Borderline Personality Disorder
NEA-BPD Meet and Greet
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John M. Oldham, M.D.
Senior Vice President and Chief of Staff
The Menninger Clinic;
Professor and Executive Vice Chair
Menninger Department of Psychiatry and Behavioral Sciences
Baylor College of Medicine;
President, American Psychiatric Association
“Why are you the way you are?”
Personality = Temperament + Character
DSM-IV Definition of Personality Disorder

An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual’s culture. This pattern is manifested in two (or more) of the following areas:

1. Cognition
2. Emotions
3. Interpersonal functioning
4. Impulse control
Personality “Order” or “Disorder”

Q  Since everyone has a personality, how do we decide what a personality disorder is?

A  Having too much or too little of normal traits can cause problems in functioning (like high blood pressure or low blood pressure).
Borderline Personality Disorder (BPD)
APA DSM-IV Criteria
(At least 5 must be present)

1. Fear of abandonment
2. Difficult interpersonal relationships
3. Uncertainty about self-image or identity
4. Impulsive behavior
5. Self-injurious behavior
6. Emotional changeability or hyperactivity
7. Feelings of emptiness
8. Difficulty controlling intense anger
9. Transient suspiciousness or “disconnectedness”
Heterogeneity of BPD

- DSM-IV - defined BPD is an extremely heterogeneous construct (Est. 256 varieties)
- Mix of unstable, stress-induced symptoms and stable personality characteristics (i.e., dimensional traits)
Patients with BPD Have Severe Impairment in Functioning

- Common history of childhood trauma
- Mistrustful of others, yet cling to others for “life support”
- High internal levels of anxiety and distress
- Stormy interpersonal relationships
- High family stress
- Difficulty keeping jobs
- Overemotional and impulsive
- Self-injurious behavior
High Suicide Risk in Patients with BPD

8 – 10 % commit suicide
60 – 70 % make suicide attempts
BPD Causes and Risk Factors

- BPD evolves in the presence of biological vulnerability, psychological adversity, and social stressors.
- No single factor accounts for the disorder. BPD cannot be understood without considering a broad range of risks.
- One cannot assume that patients with a typical clinical picture will have a specific pattern of risk.
- One cannot assume that patients with a specific pattern of risk will develop BPD.

- Paris, 2008
BPD as a Personality Disorder Emerging from the Interaction of Underlying Genetically-Based Traits

Impulsive aggression and affective instability = heritable endophenotypes that would contribute significantly to development of BPD

Siever et al., 2002
Borderline Personality Disorder

Insecure Attachment

Endophenotypes
- Impulsive aggression
- Affect instability

Unstable Interpersonal Relationships
- Excessive intensity
- Overvalued Expectations
- Unfounded Anxieties
- Cognitive-Perceptual Symptoms
Amygdala-Prefrontal Disconnection in BPD

Normal: prefrontal cortex $\rightarrow$ inhibitory control over amygdala

BPD: Absence of normally tight coupling
$=\ $ disconnect between orbital frontal cortex and amygdala
$\rightarrow$ failure to downregulate amygdala in response to aversive stimuli

- New et al., 2007
Normal

Cortex (thought center)

Amygdala (emotion center)
Borderline

**Cortex** (thought center)

**Amygdala** (emotion center)
BPD Treatment

- Psychotherapy is the treatment of choice
- Many types of psychotherapy are effective
- Medications can help but should be adjunctive, symptom-targeted, and usually time-limited
APA Practice Guidelines Work Group on Borderline Personality Disorder

John Oldham, M.D. (Chair)
Glen Gabbard, M.D.
Marcia Goin, M.D., Ph.D.
John Gunderson, M.D.
Paul Soloff, M.D.
David Spiegel, M.D.
Michael Stone, M.D.
Katherine Phillips, M.D.
Types of Psychotherapy for BPD

1. Mentalization-Based Therapy (MBT)
2. Dialectical Behavior Therapy (DBT)
3. Schema-Based Therapy (SBT)
4. Transference-Focused Therapy (TFT)
5. General Psychiatric Management (GPM)
6. Cognitive Behavioral Therapy (CBT)
7. Systems Training for Emotional Predictability and Problem Solving (STEPPS)
Overview of Psychotherapy for BPD

- Four manualized psychosocial treatments
  1. Dialectical Behavior Therapy
  2. Mentalization-Based Therapy
  3. Schema-Focused Therapy
  4. Transference-Focused Therapy
- All are effective to selected aspects of borderline psychopathology, especially self-mutilation and suicide attempts
- Symptoms relating to temperament are relatively slow to resolve

- Zanarini, 2009
Psychotherapy, involving learning and memory, leads to:

- Gene activation
- Protein synthesis
- Increased intercellular connections
- Neurogenesis
Four Essentials of Effective BPD Treatment

1. Establishment of a strong therapeutic alliance
2. Availability of skilled therapists
3. Funds / insurance coverage
4. Time

NOTE: THERE IS NO QUICK FIX
Greatest Stressors for Professionals

1. Patient anger
2. Suicide attempts
3. Threats of suicide

Hellman et al., 1988
Imagine the Impact of This

“Borderline Personality Disorder: The Disorder that Doctors Fear Most”

Cover, Time Magazine January 19, 2009
Why Israel Can't Win

The siege of Gaza may punish Hamas, but it won't make Israel safe. Why it is in peril like never before.

BY TIM McGIRK

PLUS: How Obama can forge a Middle East peace

BY MARTIN INDYK
Should the Name be Changed?

“Borderline personality disorder by any other name would still be as real, as disabling, and as necessary to treat, as other serious mental illnesses.”

- Thomas Insell, MD
  Director, National Institute of Mental Health
  Director’s Post, April 19, 2010
Longitudinal course
Collaborative Longitudinal Personality Disorders Study (CLPS)

• 5 Collaborative Sites
  Brown (Shea), Columbia (Skodol), Harvard (Gunderson), Yale (McGlashan), Texas A&M (Morey)

• 668 Patients Recruited Originally (+65)
  STPD (N= 86), BPD (N=175), AVPD (N= 158), OCPD (N= 154), MDD and no PD (N= 95)

• Followed Longitudinally for >14 Years
  To determine the stability of symptoms, diagnoses, dimensions, and functioning and to determine the predictors of clinical course
Diagnostic Remission (cumulative): Lifetest survival estimates

Remission definition:
- BPD $\geq$ 12 mo

Gunderson et al.
Functional Remission (GAF > 70 for 12 months): Lifetest survival estimates

Gunderson et al., Arch Gen Psych, 2011
Cost-effectiveness of BPD Treatment

- Patients with BPD given individual psychotherapy 2x/wk for 1 year
  - ↓ work absence (4.47 months vs. 1.37 month)
  - ↓ cost of health services (net savings of $18,000 per patient)

Hall et al., *J Ment Health Policy Econ*, 2001
The Good News

- BPD is treatable
- Treatment works
- With good treatment, and enough time, patients get better
Thank you for your interest!