RESIDENT’S GUIDE TO BORDERLINE PERSONALITY DISORDER

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BPD PSYCHOPHARM: IMMEDIATE ISSUES

- No medications carry a specific indication for use in treatment of personality disorders
- Thus “off label” (though that is not uncommon)
- Medications for BPD are less effective for symptom or symptom complex than when used in other disorders
- BPD patients seem exquisitely sensitive to side effects
- Thus the cost-benefit ratio is different
TRANSFERENCE-COUNTERTRANSFERENCE REACTIONS

- Being a psychopharmacologist does not protect one against transference/countertransference reactions
- Patient wonders why the psychopharmacologist should be different from all the others who have denied and withheld from them and frustrated them
- No psychopharmacological treatment is ever purely psychopharmacological
HOW TO PROCEED - I

- Is it time to try medication?
- Why? Why now?
- What symptom or symptom complex are you trying to target?
- Would the “target” respond in “pure” axis I? Though too often these patients do NOT respond in the manner that a pure axis I patient would respond.
- How would you track improvement?
- No response for emptiness, loneliness, abandonment fears
HOW TO PROCEED - II

- Do not get distracted by crises and other things re following the progress of the “target” symptom.
- If you are the psychopharmacologist and another is the therapist, make sure there is collaboration and understanding.
- Remember that medications at best are adjunctive.
- Might be more useful to think in terms of dimensions (next slide) than symptoms or symptom complexes.
TRAITS TO CONSIDER IN PERSONALITY DISORDERS

- **Affective Instability:** abandonment, affective instability, capacity for pleasure, depression, emptiness, euphoria/mania, identify disturbance, interpersonal sensitivity, irritability, rejection sensitivity, suicidality

- **Cognitive perceptual:** paranoid ideation, perceptual distortion, psychoticism-schizotypy

- **Impulsivity/Aggression:** aggression, anger, hostility, impulsiveness

- **Anxiety inhibition:** general anxiety, obsessive-compulsive score, phobic anxiety, somatization

## Traits or Symptoms: Which Medications to Use?

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* If concurrently depressed
^including anger
HOW TO PROCEED-III

- Need to emphasize the limitations of the medications prior to prescribing them, in fact need to discuss how you prescribe
- One at a time.
- Prefer to stop and switch rather than augment
- Long enough trial to have an appreciation of drug’s effectiveness
- Try to avoid making major psychopharm decisions during crisis
- Careful with benzos (very short term but can disinhibit)
- Move slowly (usually). It took them a long time to arrive at where they are and it will not be solved overnight
- Be patient. Do not allow the patient’s impatience to make you impatient
DON’T BE FOOLED BY CHEMICAL IMBALANCE CLAIMS

- Patients claim they have it
- Patients want a quick fix

- Popular literature
- Advertisements (direct to public in USA)
- The “drugs can cure everything” culture
- They may have been treated previously by an overenthusiastic psychopharmacologist

- “All of what we feel and do are mediated by chemicals. But chemicals (alone) have not been or been only minimally helpful”
GETTING ON AND OFF MEDICATIONS

- Not easy to get on
  - Highly sensitive to side effects
  - Highly sensitive to weight gain

- Not easy to get off
  - They can get attached to the medication as rapidly as they do to people
  - They can use the medications as transitional objects
IT IS EASY TO ARRIVE AT POLYPHARMACY

- Especially with BPD
  - Criterion 4 – Impulsivity and anger → SSRI
  - Criterion 6 – Affective instability → Mood stabilizer
  - Criterion 7 – Emptiness as depression – Augment
  - Criterion 9 – Paranoid under stress – Antipsychotic
  - And something to sleep
IT IS EASY TO ARRIVE AT POLYPHARMACY

- Patients are on all these medications and then they have a crisis or they still feel badly.
  - They want more meds
  - They want new meds
  - They want different meds
  - They want you to fix it

- What we can guarantee is weight gain and drug-drug interactions!
**HOW TO PROCEED - IV**

- Use medications one at a time
- Do not add a second until you think there is a response to the first
- Be careful about “augmenting” when there is such a tendency to use multiple medications
- Do not make medication changes during crises.
- Choose the safest medication in a group if you have a choice.
DO MEDICATIONS WORK HERE?

- They are non-specific in their response
- There is a high placebo response rate in clinical trials
- Some times we can’t appreciate that the medications are working until we experience the patient in the absence of the medication
- No long-term studies
- No continuation studies