

# Stonebriar Psychiatric Services News & Views

## Borderline Personality Disorder... Fact and Fiction

APRIL, 2006

VOLUME 2, NUMBER 4



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### *What is Borderline Personality ?*

Recently, I received a request on our web site to do a newsletter on "borderline personality disorder" (BPD). In the limited space available, I will do the best I can to review a very complicated topic. Under current diagnostic criteria, BPD represents "a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity beginning by early adulthood and present in a variety of contexts." It is also characterized by specific symptoms such as "frantic efforts to avoid real or imagined abandonment," patterns of unstable and very intense interpersonal relationships where frequently the other person is seen as either being idealized or devalued, struggles with maintaining a consistent sense of one's identity, along with displaying impulsivity in at least two areas that are potentially harmful, such as spending, sex, or substance abuse. There also may be recurrent suicidal behaviors or self harm behaviors, instability of one's moods with sudden changes that may last only a few hours or at most a few days, chronic feelings of "emptiness," struggles with inappropriate or excessively intense displays of anger, and at times temporary and frequently stress-related thoughts that others are against them (paranoia) or perhaps at times feeling detached from their surroundings, which may represent dissociative symptoms.

### *What is associated with it ?*

Frequently, there are other associated psychiatric syndromes, which may include mood disorders, anxiety disorders, alcohol and/or substance abuse, or disorders relating to poor impulse control. Borderline personality disorder does not seem to be related to schizophrenia or other psychoses as originally thought, but, at the same time, seems to have at least some genetic component predisposing one to its development when combined with certain environmental experiences. The exact role of each of these has not yet been determined. We also know that there is no "magic threshold" that one emotionally steps across and then has BPD. Some of the characteristics may be present without the full syndrome being diagnosed. I would also like to add that at times in the past it was felt that self harm behavior, such as cutting or burning oneself, represented the sine qua non of BPD. I do not believe this viewpoint is still widely held, as there can be many causes for self harm behavior (see archived newsletter from February, 2006, on our web site at [www.stonebriarps.com](http://www.stonebriarps.com) regarding self harm behavior).

### *What causes it?*

As with many other psychiatric illnesses, it is felt that one often begins with a particular temperament affected by one's genetics, an environment that may increase the psychological vulnerability of that temperament, and then current stressors which may precipitate the symptoms. We know that BPD occurs in approximately 1-2% of the general population, although it is estimated to be 10-20% in psychiatric outpatient populations and 15-20% in inpatient populations. We also know that studies have found that from a 40-70% of patients with BPD have been sexually abused, usually by a non-caregiver, and in general adults with BPD tend to be at greater risk to be a victim of violence, sexual or otherwise. This may result from the impulsivity which is a frequently present or at times difficulty in making wise choices regarding partners and lifestyles.

Recent research has revealed that there may be certain underlying brain mechanisms related to impulsivity, mood instability, and the anger and aggression that is frequently seen in BPD. Certain neural pathways that regulate emotions may be involved, and it is also felt that the underlying tendency toward anger or

emotional dyscontrol may be magnified when under the influence of stress, alcohol, or drugs. Certain neurotransmitters, perhaps better viewed as chemical messengers, in these circuits include serotonin, norepinephrine, acetylcholine, and dopamine and may play a role in regulating these pathways. It particularly seems at this point that those medications which increase serotonin may be particularly helpful in many cases.

### *Treatment*

One of the things which frequently make treatment difficult, both in getting individuals into treatment and keeping them there, is that frequently an adult with BPD may by now have incorporated the belief that they are "crazy," unstable and irrational, a complete failure in past relationships, and beyond help. Individuals with BPD also frequently struggle with forming intimate and meaningful relationships because of their fear and anticipation of being abandoned or rejected and their tendency to see the other person in the relationship as being "all good or all bad" with this fluctuating day to day or even hour to hour. This can affect daily relationships as well as the therapeutic relationship and frequently goes back to actual events that occurred with early caretakers, where they may have experienced either physical or emotional abandonment. In the course of therapy, this frequently requires planning ahead regarding vacations by either the patient or the therapist, or anticipating any event which might temporarily or permanently affect continuation of treatment.

Two psychotherapeutic approaches for "talking therapy" have been found effective in controlled trials. These include psychodynamic oriented therapy and dialectical behavior therapy. Treatment generally requires weekly sessions with an individual therapist, and group therapy has often been found to be quite helpful as well. Although one may explore some of the factors from one's past that may have contributed to these issues, even with psychodynamically oriented therapy one does not want to "live in the past." One of the goals is to better understand current relationships and how to "take a step back psychologically" to look at a given situation before reacting to it. The technique of dialectical behavior therapy (DBT), originally developed by Dr. Marsha Linehan, has many different components, many of which are carried out in group therapy settings. One of the goals of DBT is to help the individual better regulate the experiencing and expression of their feelings and emotions and also to incorporate methods that the individual can use to help reduce their extreme anger, mood swings, and especially the "mood crashes." Another of its goals is to help the individual see themselves more realistically and to moderate their emotions and moods in ways that are not harmful to themselves or others.

Although medication does not represent a "cure" for BPD, pharmacotherapy can frequently be very helpful. Medications that increase serotonin are frequently helpful. One group of these is known as the selective serotonin reuptake inhibitors (SSRIs), such as Prozac, Paxil, Zoloft, Celexa or Lexapro. Others that may also be helpful in increasing serotonin include Effexor and Remeron, among others. Although some of the older antidepressants, called tricyclic antidepressants, may have some effect on serotonin, as a general rule they have not been as consistently helpful in treating BPD. Along with regulating mood and affect, the SSRIs are also frequently helpful with the impulsive behavior related to aggression and self harming. At times individuals with BPD may experience symptoms related to thinking patterns and perceptions, causing suspiciousness or even paranoia, feeling that things around them are not quite real, or even at times having brief hallucinations. For these symptoms, low doses of the newer "atypical antipsychotics" are often helpful, even though the individual is not actually experiencing a psychosis. Although borderline personality disorder represents a rather complex entity, both in terms of understanding it on an individual level, its development, and treatment options, the thought I want to leave is that it is treatable, it is not hopeless, and that many individuals struggling with this can learn to lead relatively stable and productive lives while enjoying intimate relationships with friends and loved ones.

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