Ten-Year Course of Borderline Personality Disorder

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Borderline Personality Disorder (BPD) Is Now Seen as a Valid Disorder

► According to the criteria of Robins and Guze (1970)
  ▶ It can be delimited from other psychiatric disorders
  ▶ Something of its etiology (both environmental and biological) is known
  ▶ It “runs” in families
  ▶ It has a complex but increasingly known course

Borderline Personality Disorder Is Now Recognized as a Common Disorder

- 1.8% of American adults meet criteria for BPD (range 1.6-5.9%)
- About as common as bipolar I disorder
- More common than schizophrenia

APA. DSM-IV-TR; 2000.
Some people with BPD recover spontaneously and are never patients.

Some use nonintensive outpatient treatment and are never hospitalized.

Others become severely ill and use large amounts of mental health services, including repeated inpatient stays.
The latter group has defined BPD for generations of clinicians.

Until very recently, most research studies have focused on inpatient-level patients.

This presentation deals with this type of severely ill patient.
McLean Study of Adult Development (MSAD)

► First NIMH-funded prospective study of the longitudinal course of BPD

► 362 McLean inpatients assessed at baseline

► 8 waves of blind follow-up are complete: 2, 4, 6, 8, 10, 12, 14, and 16-year data

► 18-year wave began in July of 2010

► 20-year wave began in July of 2012
Subjects

- 290 patients meeting DIB-R and DSM-III-R criteria for BPD
- 72 axis II comparison subjects meeting DSM-III-R criteria for another personality disorder (but neither study criteria set for BPD)

DIB-R=Revised Diagnostic Interview for Borderlines.
DIB-R: Sectors of Psychopathology

- Dysphoric affect
- Disturbed cognition
- Impulsive behaviors
- Troubled relationships

DIB-R: Definition of Borderline Personality Disorder

- Symptoms in each of these 4 domains of borderline psychopathology must be present at the same time.

- Results in a somewhat smaller and more homogeneous group of patients than DSM criteria.

Earlier Studies of Course of Borderline Personality Disorder

- 17 small-scale, prospective studies of the short-term course of BPD
  - Patients with BPD do poorly in the short-run

- 4 large-scale, follow-back studies of the long-term course of BPD
  - McGlashan: Chestnut Lodge
  - Stone: New York State Psychiatric Institute
  - Paris: Jewish General Hospital in Montreal
  - Plakun: Austin Riggs
  - Patients with BPD do substantially better in the long-run
Limitations of Earlier Studies

- Use of chart review or clinical interviews to diagnose BPD
- No comparison group or the use of less than optimal comparison subjects
- Reliance on small size samples with high attrition rates
Limitations of Earlier Studies (cont.)

► Only very basic data collected at baseline and follow-up

► Typically, only 1 postbaseline reassessment

► Nonblind postbaseline assessments

► Variable number of years of follow-up in the same study
MSAD Subject Retention at 10-year Follow-up

► 92% of surviving patients with BPD still participating

► 85% of surviving axis II comparison subjects still participating
### Time-to-Symptomatic Remission*

<table>
<thead>
<tr>
<th>Follow-Up</th>
<th>2-Year %</th>
<th>4-Year %</th>
<th>6-Year %</th>
<th>8-Year %</th>
<th>10-Year %</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-Year Follow-Up</td>
<td>34.9</td>
<td>55.2</td>
<td>75.6</td>
<td>87.6</td>
<td>93.0</td>
</tr>
</tbody>
</table>

Time-to-Sustained Symptomatic Remission*

<table>
<thead>
<tr>
<th></th>
<th>4-Year Follow-Up</th>
<th>6-Year Follow-Up</th>
<th>8-Year Follow-Up</th>
<th>10-Year Follow-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>29.6</td>
<td>46.9</td>
<td>67.1</td>
<td>86.0</td>
</tr>
</tbody>
</table>

*Sustained remission defined as no longer meeting either criteria set for BPD (DIB-R and DSM-III-R) for four years.
## Time-to-Symptomatic Recurrence*

<table>
<thead>
<tr>
<th>Time after 1st Remission</th>
<th>Percentage (%)</th>
</tr>
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<tbody>
<tr>
<td>2 years</td>
<td>16.5</td>
</tr>
<tr>
<td>4 years</td>
<td>22.4</td>
</tr>
<tr>
<td>6 years</td>
<td>27.4</td>
</tr>
<tr>
<td>8 years</td>
<td>29.5</td>
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</table>

*Recurrence defined as meeting the study criteria for BPD for two years after meeting the criteria for remission in a previous follow-up period.
**Time-to-Loss of Sustained Remission**

<table>
<thead>
<tr>
<th>Time After 1st Remission</th>
<th>2 years</th>
<th>4 years</th>
<th>6 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 years after 1\textsuperscript{st} remission</td>
<td>6.9%</td>
<td>12.8%</td>
<td>15.4%</td>
</tr>
</tbody>
</table>

*Loss of sustained remission defined as meeting the study criteria for BPD for two years after meeting the criteria for sustained remission in a previous follow-up period.*

## Completed Suicide

<table>
<thead>
<tr>
<th>Follow-Up</th>
<th>2-Year % (N=5)</th>
<th>4-Year % (N=4)</th>
<th>6-Year % (N=2)</th>
<th>8-Year %</th>
<th>10-Year % (N=1)</th>
<th>Total % (N=12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-Year</td>
<td>1.7</td>
<td>1.4</td>
<td>0.7</td>
<td>-</td>
<td>0.3</td>
<td>4.1</td>
</tr>
<tr>
<td>Follow-Up</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</table>

Complex Model of Borderline Psychopathology

- Hyperbolic temperament is the outward "face" of the neurobiological dimensions that underlie borderline psychopathology

- After "kindling" of some kind, acute and temperamental symptoms develop

Acute Symptoms

- Resolve relatively quickly
- Are the best markers for the disorder
- Are often the main reason for expensive forms of psychiatric care, such as inpatient stays
- Are akin to the positive symptoms of schizophrenia

Temperamental Symptoms

► Resolve relatively slowly
► Are not specific to BPD
► Are associated with ongoing psychosocial impairment
► Are akin to the negative symptoms of schizophrenia

Examples of Symptoms

► Acute symptoms: self-mutilation, suicide efforts, quasi-psychotic thoughts

► Temperamental symptoms: angry feelings and acts, distrust and suspiciousness, abandonment concerns

Time-to-Remission of Chronic Anger and Self-mutilation

Time-to-Remission of Intolerance of Aloneness and Suicide Efforts

% of Patients

Baseline 2-Year Follow-Up 4-Year Follow-Up 6-Year Follow-Up 8-Year Follow-Up 10-Year Follow-Up

Course of 24 BPD Symptoms Studied

- Using two different methods of defining acute and temperamental symptoms among borderline patients
  - 12 symptoms were found to be acute in nature
  - And 12 symptoms were found to be temperamental in nature

Acute Symptoms I

► Affective Symptoms
  ▶ Affective instability

► Cognitive Symptoms
  ▶ Quasi psychotic thought
  ▶ Serious identity disturbance

► Impulsive Symptoms
  ▶ Substance abuse
  ▶ Promiscuity
  ▶ Self-mutilation
  ▶ Suicide efforts

Acute Symptoms II

- Interpersonal Symptoms
  - Stormy relationships
  - Devaluation/manipulation/sadism
  - Demandingness/entitlement
  - Serious treatment regressions
  - Countertransference problems/"special" treatment relationships

Temperamental Symptoms

► Affective Symptoms
  ▶ Depression
  ▶ Helplessness/hopelessness/worthlessness
  ▶ Anger
  ▶ Anxiety
  ▶ Loneliness/emptiness

► Cognitive Symptoms
  ▶ Odd thought (e.g., overvalued ideas)/unusual perceptual experiences (e.g., depersonalization)
  ▶ Nondelusional paranoia

Temperamental Symptoms II

- Impulsive Symptoms
  - Other forms of impulsivity (e.g., eating binges, spending sprees, reckless driving)

- Interpersonal Symptoms
  - Intolerance of aloneness
  - Abandonment/engulfment/annihilation concerns
  - Counterdependency
  - Undue dependency/masochism

Symptoms That Resolve Most Rapidly

► Those reflecting core areas of impulsivity (e.g., self-mutilation, suicide efforts)
► Active attempts to manage interpersonal difficulties (e.g., stormy relationships, devaluation/manipulation/sadism)

Most Stable Symptoms

- Affective symptoms reflecting areas of chronic dysphoria (e.g., anger, loneliness/emptiness)
- Interpersonal symptoms reflecting abandonment and dependency issues (e.g., intolerance of aloneness, counter-dependency problems)

Clinical Implications of Symptomatic Findings I

- There are five empirically-based comprehensive forms of therapy for BPD:
  - Dialectical Behavioral Therapy (DBT): Linehan
  - Mentalization-based Treatment (MBT): Bateman and Fonagy
  - Transference-focused Psychotherapy (TFP): Kernberg
  - Schema-focused Therapy (SFT): Young
  - General Psychiatric Management (GPM): McMain and Links

Clinical Implications of Symptomatic Findings II

► All five of these treatments are aimed at acute symptoms

► Treatments aimed at temperament symptoms need to be developed

Broadly-defined Good Psychosocial Functioning

- 78% of patients with BPD attain or maintain broadly-defined good psychosocial functioning over the course of 10 years of prospective follow-up

  - This goal is defined as at least 1 emotionally sustaining relationship with a friend or romantic partner and
  - Both a good vocational performance and a sustained vocational history

Narrowly-defined Good Psychosocial Functioning

64% of patients with BPD attain or maintain narrowly-defined good psychosocial functioning over the course of 10 years of prospective follow-up.

- This goal is defined as at least 1 emotionally sustaining relationship with a friend or romantic partner and

- A good vocational performance, a sustained vocational history, and full-time vocational engagement

Stability of Good Psychosocial Functioning Over Time

Broadly-defined good psychosocial functioning is more stable than narrowly-defined good psychosocial functioning.

Almost all failures to attain or actual losses of narrowly-defined good psychosocial functioning were due to problems in the vocational and not the social realm.

Psychosocial Functioning of Axis II Comparison Subjects

- 93% maintained or attained broadly-defined good psychosocial functioning
- 92% maintained or attained narrowly-defined good psychosocial functioning

Clinical Implications of Psychosocial Findings

► Rehabilitation model might be useful for those who cannot work or go to school full-time in an effective and consistent manner

Collaborative Longitudinal Personality Disorders Study (CLPS)

► Also NIMH-funded

► Now finished after following subjects for 10 years

► Basically the same symptomatic and psychosocial findings

Recovery from BPD

Recovery is defined as having a concurrent remission from BPD and narrowly-defined good psychosocial functioning

## Time-to-Recovery from BPD*

<table>
<thead>
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<th>Follow-Up (Years)</th>
<th>%</th>
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<tbody>
<tr>
<td>2-Year</td>
<td>14.3</td>
</tr>
<tr>
<td>4-Year</td>
<td>26.8</td>
</tr>
<tr>
<td>6-Year</td>
<td>36.0</td>
</tr>
<tr>
<td>8-Year</td>
<td>42.8</td>
</tr>
<tr>
<td>10-Year</td>
<td>50.3</td>
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*Recovery from BPD defined as concurrent remission from BPD and narrowly-defined good psychosocial functioning.

## Time-to-Loss of Recovery from BPD*

<table>
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<th>Time After 1st Remission</th>
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<tbody>
<tr>
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<td>28.7</td>
</tr>
<tr>
<td>8 years</td>
<td>33.6</td>
</tr>
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</table>

*Loss of recovery from BPD defined as meeting the study criteria for BPD for two years after meeting the criteria for remission in a previous follow-up period and/or loss of one of the four elements of narrowly-defined good psychosocial functioning.

Time-to Remission, Sustained Remission, and Recovery From BPD
Time-to-Loss of Remission, Sustained Remission, and Recovery from BPD
Predictors of Time to Remission from Borderline Personality Disorder

7 factors found to predict earlier time to remission:
- Younger age
- Good vocational record
- No history of childhood sexual abuse
- No family history of substance abuse
- Absence of an anxious cluster personality disorder
- High agreeableness
- Low neuroticism

Nature of These Predictors

4 factors commonly assessed in clinical practice

- Younger age—demographics
- Good vocational record—psychosocial functioning
- No history of childhood sexual abuse—adverse childhood events
- No family history of substance abuse—family history of psychiatric disorder
Nature of These Predictors (cont.)

- 3 factors commonly noticed but rarely discussed in clinical practice
- All 3 are aspects of temperament
  - Absence of anxious cluster PD—low levels of shyness and undue dependency
  - High agreeableness—not particularly argumentative or manipulative
  - Low neuroticism—does not typically feel inferior or ashamed
Psychiatric Treatment

► Mostly treated in community

► Over 70% of patients with BPD are in individual therapy and taking standing medications during all 5 follow-up periods

► However, rate of psychiatric hospitalization declined from 79% at baseline to 29% at 10-year follow-up

Polypharmacy at 10-Year Follow-Up

Polypharmacy and Borderline Personality Disorder

► No empirical evidence for its efficacy
► Associated with high rates of obesity
► Which, in turn, is associated with elevated rates of
  ▶ Osteoarthritis
  ▶ Diabetes
  ▶ Hypertension
  ▶ Chronic back pain
  ▶ Urinary incontinence
  ▶ Gastroesophageal reflux disorder
  ▶ Gallstones

Main Findings

► 93% of patients with BPD experience a remission of their BPD

► Recurrences of BPD are relatively rare

► The course of BPD is very different from that of mood disorders where remission occurs more rapidly but recurrences are more common
Main Findings (cont.)

► Completed suicide is substantially less common than the expected 10%

► This may be due to more trauma-sensitive or supportive treatments
Main Findings (cont.)

► BPD seems to be comprised of two types of symptoms
  ▶ Acute symptoms
  ▶ Temperamental symptoms
Main Findings (cont.)

► Almost 80% of patients with BPD attain broadly-defined good psychosocial functioning

► But only 64% attain narrowly-defined good psychosocial functioning

► Social functioning is less impaired than vocational functioning
Recovery from BPD is more difficult to attain than remission from BPD alone.

However, it is relatively stable once attained.
Main Findings (cont.)

Prediction of time to remission is multifactorial in nature
  - Involves factors that are routinely assessed in treatment
  - And other factors, particularly aspects of temperament, that are not
Conclusions

Taken together, the results of this study suggest that the prognosis for most, but not all, patients with BPD is better than previously recognized.