Bipolar disorder – all you need to know:

Focus on classification and interface with personality disorder

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Sometimes it’s relatively straightforward:

Epitaph: “I told you I was ill”
• Often, it’s complicated:
The Bipolar-Borderline interface:

1. The limits of phenomenology
2. The bipolar/borderline brain in overdrive
3. Classification and diagnosis
The limits of phenomenology:

“Psychiatric diagnosis, unlike diagnosis in many other areas of medicine, is almost entirely dependent on phenomenology..... Until we understand more about the pathogenesis of mental disorders, any conclusions about drawing boundaries between disorders (and all psychiatric diagnoses) must remain provisional”

Joel Paris, 2013
The limits of using only symptoms for diagnosis:

Borderline PD patients:
– 10% satisfy criteria for Bipolar I Disorder and a further 10% satisfy criteria for Bipolar II Disorder

Bipolar I Disorder patients:
– 10% satisfy criteria for Borderline Personality Disorder

Bipolar II Disorder patients:
– 20% satisfy criteria for Borderline Personality Disorder

Zimmerman and Morgan, 2013
<p>| Clear history of mania or hypomania, lasting at least a week | Yes |
| Strong family history of psychosis or mood disorder | Yes |
| Predominantly episodic | Yes |
| Fulfills ICD-10 ‘general criteria’ for personality disorder | No |
| Emotionally unstable personality features | No |</p>
<table>
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<th>Criteria</th>
<th>Bipolar</th>
<th>Borderline</th>
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Impulsivity as a common thread:

- Borderline personality disorder
- ADHD
- Bipolar disorder (manic phase, mostly)
- Antisocial personality disorder
Borderline PD:

- Smaller hippocampus and amygdala (MRI meta-analysis) (Ruocco et al, 2012)

- Exaggerated amygdala activity during stress (fMRI) (O’Neill and Frodl, 2012)

- Reduced activation of cortical areas during emotional stimuli (fMRI): DLPC, MPC, OFC (Hughes, 2012; Koenigsberg 2009)
Borderline PD:

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Bipolar Disorder:

- Amygdala hyper-reactivity to emotional stimuli (fMRI) (Strakowski 2004; Vizueta et al 2012 Ameida et al, 2010)

- Reward hypersensitivity: Elevated ventral striatal and VLPC activity to reward anticipation during euthymia (Nusslock et al 2012)

- Reduced gray matter right ventral prefrontal volume, reduced temporal and insula volumes (Selvaraj et al, MRI meta-analysis, 2012)
Impulsivity: “Shoot first and ask questions later”

- Borderline personality disorder
- ADHD
- Bipolar disorder (mostly manic phase)
- Antisocial personality disorder

Mechanism: Higher cortical “top-down” centres fail to exert adaptive control over deeper limbic “subcortical” centres

Result: Affected individual reacts too quickly and without thought to certain stressors.
Pathways to a 'brain in overdrive':

Borderline Personality Disorder diagnosis

- Strong bipolar diathesis
- Early life Maltreatment

Patient A

Patient B

Patient C

Patient D
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Changes to Bipolar Disorder in DSM-5:

• Separate chapters for ‘bipolar’ and ‘depressive’ disorders

• Slightly broader definition of hypomania:
  – “A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy, lasting at least 4 consecutive days and present most of the day, nearly every day”
  – Three or more manic symptoms also present
  – “A full hypomanic episode emerging during antidepressant treatment (medication, ECT etc) is sufficient evidence for a hypomanic episode diagnosis”

• No diagnosis of ‘mixed affective episode’ – replaced by ‘mixed features’ specifier occurring during manic, hypomanic and depressive states
Changes to Borderline PD in DSM-5

• Multi-axial system now replaced by a single axis (Borderline PD is no longer ‘axis II’ disorder)

• Attempts to replace current PD categories by a ‘trait-specific’ method considered too complex for clinical practice

• A subsequent “hybrid model” with impairments in personality functioning plus five areas of pathological personality traits suggested but also rejected for the main DSM-5 manual

• “Hybrid model” included in Section III, for further study:
  – Borderline Personality Disorder
  – Obsessive-Compulsive Personality Disorder
  – Avoidant Personality Disorder
  – Schizotypal Personality Disorder
  – Antisocial Personality Disorder
  – Narcissistic Personality Disorder
• ICD-11 will have one diagnosis for personality disorder, with four severity groups: ‘personality difficulties’, and ‘mild, moderate or severe personality disorder’:

• Within four domains:
  » Internalising (emotional)
  » Externalising (antagonistic)
  » Detached
  » Anankastic
Implications for treatment of the bipolar-borderline interface:

- NICE and SIGN guidelines are evidence-based but single diagnosis specific (bipolar, borderline, etc)

- The boundaries between psychiatric diagnoses are blurred and ‘comorbidity’ is the norm rather than the exception

- DSM and ICD diagnoses are symptom clusters, not diseases with clearly understood pathophysiology

- Clinical practice (and research) remains dominated by a (slavish) adherence to DSM and ICD ‘diagnostic’ groups
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