Not All That Swings Is Bipolar: Diagnosis and Treatment of Borderline Personality Disorder

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Disclosure

In the past 12 months I have received the following:

<table>
<thead>
<tr>
<th>Company</th>
<th>Activity</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Up-to-Date</td>
<td>Authorship</td>
<td>$3,254</td>
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</tbody>
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Learning Objectives

Participants will be able to:

- List similarities and differences between bipolar disorder and borderline personality disorder.
- Use interview questions useful in the differential diagnosis of mood swings.
- Recommend and explain the most effective treatments for borderline personality disorder.
Case Vignette

- 27-yr-old woman, divorced, living with new boyfriend
- Primary complaint is mood swings, ranging from elevated to depressed
- Elevated moods include intense irritability, increased energy, and impulsivity
- Depressed moods include emptiness, abandonment, rage, and suicidality

Question 1

What is the most common diagnosis for this case?

1. Adult attention deficit disorder
2. Bipolar I disorder
3. Bipolar II disorder
4. Borderline personality disorder
5. No diagnosis

Question 2

What is the most appropriate diagnosis at this point?

1. Adult attention deficit disorder
2. Bipolar I disorder
3. Bipolar II disorder
4. Borderline personality disorder
5. I don’t know – I need more information
Bipolar I Disorder

- Primary mood disorder characterized by:
  - Periods of sustained mood elevation (at least 1 week) with or without episodes of depression
  - Impaired function during episodes
  - Normal function between episodes
  - Good response to mood stabilizing medication
  - High suicide risk when depressed

Bipolar II Disorder

- Primary mood disorder characterized by:
  - Periods of sustained mood elevation (at least 3 days) with episodes of depression
  - No impairment in function during episodes
  - Normal function between episodes
  - Good response to mood stabilizing medication
  - High suicide risk when depressed

Bipolar Disorder

Graph showing mood changes over time.
Borderline Personality Disorder

Definition
• A pattern of instability in interpersonal relationships, self-image, and affects, and marked impulsivity. (DSM-5)

Clinical Characteristics
• Chronic intensely reactive mood (mostly anger)
• Mood swings last hours-days
• Only sustained mood is depression
• Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior

Interpersonal Issues
• Intense and unstable interpersonal relationships
• Chronic feelings of emptiness
• Intense fear of abandonment
• Splitting
  • Black-and-white thinking
  • Idealization and devaluation
Borderline Personality Disorder

**Epidemiology**
- Community Prevalence
  - 3% of females and 1% of males
- Clinical Prevalence
  - 30% of psychiatric inpatients and outpatients
  - 90% female and 10% male

Neurobiology of Borderline Personality

1. Poor cellular differentiation within amygdala
   - Hyperawareness of affective cues
2. Rapid response of dorsolateral prefrontal cortex
   - Impulsive behavioral response
3. Minimal feedback from prefrontal cortex to amygdala
   - Inability to regulate affective response

New AS, et al. Biological Psychiatry 2008; 64, 653
### Differential Diagnosis

**Borderline Personality**
- Poor response to medication
- Good response to specialized treatment

**Bipolar Disorder**
- Good response to medications
- Poor response to psychotherapy alone

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**Borderline Personality**
- Rapid mood swings
- Predominant anger
- Tumultuous relationships
- Impulsive self-mutilation and suicidality

**Bipolar Disorder**
- Sustained moods
- Euphoria and depression
- Stable relationships
- Suicide attempts primarily during depressive episodes

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**“How long do your mood swings usually last?”**

**Borderline Personality**
- “Sometimes they can last for hours”
- “Until I get treatment”

**Bipolar Disorder**
- “They usually last for weeks or months”
<table>
<thead>
<tr>
<th>Differential Diagnosis</th>
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<tbody>
<tr>
<td>“What are your manic episodes like?”</td>
</tr>
<tr>
<td><strong>Borderline Personality</strong></td>
</tr>
<tr>
<td>“I get really angry and start yelling at people”</td>
</tr>
<tr>
<td><strong>Bipolar Disorder</strong></td>
</tr>
<tr>
<td>“I stop sleeping, make big plans, talk really fast, and spend lots of money”</td>
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<table>
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<th>Differential Diagnosis</th>
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<tr>
<td>“Are your relationships usually pretty stable or do they tend to be rocky with a lot of ups and downs?”</td>
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<tr>
<td><strong>Borderline Personality</strong></td>
</tr>
<tr>
<td>“They are really rocky and we fight all the time”</td>
</tr>
<tr>
<td><strong>Bipolar Disorder</strong></td>
</tr>
<tr>
<td>“As long as I am not in a manic episode, they are pretty good”</td>
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<tbody>
<tr>
<td>“Is there anything specific that sets off your episodes?”</td>
</tr>
<tr>
<td><strong>Borderline Personality</strong></td>
</tr>
<tr>
<td>“Anything can set them off”</td>
</tr>
<tr>
<td>“A fight with my boyfriend”</td>
</tr>
<tr>
<td><strong>Bipolar Disorder</strong></td>
</tr>
<tr>
<td>“If something interferes with my sleep”</td>
</tr>
<tr>
<td>“Going off my medication”</td>
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Psychotherapy

- Dialectical behavior therapy (DBT) is preferred if available
- Cognitive behavioral therapy (CBT) is widely available second choice
- Traditional psychodynamic therapy is difficult, but may be helpful

Dialectical Behavior Therapy (DBT)

- Group and individual components
- Emphasis on skill development
  - Mindfulness
  - Emotion regulation
  - Distress tolerance
  - Interpersonal effectiveness
- Best conceptualized as “brain retraining”

Dialectical Behavior Therapy (DBT)

- Best conceptualized as “brain retraining”
  - Strengthen prefrontal feedback to amygdala (emotion regulation)
  - Slow DLPFC reactivity (mindfulness and distress tolerance)
Treatment

Medication

• Mood stabilizers show moderate benefit
• Low-dose antipsychotics are moderately effective
• Antidepressants at standard doses are helpful for depression and anxiety symptoms only
• Benzodiazepines are beneficial in a minority of patients, but more often harmful


Clinical Considerations

Diagnostic Disclosure

• Patients and providers do better when the diagnosis is openly acknowledged
• Diagnosis is too often withheld or misrepresented
• Avoid splitting with mental health providers