Does Non-Suicidal Self-injury Mean Developing Borderline Personality Disorder?

Dr Paul Wilkinson
University of Cambridge
• ‘If I see a patient who cuts themself, I just assume they have borderline personality disorder’

• Consultant psychiatrist, 2014
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1. Diagnostic Criteria
DSM-IV Borderline PD

- Frantic efforts to avoid real or imagined abandonment. Note: Do not include suicidal or self-mutilating behavior covered in Criterion 5.
- A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.
- Identity disturbance: markedly and persistently unstable self image or sense of self.
- Impulsivity in at least two areas that are potentially self-damaging (e.g., excessive spending, substances of abuse, sex, reckless driving, binge eating). Note: Do not include suicidal or self-mutilating behavior covered in Criterion 5.
- **Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior**
- Affective instability due to a marked reactivity of mood (e.g. intense episodic dyshoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days).
- Chronic feelings of emptiness.
- Inappropriate, intense anger or difficulty controlling anger (e.g. frequent displays of temper tantrums, constant anger and reoccurring fights).
- Transient, stress-related paranoid ideation or severe dissociative symptoms.
DSM5 Borderline PD

• Impairment in self-identity or direction
• Impairment in empathy or intimacy
• Negative affectivity
• Disinhibition: impulsivity (includes self-harm) or risk taking
• Antagonism
NSSI

- A single behaviour

- A ‘condition for further study’ in DSM5:
  - Frequency (5 days in last year)
  - 2 out of:
    - Preceding negative feelings
    - Preceding preoccupation
    - Frequent urge
    - Definite purpose to NSSI
DSM Major Depressive Disorder

- At least five from list; at least one must be 1 or 2

1. Depressed mood, most of day, nearly every day
   - Or irritable mood in children/adolescents
2. Markedly reduced interest/pleasure/motivation
3. Significant unintended weight loss/gain
4. Reduced/increased sleep nearly every day
5. Psychomotor agitation/retardation nearly every day
6. Fatigue/loss of energy nearly every day
7. Worthlessness or excessive/inappropriate guilt
8. Reduced concentration/ability to think or indecisiveness
9. Recurrent thoughts of death (not fear of dying), suicidal ideation, suicide attempt
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2. Epidemiology
Prevalence of Adolescent NSSI

• Plener et al, 2009:
  - Prevalence of adolescent NSSI:
    - NSSI at least once: ~ 25%
    - NSSI at least 4 times: 9.5%

• Swannell et al meta-analysis, 2014:
  - Prevalence of adolescent NSSI: 17%
  - Prevalence of young adult NSSI: 13%
  - Prevalence of adult NSSI: 5.5%
Prevalence of BPD

- 1-4% in adults
- 0.5-3% in adolescents
- Much lower than NSSI
Prevalence of BPD in Adolescent NSSI

- Glenn and Klonsky, 2013

- 198 hospitalised adolescents, NE USA
  - So biased sample (more severe, more BPD)

- 98 NSSI disorder (at least 5 days etc) vs 100 non-NSSI disorder
  - Latter group: 28% some NSSI in past
• Prevalence of BPD in those with NSSI disorder:
  – 52%

• Prevalence of NSSI disorder in those with BPD:
  – 78%

• Replicates prior findings:
  – Nock, 2006, 66 adolescent female inpatients:
    • 52% had BPD
    • Many had other PDs (31% avoidant)
  – Selby, 2012, 571 young adult out-patients
    • 65 NSSI but no BPD
    • 24 BPD
3. Persistence
Personality Disorders and Persistence

- DSM5:

- ‘The impairments in personality functioning and the individual’s personality trait expression are relatively stable across time and consistent across situations.’
NSSI and Persistence

Moran et al, Lancet 2012, Figure 2
CONCLUSION
• NSSI is just one symptom of BPD
  – More symptoms are needed for this complex disorder

• NSSI is much more common than NSSI
  – Only a minority of those with NSSI have BPD

• NSSI is not stable and often stops
  – Personality disorders are stable
NSSI Does Not Mean Borderline Personality Disorder
So What?
• Some clinicians wrongly label NSSI as borderline PD
  – This led to suggestion of NSSI as a new diagnosis

• Patients get perjorative label
  – With poor prognosis

• Wrong treatments given

• No treatments given
It is Only NSSI: So What?

• If no BPD, surely no disorder?

• NSSI increased in all psychiatric disorders

• NSSI predicts onset of all psychiatric disorders
  – Even single NSSI

• NSSI predicts attempted and completed suicide
How to Treat People With NSSI?

• Assess for and treat underlying disorder
  – Including BPD

• Treat underlying problems

• Assess and reduce suicide risk

• Preliminary evidence for some specific therapies
An Analogy

• If someone attempts suicide, we assess for depression

• We do not assume they are depressed
SUMMARY
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• The majority of people with NSSI do not, and never will, have borderline PD

• But NSSI is still important

• We need to treat people with NSSI