

The following journal article is a comprehensive overview of borderline personality disorder. The article covers the etiology, diagnosis, clinical presentation, and management of the personality disorder. Additionally, offers insights on current controversies surrounding the disorder.

The overview consists of data from various randomized controlled trials and meta-analyses. All of which to evaluate the effectiveness of different treatments, analyze the neurobiological (brain mechanisms to explain the behavior) and cognitive model (mental processes such as memory, attention, decision making), and compare the diagnostic criterion of DSM -5 and ICD-11.

Based on the article, the etiology of borderline personality disorder is very complex. It is a mixture interaction between genetic factors and adverse childhood experiences such as abuse or neglect. When it comes to clinical presentation, the disorder is characterized as display of pervasive impulsive behaviors, instability in maintaining self-image, affects, and relationships, often beginning in early adulthood. The individual, according to DSM -5 criteria, can also present as/with fear of abandonment, recurrent suicidal behavior, difficulty controlling anger, and transient dissociative symptoms. Primary management of borderline personality disorder is psychotherapy. This includes dialectical behavior therapy (DBT), mentalization-based therapy (MBT), transference focused therapy (TFP) and schema therapy (ST) in the article. Some key findings regarding management is that psychotherapy is 1st line while pharmacotherapy is not recommended because there is lack of evidence showing medication has consistently been effective in managing the disorder. Additionally, there is currently no medication FDA approved for treating borderline disorder. There is also the issue with polypharmacy and misuse of psychotropic drugs in borderline patients (nearly 96%), limiting it to short term management often.

Relating this to my patient, he presents with clinical features consistent with borderline personality disorder. The patient demonstrates significant impulsivity, with reports from floor staff of physical altercations with other patients on the unit. In prior interviews, he has requested transfer to a different room occupied by a male patient, which may reflect his fear of abandonment and strong need for interpersonal connection. Due to his impulsivity and difficulty with behavioral control, he is currently isolated in his room for safety.

Regarding management, the patient is maintained on valproate, given his history of seizures and to help manage impulsivity. In addition, he is receiving dialectical behavior therapy (DBT) as the primary treatment for his borderline personality disorder. Prior to initiation of DBT, the patient had multiple documented episodes of conflict and altercations with other patients. Since starting DBT, he appears calmer and demonstrates improved emotional regulation.

In the most recent interview, the patient reported feeling annoyed by another patient who was speaking loudly; however, he was able to appropriately manage his frustration by voluntarily removing himself from the situation and returning to his room. This behavior reflects improved use of coping strategies.

In terms of insight, the patient shows good understanding of borderline personality disorder and has been accepting of the diagnosis following education by the treatment team and review of an informational handout.

Reference:

Leichsenring, F., Fonagy, P., Heim, N., Kernberg, O. F., Leweke, F., Luyten, P., Salzer, S., Spitzer, C., & Steinert, C. (2024). Borderline personality disorder: a comprehensive review of diagnosis and clinical presentation, etiology, treatment, and current controversies. *World psychiatry : official journal of the World Psychiatric Association (WPA)*, 23(1), 4–25.
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