

Use of AI

Ai prompts:

Can you check the spelling, grammar, layout, and general theories and claims of this presentation in relation to the aetiology and clinical presentation of Borderline Personality Disorder.

What is Borderline Personality Disorder?



- According to the DSM-5-TR, BPD presents as
- “A pervasive pattern of instability in interpersonal relationships, self-image, and affects, and marked impulsivity.” (**American Psychiatric Association, 2022**)
- It is classified under ‘Cluster B’ personality disorders:
 - dramatic
 - emotional
 - erratic presentations(**Millon, 1996**)

DSM-5 Diagnostic Criteria for BPD

- Diagnosis requires at least **5 out of 9 symptoms**:
- Fear of abandonment
- Unstable relationships
- Identity disturbance
- Impulsivity
- Self-harm/suicidal behaviours
- Emotional instability
- Chronic emptiness
- Intense anger
- Dissociation/paranoia
- (American Psychiatric Association, 2022)

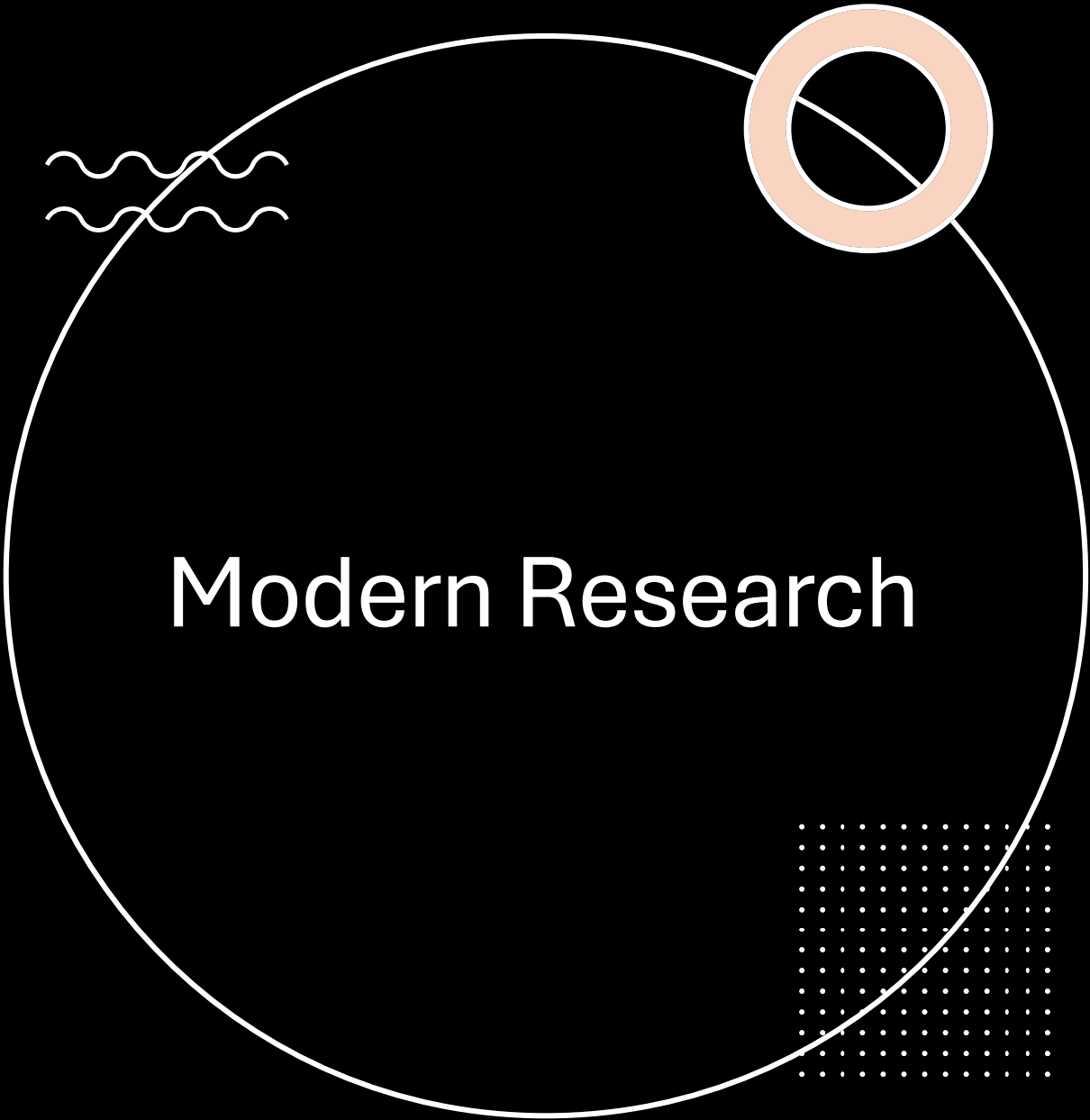


Clinical Presentation

- Intense but unstable relationships
- Emotional dysregulation
- Impulsive spending/substance misuse
- Recurrent crises/self-harm behaviours (Gunderson, 2011)

Key Theories

- **Otto Kernberg**
- Object relations theory:
- splitting
- unstable identity
- **Marsha Linehan**
- Biosocial theory:
- emotional vulnerability
- invalidating environment
- **Trait perspective**
- Big Five personality traits
- Samuel & Widiger (2008):
- high neuroticism
- low agreeableness
- low conscientiousness



Modern Research

- Mary Zanarini longitudinal studies found many individuals improve significantly over time.
- This challenges older assumptions that BPD is untreatable.
- There are also clearly diagnostic areas in which BPD overlaps with other disorders such as NPD, PTSD, Bipolar disorder, however findings that it is treatable can offer clearer diagnoses according to more recent research.
- Neuroimaging studies suggest individuals with BPD show increased amygdala activation and reduced prefrontal cortical regulation when processing negative emotions, which may contribute to emotional dysregulation and impulsivity, although findings remain correlational rather than diagnostic.”(Silbersweig et al., 2007).

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