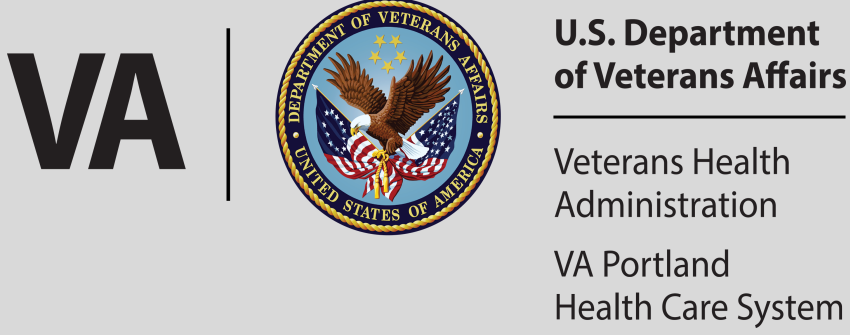




Borderline Personality Disorder and Complex PTSD: Legal and Ethical Considerations For Reclassification

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Introduction Complex post-traumatic stress disorder (CPTSD) and borderline personality disorder (BPD) can present with trauma histories, affective instability (due to poor emotional regulation), negative concepts of self, and difficulty with interpersonal relationships. This poster will discuss the implications of missing a CPTSD diagnosis including clinician stigma, access to criminal litigation, and treatment limitations and advocate for consideration of CPTSD as a clinical diagnosis.

Symptomatic Overlap

- A diagnosis of BPD includes frequent challenges with instability in relationships, self image, and impulsivity, as listed in the DSM-V.¹
- CPTSD is a new diagnosis listed in the 2018 ICD-11 that encompass symptoms of PTSD combined with maladaptive behaviors often associated with BPD including affect dysregulation, negative self image, and difficulty maintaining interpersonal relationships.²
- CPTSD bridges the diagnosis of BPD and PTSD, providing a clear connection between early trauma and some symptoms of BPD in adults.
- 62.4% of inpatients diagnosed with BPD reported a history of childhood sexual abuse. Severity of abuse was significantly related to severity of BPD symptoms in areas of affect regulation, impulsivity, and psychosocial impairment. These symptoms may have developed in response to trauma and childhood neglect.³
- CPTSD requires presence of trauma-specific PTSD symptoms for diagnosis.²
- CPTSD and BPD may be comorbid conditions or on a spectrum of stress disorders related to a history of trauma.⁴
- Lifetime co-occurrence of BPD and PTSD is 39.2%.⁵
- Increased activation in the amygdala-hippocampus region bilateral (particularly on the L) and enhanced activity in the ventrolateral PFC are seen in both BPD and non-complex PTSD.⁶

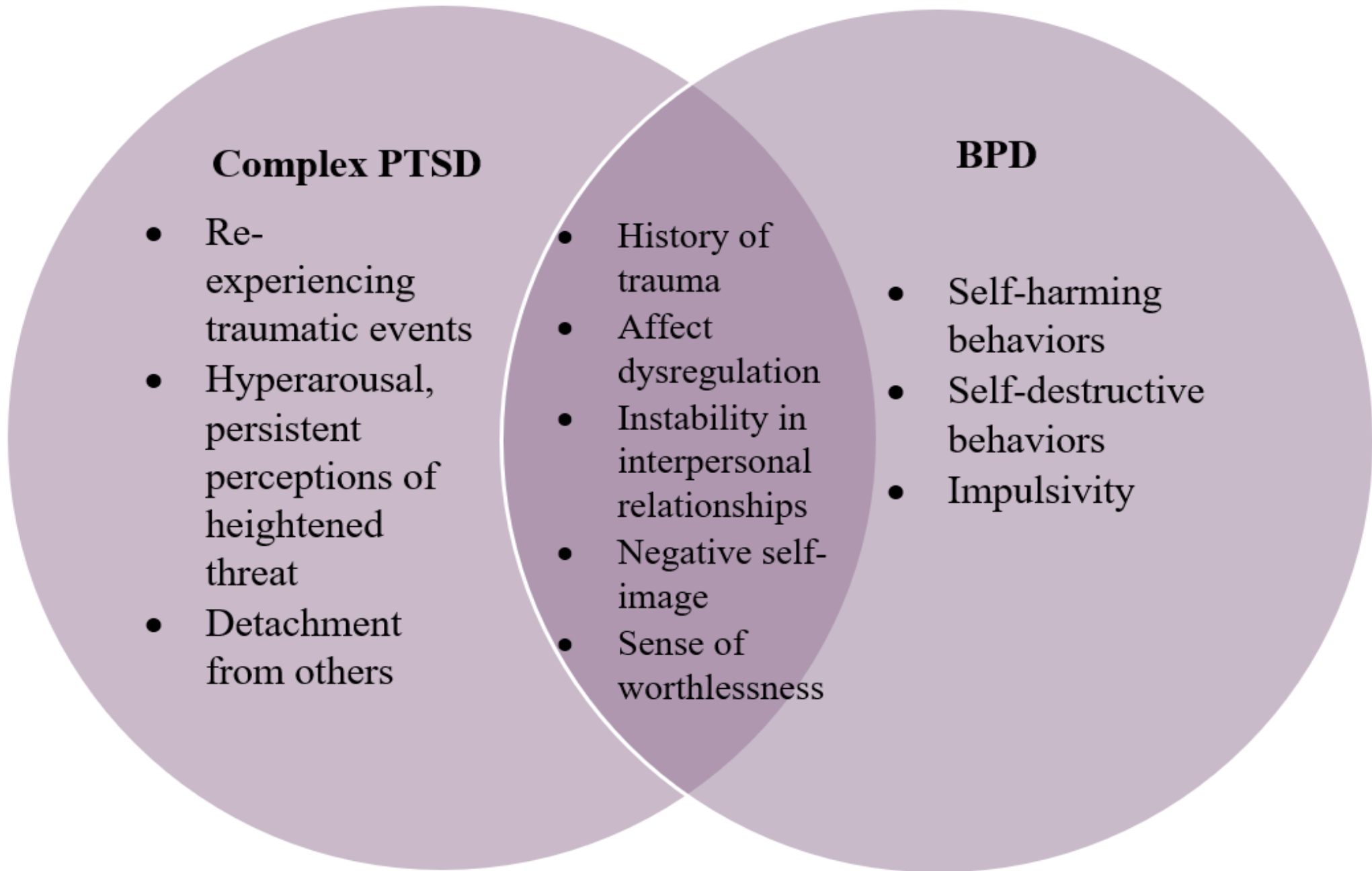


Figure 1: comparison of symptoms commonly experienced by those with BPD compared to complex PTSD

Discussion

Stigma against BPD

- Surveys from the 2000s found significant bias in health care professional’s view of individuals with BPD
- These surveys found individuals with BPD were described as “manipulative, attention seeking, and difficult.”⁷
- Study by Maier, et al, found that “PTSD has the potential to attract more positive attitudes as it is perceived by many to be caused predominantly by an external event.”⁸

Legal Consequences

- Some states (including California and Oregon) do not allow personality disorders to be used for insanity defense⁹
- PTSD has been used successfully for the insanity defense.¹⁰
- Laws to ensure parity between mental and other medical coverage might include PTSD, while omitting BPD. For example, Massachusetts law provides a list of “biologically based” mental illness that includes PTSD but not BPD.¹¹
- Personality disorders are not eligible for service connection compensation for veterans.¹²

Discussion Continued

Accessing treatment

- Psychotherapy is considered mainstay treatment for both BPD and PTSD. Medications are also considered evidence-based treatment for PTSD (and by extension CPTSD).¹³
- For some populations, psychotherapy may be difficult if not impossible to access due to socioeconomic barriers.
- Proper identification of comorbid CPTSD alongside or instead of BPD would facilitate development of CPTSD-specific treatments.

Conclusions

- In the US, inclusion of a diagnosis of CPTSD in the Diagnostic and Statistical Manual would be beneficial to patients that meet criteria.
- A diagnosis of CPTSD acknowledges a childhood trauma survivors’ history of neglect as contributing to struggles they may be facing in adulthood.
- In recognizing CPTSD, we mitigate stigma against these patients that come with a diagnosis of BPD, realize potential for other treatment avenues, and alter the way these patients are viewed in the eyes of the law.

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