What to Do When Your Patient Has Borderline Personality Disorder: Recommendations in Management

Borderline personality disorder (BPD) is one of ten personality disorders, meaning a pervasive and consistent pattern of behavior and maladaptive coping skills that lead to emotional and social dysfunction. BPD is marked by impulsivity, unstable relationships, and emotional dysregulation. Patients with BPD are high utilizers of both medical and psychiatric services, but to provide effective and compassionate care, one must face barriers of stigma, lack of adequate provider education, and limited infrastructure to manage their constellations of symptoms.

A clearly defined goal of providing consistent and supportive medical care can help providers draw firm but appropriate boundaries, minimize provider frustration, and avoid the trap of polypharmacy when medicating an array of vague somatic and psychiatric symptoms. Clear communication with the patient regarding diagnosis, expectations, and guidelines while demonstrating willingness to partner with them in their health care can relieve the fear these patients have of being abandoned or rejected. An empathic, firm, person-centered approach with clear expectations can improve care and the health of those with BPD.

Ideally, this diagnosis would be made over a period of time with adequate engagement, history, and observation rather than in an acute crisis when typically adaptive coping skills may have failed. Starting in at least early adulthood across various settings and contexts, an individual with BPD will suffer from most, if not all, of the following:

- Impaired self-functioning (sense of self, feelings of emptiness)
- Impaired interpersonal ability (fear of abandonment)
- Negative Affect: mood lability, anxiety, depressive symptoms
- Disinhibition: Impulsive behaviors (sex, drugs, food, money, alcohol)
- Antagonism: anger and hostility (misappropriated, out of proportion)
- Recurrent self-harm and/or suicidality (both to harm self or relieve emotional distress)
- Stress-induced paranoia/psychosis and dissociative episodes

Because there are no FDA-indicated medications to treat BPD, and the behaviors these patients demonstrate can be very disruptive and difficult to manage, below is a table of recommended responses to potential patient behaviors.

Criteria and Maladaptive Traits	Examples of Potential Behaviors and Symptoms	Recommended Provider Response
Emotional lability and unstable relationships	Yelling at or mistreating staff and providers	Set expectations of boundaries and behaviors Stay calm and neutral; do not personalize
Seeing people as “good” or “bad”	Accusing providers and staff of being uncaring or malicious due to not receiving something they want or feel they need Triangulation (“splitting”) of staff; Over-valuing vs vilifying previous clinicians or part of the current team	Remain calm; listen and validate their experience; avoid becoming defensive; explore their motivation for making the remark. Regular staff engagement including team rounding, meetings, or huddle; identify goals for tx Do not comment on the care of previous providers; discuss current care as a team approach
Impulsive behaviors with regards to medication and/or substances	Demanding re: prescriptions (types of medications, amounts) Requesting early refills, especially of controlled substances	Clear, consistent, and up front expectations regarding prescriptions. Regular UDS Naloxone prescription when appropriate
Chronic feelings of emptiness	Impulsivity / Lack of compliance Self-destructive behaviors (appears like self-sabotage)	Reassurance and regular visits; remain mindful of the risk of polypharmacy Explore reasons for behaviors and address core issue
Self-harm	Cutting, burning, scratching, exacerbating wounds to prevent healing	Identify intent of self harm Explore grounding techniques (napping rubber band, holding ice)
Suicidal ideation (SI)	Chronic SI or recurrent crisis related to SI	Safety planning and discussion with the patient Documentation or risk and protective factors to support

Differentials	Differentiating Criteria
Major Depressive Disorder (MDD)	BPD: Chronic feelings of emptiness, mood is labile, poor self-esteem
	MDD: Sadness and/or anhedonia with associated somatic symptoms; at least 2 weeks
Bipolar Disorder Affective Disorder (BPAD) Type 1 (BPAD1) and Type 2 (BPAD2)	BPD: Brief reactive mood swings with a trigger and impulsive behaviors; mood changes in just minutes or hours
	BPAD1: Sustained episodes of mania lasting at least 7 days, often followed by depressive episode
	BPAD2: Sustained episode of hypomania lasting at least 4 days (decreased need for sleep and high energy)
Dissociative Identity Disorder (DID)	BPD: Brief episodes of dissociation and derealization that patient identifies
	DID: Consistent/discreet personalities; switches are involuntarily and without realizing
Schizophrenia	BPD: Good insight - knows hallucinations are not real, some stress induced paranoia at times
	Schizophrenia: Poor insight - believes voices are truly present, responds to stimuli, paranoia can be bizarre

Always ask questions 1 and 2.	Past Month	
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If **YES** to 2, ask questions 3, 4, 5 and 6. If **NO** to 2, skip to question 6.		
3) Have you been thinking about how you might do this?		
4) Have you had these thoughts and had some intention of acting on them?	**High Risk**	
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	**High Risk**	
Always Ask Question 6	**Life-time**	**Past 3 Months**
6) Have you done anything, started to do anything, or prepared to do anything to end your life? *Examples*: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc. **If yes, was this within the past 3 months?**		**High Risk**

988 SUICIDE & CRISIS LIFELINE

If YES to 2 or 3, seek behavioral healthcare for further evaluation.
If the answer to 4, 5 or 6 is YES, get immediate help: Call or text 988, call 911 or go to the emergency room.
STAY WITH THEM until they can be evaluated.

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