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L'INSTITUT MUTUALISTE MONTSOURIS

Transition of a borderline patient

Staying here and now, with projects in mind

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Transition Psychiatry

January 17th 2020

Introduction : BPD in adolescence

- 40% to 50% of hospitalized adolescents in psychiatry (Becker, 2001; Chabrol, 2001)
- Use of mental health services > Major Depressive Disorders or other Personality Disorders (Zanarini, 2001; Comtois, 2003; Bender, 2006)
- Prevalence of BPD :
  - Adolescents : 6 to 18% of general population
  - Adults : 2% (Miller, 2008; Zanarini, 2000)

  ---> What do adolescents with BPD become?

BPD definition

- According to DSM-IV and DSM-5:

  BPD diagnosis can be applied to adolescents if the symptoms are pervasive and persistent at least for one year
- 30 years of literature data confirm:
  - Phenomenology and comorbidity profile are similar to adults (Becker et al. 2000)
  - A strong reliability: a valid diagnosis
  - But … a weak predictive validity

Predictive validity of adolescent BPD (1/3)

- 23 to 33% of BPD after 2 years of follow-up
- 21% after 3 years in EURNET BPD
- Rates of remission are higher
  - than in adulthood
  - than axis I disorders : depression, substance abuse (Grilo, 1995)
- High rates for a psychiatric disorder, low rate for a personality disorder

Predictive validity of adolescent BPD (2/3)

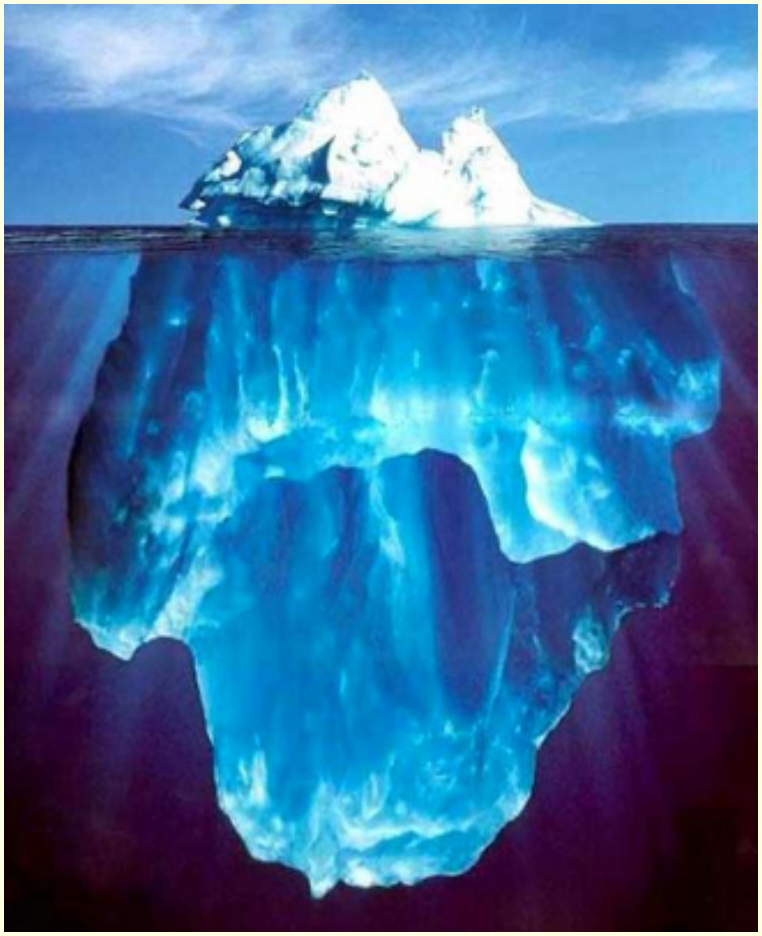
- BPD predicts various Axis I and Axis II disorders, serious functional difficulties more than:
  - BPD in adulthood
  - Schizophrenia, Bipolar disorders (Miller, 2008)

    => a transitory bottleneck of psychiatric pathology at this age
- Certainly catches others pathologies, which take the borderline colour at this age (depression)

Predictive validity of adolescent BPD (3/3)

- Legitimacy of BPD in adolescence questioned by The Personality Disorder Task Force of the APA (Helzer, 2008) :
  - Exclusion of BPD in adolescence from the DSM-5 ? Finally not, but :
  - « … does not apply to minors because they have not yet faced the basic tasks of adult life »
  - Moreover, « […] such features are described as rarely persisting into adult life »

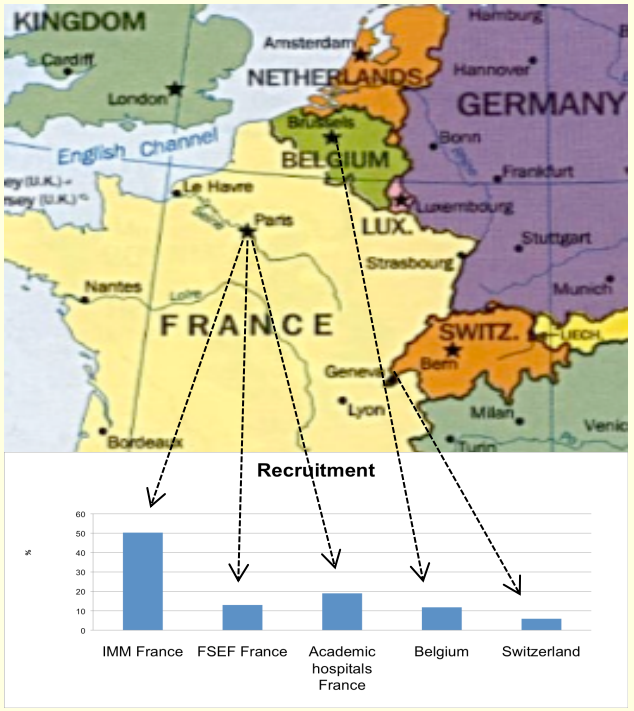
What is stable, what is instable in BPD ?



- Internalized symptoms (affective instability) of borderline pathology are durable
- Externalised symptoms (self-injury) are more visible and ask for a strong environmental response in adolescence but are less durable
- Borderline Crisis in Adolescence (Robin,2013)

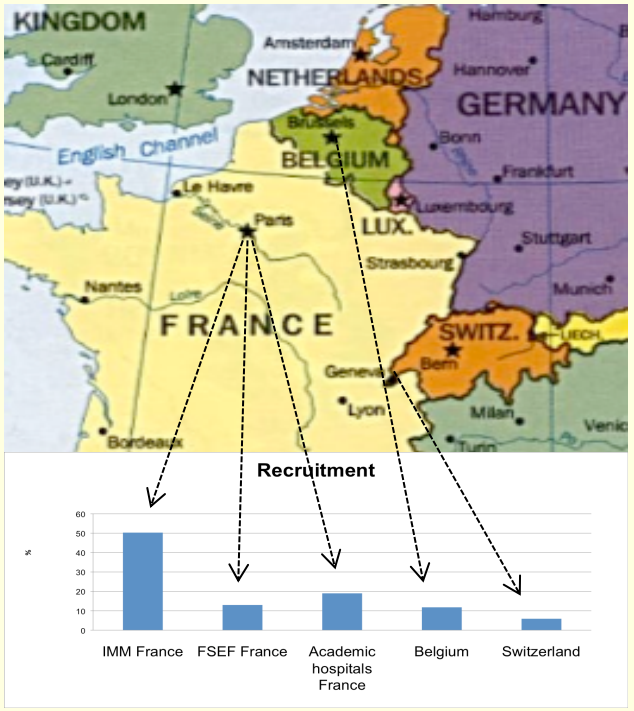
EURNET BPD

- The European Research Network on BPD : borderline phenomenology in adolescence (13-18 y.o.) (Corcos et al., 2013)
- Five specialized psychiatric centers for adolescents and young adults
- France, Belgium and Switzerland
- Final sample: 85 BPD adolescents and 84 healthy adolescents matched for gender, age, socioeconomical status
- Mean age = 16,3 y.o. (SD=1.4)



EURNET BPD

- Diagnosis of Axis I and Axis II disorders
- Psychopathology:
  - Emotional regulation
  - Impulsivity
  - Attachment
  - Traumatic experiences
  - Life events
  - Parental bonding
  - Narrativity
  - …



Adversity in BPD

- 20% of BPD were separated from their parents during more than one month before age of one year old
- 22% were separated later from their 2 parents (at mean age of 6 years old), either into foster family or into home placement
- 21% of sexual abuse (versus 9% in controls), 13% of emotional abuse, 14% of emotional neglect, 7% of physical abuse
- Parental bondings: low care and high levels of controls for both
- Insecure attachment : 75% of patients (40% preoccupied, 34% fearful)
- Finally, 25% reported suicidal attempt in a parent, and insecure attachment together with parental suicidality predicter BPD severity (Speranza, 2019).

  = These results confirm high level of trauma in borderline pathology

Narrativity in BPD

- Subjective experience of childhood and future
- 2 questions: “How do you remember yourself as a child?”, “How do you see yourself in the future?”
- BPD patients talked repeatedly about their pain and distress, with feelings of fear, sadness and pessimism
- Discontinuity in discourse, and concerns about day-to-day experience of life
- Reorganized their discourse only when they evoked their traumatic experiences
- No difference between past, present and future (Spodenkiewicz, 2013)

Prognosis

- Self-injury linked with sexual abuse is a main element of prognosis in BPD (Joiner 2007; De Aquino Ferreira, 2018)
  - The ignorance of sexual abuse behind noisy behaviours of BPD may impair the prognosis and increase the risk of a traumatic repetition
- Cumulating sexual abuse and emotional abuse : high risk of being not believed when revealing a sexual abuse
- The important role of medical care, prevention policies and appropriate judicial procedures

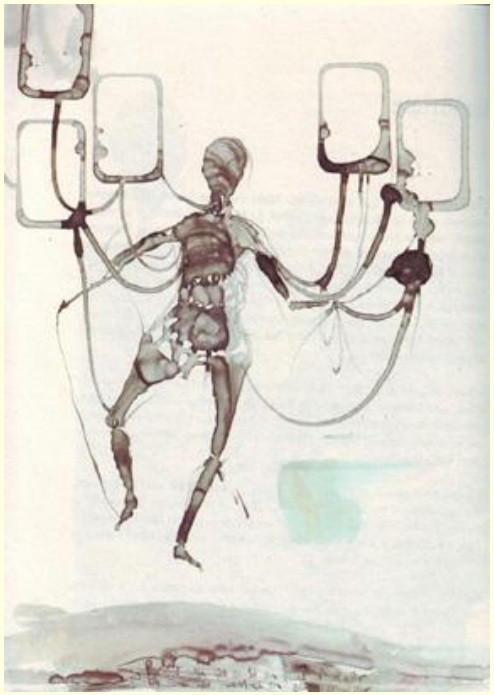
Trauma management

- Omnipresent and cumulative place of adversity → systematize childhood adverse experiences investigation
  - Non Suicidal Self Injury → sexual abuse?
- Close articulation between child psychiatric and child protection services
- Close articulation between child psychiatric and adult psychiatric services (parents)
- Trauma focused therapies

Conclusion

- A severe pathology but a rather favorable prognosis of BPD after adolescence
- The need for protecting minors from maltreatment is the priority, as much as helping parents to cope with an escalade of violence also generated by the symptoms of their child
- Adolescents with BPD need more countenance and more hospitalizations, in order to begin recovering of traumas

  = a solid frame first, in which psychotherapy has already begun



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