Borderline Personality Disorder and Bipolar Disorder

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Key Questions

• Diagnostic difficulties
• Co-morbidity
• Is borderline personality disorder part of the bipolar spectrum?
• Treatments for the co-morbid
Diagnostic Difficulties
Diagnostic Difficulties

Misdiagnosis of Bipolar Disorder is common

Accurate diagnosis of bipolar disorder may take 8-10 years.

(Lish et al, 1994; Hirschfeld et al, 2003; Morselli et al, 2003)

Bipolar depression mistaken for major depressive disorder.

(American Psychiatric Association, 2002)

Co-morbidities e.g. borderline personality disorder is common and confounds the diagnostic picture.

(McElroy et al, 2001; Sachs et al, 2000)
Bipolar Disorder and Borderline Personality Disorder Features in Common

- Mood swings/affective instability
- Impulsivity
- Interpersonal relationship problems
- Suicidality

## Bipolar Disorder & Borderline Personality Disorder

<table>
<thead>
<tr>
<th>Bipolar Disorder</th>
<th>Borderline Personality Disorder</th>
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</thead>
<tbody>
<tr>
<td>Onset in teens or early 20s</td>
<td>No defined onset</td>
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<tr>
<td>Spontaneous mood changes</td>
<td>Mood changes precipitated by internal or external events</td>
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<tr>
<td>Euthymic, dysphoric, anxious, elated mood shifts</td>
<td>Euthymic, dysphoric, anxious and angry mood shifts but elated mood is rare</td>
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<tr>
<td>Episodic impulsivity and risk-taking</td>
<td>Chronic impulsivity and risk-taking</td>
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<tr>
<td>Episodic suicide attempts related to depressive episodes</td>
<td>Recurrent suicidal attempts associated with both depression and internal/external precipitants</td>
</tr>
<tr>
<td>Self-harm rare</td>
<td>Self-harm common</td>
</tr>
<tr>
<td>Endorse ‘depressed mood’ as descriptor</td>
<td><strong>Endorse ‘emptiness’ as descriptor</strong></td>
</tr>
<tr>
<td>Family history of bipolar I or II or recurrent depression</td>
<td>Family history negative for bipolar I, II and recurrent depression</td>
</tr>
</tbody>
</table>

Bipolar Affective Episodes:
Not as clear-cut as we thought?

• All episodes of bipolar disorder potentially include elements of depression, mania, anxiety or psychosis.

• These can exist in all permutations, and can vary independently or in parallel.

• Emergence of depression, mania, or psychosis in an episode where they were initially absent.

• Very few scales have been validated to measure any of these states in combination.
Mixed Mania and Mixed Depression
Concept widened with a new specifier in DSM-5

Mania
Mania + 3 or more Depressive symptoms

Depression
Depression + 3 or more (hypo)manic symptoms

Irritability, anxiety and agitation common (Young et al, 2014)
Softer bipolar conditions are often associated with rapid cycling

‘There exist ultra-rapid-cycling forms where morose labile moods with irritable, mixed features constitute patient’s habitual self, and are mistaken for borderline personality disorder’.

Akiskal, 1996

Caveat re. age and sex of patient! (Calabrese et al, 2001)
A Depressive Episode: Clues to Bipolar Disorder

• Family history

• Psychomotor retardation

• Mood instability

• Antidepressant misadventures: e.g. switches/poor response

• Early onset

• Atypical symptoms
Bipolar Disorder
and
Co-morbid
Borderline Personality Disorder
Prevalence of Personality Disorders in Bipolar II Disorder

Comorbid Bipolar Disorder and Borderline Personality Disorder
Implications for Prognosis

• Worse prognosis/response to medication
• More frequent psychiatric admissions
• Higher drop-out rates
• Increased risk of substance abuse
• Increased risk of suicide
• More impairment of social and occupational functioning

Is Borderline Personality Disorder part of the Bipolar Spectrum?
Is Borderline Personality Disorder part of the Bipolar Spectrum?

**Maybe:** some cases are closely linked in genetics, phenomenology, neuroimaging findings and treatment response.

Stone et al, 2014

Family history and clinical features of bipolar illness in people with a current major depressive episode and comorbid borderline personality disorder.

Perugi et al, 2013

**No:** the two are clinically distinguishable disorders.

Ghaemi et al, 2014
Clinical Utility:

Treatments in common

and

Treatments for co-morbidity
Pharmacotherapies

• Mood Stabilisers, SSRIs and Atypical Antipsychotics widely used in BPD.

• Some evidence to support the use of Lamotrigine and an NIHR Trial of Lamotrigine is currently underway (PI Crawford).
Dialectical Behavioural Therapies

Van Dijk et al, 2013
A randomised, controlled pilot study of dialectical behaviour therapy skills in a psychoeducation group for individuals with bipolar disorder.

Goldstein et al, 2014
Dialectical behaviour therapy (DBT) for adolescents with bipolar disorder-results from a pilot randomized trial.
Summary

• Bipolar disorder and BPD occur together, especially in secondary care.

• The putative place of BPD in the bipolar spectrum as yet uncertain.

• Both disorders share some symptoms and treatments.

• Honest doubt about diagnosis – say so!

• Individually-tailored, pragmatic care.