

Borderline Personality Disorder: Management Strategies

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Disclaimer

- This presentation is intended for continuing medical education & professional development.
- This presentation does not replace independent professional judgement

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Learning Objectives

Describe

Key principles which support therapeutic & compassionate physician-patient relationships with BPD patients.

Identify

Strategies to assist with management of patient self-harm & self-mutilation behaviors.

Summarize

Dialectical behavioral therapy approaches primary care practitioners can integrate into care of patients with BPD.

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Take home messages

Although BPD is a chronic mental health condition, most patients with BPD improve over time.

Understanding context of patient self-harm behavior can assist development of management strategies.

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Take home messages

Limited evidence to support pharmacotherapy for treatment of borderline personality disorder.

Effective management includes structured counselling, developing a therapeutic alliance, & DBT principles.

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Ralph. . . Self harm behavior

- Last week your patient Ralph was admitted to hospital after swallowing a knife blade which was removed endoscopically. Post-procedure, Ralph discharged himself from hospital.
- Upon reviewing your office schedule, your "heart sinks" as Ralph has last patient appointment. On a note from your receptionist - "Ralph does not plan to follow-up with the surgeon." You are also precepting a first-year resident.

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Borderline personality disorder challenges!

- How would you approach your discussion with Ralph about his recent hospitalization?
- How would you involve your resident with Ralph's care?

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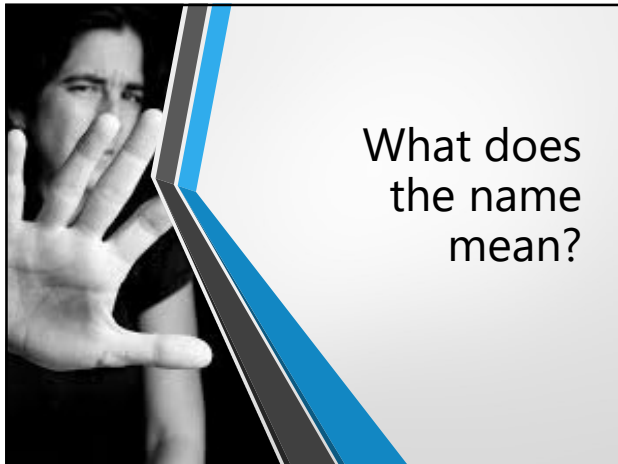
Ralph

- Born in 1971 (51 years old)
- Difficult childhood with physical abuse
- Twin brother hung himself
- Self harm behavior includes swallowing objects along with cutting
- Problems with alcohol and substance abuse
- Lives with girlfriend and receives income support
- Methadone replacement program



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What does the name mean?



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How common is borderline personality disorder?

- .5 - 2% of general population
- 10% of psychiatric outpatients
- 20% of psychiatric inpatients
- Patient wide variability of symptoms
- Practice of 1000 patients
- (5-20 BPD patients)

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Borderline personality disorder prognosis

- Patients with BPD often thought as untreatable
- Majority of patients with diagnosis of borderline personality disorder will improve with time


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What is the cause of borderline personality disorder?

- Genetic
- Psychological
- Social
- Familial

Interactions between biological & psychosocial factors

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Diagnostic features

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Diagnosis:
Emotional dysregulation

- Heightened emotional sensitivity
- Inability to regulate intense emotional reactions
- Slow return to emotional baseline

Range of intense emotions including rage, anger, happy, sorrow, shame panic & terror

Patients often move from one emotion to another rapidly and unpredictably.

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Diagnosis:
Instability in sense of self

- Chronic sense of emptiness with feeling there is nothing inside
- Sense of worthlessness
- Sense of being incompetent

Patients may have unstable identity with feeling that their identity changes with the situation

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Diagnosis:
Behavioral instability

Impulsivity in multiple areas:

- Alcohol or drug abuse
- Unsafe sex
- Eating binges
- Shop lifting or gambling

Patients have frequent interactions with law, visits to ER, and interactions with primary care

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Diagnosis:
Cognitive instability

- Transient paranoid ideation or severe dissociative symptoms secondary to stressful situation
- Maybe associated memory loss or state of confusion
- *Although periods of dissociation are brief, sometimes patients are incorrectly diagnosed as psychotic.*

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Diagnosis:
Interpersonal instability

- Profound sense of abandonment which manifests in desperate efforts to avoid being left alone
- Alternating between intensely idealizing and devaluing close relationships

Two separate but interlocking relationship problems which are challenging for the development of primary care therapeutic relationships

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Diagnosis: Recurrent self harm behavior

Multiple self harming behaviors:

- Suicidal actions
- Suicidal gestures or threats
- Self-mutilating activities

Self harm behaviors result in ongoing management challenges for primary care practitioners, ER personal, & mental health professionals

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Challenges, stigma and avoidance

- Therapeutic relationships with BPD patients may involve disturbing behaviors including intense anger, chronic suicidal ideation and multiple suicide attempts
- Care givers may interpret dysfunctional behaviors as deliberate, manipulative or within patient's control
- Patients with a borderline personality disorder face stigma and harsh attitudes from health care professionals which can effect their care

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Effective management strategies

- Focus on therapeutic relationship
- Exploration of emotional health
- Collaborative relationship
- Awareness of boundaries
- Change oriented interventions
- Support for the practitioner

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Dialectical behavioral therapy principles

- People with BPD are doing their best
- Living with BPD is unbearable and people with BPD want to improve
- People with BPD can learn new behaviours for the situations they encounter
- Families coping with BPD need support

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Dialectical behavioral therapy principles

- Based on premise opposites can coexist & be integrated
- Thinking dialectically means recognizing both points of view in any situation
- Aim of dialectical behavior therapy is to support patients with new ways of thinking, feeling & coping
- Important goal is replacing maladaptive & unhealthy responses with more effective behaviors

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Dialectical behavioral therapy approaches

- Patients with BPD have problems with under regulation of emotions, goal is to teach emotional regulation skills
- Helping patients articulate emotional experiences is a first step
- Focus with borderline personality patients is to provide validation and negotiate treatment plans when ever possible

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Dialectical behavioral therapy validation

- Validate patients by being present
- Listening attentively & reflect back
- Asking questions to increase understanding
- Normalize feelings and emotions

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Dialectical behavioral therapy recognize invalidation

- Basic insults & criticism:
I am stupid
- Self dismissal:
My feelings are wrong
- Self-punishment:
I deserve to feel terrible
- Judgement from care-givers:
Manipulative, needy, attention seeking

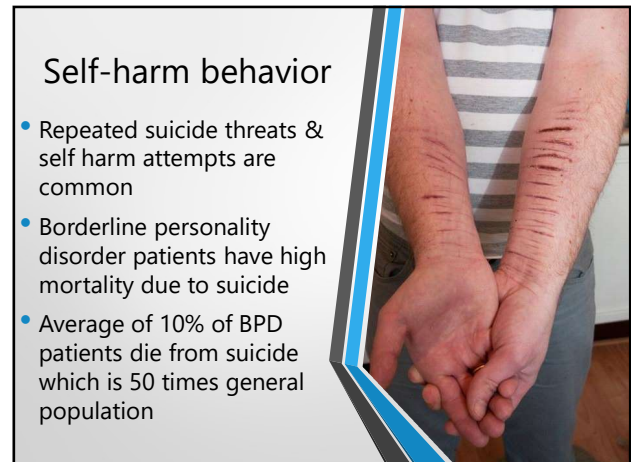
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Dialectical behavioral therapy negotiation

- Give patient options & choices (power) when possible
- Apply principle of informed consent (pros, cons, risks)
- Never assume what patient wants
- Accept no as an answer (document); be clear patient can change their mind
- Be patient as negotiations take time

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Self-harm behavior

- Repeated suicide threats & self harm attempts are common
- Borderline personality disorder patients have high mortality due to suicide
- Average of 10% of BPD patients die from suicide which is 50 times general population

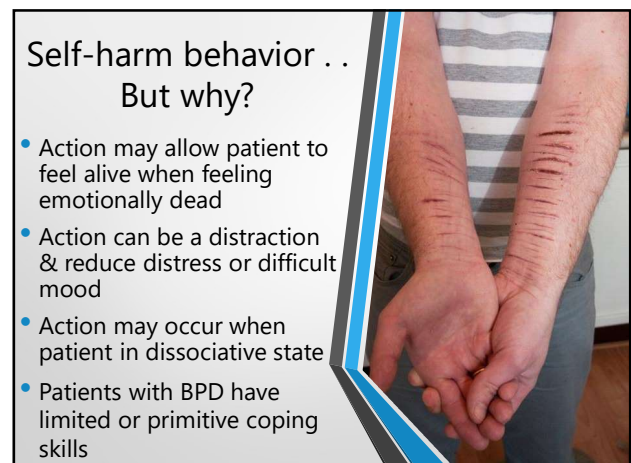
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Self-harm behavior

- Self harm behavior often viewed as gesture to elicit a desired response from another person
- Self harm behavior can be mistakenly thought of as wilful, deliberate, manipulative & under patient's control
- Patients with BPD have limited or primitive coping skills

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Self-harm behavior . . But why?

- Action may allow patient to feel alive when feeling emotionally dead
- Action can be a distraction & reduce distress or difficult mood
- Action may occur when patient in dissociative state
- Patients with BPD have limited or primitive coping skills

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Self-harm & suicide continuum

- Self-harm behaviors are on a continuum
- Motivation distinguishes self-harm from suicidal behavior
- Patients report emotional distress can escalate quickly and result in self harm behavior



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Management principles

- Be concerned but not alarmed by responding in calm & neutral fashion
- Focus on modifying traits of affect instability & impulsivity that are underlying cause of self-injury.
- Reframe self-harm behaviour as opportunity to learn new problem-solving skills



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Deconstruct self-harm patterns

- Approach with care & quest to better understand
- Deconstructing distressing emotional states may provide information on triggers that precede self-harm behavior



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Pharmacotherapy for BPD

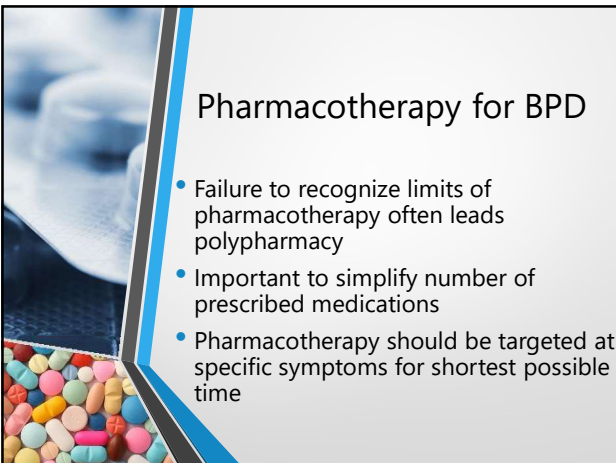
- Little evidence supporting efficacy of pharmacotherapy for BPD
- No medication has been approved for the treatment of BPD
- Patients should be informed of limited effectiveness and potential adverse side effects



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Pharmacotherapy for BPD

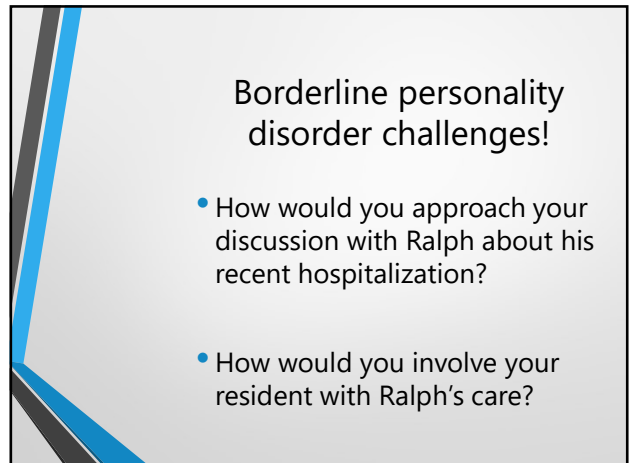
- Failure to recognize limits of pharmacotherapy often leads polypharmacy
- Important to simplify number of prescribed medications
- Pharmacotherapy should be targeted at specific symptoms for shortest possible time




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Borderline personality disorder challenges!

- How would you approach your discussion with Ralph about his recent hospitalization?
- How would you involve your resident with Ralph's care?



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Thank-you for the care you provide to
patients with a borderline personality
disorder!

Please complete brief online session
evaluation as your feedback is welcome!

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