Borderline Personality Disorder (BPD) in Old Age

Dr Patrick Chance MBChB, MRCPsych, PgDip
Consultant in Old Age Liaison Psychiatry & Clinical Director OAMHS
Aneurin Bevan University Health Board

patrick.chance@wales.nhs.uk
What is BPD?

• Severe disturbance in the personality and behavioural tendencies of an individual; nearly always associated with considerable personal distress and social disruption; and usually manifest since childhood or adolescence and continuing throughout adulthood.
• Tendency to act impulsively and without consideration of the consequences
• Unpredictable and capricious mood.
• Liability to outbursts of emotion and an incapacity to control the behavioural explosions.
• Tendency to quarrelsome behaviour and to conflicts with others, especially when impulsive acts are thwarted or censored.
• Intense and unstable interpersonal relationships
• Tendency to self-destructive behaviour, including suicide gestures and attempts.
Prevalence of BPD in Old Age

• Traditionally thought that over time as people age there is a pattern of improvement of BPD features

• Late-life re-emergence of symptoms & behavioural characteristics after lying dormant in middle age – following loss of stabilising factor (eg. job, relationship, role)

• Perception that BPD is a young person’s diagnosis likely to contribute to under-diagnosis in old age

• Prominence of personality disorders in old age likely to rise with population ageing but no reliable data
Phenomenology of BPD in Old Age

• **Persistence of**
  • Emotional dysregulation
  • Intense, unstable interpersonal relationships
  • Intense, poorly controlled anger
  • Attachment insecurity

• **Lower levels of**
  • Somatic symptoms & complaints
  • Impulsivity
  • Identity disturbance

• **Increased levels of**
  • ‘Depressivity’
  • Emptiness

• **Suicide attempts and DSH behaviours**
  • Suicide attempts less frequent but tend to be more lethal
  • DSH behaviours may alter in form
Forms of self-harm in elderly with BPD

- Abuse & misuse of medication
- Non-adherence to medication regimes
- Active sabotage of treatment including interference with surgical wounds
- Refusal to engage in physical rehabilitation
- Disordered eating behaviours
- Violating or ignoring prescribed diets
- Ignoring prescribed exercise advice
- Cutting, skin picking, head-banging and so on (less common)
- Suicide attempts (less frequent but tend to be more lethal)
Proposed screening tool for BPD in Old Age

BPD indicated if five out of eight criteria met:

1. Unstable, intense and labile emotions
2. Intense, unstable interpersonal relationships, including with staff
3. Intense, poorly controlled anger that may manifest in hostile interactions with staff
4. Fear of loneliness and abandonment
5. Chronic dysphoria
6. Prominent somatic symptoms often accompanied by intense self-reported pain
7. Self-harm behaviours characteristic of those seen in older patients
8. Staff feeling overwhelmed, criticized or mistreated by the patient
Treatment of BPD in Old Age

• Antidepressants and antipsychotics of dubious benefit in BPD.
• Benzodiazepines and Pregabalin for anxiety have abuse and dependence problems.
• Older people at increased risk of side-effects from all psychotropic medication.
• Psychiatric admission often not therapeutic and scope for changing patient’s responses very limited.

• Therapeutic focus should be on trying to establish a boundaried, consistent therapeutic relationship and approach.
• Dialectical behaviour therapy (DBT), but psychological therapy provision often still lacking in OAMHS.
References
