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Case Report on Emotionally Unstable Personality Disorder- Borderline Type [F60.31]

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ABSTRACT

Borderline personality disorder (BPD), is a mental illness that impacts a person's ability to control their emotions. This breakdown in emotional regulation can make a person more impulsive, have a negative impact on how they feel about themselves, and damage their relationships with other people. Patients who are impacted frequently engage in self-harm and other risky behaviors because they find it difficult to bring their mental state back to a healthy or normal baseline. They might also suffer with disconnection from reality, a sense of emptiness, and a dread of abandonment. BPD often starts during early adulthood and manifests itself in a range of circumstances. BPD affects 1.6% of individuals annually, with some estimates going as high as 6%. About three times as many women than men are diagnosed. With age, the illness seems to become less prevalent. Over the course of ten years, up to 50% of people with BPD get better. The case report's detailed content is listed below.

Keywords: Borderline personality disorder, abandonment, delusion, hallucination, cognitive behavior therapy.

CASE DESCRIPTION

A 42-year-old woman was hospitalised to the Athma Hospital in Trichy on Wednesday, March 19, 2022, at 10:19 a.m. with the primary complaints of aggression, rage, increased psychomotor activity over the previous three months, and several attempts at suicide five times in one month. unstable mood, violent outbursts, risky impulsive behaviour, including significant self-harm episodes when she cuts her hands, and using over-the-counter medicines. Along with the impairment of social, psychological, and occupational functioning, the patient also had co-occurring transient psychotic symptoms such hallucinations and delusions.

DEFINITION

Borderline personality disorder (BPD), is a Cluster B Personality disorder and also known as emotionally unstable personality disorder characterized by a long-term pattern of unstable interpersonal relationships, distorted sense of self, and strong emotional reactions.

SL.NO	BOOK PICTURE	CLINICAL PICTURE
	ETIOLOGICAL FACTORS	
	GENETIC FACTORS 1 identical twin had BPD, there was a 2-in-3 chance that the other identical twin would also have BPD.	Family history of psychiatric illness is present
	HEREDITARY FACTORS Chromosomal abnormalities or genetic predisposition can be responsible for a psychopathic personality.	-
	BIOCHEMICAL INFLUENCES Alteration in level of Serotonin causes aggression and difficulty in	

	controlling destructive urges.	-
	PROBLEM WITH BRAIN DEVELOPMENT Problems with the part of the brain such as the amygdala, the hippocampus and the orbitofrontal cortex may well exhibit the symptoms of BPD	There is a reduction in the regions of the brain and affecting the hippocampus, and orbitofrontal cortex.
	ENVIRONMENTAL FACTORS Being a victim of emotional, physical or sexual abuse and Being exposed to long-term fear or distress	-

SL.NO	BOOK PICTURE	CLINICAL PICTURE
	TYPES OF PERSONALITY DISORDERS	
	CLUSTER A: Paranoid personality disorder Schizoid personality disorder Schizotypal personality disorder	-
	CLUSTER B: Antisocial personality disorder Borderline personality disorder Histrionic personality disorder Narcissistic personality disorder	Patient comes under the classification of Cluster B Borderline personality disorder.
	CLUSTER C: Avoidant personality disorder Dependent personality disorder Obsessive-compulsive disorder	-
	CLINICAL MANIFESTATIONS	
1.	Antisocial Behavior	Aggressive behavior present
2.	Irritability	Irritable Mood is present
3.	Self-Harm	Presence of self-harm like cutting her hands
4.	Anger	Anger outburst is present
5.	Anxiety	-
6.	Thoughts of suicide	Suicidal ideation is present
7.	Risk-taking behavior	-
8.	Delusions	Delusion of reference is present
	DIAGNOSTIC EVALUATION	
	History collection	History notes such as family history of psychiatric illness, maintaining poor IPR with family members, having low self esteem, and disturbed sleep pattern, not having the ability to take decision and problem solving skills.
	Mental Status Examination	Findings notes such as aggression, increased psychomotor activity, irritable mood, delusion of reference and suicidal attempts, visual hallucination and Partial insight is present.
	Physical Examination	Patient had increased heart rate (HR-124b/mt), Respiration rate (RR- 32b/mt), and Blood Pressure (140/90 mm of hg).
	Based on ICD 10 criteria	F60.3 Emotionally unstable personality disorder
	CT and MRI Brain Impression	CT Brain shows that there is an reduction in the regions of the brain and affects the hippocampus, and orbitofrontal cortex.
	Standardized Assessment of personality-Abbreviated scale (Moran) Scoring and Interpretation:- (A score of 3 or more on this Tool correctly identify 90% of patient with a personality disorder).	Scoring was 4/8 shows that the patient with a personality disorder.
	MANAGEMENT	
1.	Antidepressants Fluvoxamine 20 mg in 3 divided doses Sertraline 50-200 mg	-
2.	Anxiolytics Benzodiazepines – T.Clonazepam and T. Lorazepam	T. Clorip 0.5mg 0-0-1
3.	Mood Stabilizers T. Lithium 300mg/day T. Divalproex Sodium 60mg/day T. Carbamazepine 600mg/day in a divided doses.	T. Lithocent 300mg 1-0-1 -
4.	Antipsychotics T. Risperidone 0.5-2mg/day T. Quetiapine 300-750 mg/day	T. Risperidone 2mg 1-0-1
VI.	THERAPIES	
1.	Electro Convulsive Therapy	2 sessions of ECT was given
2.	Cognitive Behavior Therapy	Talk Therapy given to the patient to modify the negative thoughts.
3.	Anger Management	Anger management was educated to the patient.
4.	Relaxation techniques	Deep breathing techniques have been educated to the patient.
5.	Supportive therapies	Supportive therapy is given such as Yoga and Meditation.
6.	Counseling	Individual and family counseling is given.

DISCUSSION

The Management of patients with personality disorders with psychotic symptoms depends on the clinical manifestations. The Majority of the patient's signs and symptoms will be reduced by taking continuous medication without relapse. However the most common alternative psychotherapies like cognitive behavioral therapy, Anger management, Yoga, Meditation etc.,

Declaration by Authors

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REFERENCES

1. Oldham JM: Integrated treatment planning for borderline personality disorder, in Integrated Treatment of Psychiatric Disorders. Edited by Kay J. Washington, DC, American Psychiatric Publishing, 2001, pp 51-77
2. Akiskal HS, Chen SE, Davis GC, Puzantian VR, Kashgarian M, Bolinger JM: Borderline: an adjective in search of a noun. J Clin Psychiatry 1985; 46:41–48
3. Gunderson JG: Borderline Personality Disorder: A Clinical Guide. Washington, DC, American Psychiatric Press, 2001, 220-225
4. Zanarini MC: Borderline personality disorder as an impulse spectrum disorder, in Borderline Personality Disorder: Etiology and Treatment. Edited by Paris J. Washington, DC, American Psychiatric Press, 1993, pp 67-85.
5. American Psychiatric Association: Practice Guideline for the Assessment and Treatment of Patients With Suicidal Behaviors. Am J Psychiatry 2003; 160
6. American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
7. Baldessarini, R.J., Tondo, L. & Davis, P. (2006). *Decreased risk of suicides and attempts during long-term lithium treatment: A meta-analytic review*. Bipolar Disorders, 8, 625–639.
8. Biskin, R. (2015). *The lifetime course of BPD*. Canadian Journal of Psychiatry, 60, 303–308.

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