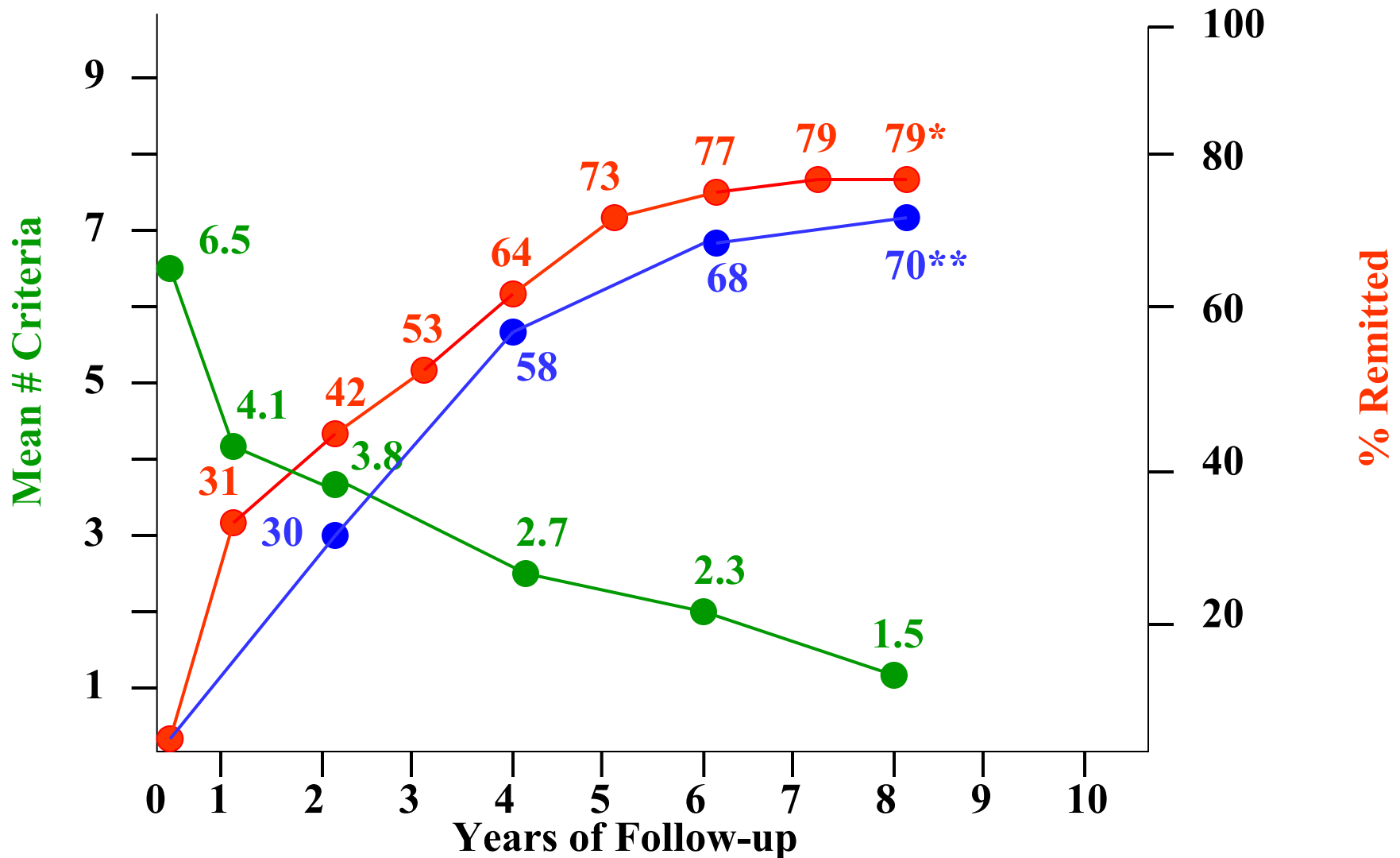
BPD CRITERIA CHANGE



Frequency* BPD Criteria @ 10 years



CLPS 8 Year Follow-up of BPD

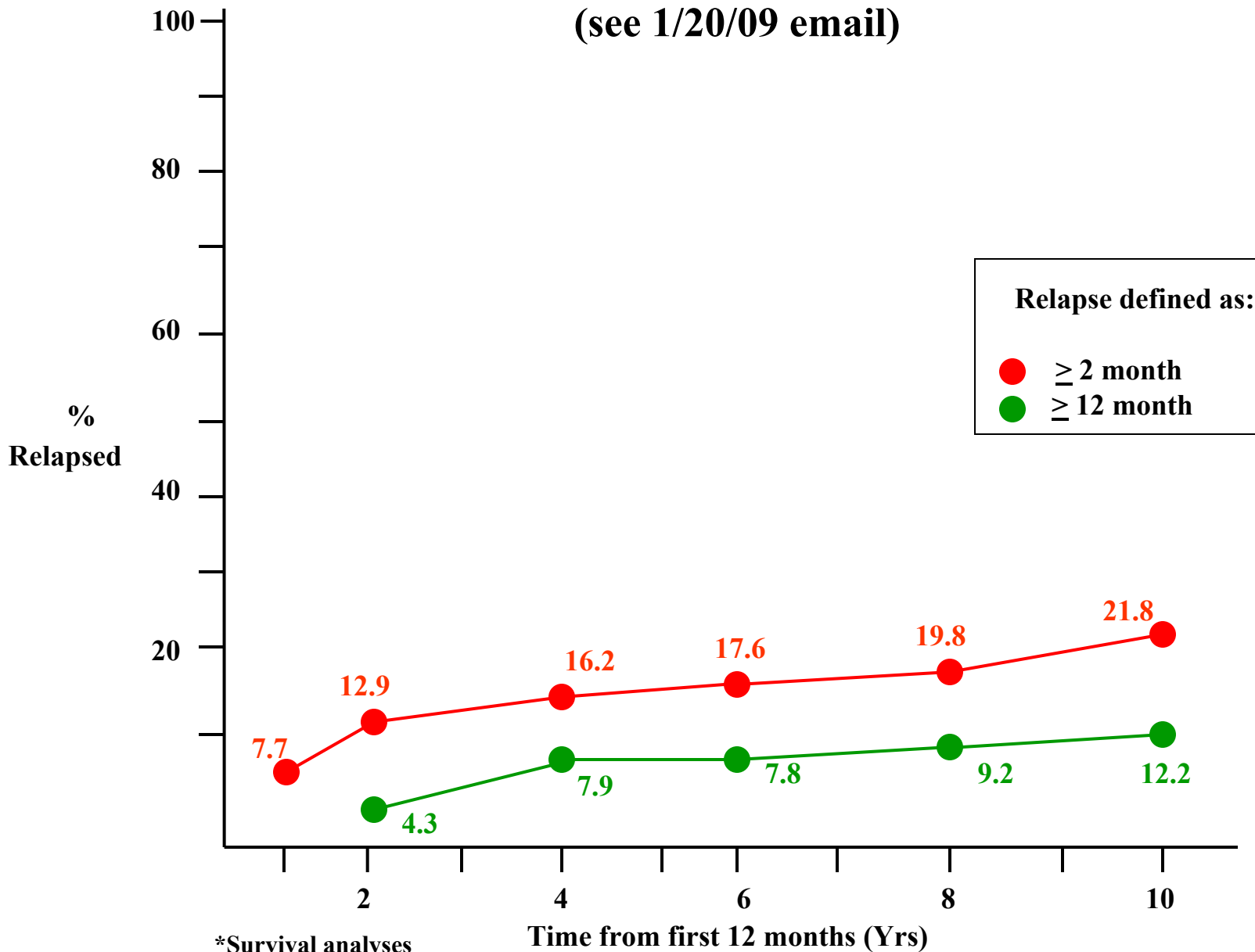


* Remission defined as ≤ 2 BPD criteria for ≥ 2 months. Median time 27 months

** Remission defined as ≤ 2 BPD criteria for ≥ 12 months. Median time 37 months

From Gunderson et al. unpublished ms. 2009

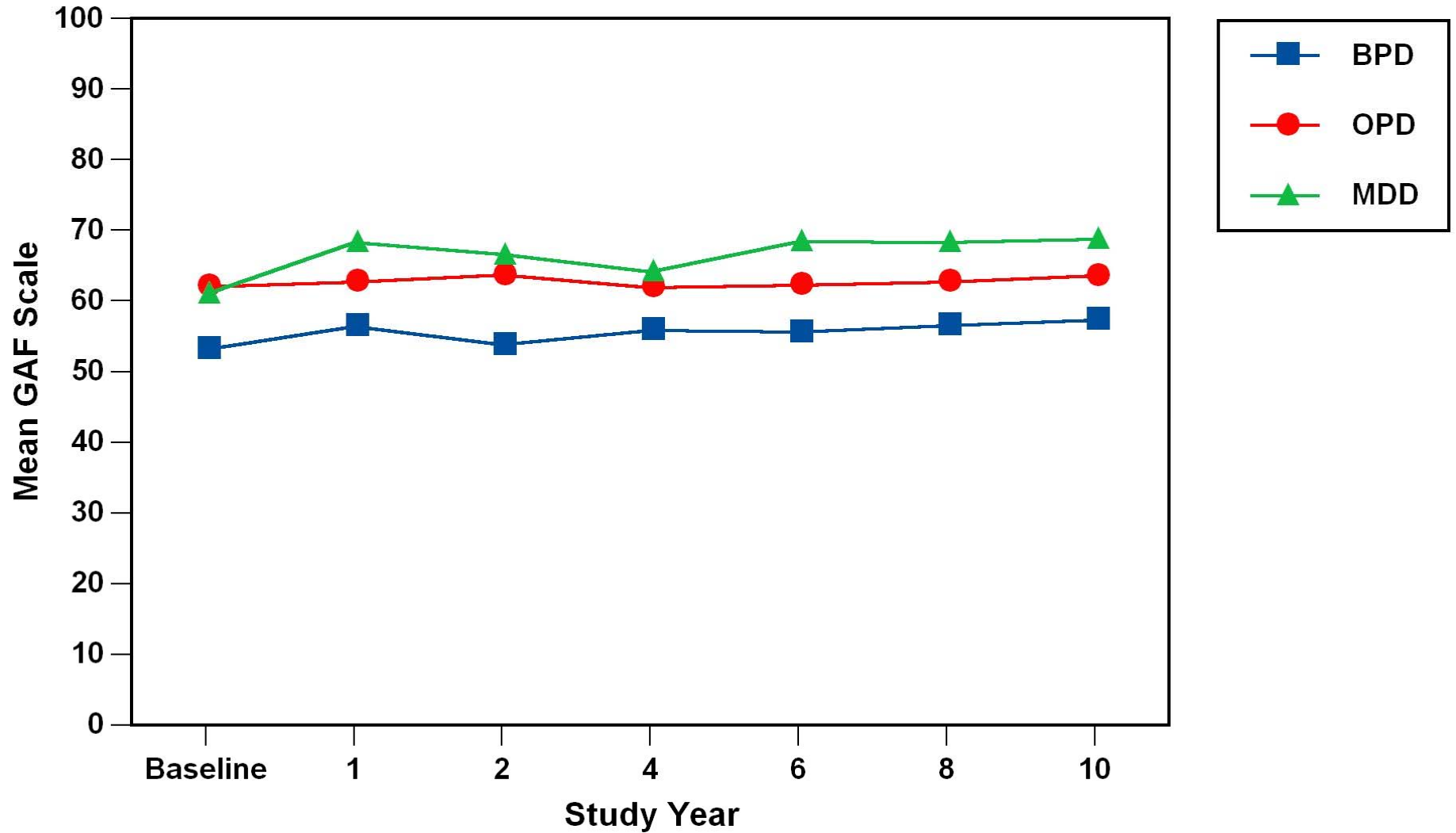
Ten Year Probability* of Relapse for BPD**
(see 1/20/09 email)



*Survival analyses

**DIPD Positive

MEAN GAF SCORES



PREDICTORS OF TWO YEAR OUTCOME

	<u># Criteria</u>	<u>GAF</u>
GAF	.005	.001
N BPD Criteria	.003	.009
Abuse/Neglect	ns	.015
Interpersonal Relations (Crit)	.004	ns
All Relations (LIFE)	ns	.046

MEDIATORS/MODERATORS

- 1. Stress**
- 2. Treatment**
- 3. Comorbidity**
- 4. Childhood antecedents**

BPD & STRESS (CLPS)

- **↑ number of stressful life events**
- **↑ sensitivity to interpersonal stressors**
 - **having children**
 - **↑ loss of function**
 - **prompts suicidal acts**
- **↓ stress associated with remission**

TREATMENT EPISODES PER 6 MONTHS

	<u>BPD</u>	<u>MDD</u>	<u>RATIO</u>
MEDICATIONS	3.6	3.4	1:1
INDIV. PRX	18	9	2:1
ER VISITS	.5	.04	12:1
HOSPITALIZATIONS	.34	.04	8:1
(N of Days)	(3.7)	(.65)	6:1

BPD (N = 175) TREATMENT (FREQUENCY)

	<u>H/O</u>	<u>Yr 1</u>	<u>Yr 2</u>	<u>Yr 3</u>
Individual therapy	95%	85%	69%	64%
ER Visits	--	31%	25%	21%
Hospitalizations (days)	72%	31%	28%	22%
Medications	--	69%	66%	68%

INTERACTIONS OF AXIS I WITH BPD

Effect

Co-Occurring Axis I Disorder

Subst Ab

MDD

Bipolar

ED

↓ **BPD**
Course

NO

?

NO

NO

↓ **Axis I**
Course

YES

YES

YES

YES

↑ **Med Use**

?

YES

YES

?

IMPLICATIONS: CONSTRUCT

- **Earlier and more dramatic rates of remission**
- **Relatively immune to relapses**
- **Positive (symptom-like) and Negative (trait-like) components**
- **Frequently recurrent axis I episodes**
- **Modest functional improvement**

IMPLICATIONS: DSM V

- **Diagnostic algorithm should reflect three sectors**
- **Belongs on Axis I**

IMPLICATIONS: TREATMENT

- **Good outcome does not depend on long-term BPD-specific psychotherapy**
- **Short term interventions can have long term effects**
- **Social rehabilitation goals need to be more central**