Approach to the Patient with Borderline Personality Disorder in Primary Care

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What is Borderline Personality Disorder?
What is Borderline a Personality Disorder?
What is Borderline a Personality Disorder?
What is Personality?

“Enduring patterns of cognition, emotion, motivation, and behavior that are activated in particular circumstances”

What are Personality Disorders?

“An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress and impairment”

Diagnostic and Statistical Manual 5th Edition. American Psychiatric Association
Parking Lot of the Personality Disordered

1. PARANOID - Cornered again!!
2. NARCISSIST - Largest car; prominent hood ornament
3. DEPENDENT - Needs other cars to feel sheltered
4. PASSIVE-AGGRESSIVE - Angles car to take 2 spaces
5. BORDERLINE - Rams into car of ex-lover
6. ANTISOCIAL - Blocks other cars
7. HISTRIONIC - Parks in center of lot for dramatic effect
8. OBSESSIVE - Perfect alignment in parking space
9. AVOIDANT - Hides in corner
10. SCHIZOID - Can't tolerate closeness to other cars
11. SCHIZOTYPAL - Intergalactic parking
Borderline Personality Disorder

Pattern of instability

- Relationships
- Mood/affect
- Self-identity
- Impulsivity
Epidemiology of Borderline Personality Disorder

6%
Prevalence in primary care settings

75% of those diagnosed with BPD are women

10%
Rate of completed suicide

Diagnostic and Statistical Manual 5th Edition. American Psychiatric Association
Where Does This Come From?
Genetic Predisposition

+ 

Negative Early Childhood Experiences

→

Borderline Personality Organization

- Heritability
  - Amygdala hyper-reactivity
  - Prefrontal cortex dysfunction

- Abuse
- Neglect
- Sexual Trauma
4 Symptom Clusters of BPD Symptoms

- Affective (Mood) Instability
- Unstable self-image
- Unstable interpersonal relationships
- Impulsivity
Affective Instability

- Mood instability due to increased mood reactivity
- Inappropriate, intense anger
- Chronic feelings of emptiness
Relational Instability

- Patterns of unstable relationships, characterized by alternating between extremes of over idealizing and devaluing

- Frantic efforts to avoid real or imagined abandonment
Unstable Sense of Self

- Persistent unstable self-image
- Transient stress-related dissociative symptoms or paranoia
Impulsivity/Behavioral Dysregulation

- Recurrent suicidal threats, gestures, or self-mutilation
- Impulsiveness that is self-damaging
Borderline Personality Disorder Symptoms

- Frantic efforts to avoid abandonment
- Pattern of unstable relationships
- Unstable sense of self
- Impulsivity
- Recurrent suicidal behaviors
- Affective instability
- Chronic feelings of emptiness
- Inappropriate intense anger
- Transient, stress related dissociative sx or paranoia

Diagnosis requires 5 of 9 symptoms
Comorbidities

- Medical
  - Increased sensitivity to pain/Chronic pain
  - Multiple somatic complaints

- Psychiatric
  - Mood Disorders
  - Anxiety Disorders
  - PTSD
  - Substance Use
Borderline Personality in Hollywood

- Difficulty controlling Anger
- Impulsivity
- Identity Disturbance
- Unstable and intense interpersonal relationships
- Issues with abandonment
- Stress induced paranoia

Treatment Strategies
Can Your Personality Change?

- Symptoms decrease with age
  - 45% remission by 2 years
  - 85% remission at 10 years
  - “relapse” is possible but rates are low

Gunderson et al. Ten-year course of borderline personality disorder: psychopathology and function from the Collaborative Longitudinal Personality Disorders study. Arch Gen Psychiatry 2011
Dialectical Behavioral Therapy

– Mindfulness
  • (focus on the moment, awareness without judgment)

– Distress tolerance
  • (crisis survival strategies, radical acceptance of reality)

– Interpersonal Effectiveness
  • (assertiveness, maintaining relationships and self-esteem)

– Emotional Regulation
  • (identifying emotional states, decrease vulnerability to negative emotions, increase experience of positive emotions)
Features of DBT

- DBT Skills Groups
- Individual Therapy
- Phone Consultations
Pharmacotherapy for BPD

Antipsychotics → Aggression, anger, and impulsivity

Mood Stabilizers → Affective instability and anger

SSRIS/SNRIs → Affective instability and comorbid depression
4

Strategies for Dealing with BPD in the Office
Case 1

45 yo women with chronic migraines, chronic low back pain, htn, and depression arrives for her first appointment with you. She was previously followed by another physician who is no longer in the practice whom she describes as “the only doctor who has ever really helped me.” She has several complaints today including pain, headaches, and dysuria. She reports that she is out of all of her medications and needs refills on all of them today. When you attempt to review her hx she frequently makes statements about how her old doctor new all of these things about her already, and since that doctor left, all of her pain symptoms have worsened.
Case 1

- Family Hx is insignificant

- Review of her PMH includes: RA, Bipolar Disorder, Depression, PTSD, ADHD

- Social Hx includes: past issues with drug use, burning herself with cigarettes, and domestic violence

- Current meds include: Seroquel 50, klonopin 1mg tid, Percocet (270 tabs per month), Zoloft 100, Adderall, gabapentin
Case Example

- As the visit progresses, you find it hard to pin her down on a specific complaint for today's visit. She reports vague symptoms when asked. She insists on talking about all of her problems because as she tearfully states “I feel like I am dying.”

- As you try to gather history and formulate a plan you wind up spending a total of 60 mins with her. Overwhelmed, you just decide to refill all of her medications today. On the way out of the exam room she inadvertently gives you a hug.

- You are frustrated and confused. You dread writing her note, and are not looking forward to her next visit.
Tips for Management of BPD in Primary Care

• Set clear and firm boundaries early on and do not respond to attempts to operate outside of these boundaries unless it’s a true emergency.

• Do not reward difficult behaviors with more contact or attention and avoid responding to provocative behaviors.

Tips for Management of BPD in Primary Care

• Schedule regular, time-limited visits that are not contingent on illness or crisis

• Know who’s on the team

• Encourage continuity between 1-2 providers in your practice
Tips for Management of BPD in Primary Care

- Avoid polypharmacy and large amounts of potentially lethal medications
- Don’t hide the diagnosis
Tips for Management of BPD in Primary Care

- Check yourself

- Acknowledge the suffering, but don’t compromise your standards or medical judgement

- Set reasonable expectations in regards to treatment (mental and physical) outcomes

- Document, Document, Document
Follow up Scenarios

The patient calls clinic 3 times in one day insisting she has to talk to you. She will not tell your triage nurse why she is calling and is rude with staff. She has an appointment scheduled tomorrow.
Follow up Scenarios

You refer the patient to a psychiatrist and a therapist. She no-shows for both appointments. When asked about the missed appointments she reports that no one called her and regardless she read negative reviews about both individuals on the internet and knows they will be “useless like all the other ones.”
Follow up Scenarios

Once under her psychiatrists care, patient calls you requesting a refill on her Xanax and Adderall because her psychiatrist is out of town. Your nurse refuses the refill, to which she replies “Well I guess you’ll read about me in the paper, if I don’t have my medicine”
Books on BPD

1. I Hate You—Don't Leave Me
   Understanding the Borderline Personality
   Jerold J. Kreisman, M.D., & Hal Straus

2. Stop Walking on Eggshells
   Taking your life back when someone you care about has borderline personality disorder
   Paul T. Mason, MS
   Randi Kreger
Questions?