spectrum

Specialising in Personality Disorder and Complex Trauma

BPD in Old Age: On Meeting the Challenges

Assoc Prof Jo Beatson

16 June 2022

Eastern Health

Overview of today's presentation

Today, we will reflect on the following:

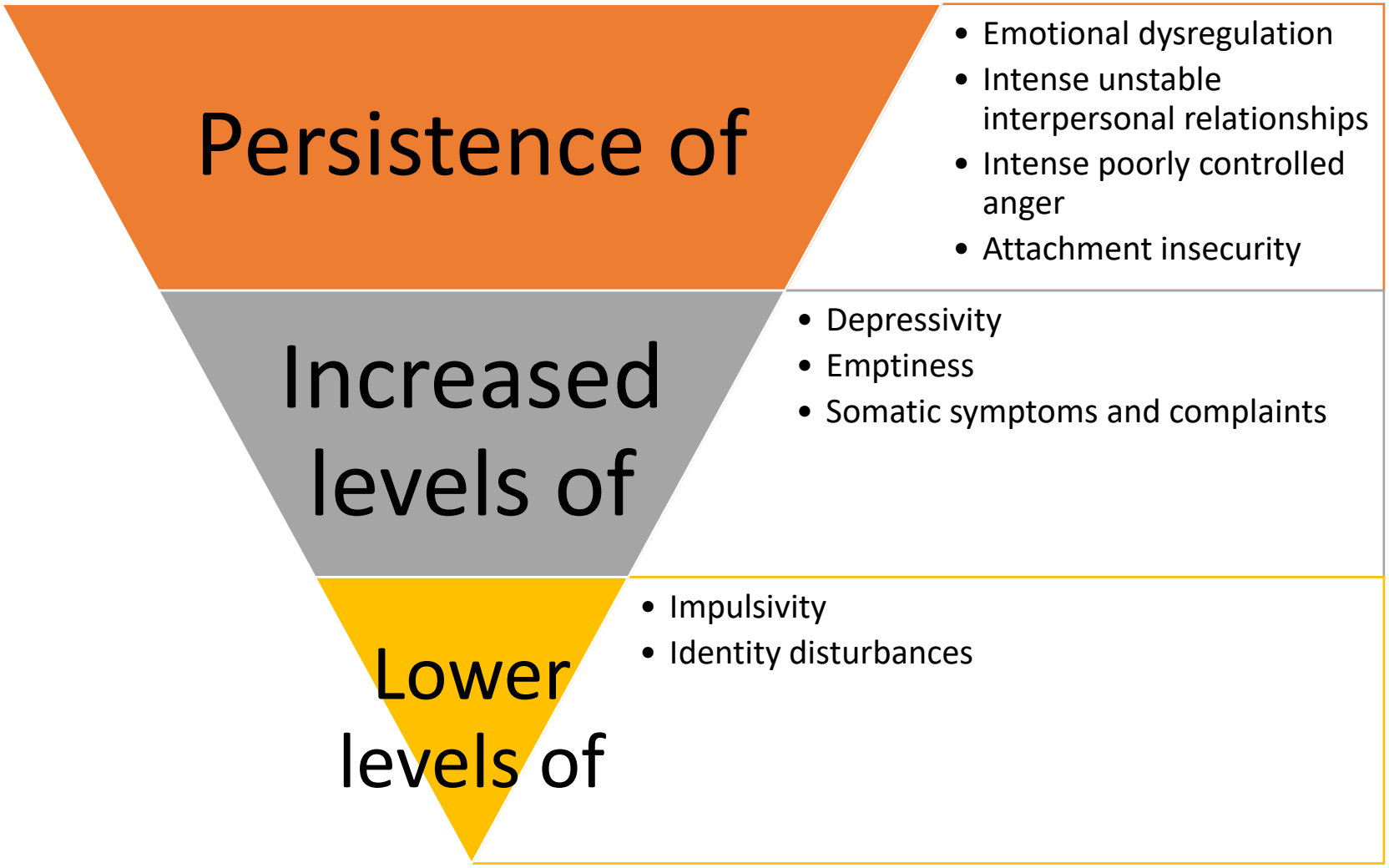
- **Differences between BPD in old age and BPD in younger adults**
- **Precipitating factors of relapse or first presentation**
- **Management principles**

Sameness of BPD across adult life span

BPD across the adult life span marked by:

- Self-functioning limitations: Instability of self-esteem & ability to regulate emotions, to reflect on self and hold internalized standards of behaviour
- Interpersonal-functioning limitations: limited empathy, low tolerance of different perspectives, poor understanding the effects of one's behaviour on others, limited ability to establish and maintain relationships with others

BPD in Old Age: Same and Different



Suicidality and NSSI in BPD in Old Age

- **Suicide attempts are less frequent but tend to be more lethal**
- **NSSI often takes different forms in BPD in old age**

Forms of NSSI in BPD in older adults

Abuse and misuse of medication

Non-adherence to medication regimes

Active sabotage of treatment including interference with surgical wounds

Refusal to engage in physical rehabilitation

Disordered eating behaviours

Violating or ignoring prescribed diets

Ignoring prescribed medications advice

Cutting, skin picking, head banging, etc tend to be less common

spectrum
Personality Disorder Service

Looking at meaning of Ss & behaviours

Always consider the meaning of Ss and behaviours

- **They may be attempts to prolong inpatient care**
- **Intended to draw attention to the person's degree of suffering**
- **To obtain more time with medical/nursing staff**
- **Expressions of anger**
- **In many cases they are manifestations of lifelong insecurity of attachment**

Insecure attachment in BPD in old age

Insecure attachment can manifest as follows:

- Intense dependence on staff
- Excessive demands on medical/nursing carers
- Clinging behaviours
- Intense anxiety about discharge
- Endeavours to delay discharge
- Counter-dependent behaviours which represent desperate attempts to deny emotional neediness

Bringing us to issues of formulation

It is not possible to provide adequate treatment for someone with BPD without a good formulation

A formulation – best arrived at collaboratively WITH the patient – offers a joint understanding of:

- **Why this presentation now?**
- **Aetiology of BPD in this person**
- **Psychology of maladaptive behaviours**
- **Diagnosis and comorbidities**
- **Precipitating and maintaining factors**
- **The proposed treatment approach**

First, let's consider WHY NOW

- **Both relapse or first presentation of BPD can occur in people over 60**
- **Precipitating factors usually involve LOSS of a containing person, role, activity, or ability**

Different routes to BPD in old age

1. BPD persisting through the adult life course
2. BPD recurring in old age in context of losses after remission in young or middle years
3. BPD that has not been diagnosed earlier because Ss were present only at times of crises
4. BPD presenting for first time in old age in context of loss of a 'containing' relationship or role
5. Grief, reactive depression, existential pain, common with all four of these

Management of BPD in old age

- **Respect and empathy for the patient**
- **Emotional support and validation of distress**
- **An active, collaborative, interested stance**
- **Consistency and reliability**
- **Focus on the person's mind, not their behaviour**
- **Consistency and reliability**
- **Clarity about limits for maladaptive behaviours and the reason for them**
- **Apology for misunderstandings that occur during treatment**
- **<u>NB: All promote movement towards trust/ secure attachment</u>**

spectrum
Personality Disorder Service

Staff treating BPD in old age need…

- Education re the aetiology of BPD and the severe emotional pain the people with BPD experience
- To know the importance of validating the patient's feelings
- **(Validation involves acknowledging the legitimacy of feelings and empathizing with distress, frustration, etc.)**
- **To recognize the importance of endeavours to understand how the patient interprets events**
- Empowerment to set limits
- Education about rewarding adaptive behaviours
- To know the importance of apologizing for misunderstandings

When a team is involved

- **All members of the team need to apply a consistent approach**
- **Team leader must ensure regular debriefs for demanding, “splitting,” hostile, maladaptive behaviours**
- **Staff need to try and reach an understanding of the meanings behind these behaviours**

spectrum
Personality Disorder Service

Remember…

The great John Gunderson said the following:

'In modern psychiatry borderline personality disorder has become the major container for sustaining the relevance of mind.'

That applies no less in BPD in old age

Gunderson J. *Borderline personality disorder: ontogeny of a diagnosis.* Amer. J. Psychiatry 2009; 166: 530-539.

Comments and Questions