

3rd International Congress on Borderline Personality Disorder and Allied Disorders. Tailoring treatments to different developmental pathways and phenomenologies. 16 – 18 October 2014, Rome





# DIFFERENTIAL LONG-TERM COURSE RELATED TO EARLY AND DELAYED DIAGNOSIS OF BORDERLINE PERSONALITY DISORDER

IRENE ALVAREZ-TOMÁS

PhD Student Universitat de Barcelona

Hospital de la Santa Creu i Sant Pau

Contact: irene.alvareztomas@gmail.com

### **OBJECTIVE**

The age when the disorder was first diagnosed,

could it influence the long-term course of the disorder?

#### PREVENTION ON BPD



Chanen & McCutcheon, Br J Psychiatry, 2013

**Early DIAGNOSIS** 



**Early TREATMENT** 





Adverse Outcome



**Adaptive Developmental Pathways** 

# BPD: A LIFESPAN DEVELOPMENTAL DISORDER

#### LONGITUDINAL PROSPECTIVE STUDIES BPD

- From adolescence to early adulthood:
  - (Cohen et al, 2005; Bornovalova et al, 2009; Winograd et al, 2008)
  - BPD is a reliable diagnosis in adolescence and adulthood
  - BPD is associated with high clinical and social impairment
- During adulthood: (Zanarini et al, 2006)
  - Younger age, predictor of earlier time to remission (10-year)

# 10-YEAR FOLLOW-UP STUDY Spanish BPD Sample

- Naturalistic prospective longitudinal study
- Objective:

To study the clinical and functional long-term course of BPD, and its prognostic factors, in the Spanish population.

#### **Inclusion Criteria:**

- BPD DSM-IV Criteria (SCID-II/DIB-R)
- Age of 18-45 years
- No comorbid unstable axis I disorder
- **×** CGI ≥ 4

Soler et al, Am J Psychiatry 2005

# 10-YEAR FOLLOW-UP STUDY Spanish BPD Sample

#### **Measures:**

- Clinical interview
   Psychiatric History
- DIB-R Interview (2-years period)
- SASS Social Adaptation Selfevaluation Scale

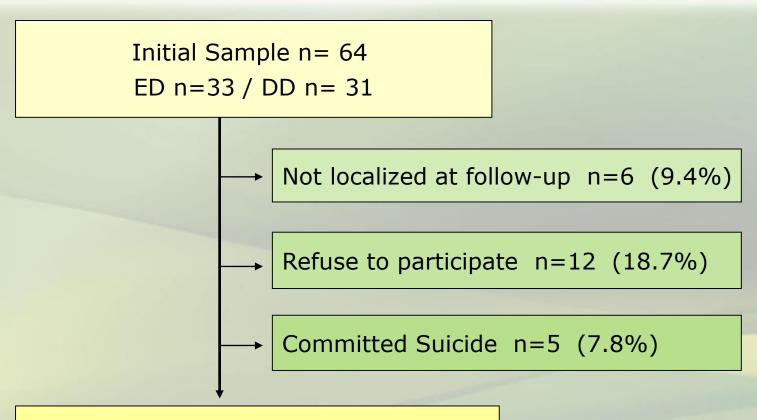
### AGE of 1th BPD Diagnosis

At what age were you first given the diagnosis of BPD by a specialist?

25.18 years

ED Group ≤ 25 years
DD Group > 25 years

### SELECTION PROCESS FLOW CHART



Follow-up Sample n=41ED n=23 / DD n=18

Retention Rate = 64%

93% Women

No differences between groups on retention rate

### TIME COURSE ED Group - DD Group



### PSYCHIATRIC ANTECEDENTS ED Group - DD Group

	ED Group	DD Group
LIFETIME DIAGNOSES (2 or +)	<b>70</b> %	61 %
Mood Disorders	35%	<b>72</b> % **
Substance Use Disorders	44%	44%
Eating Disorders	39%	39%
Early Childhood Mental Disorders (< 10y)	26%	0%
Disruptive Behavior/ ADHD	17%	0%

<sup>\* \*</sup>  $X^2 = 5.66$ , df=1, p < 0.05

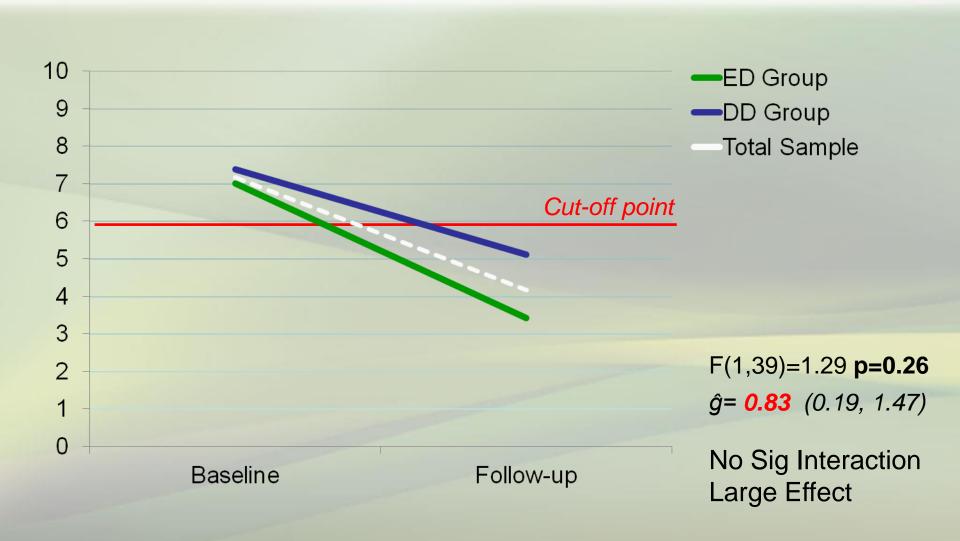
## DIFFERENTIAL CLINICAL COURSE

#### **CLINICAL RATES**

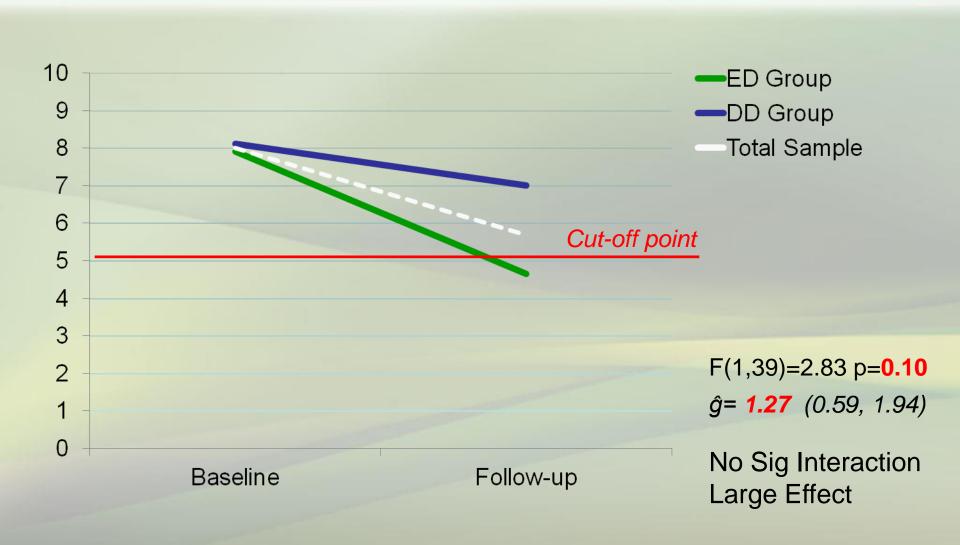
	TOTAL SAMPLE	ED Group	DD Group
CHICIDE DATE	N= 5	n= 1	n= 4
SUICIDE RATE	7.8%	3%	13%
CLINICAL	N=26	n=16	n=10
REMISSION RATE *	63.4%	<b>70</b> %	56%

<sup>\*</sup> Clinical Remission: DIB-R < 6 for 2 years

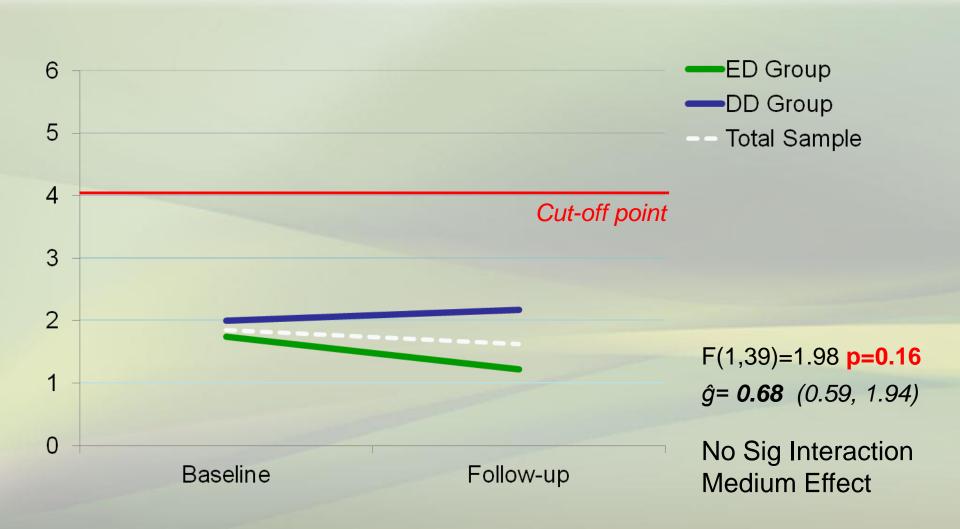
### BPD Criteria - DIB-R Total Score



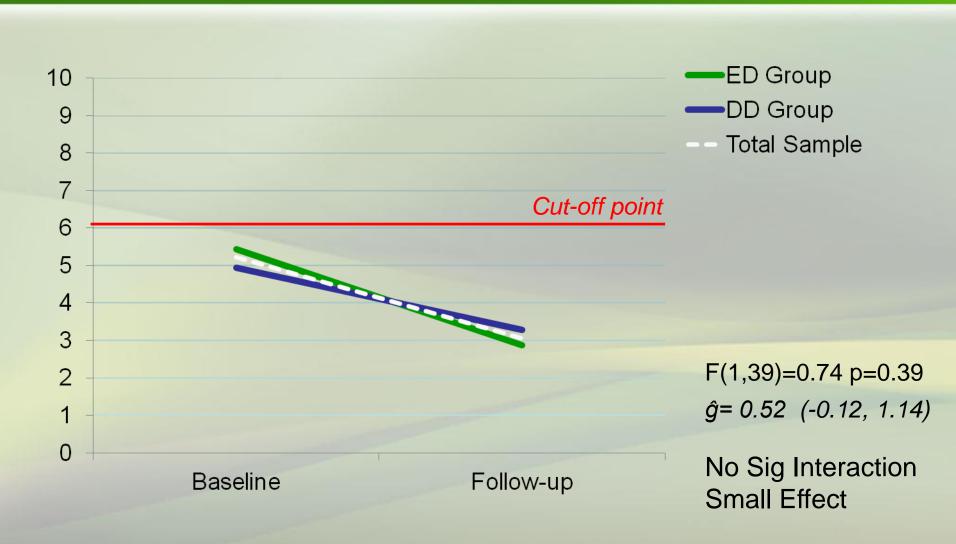
### Affective Features



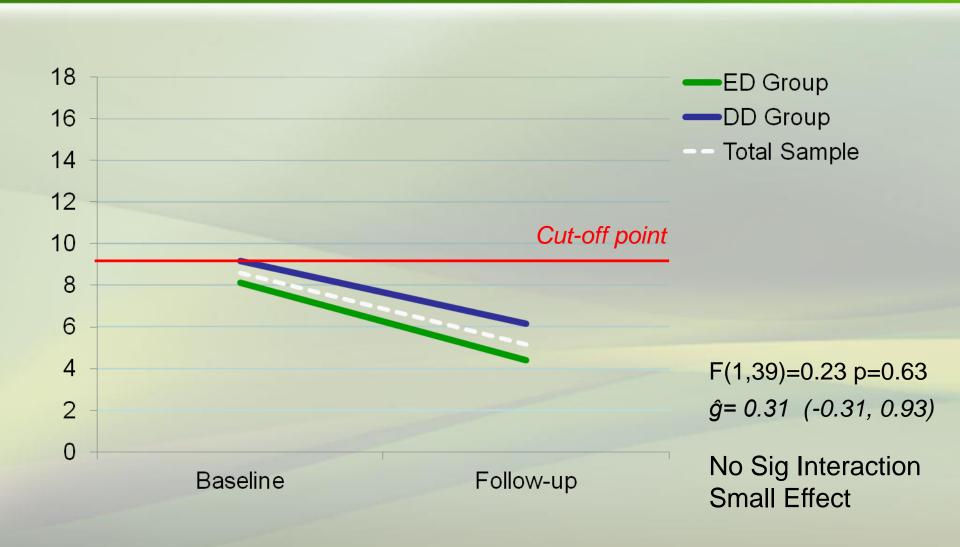
### Cognitive Features



### Impulsive Features



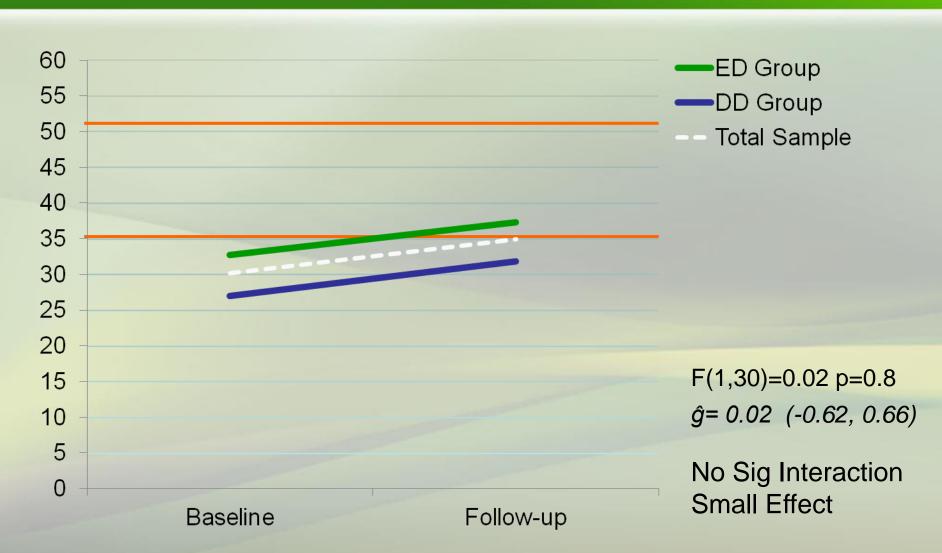
### Interpersonal Features



# DIFFERENTIAL FUNCTIONAL COURSE

		Pre	Post
Married/ In a relationship	ED Group	48%	70%
	DD Group	50%	44%
Unemployed	ED Group	<b>52</b> %	52%
	DD Group	22%	50%
Receiving Social Benefits	ED Group	22%	35%
	DD Group	17%	56%

### Social Functioning - SASS



#### CONCLUSIONS

- An early BPD diagnosis is associated with a greater clinical improvement over time
- A delayed BPD diagnosis appears more strongly associated to persistent affective symptoms
- An early BPD diagnosis is associated with higher social functioning. These differences remain 10 years
- A BPD diagnosis is related to persistent social impairment, compared with the general population

#### LIMITATIONS

- The Age of first BPD diagnosis measure was self-reported and retrospectively assessed
- Small group samples
- These results should be replicated in larger samples