BORDERLINE PERSONALITY DISORDER
STRATEGIES FOR SELF-MANAGEMENT AND RESILIENCY

CLINICAL CASE

On Friday a patient in your practice with a borderline personality disorder is admitted to the psychiatric ward after he threatens to jump off a bridge. Over the weekend, he settles on the ward and states that he was just upset. On Monday morning you discharge him to his supported apartment housing with planned follow-up in three weeks

On Monday afternoon as you see your scheduled office patients, he repeatedly phones the clinic demanding to talk to you. After the fifth call with your support staff overwhelmed and frustrated, you accept his call. He states that he is phoning because he intends to kill himself later that evening. How would you approach this patient?

1. **??**
2. **??**
3. **??**
4. **??**
5. **??**

KEY TAKE HOME MESSAGES

1. Borderline personality disorder is frequently seen in practice and associated with unique management challenges.
2. Role of pharmacotherapy in the treatment of BPD is limited.
3. Good evidence supports the effectiveness of structured therapies which emphasize strong working alliance between patient and physician.

REFERENCES

1. **Biskin RS, Paris J. Diagnosing borderline personality disorder. CMAJ 2012;184(16):1789-94.**
2. **Biskin RS, Paris J. Management of borderline personality disorder. CMAJ 2012; 184(17):1897-1902.**
3. **Dubovsky AN, Kiefer MM. Borderline personality disorder in the primary care setting. Med Clin N Am 2014;98:1049-64.**
4. **Gunderson JG. Borderline personality disorder. N Engl J Med 2011;364:2037-42.**
5. **Haswell DE. Self-inflected injuries: Challenging knowledge, skill, and compassion. Can Fam Physician 1996;42:1756-64.**
6. **Paris J. Understanding self-mutilation in borderline personality disorder. Harv Rev Psychiatry 2005;12:179-85.**

Goertzen J. Borderline personality disorder: Strategies for self-management and resiliency. Toronto: Family Medicine Forum 2015, College of Family Physicians of Canada, November 12, 2015.

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DIAGNOSIS

1. **Emotional instability: range of intense moods including rage, anger, sorrow, shame, panic, and terror. Patients often move from one mood to another rapidly and unpredictably.**
2. **Instability in sense of self: chronic sense of emptiness including feeling like there is nothing inside. Patients may have an unstable identity including feeling they have no identity or that their identity changes with the situation.**
3. **Behavioural instability: includes impulsivity in multiple areas such as alcohol or drugs, unsafe sex, shop lifting, eating binges, gambling and fast driving.**
4. **Recurrent suicidal gestures and threats or self-mutilating and self-harm actions.**
5. **Cognitive instability: transient stress related paranoid ideation or severe dissociative symptoms. In response to stress: feeling they are being picked on, that people are deliberately mean, or that things around them are unreal.**
6. **Interpersonal instability: characterized by two separate but interlocking types of problems. Profound sense of abandonment which tends to manifest in desperate efforts to avoid being left alone: calling people on the phone repeatedly or refusing to leave the office. Alternating between intensely idealizing and devaluing close relationships.**

MANAGEMENT

1. **Since patients with borderline personality disorder generally have problems with under regulation of emotions: goal and ongoing task in the therapeutic relationship is to teach emotion regulation skills. Helping patients articulate their emotional experience is the first step.**
2. **As a family physician, your primary focus with borderline personality patients is to provide validation and negotiate treatment plans whenever possible.**
3. **Managing patients with borderline personality disorder can be difficult for family physicians because they may have to deal with repeated self-harm threats and attempts.**
4. **Self-mutilation is a troubling symptom but understanding its functions can help with management. If family physicians realize that self-injury does not usually carry a greater risk for completed suicide, they will feel more confident treating patients in an outpatient setting. It is useful to conceptualize self-injury as an expected part of the territory one traverses in treating patients with borderline personality disorder. Since a primary function of self-injury is to reduce dysphoria, interventions need to identify the causes of the dysphoria and help the patient develop more effective coping mechanisms.**
5. **The aim of dialectal behavioural therapy is to help patients develop new ways of thinking, feeling, speaking, coping, and doing things. Rather than focusing on the past, it looks at the present situation. It aims to replace maladaptive methods of coping with more effective ways of achieving specific changes.**
6. **Evidence supporting the effectiveness of commonly prescribed drugs for individuals with BPD is limited. Often the role of a family physician maybe to reduce the number of psychiatric medications being prescribed to a patient with BPD.**

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