



Borderline Personality Disorder – Course and Outcome

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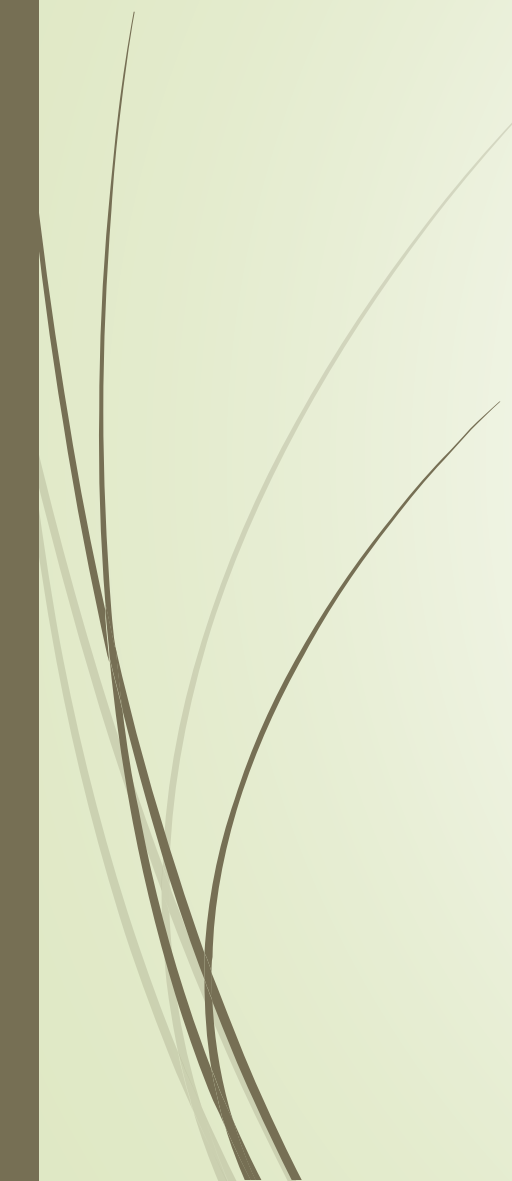


What is BPD?

- Personality disorder characterised by:
 - Impaired relatedness
 - Relationship instability
 - Identity disturbance
 - Chronic feelings of emptiness
 - Affective dysregulation
 - Affective instability
 - Anger control
 - Fear of abandonment
 - Behaviour dysregulation
 - Impulsivity
 - Suicidality
 - Self-injurious behaviour



Epidemiology

- Estimated to affect 2 – 6 % of the Australian population
 - No gender differences in prevalence, but women with BPD may be more likely to seek treatment
 - Account for up to 9.3% of patients in psychiatric outpatient services and 20% of inpatient services.
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Life Course

- Precursor symptoms often emerge in childhood or adolescence
- Diagnosis is often made in adolescence and early adulthood
- First 5 years of treatment are often crisis-driven
- Despite the definition of a personality disorder as being enduring, pervasive and stable over time...both the rates of symptomatic remission and re-occurrence appears to be high
 - Symptom remission range from 35% to 90+% depending on length of follow-up
 - Symptom re-occurrence ranges from 10% to 36% over a 16 year follow-up
- Acute symptoms were more likely to remit when compared to enduring symptoms

Acute Symptoms	Temperamental Symptoms
Affective Symptoms	Affective Symptoms
Affective instability	Chronic/major depression
Cognitive Symptoms	Chronic feelings of helplessness/hopelessness
Quasi-psychotic thought	Chronic anger/frequent angry acts
Serious identity disturbance	Chronic anxiety
Impulsive Symptoms	Chronic loneliness/emptiness
Substance abuse/dependence	Cognitive Symptoms
Sexual deviance	Odd thinking/unusual perceptual experiences
Self-mutilation	Nondelusional paranoia
Manipulative suicide efforts	Impulsive Symptoms
Interpersonal Symptoms	General impulsivity
Stormy relationships	Interpersonal Symptoms
Devaluation/manipulation/sadism	Intolerance of aloneness
Demandingness/entitlement	Abandonment/engulfment/annihilation concerns
Serious treatment regressions	Counterdependency/serious conflict over help/care
Countertransference problems/"special" treatment relationships	Dependency/masochism



Life Course

- ▶ Predictors of faster symptoms remission:
 - ▶ Younger age (< 25 years)
 - ▶ Good social functioning
 - ▶ No history of childhood sexual abuse
 - ▶ No family history of substance abuse
 - ▶ Absence of other comorbid personality disorders
 - ▶ Low neuroticism*
 - ▶ High agreeableness*

* Part of the big 5 personality traits – neuroticism, agreeableness, extroversion, conscientiousness and openness



Outcomes

- Increased risk of psychiatric comorbidities:

- **Mood disorders**

- Depression

- Dysthymia

- **Anxiety disorders**

- Panic disorder

- Social anxiety disorder

- **Post-traumatic disorder**

- **Eating disorders**

- Anorexia nervosa

- Bulimia nervosa



Outcomes

- Increased risk of suicide
 - 8 – 12 % of individuals with BPD have been found to commit suicide in one study
 - 37-fold increased risk, compared to those without psychiatric disorders
 - High proportion of individuals with BPD that die from suicide attended mental health service prior to their death
 - 99% in the 12 months prior
 - 88% in the 6 weeks prior
- Why?
 - Parasuicidal behaviours
 - Maladaptive coping mechanisms
 - Impulsivity



Outcomes

- Increased risk of substances abuse and dependence
- Why?
 - Impulsivity
 - Maladaptive coping mechanism
 - Fear of abandonment leading to peer pressure



Outcomes



- Other potential outcomes:
 - Employment difficulties
 - Relationship breakdown
 - Forensic involvement
 - Not completing education
 - Harm from misadventures




Challenges



- Awareness and access to appropriate treatment
 - Access and waiting time for MBT and CBT
 - Role of medications?
- Strong countertransference
 - Over-involvement vs disengagement
 - Boundary setting
- Stigma
 - Barrier to diagnosis and accessing services
- Burnout of carer and services



Take Home Message

- BPD is usually diagnosed in adolescence / early adulthood
 - Though it is associated with many adverse outcomes, many symptoms BPD appear to go into remission with time
 - The remission and re-occurrence of symptoms may suggest that rather than a purely stable and enduring pattern of maladaptive personality traits, BPD may have intermittently expressed symptoms on a background of stable personality traits
 - Being aware of potential challenges is an important step to properly supporting individuals with BPD.
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References



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