

PSYCHIATRIC ASPECTS OF BPD AND CHRONIC PAIN

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SPECTRUM

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BORDERLINE PERSONALITY DISORDER (BPD)

- Borderline Personality Disorder is the most commonly diagnosed of all personality disorders.
- Characterised by unstable mood, identity, interpersonal difficulties and self harm behaviours.
- Prevalence - 1% in the community.

IASP DEFINITION OF PAIN

PAIN is an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.

It is an experience with sensory, cognitive and emotional components.

PAIN IS ALWAYS SUBJECTIVE.



CHRONIC PAIN

- If pain has lasted beyond the time expected for healing following surgery, trauma or other condition (usually three months).
- Acute pain can transition into chronic pain if:
 - it is untreated or poorly treated.
 - Longer pain remains untreated.
 - Changes occur within the nervous system, which make the body more sensitive to pain.
 - Therefore timely and effective treatment of acute pain is essential to prevent transition to chronic pain.



PERSONALITY AND CHRONIC PAIN

Pain is more than just a sensation indicating tissue damage.

PAIN IS A PHYSICAL AND EMOTIONAL EXPERIENCE.

- Personality disorder can predate the chronic pain condition.
- Personality changes can be secondary to chronic pain.

THE CHRONIC PAIN SUBPOPULATION

- PD (Personality disorder) in chronic pain is higher than those found in general population.
- The prevalence ranges from 30–60%.
- Typically, personality disorders are considered to predate the onset of injury and may complicate the course of a pain.
- High levels of prevalence of Cluster B (dramatic-emotional) personality disorders in the chronic pain population.

THE CHRONIC PAIN SUBPOPULATION

- One study reported
 - 51% of patients with chronic pain met criteria for one PD.
 - 30% met criteria for more than one.
- Another study found
 - 60% of persons with chronic pain met diagnostic criteria for a personality disorder,
 - in contrast to research findings that 21% of patients with acute low back pain met diagnostic criteria.

CO- MORBIDITY IN BPD PATIENTS

- Co morbidity is the norm rather than exception
- Only 5 % present in pure form
 - Other Personality disorders 90%
 - PTSD, OCD or Anxiety disorders- 89%
 - Depression 75%
 - Substance abuse 62%
 - Bipolar disorders, Psychosis
 - Eating disorders
 - Dissociative disorders, ADHD
 - Gambling, Medical illnesses.

CO- MORBIDITY IN PAIN PATIENTS

Psychological disorders

- May predate,
- Coincide,
- Emerge as a consequence of chronic pain,
- Can contribute to pain,
- Exacerbate and maintain pain.

SIGNIFICANT PSYCHIATRIC MORBIDITY-PAIN

1. Adjustment disorder.
2. Major depression.
3. Anxiety disorders.
4. Post traumatic stress disorder.
5. Psychosis.
6. Substance abuse/ Dependence.
7. Personality Disorders.
8. Sleep disorders.
9. Sexual dysfunction.
10. Factitious disorder/ Malingering.



BPD presentations in the context of chronic pain

- BPD patients presenting with chronic physical pain after a minor trauma or trauma that does not fully explain chronic pain.
- Physical pain is more acceptable than emotional pain.
- Seeking validation.

Prevalence of BPD in patients with chronic pain

- Is significantly greater than in the general population (30%) and is linked to increased pain severity and poorer coping with pain.
- Non-suicidal self-injury is a tool frequently used by those with borderline personality in an effort to decrease emotional pain and induce calm.
- Those who have BPD often report absence of pain and relief of emotional pain when engaging in self-harm, which may reinforce the tendency to continue self-harming as a way of coping.

PAIN IN BPD

- Pain threshold is elevated in BPD.
- Pain processing is abnormal in BPD.
- Altered processing of nociceptive stimuli in prefrontal and limbic brain areas.
- 70% to 80% of BPD patients engage in self-injury.

FUNCTION OF SELF- HARMING

Self- injury is an emotion regulation strategy

- Pain leads to decreased stress levels and neural deactivation of Amygdala.
- Functional connectivity of the amygdala with superior frontal gyrus normalized after incision in BPD patients.
- Analgesic effects of self-harming -repeatedly self-harming is thought to stimulate the release of the endogenous opioids.

Self-harming may serve an essential function in relieving emotional pain.

THE PAIN PARADOX IN BPD PATIENTS

- Relationship between pain, self-injury and BPD is complex.
- A biological predisposition to greater emotional pain.
- Depending on the context of the pain
 - highly pain tolerant as well as
 - highly pain intolerant.

THE OVERLAP OF EMOTIONAL AND PHYSICAL PAIN

- BPD appears to be commonly comorbid with chronic pain.
- Chronic self-destructive behavior.
- Presence of BPD complicates the treatment course.
- Because of their innate difficulties with self-regulation of pain.

THE PAIN PARADOX IN BPD PATIENTS

BPD predisposes individuals to:

- higher pain tolerance in the face of acute and self-inflicted pain.
- lower pain tolerance and greater pain severity and poorer coping in response to chronic pain.

THE OVERLAP OF EMOTIONAL AND PHYSICAL PAIN

Lower pain tolerance for chronic pain in BPD patients

- Feelings of helplessness and rejection often inherent in the processes of seeking treatment for chronic pain.
- Clinicians unfamiliar with chronic pain may respond in a way that reactivates the experience of invalidation.

If reports of pain and distress are dismissed:

-likely to trigger feelings of rejection and abandonment (particularly in BPD patients who are already more vulnerable to these feelings.)

-Overwhelming painful emotions may worsen pain and decrease the ability to manage it.



THE OVERLAP OF EMOTIONAL AND PHYSICAL PAIN

Providers who are not well informed about pain can leave pain sufferers

- without a plan for pain management.
- vulnerable to feeling unheard and invalidated.

Ongoing and intense stress of chronic pain can overwhelm coping resources and diminish the ability to cope with either pain or the social, medical and interpersonal challenges that accompany it.

Pain symptoms may function as an interpersonal means of eliciting caring responses from others.



PEJORATIVE TERMS THAT ARE USED

- Attention seekers
- Manipulators
- Pretenders
- Chronic
- Never get better
- “She is a PD/BPD” “ Is a Pain” (Heart sink patients)
- “Frequent flyers”

MANAGEMENT

- Validation
- Validation
- Validation
- Validation
- Validation
- Validation
- **VALIDATION**
- **VALIDATION**
- **VALIDATION.**



WHY DO PATIENTS AMPLIFY EXPRESSION OF PAIN

May be a manifestation of psychological distress.

Functions of Somatic amplification (Pain):

1. Enlist support of others.
2. Distance others/Allow expression of discontent/ anger or avoidance of interpersonal conflicts.
3. Avoidance of unpleasant tasks and responsibilities.
4. Can serve to mask other psychological symptoms (Stigma of a psychiatric disorder or imply something about their character).
5. Somatic concerns taken more seriously than emotional factors.

MANAGEMENT

- Acknowledge that the pain is real no matter what the underlying cause.



THERAPY FOR BPD

DBT (Dialectical behaviour therapy)

MBT (Mentalization based therapy)

Transference focussed psychotherapy

Schema focussed therapy

THERAPY

MINDFULNESS

ACCEPTANCE AND COMMITMENT THERAPY (ACT)

COGNITIVE BEHAVIOUR THERAPY (CBT)



MANAGEMENT

Outcome studies of patients with pain and BPD are generally lacking.

Overall management approach to patients with BPD and chronic pain

- should be conservative
- closely monitored of controlled medications by the clinician.
- Physical pain and psychological pain has to be treated simultaneously.

Anticipate a chronic course without full resolution of pain symptoms.

Overall, patients with this type of comorbidity tend to be very challenging to manage.

TAKE HOME MESSAGE

- Emotional pain/ distress can be expressed as physical pain.
- Validation of a patient's pain helps reduce their preoccupation and expression of pain complaint.
- Psychological interventions can be very helpful.
- Treatment of co-existing psychiatric disorders is an essential component of pain management.
- Aim is to move patient to self- managing their pain.