Borderline Personality Disorder Management on the Inpatient Unit

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Introduction: Here we provide an overview of strategies for managing borderline personality disorder (BPD) on the inpatient unit.

Disclose the diagnosis and educate about prognosis

- How should you communicate the diagnosis? Simply describe the symptoms and behaviors you heard from them and repeat them. For example:
  "You described to me that your emotions are very unstable; you often lose control of your temper; you cut yourself; you have made suicide attempts; you use too many drugs; and your relationships are conflictual and don't work—that's borderline personality disorder."
- Emphasize that BPD is treatable, and that at the 10-year mark about 80% of patients no longer meet full criteria.

Psychotherapy. Numerous evidence-based therapies exist and are likely all equally effective for the disorder if done competently. Many inpatient units offer groups with some component of DBT (dialectal behavioral therapy) or CBT (cognitive behavioral therapy). Given that inpatient admissions are typically brief, , the therapeutic interventions you can realistically provide are limited; most of the in-depth therapy will occur in an outpatient setting. Nonetheless, you can still use a focused therapeutic strategy aimed at preventing suicidality, as follows:

- Discuss the typical cycle leading to self-harm in patients with BPD:
  - Perceived Rejection: Patients often interpret certain actions as signs of rejection or abandonment.
  - Isolation and Dissociation: The perceived rejection can intensify feelings of loneliness, leading to dissociation, detachment, and even greater isolation.
  - Help-Rejecting Behavior: Despite needing support, patients might refuse assistance and may lash out at those they perceive as rejecting them.
  - Despair Leading to Self-Harm: These experiences often culminate in despair, driving patients toward seeing self-harm or suicidal thoughts as a way to cope with their overwhelming pain.
- Discuss strategies to disrupt the harmful pattern:
  - Develop a crisis plan: Create a plan that identifies early warning signs of a crisis and outlines steps they can take, including who to contact.
  - Teach emotional regulation skills: These include mindfulness, deep breathing, listening to music, flicking a rubber band on the wrist, holding ice, grounding exercises.
  - Build Interpersonal Effectiveness Skills: Help patients develop skills to communicate their needs and boundaries more effectively and to manage interpersonal conflicts without damaging important relationships.

Psychopharmacology.

- No medication is FDA approved for BPD, but medications can be helpful when targeted to specific symptom domains. Doses used for BPD are typically lower than those you might prescribe for conditions like bipolar disorder or a primary psychotic disorder.
- Atypical antipsychotics are generally first line: They reduce mood swings, anxiety, anger, and impulsivity. For example, risperidone 1 mg daily, aripiprazole 2.5-5 mg daily, quetiapine 25-200 mg at night.
- Antidepressants help comorbid depression/anxiety, e.g., sertraline 50 mg daily, escitalopram 10 mg daily.
- Mood stabilizers can target anger and impulsivity: For example, lithium 300-600 mg daily, valproic acid 500-1000 mg daily, lamotrigine up to 200 mg daily.
- Be careful with benzodiazepines as they can be disinhibiting and potentially lead to more impulsivity. However, patients with panic attacks may benefit from as-needed lorazepam or clonazepam.