Diagnosing borderline personality disorder: Avoid these pitfalls

Theodore J. Wilf, MD

Borderline personality disorder (BPD) is associated with impaired psychosocial functioning, reduced quality of life, increased use of health care services, and excess mortality.\textsuperscript{1} Unfortunately, this disorder is often underrecognized and underdiagnosed, and patients with BPD may not receive an accurate diagnosis for years after first seeking treatment.\textsuperscript{1} Problems in diagnosing BPD include:

**Stigma.** Some patients may view the term “borderline” as stigmatizing, as if we are calling these patients borderline human beings. One of the symptoms of BPD is a “markedly and persistently unstable self-image.”\textsuperscript{2} Such patients do not need a stigmatizing label to worsen their self-image.

**Terminology.** The word borderline may also imply relatively mild psychiatric symptoms. However, “borderline personality disorder” does not refer to a mild personality disorder. DSM-5 describes potential BPD symptoms as “intense,” “marked,” or “severe,” and 1 of the symptoms is suicidal behavior.\textsuperscript{2}

**Symptoms.** To meet the criteria for a BPD diagnosis, a patient must exhibit ≥5 of 9 severe symptoms:\textsuperscript{2}

- frantic efforts to avoid abandonment
- unstable and intense interpersonal relationships
- unstable self-image
- impulsivity in ≥2 areas that are potentially self-damaging
- suicidal behavior
- affective instability
- chronic feelings of emptiness
- inappropriate anger
- transient paranoid ideation or dissociative symptoms.

Asking about all 9 of these criteria and their severity is not part of a routine psychiatric evaluation. A patient might not volunteer any of this information because they are concerned about potential stigma. Additionally, perhaps most of the general population has had a “BPD-like” symptom at least once during their lives. This symptom might not have been severe enough to qualify as a true BPD symptom. Clinicians might have difficulty discerning BPD-like symptoms from true BPD symptoms.

**Comorbidities.** Many patients with BPD also have a comorbid mood disorder or substance use disorder.\textsuperscript{1,3} Clinicians might focus on a comorbid diagnosis and not recognize BPD.

**Stress.** BPD symptoms may become more severe when the patient faces a stressful situation. The BPD symptoms might seem more severe than the stress would warrant.\textsuperscript{2} However, clinicians might blame

---

Dr. Wilf (retired) was Consultant Psychiatrist, Warren E. Smith Health Centers, Philadelphia, Pennsylvania.

**Disclosures**
The author reports no financial relationships with any companies whose products are mentioned in this article, or with manufacturers of competing products.

doi: 10.12788/cp.0388

Every issue of Current Psychiatry has its ‘Pearls’
Yours could be found here.

Read the ‘Pearls’ guidelines for manuscript submission at MDedge.com/CurrentPsychiatry/page/pearls.
Then, share with your peers a ‘Pearl’ of wisdom from your practice.
the BPD symptoms solely on stress and not acknowledge the underlying BPD diagnosis.

Awareness of these factors can help clinicians keep BPD in the differential diagnosis when conducting a psychiatric evaluation, thus reducing the chances of overlooking this serious disorder.

References