SPEAKER: DISCLOSURES

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Disclosures

- **Consulting fees/advisory board member:** HIS Therapeutics, Otsuka
- **Speakers' bureau/honoraria:** Janssen, Otsuka, Takeda, Shire, Eli-Lily, Purdue, HLS, Lundbeck
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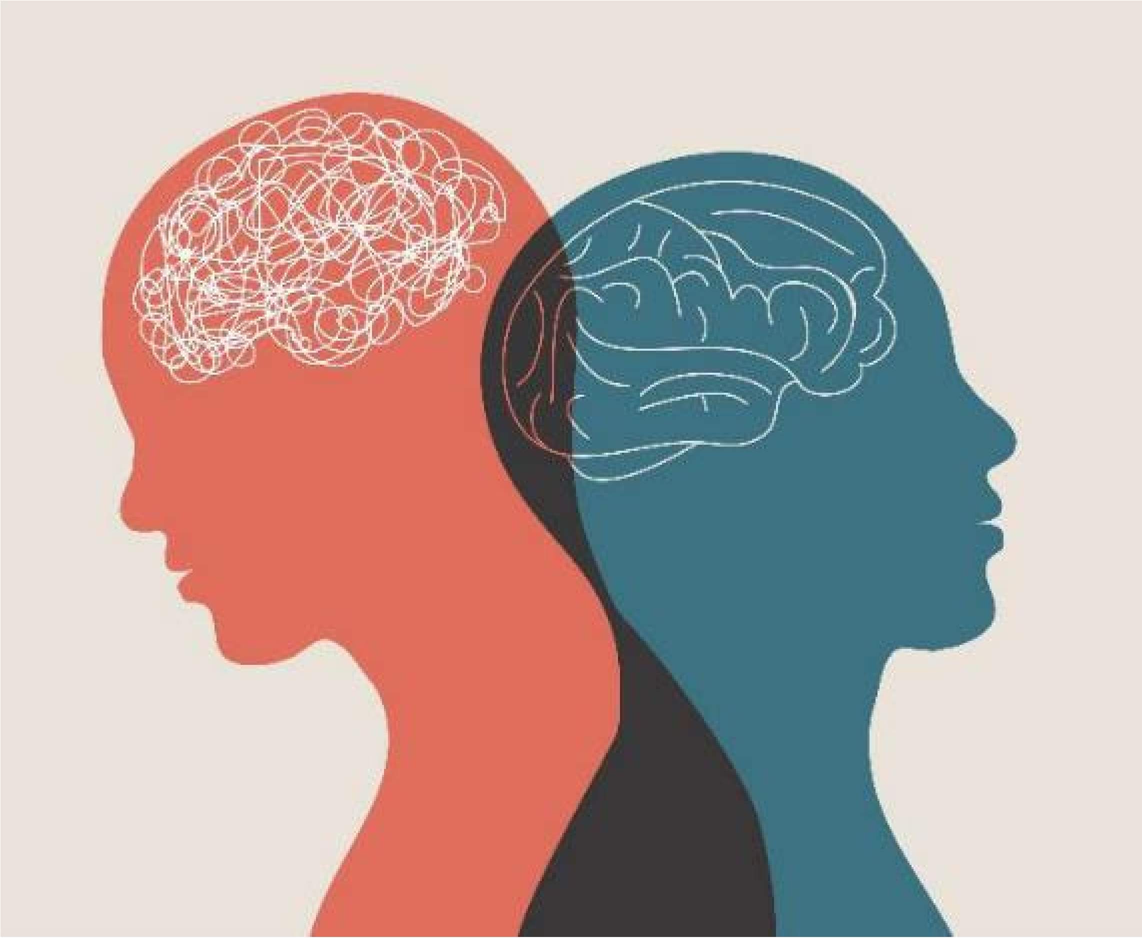
BORDERLINE: AN OVERVIEW

Calgary Zone webinar series
Mental health & hot topics

Title:
Borderline versus bipolar versus ADHD: Which is which and how to proceed?

Acknowledgements

- Thank you to Dr. Rick Ward for providing the case studies
- Thanks to Dr. Margie Oakander for providing excellent slides re: ADHD, Borderline PD and Bipolar D/O



BORDERLINE: CASE STUDY #1

Amy: 28-year-old single, unemployed woman

- In your practice since birth
- Family with "lots of drama" growing up. Dad with mental health issues
- "Average" student; acting out during adolescence
- Sexually assaulted during adolescence
- Substance abuse and unplanned pregnancy
- Series of transient and unhealthy relationships – some physically abusive
- Presentations to ER with consequences of intoxication (GI bleed, head injury, etc.) and in treatment program for substances x 1

Amy: Continued…

- BUT has periods where life is stable: Held down job and in “healthy” relationship.
- Mood issues include depression, anxiety and anger
- She has had definite but inconsistent response to SSRIs, SNRIs and bupropion over the years
- Frequent interactions with health care providers which have been conflict-laden, but you always find her pleasant, engaged and trusting
- Recent episode of binge drinking after lost job, followed by cutting and then self presentation to ER – where she left without being seen because of long wait

Amy: Continued…

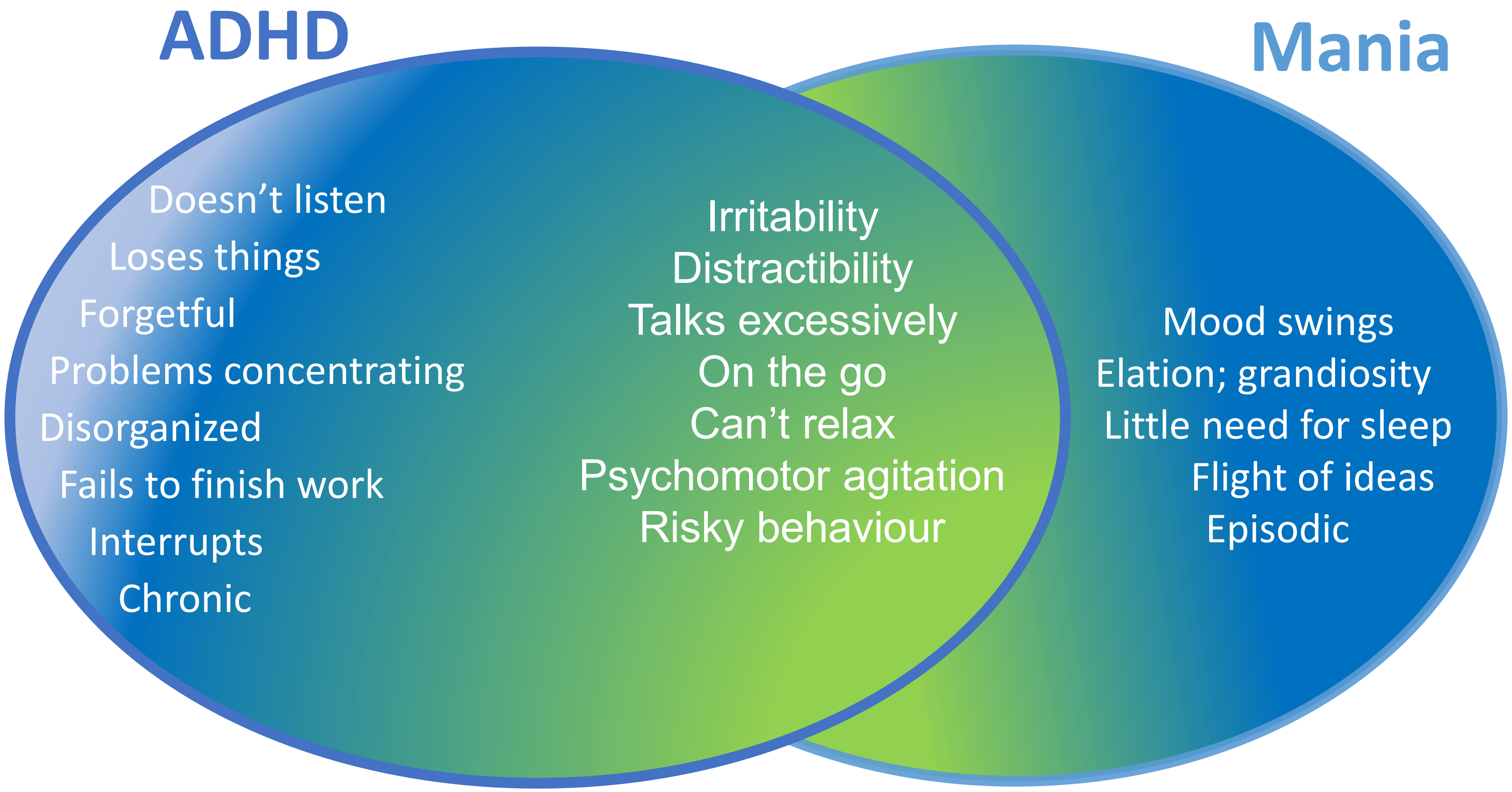
- You see her after this visit
- Strongly self-deprecating. Tells you she is ashamed and a “loser” for making bad choices.
- She feels that something about her life “just isn’t right” and asks for you help to get on the right track
- Amy reminds you that the several mental health professionals she has seen in the past (psychiatrists, addictions workers and counsellors) all have different ideas about what’s wrong and how she can be helped
- She says ***you*** know her best and will know what to do!

BORDERLINE: CASE STUDY CONCLUSIONS

The 'fix'

- What are your thoughts about this case? What is your differential?
- What features of the case go along with bipolar? What about ADHD? Is Borderline what you are thinking? Can it be multiple diagnosis?
- Is trial of treatment a good way to make diagnosis? In other words, if she does good on a mood stabilizer – does that equal bipolar?

BORDERLINE: OVERLAP OF DSM-5 SYMPTOMS



Adapted from: American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. (DSM-5). 2013.

BORDERLINE: CHARACTERISTICS

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Distinguishing ADHD from bipolar disorder

ADHD DISTINCT CHARACTERISTICS	BIPOLAR DISTINCT CHARACTERISTICS
Initial insomnia, sleep disorders	Shifts in energy and sleep
Chronic restlessness	Episodes of speediness, increased rate of speech
Impulsive sexual encounters	Hypersexuality during manic episode
Chronic course	Episodic course
Chronic distractibility and/or impulsivity	Episode-related distractibility and/or impulsivity
	Feeling "high", or an overly happy mood
	Grandiosity

Canadian ADHD Resource Alliance (CADDRA). Canadian ADHD Practice Guidelines, 4.1 Edition, Toronto, ON; CADDRA, 2020.

BORDERLINE: CHARACTERISTICS

DSM-5: Borderline Personality Disorder

Pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity, beginning in early adulthood and present in a variety of contexts, as indicated by ≥5 of the following:

- Frantic efforts to avoid real or imagined abandonment
- 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)

- Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, binge eating, and reckless driving)
- Recurrent suicidal behaviour or self-mutilating behaviour
- Affective instability due to a marked reactivity of mood (usually lasting a few hours and only rarely more than a few days)

- Chronic feelings of emptiness
- Inappropriate, intense anger or difficulty controlling anger
- Transient stress-related paranoid ideation

American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. (DSM-5). 2013.

BORDERLINE: CHARACTERISTICS

Distinguishing ADHD from borderline personality

OVERLAPPING SYMPTOMS WITH ADHD	BORDERLINE DISTINCT CHARACTERISTICS
Pattern of relationship challenges and impairments	Has intense, unstable relationships with often 'black and white' reactions and underlying intense fear of abandonment
Impulsivity and risky behaviour (e.g., gambling, reckless driving, unsafe sex, spending sprees, binge-eating or drug abuse)	Rapid changes in self-identity and self-image
Affective lability, mood swings, emotional dysregulation	Periods of stress-related paranoia and loss of contact with reality
Inappropriate and intense anger	Suicidal threats, behaviours or self-injury
	Ongoing feelings of emptiness

Canadian ADHD Resource Alliance (CADDRA). Canadian ADHD Practice Guidelines, 4.1 Edition, Toronto, ON; CADDRA, 2020.

BORDERLINE: CONSIDERATIONS

Comorbid ADHD And BPD management considerations

May need to be treated concurrently

Treat BPD first

- Control impulsive behaviours, emotional dysregulation, and distress tolerance; stimulants can help with impulsivity and help keep patients in therapy
- Dialectical Behavioral Therapy (DBT) is commonly used

Once stabilized, treat ADHD

- Effective treatment of underlying ADHD can help improve active participation in psychosocial treatments
- Use caution with some pharmacological agents due to potential misuse

Patients with BPD who have had ADHD in childhood often expect that treatment of ADHD will resolve personality issues

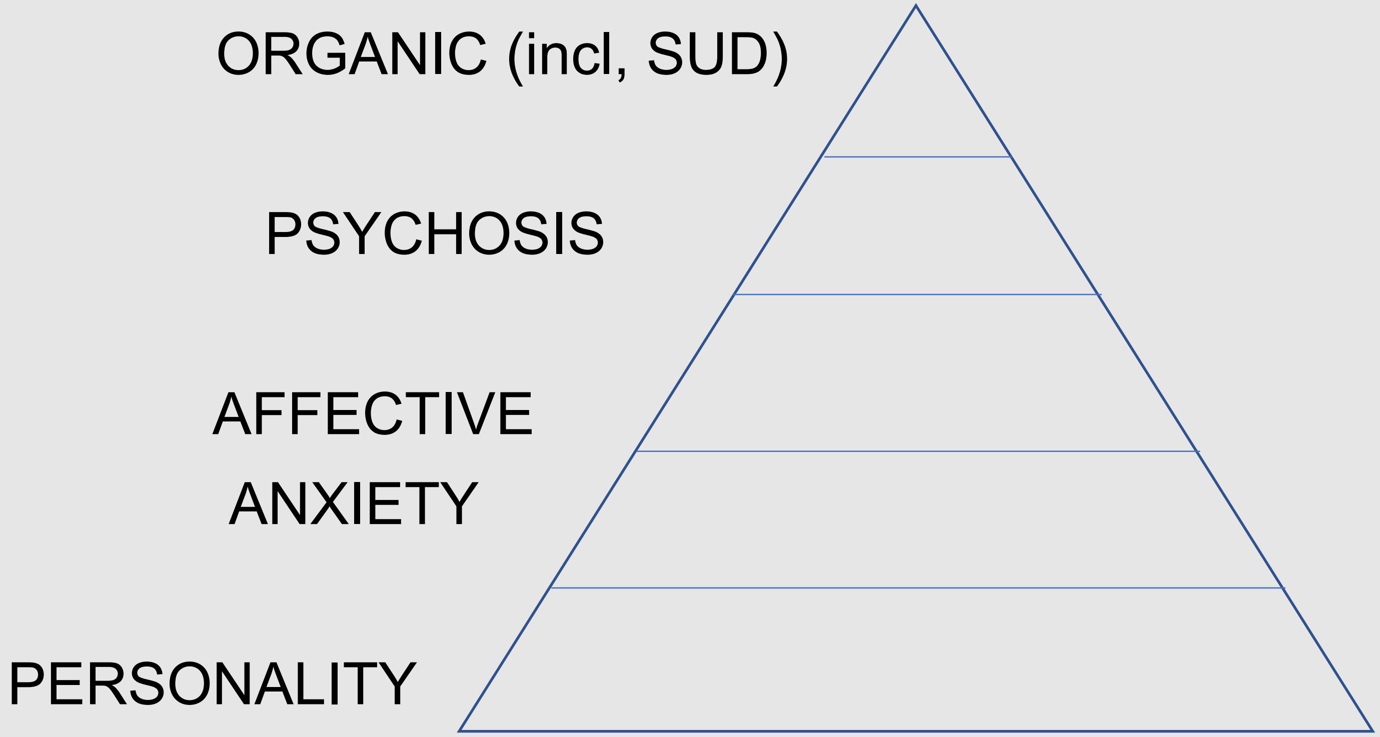
- Can become frustrated that they continue to struggle
- Explain the treatment limitations of ADHD medications

Canadian ADHD Resource Alliance (CADDRA). Canadian ADHD Practice Guidelines, 4.1 Edition, Toronto, ON; CADDRA, 2020.
Katzman MA, et al. *BMC Psychiatry.* 2017;17(1):302.

BORDERLINE: vs. ADHD vs. BIPOLAR

My thoughts in general:

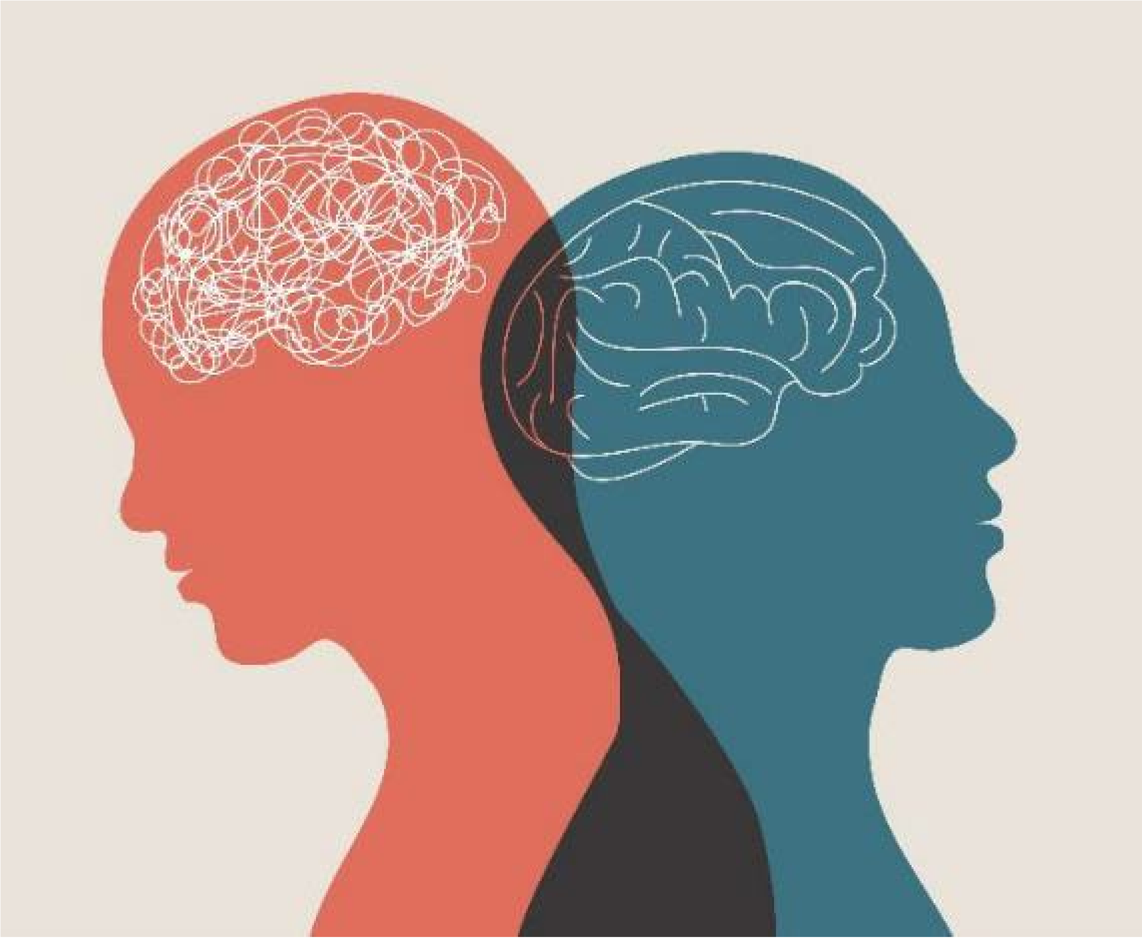
- Bipolar vs ADHD vs BPD: make sure tx bipolar first then carefully ADHD +/- BPD
- ADHD and Borderline PD: treat concurrently but be careful -- risk of OD



BORDERLINE: SUMMARY

Remember: A person can have 1, 2 or all difficulties

- Not mutually exclusive
- If the story or treatment doesn't work, come back to the triangle
- E.g., NMDA receptor encephalitis
- Concurrent treatment esp. wrt psychotherapy



BORDERLINE: Q&A