Affective Instability in Borderline Personality Disorder

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Characteristics of Affective Instability

• Rapidly shifting between different emotional states, usually involving a negative emotion such as anxiety, depression, or anger

• These shifts may be triggered by events or may occur spontaneously

• Affective instability in borderline patients is typically thought of as occurring in reaction to events
DSM-IV BPD Affective Instability Criterion

- Affective Instability due to marked reactivity of mood (e.g. intense episodic dysphoria, irritability, or anxiety) usually lasting a few hours and only rarely more than a few days. The basic dysphoric mood of those with Borderline Personality Disorder is often disrupted by anger, panic, despair and is rarely relieved by periods of well-being or satisfaction.
Significance of Affective Instability in BPD

• Studies have identified affective instability, along with impulsivity and interpersonal difficulties, as one of the core features of BPD, (Sanislow et al. 2000)

• One study has found a correlation between affective instability and other DSM IV BPD symptoms: emptiness; inappropriate anger; identity disturbance; suicidal attempts, threats, acts (Koenigsberg et al. 2001)
Dimensions of Affective Instability

• Frequency of Mood Change
• Amplitude of Mood Change
• Temporal Dependency – Sequencing of Mood Changes (e.g. does anxiety tend to follow depression)
How is Affective Instability Studied

• Concurrent Self-report
• Retrospective Self-report
Cowdry et al (1991) used two visual analogue scales to compare mood lability between subjects with BPD (16), MD (10), PMS (15), and normals (24).

Visual analogue Scale ranged from “the worst I’ve ever felt” to “the best I’ve ever felt.”

Subjects completed morning and evening ratings for 14 days.
• BPD and PMS subjects had greater morning-to-morning and evening-to-evening variability of mood than subjects with MD or normals.

• BPD and PMS subjects had greater variability from morning to evening.

• BPD subjects had more random variability of mood than all other subjects
Cowdry et al (1991)
Ecological Momentary Assessment (EMA)

- Uses ambulatory data collection methods such as diaries or palm pilots to minimize need for retrospective self-reporting.

- Experiences are measured in the subject’s natural environment.

- Assessments capture information about immediate or near immediate experiences and require minimal retrospection.
EMA Assessment of Affective Instability in BPD and Depression

• Trull et al. (2008) assessed mood instability in 34 patients with BPD and 26 patients with depression without BPD using electronic diaries (Palm Pilots)
• Duration of study 28 days
• Recordings 6x/day
• Mood descriptors were from the Positive and Negative Affect Scale (PANAS) and PANAS-X
• Analysis focused on measures for: 1) hostility; 2) fear; 3) sadness
Results

• BPD patients did not report significantly different average levels of positive and negative emotions

• BPD patients had significantly more variability over time in positive and negative emotions
Retrospective Self-Report

• Affect Intensity Measure (AIM)
• Affective Lability Scale (ALS)
• Both AIM and ALS measure primarily affective traits (general emotional characteristics) not states (emotional characteristics over a relatively short period of time)
AIM

• Contains 40 items pertaining to both positive and negative emotions: guilt (3), anxiety (6), anger (1), emotional distress (2), sadness (1)

• Each item rated on 6 point scale: 1=never; 2=almost never; 3=occasionally; 4=usually; 5=almost always; 6= always
ALS

• Contains 54 items rated on 4 point scale:
  1= very uncharacteristic
  2= somewhat uncharacteristic
  3= somewhat characteristic
  4= very characteristic

• Contains 6 subscales: anger, anxiety, depression, elation, bipolar (depression-elation), anxiety-depression
Affective Instability in BPD and Bipolar Disorder

• Clinicians Frequently Misdiagnose BPD as Bipolar Disorder

• This may lead to inappropriate treatment that focuses largely on pharmacotherapy

• One study found that 24% of patients misdiagnosed with bipolar disorder met criteria for BPD (Zimmerman et al. 2010)
BPD as a Form of Bipolar Disorder

- Some researchers have proposed that BPD is part of a bipolar spectrum and is produced by a “cyclothymic” temperament (Perugi et al. 2003, Akiskal et al. 2006)

- Some of the same medications that stabilize mood in bipolar disorder (e.g. lamotrigine, valproic acid) also provide emotional stability in BPD (Reich et al. 2009)
Evidence That BPD not Part of Bipolar Spectrum

• Mood reactivity in BPD and bipolar disorder defined differently

• PTSD, Major Depression, and Substance Abuse occur more commonly than Bipolar Disorder in BPD patients (Zanarini et al. 2004)

• Studies of personality disorders in patients with Bipolar Disorder have shown that BPD does not occur more commonly than other personality disorder (Paris et al. 2007)
Affective Lability Questionnaire for Borderline Personality Disorder (ALQ-BPD)

• Self report questionnaire
• Covers the previous week
• 10 items
• Each item has two parts: frequency and intensity
• Generates subscales for frequency and intensity
Emotional Shifts Measured by the ALQ

- Euthymia-Depression
- Euthymia-Anxiety
- Euthymia-Anger
- Depression-Anxiety
- Anxiety-Depression
- Depression-Anger
- Anger-Depression
- Anxiety-Anger
- Anger-Anxiety
Frequency

0 = none
1 = once per week
2 = 2-3 times per week
3 = once per day
4 = more than once per day
Intensity

1 = Slight
2 = Moderate
3 = Large
4 = Extreme
ALQ Reactivity Item

What percentage of the time have changes in your mood occurred in reaction to the way someone treated you?

0  0-10% of the time
1  11-35% of the time
2  36-65% of the time
3  66-90% of the time
4  91-100% of the time
ALQ Study of Young Adults

• A study of 818 undergraduates at a large university used the ALQ and other self-report questionnaires to measure affective instability in BPD and Bipolar Disorders.
Results

• Subjects endorsing BPD criteria reported more frequent emotional shifts between the following emotions:
  - Euthymia-Depression
  - Euthymia-Anxiety
  - Anxiety-Depression
  - Depression-Anxiety
  - Depression-Anger
  - Anger-Depression
• Subjects with BPD reported more intense shifts from euthymia into depression and from anxiety into depression

• Compared to bipolar subjects, BPD subjects reported their emotional shifts were generally more likely to occur in reaction to interpersonal events

• But both BPD subjects reported emotional shifts in reaction to interpersonal events less than 50% of the time.
Frequency of Emotional Shifts

ALQ Score

Euthymia-Depression
Euthymia-Anxiety
Euthymia-Anger

BPD
Bipolar
Affective Instability and Childhood Trauma

- One study looked at the relationship between affective instability and childhood trauma in 61 patients with BPD and 133 patients with other personality disorders (Goodman et al. 2003)

- Instruments used: 1) ALS; 2) AIM; 3) Childhood Trauma Questionnaire (CTQ)

- No significant correlation between reported history of childhood abuse and intensity or frequency of mood changes for BPD patients
Course of Affective Instability

- Research shows that Affective Instability may improve rapidly over time.

- One study found that after 6 years, only 40% of BPD patients initially reporting affective instability continued to report it; after 10 years, this percentage declined to 13% (Zanarini et al. 2007).
Psychotherapeutic Treatment of Affective Instability

• DBT addresses affective instability by focusing on affect regulation and distress tolerance

• Research suggests that using DBT skills applied over one year associated with reductions in affective instability (Stepp et al. 2008)
• Transference focused psychotherapy (TFP) treats affective instability indirectly by focusing on inability to tolerate the simultaneous experience of positive and negative feelings about others

• Research suggests that both TFP and Schema Focused Therapy improve affective instability (Geisen-Bloo et al. 2006)
Pharmacologic Treatment of Affective Instability

• Research suggests that lamotrigine, aripiprazole, valproic acid may reduce affective instability or reduce emotions such as anger or anxiety that contribute to affective instability (Reich et al. 2009)
Clinical Implications

• Affective Instability is not a unitary phenomenon

• Affective Instability may improve over time

• Affective Instability in borderline personality disorder can be clearly differentiated from affective instability in bipolar disorder
• Patients’ attending to affective instability may in itself be therapeutic

• Multiple forms of psychotherapy appear effective in treating affective instability

• Although psychopharmacologic interventions may be helpful, they are likely to be of less benefit than in bipolar disorder