

“What’s wrong With Me...”- A Case Report of Borderline Personality Disorder**Kadia Tajna*, MBBS, Patel Kamlesh, MBBS, MD**

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Abstract: Patients with borderline personality disorder (BPD) stand on the border between neurosis and psychosis, and they are characterized by extraordinarily unstable affect, mood swing, behavior, object relations, and self-image. Diagnosis required longitudinal studies and it shows BPD patients are fairly stable; patients change little over time; have a high incidence of MDD episodes. Diagnostic Criteria: Unstable and intense interpersonal relationships; Mood swings; Identity disturbance(unstable self-image or sense of self); Impulsivity in area of self-damaging e.g. self-harm, spending, sex, substance abuse, reckless driving, binge eating; Recurrent suicidal behavior, gestures, or threats; Chronic feelings of emptiness; Inappropriate, intense anger or difficulty controlling anger; Micro-psychotic episodes; Transient, stress-related paranoid ideation. Present case describes a 20 year unmarried female patient living with grandparents, study in 2nd year BA who came to psychiatry department with history of feeling emptiness & untrustworthiness, all depressive symptoms, easy anger outburst, multiple broken relationship, micro-psychotic episodes, self-harm by cutting wrists, striking head over wall and multiple suicidal idea & gesture since 5year later we admitted in ward for 15 days and longitudinal & detailed history was taken. Identified her emotional conflicts and immature defences like acting out, passive aggression, emotional hypochondriasis, and projection; other image distorting defences like projective identification and splitting.

Keywords: BPD, mood swings, self-harm, projective identification.

INTRODUCTION

Patients with borderline personality disorder stand on the border between neurosis and psychosis. They are characterized by extraordinarily unstable affect, mood, behavior, object relations, and self-image. The disorder has also been called ambulatory schizophrenia, as-if personality (a term coined by Helene Deutsch), pseudoneurotic schizophrenia (described by Paul Hoch and Phillip Politan), and psychotic character disorder (described by John Frosch)[1]. ICD- 10 uses the term emotionally unstable personality disorder. Diagnostic Criteria: Unstable and intense interpersonal relationships; Mood swings; Identity disturbance(unstable self-image or sense of self); Impulsivity in area of self-damaging e.g. self-harm, spending, sex, substance abuse, reckless driving, binge eating; Recurrent suicidal behavior, gestures, or threats; Chronic feelings of emptiness; Inappropriate, intense anger or difficulty controlling anger; Micro-psychotic episodes; Transient, stress-related paranoid ideation[2]. Longitudinal studies shows BPD patients are fairly stable; patients change little over time; have a high incidence of MDD episodes; diagnosis is usually made before the age of 40 years; unable to deal with the normal stages of the life cycle.

CASE REPORT

A 20yrs old unmarried female, patient was studying in BA 2nd year, presented with history of depressive symptoms, easy anger outburst; multiple broken relationship; multiple micro-psychotic episodes; self-harm by cutting wrists, striking head over wall; multiple suicidal idea & gesture since 5years. She reported that she felt alone, lonely, worthless and sad; nobody loves her and cares for her because of she hate all people. She told that she was sometimes feeling like crazy, stuck and empty inside. Her mother committed suicide when she was 2.5 year old. After mother's death, her father married other woman. So she was living with grandparent. She also reported that she was missing her mother & hate her too and wanted to ask question how could she left her 2.5 year old daughter alone in this frightened world. Patient had multiple intense relationships with 2-3 guys but after spending sometimes together she was not felt good with them so she broke up. Patient's relative reported that she became easy anger over any relative in minor matters, sometime she was crying like hell, shouting loudly & in anger she strikes her head/hand over wall. She was cutting her wrist by knife, blade or any sharpen object. On asking the reason about that type of self-injurious behaviour she replied that cutting her wrist gives her pleasure and she felt relieved. She also reported that sometimes she felt happy, sometime felt sad, sometimes very angry & sometimes feeling nothing. She told she was trying hard

to solve her problem but she unable to understand her feeling properly & did not know what to do. So she was always in a searching mode for company. But due to all of complaints she was tired and wanted to die. 2-3 times she was trying to attempt suicide like wearing saree around the neck, taking multiple sleeping pills, but both times due to seen by her father so she was not fulfil her wishes. So she admitted in psychiatry ward for 15days, then longitudinal & detailed history taken; various psychological projective test was performed over her & identified her emotional conflicts after that marathon therapy session daily for 2hours was taken.

DISCUSSION

BPD is thought to be present in about 1 to 2 percent of the population and is twice as common in women as in men. An increased prevalence of major depressive disorder, alcohol use disorders, and substance abuse is found in 1st degree relatives of persons with BPD. Biological studies may aid in the diagnosis; some patients with BPD show shortened REM latency and sleep continuity disturbances, abnormal DST results, and abnormal thyrotropin releasing hormone (TRH) test results. Persons with BPD almost always appear to be in a state of crisis. Mood swings are common. Patients can be argumentative at one moment, depressed the next, and later complain of having no feelings. The behavior of patients with borderline personality disorder is highly unpredictable, and their achievements are rarely at the level of their abilities. Otto Kernberg described the defense mechanism of projective identification that occurs in patients with BPD [3].

Patient to be handled by one psychiatrist due to therapy alliance, rapport, transference issue. Identifying immature defences like acting out, passive aggression,

emotional hypochondriasis, and projection; other image distorting defences like projective identification and splitting. Patient was trying to intellectualize and rationalize of her thoughts, behaviour and actions. Transference focused psychotherapy performed for her distortions. Target her emotional disturbance & explain her to how to deal with them by cognitively. Anger Management & Impulse control technique were taught for future consequences. Training for emotional disturbances & tolerating distress by Dialectical-behaviour therapy.

CONCLUSION

Patient of BPD stand on the border between neurosis and psychosis. Borderline personality disorder is fairly stable; patients change little over time. Longitudinal studies required for diagnosis of BPD. In this condition improvement can be seen with lot of therapy session like DBT, TFP along with pharmacotherapy also antipsychotics have been used to control anger, hostility, and brief psychotic episodes. Antidepressants improve the depressed mood common in patients with BPD. For improvement Ultimate Goals were maintaining compliance, weekly psychotherapy session & decreasing the self-harm and suicidal behavior. Recovery requires lot of patience, experience & timing.

REFERENCES

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