AFFECTIVE DISORDERS AND BORDERLINE PERSONALITY

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While the term borderline has been used in the literature with certain degree of consistency to signify a particular type of disorder placed somewhere between psychosis and neurotic disturbances the clinical characteristics and identifying criteria used have varied significantly from author to author and with different degrees of descriptive elements and levels of abstraction.

In summary, the conceptual usage of the term borderline encompasses a) a descriptive definition based on characteristic symptoms and anamnestic data (Grinker1, Gunderson2,3,4, DSM III5; b) a level of functioning using descriptive and psychoanalytic concepts (Kernberg6,7); c) a more abstract operationally defined entity based on psychoanalytic concept of arrestation and individuation—separation dynamics (Mahler8, Masterson9); d) a stable characterological organization resulting from lack of self-cohesion eventually diagnosable after optimal therapeutic trial (Kohut10). Also the view that borderline disorders are atypical or subclinical forms of classical psychiatric disorders with genetic-familial transmission have been sponsored, eg: schizophrenic spectrum (Kety11); schizotypal personality (Spitzer12); subaffective disorders (Akiskal13) or borderline syndromes (Stone14).

The evidence for a possible relationship between affective disorders and borderline disorders comes from both sides of the interactional equation. From the perspective of affective disorders Gaviria, Flaherty and Val15 have demonstrated the coexistence of affective disorder with underlying personality with borderline and without borderline characteristics. Our findings indicate that bipolars with borderline personality behave differently in a number...
areas: bipolars with borderline personality had high frequency of childhood pathology, poor school performances, had significantly worse social functioning between episodes, were prone to an earlier onset of their affective episode and tended to report more psychotic symptomatology. From the side of the borderline personality, the evidence for an affinity with affective disorder have been suggested and shown in several areas by diverse workers; Stone found a greater prevalence of affective disorders in relatives of borderline patients diagnosed by Kernberg's criteria in comparison to neurotic patients; also Stone et al found that borderline and psychotic probands had significantly more first degree relatives affected with psychiatric illness than control subjects, with more representations of manic-depressive disorders in borderline patients. Akiskal studying 100 consecutive admitted patients diagnosed as borderline found that history and follow up indicated a strong association between borderline and affective disorders.

Carroll reported that 62% of patients referred by clinicians as having borderline diagnosis were non suppressors in the dexamethasone suppression test, findings similar to patients with major depression. Akiskal as well as Kupfer et al found that borderline patients had shortened REM latency similar to affective disturbances.

However, the studies reviewed are limited by the lack of utilization of rigorous diagnostic criteria and the use of reliable instruments in a systematic way within the same index sample. For instance in some studies the presence or absence of DSM III diagnosis were arrived at retrospectively from chart reviewing, raising questions to the reliability of their findings. In other studies the borderline diagnosis was left to the criteria of the referring source. In some other instances the comparison between DST results and EEG sleep studies were derived from different samples of patients. Thus a need exists to study borderline patients using reliable diagnostic instruments and external validation measures centered around each individual case, and for taking into consideration also the necessity for excluding from the study sample those cases in which the diagnosis of affective disorders has been clearly arrived at and coexisting with a possible borderline personality, thus eliminating or minimizing the affective disorder side of the interactive equation between affective disorders and borderline personality.

The study design presented here aims at resolving some of the previously mentioned shortcomings. Patients referred to the project with a presumptive diagnosis of borderline are screened out by the principal investigator, who makes certain that the referring source had not diagnosed any major psychiatric disorder, in particular any affective disorder coexisting or grafted in a borderline personality. The subjects accepted to enter the protocol are