Borderline Personality Disorder: Diagnostic and Therapeutic Issues

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Abstract. *The article discusses the diagnosis and treatment of borderline personality disorders, presents the process of modern understanding of this personality pathology, outlines the principles of classification of its clinical variants, and also provides information on the effectiveness of the main classes of psychiatric drugs and psychotherapy in the treatment of borderline personality disorders. In an outpatient psychiatric network, borderline personality disorder is diagnosed in 16% of cases using special questionnaires. Identifying borderline personality disorders is essential for depression, addictive behavior, etc.*
Keywords: *borderline personality disorder, diagnosis, therapy.*

Borderline personality disorder (BPD) is a nosological category that has been hotly debated for years. In the ICD-10 (WHO, 1994), the borderline type of emotionally unstable personality disorder is understood as a disorder of mature personality, which is characterized by some characteristics of emotional instability and, in addition, "self-esteem, intentions and internal preferences, including sexual (characterized by a chronic feeling of emptiness) are often incomprehensible or disturbed. A tendency towards tense (unstable) relationships can lead to recurring emotional crises and be accompanied by a series of threats and self-harm (although this can also occur without obvious provoking factors)

Purpose of the study. Revealing the prevalence, clinical and diagnostic features of BPD.

Today, there are several problematic disagreements regarding BPD diagnostics. First of all, these are different classifications in different countries, also in Russia. For the diagnosis of personality disorders in Russia, the ICD 10 classification is used. The concept of BPD is absent in this classification, the closest in meaning is "emotionally unstable personality disorder".

The factors provoking this disease may be the following:

1. Hereditary predisposition
2. Sex characteristics (women are more prone to this disorder)
3. Unfavorable living conditions
4. Severe psychological trauma

5. Lack of parental attention in childhood
6. Violent behavior of loved ones
7. Domestic or parental abuse
8. Dissatisfaction with yourself
9. Certain requirements for a person, which he does not meet or of which he is afraid, etc.

Borderline personality disorder can be subtle and overt. The latter is distinguished by specific behavior with pronounced signs, these are:

1. False awareness of your own self
2. Impulsive behavior, inability to control it
3. Constant feeling of emptiness
4. Deterioration of personal relationships and the impossibility of long-term relationships Disadaptation in society with the approach of adulthood, antisociality
5. Manipulative behavior (tyranny, tension, alternation of accusations and rewards, ignorance)
6. Parasuicidal and suicidal tendencies (aggression, self-harm) Alcohol or drug abuse
7. Secretiveness
8. Lack of one's own point of view
9. Promiscuous sex
10. Fear of loneliness, paranoia

Manifestation of the disease:

Borderline personality disorder finally manifests itself when a person can already be assessed as fully developed (without such a concept in psychology as a phenomenon of social childhood), i.e. by about twenty years. The patient's own “I” is destabilized: self-esteem and attitude towards oneself vary greatly depending on the circumstances. Hence the fear of being abandoned, which leads to the desire to build relationships that reproduce his idea of the ideal. But with a mental disorder, this cannot be achieved, and breaking this illusion only exacerbates the result.

A person with such a diagnosis not only has difficulty in defining his own "I" - it is usually difficult for him to navigate in reality. He often lingers in memories and illusions, in a state of distrust: he does not trust himself or others - hence the paranoid component of behavior. It is also characterized by the presence of spiritual emptiness and boredom.

This disease is also characterized by a combination of high levels of fear and suspicion with absolute irresponsibility.

The fear of loneliness makes you want to have a relationship to be accepted.

Excessive demands are made on the partner, and non-compliance leads to the patient's disappointment, which in turn leads to impulsive behavior (scandals, fights). People with personality disorder tend to have different attitudes towards others and towards themselves. That is, the idealization of another person is abruptly replaced by a violation of perception. Such people sometimes experience feelings of guilt, then impose this feeling on others (manipulative behavior). All this makes it difficult not only to build a relationship between the patient and the partner, but also complicates his normal stay in society.

People with BPD suffer on their own and make loved ones suffer. It is difficult for such patients to convey the problem in the format of an ordinary dialogue: they are not able to perceive criticism, react violently and impulsively, they are sure that they only want to harm them, and not help (although they themselves seek help). This is due to distorted psychological attitudes that do not allow them to correctly perceive the surrounding reality. Emotional deprivation is also characteristic of the behavior of such people: accusations that they are not cared for and that they do not regret it, fear of being abandoned. They are surprisingly withdrawn and afraid to express their own feelings, but at the same time, they are extremely hot-tempered with loved ones and have problems with uncontrollable emotions. They usually feel guilty after outbursts of anger and ask for forgiveness. Their whole life is like a deep depression, their attitude to the world is like a vicious circle: in one case, they believe that others expect something from them, and they do not live up to expectations; on the other hand, that those around them do not expect anything from them, and this imaginary indifference frightens them and prompts them to think about suicide.

The constant feeling of guilt causes the patient to mutilate himself in order to switch his attention from psychological pain to physical pain. Thus, he punishes himself, the painfully changed character of such people often leads them to the Hermitian way of life and isolation. They would rather stay at home than go to the company of other people: each of these detachments evokes new outbursts of emotions in them. This highlights a reluctance to change behavior depending on the situation.

Diagnostics.

To diagnose this disease, the specialist needs to study the complete picture of the patient's condition. After a mandatory medical examination, the patient is examined by a psychiatrist specializing in this disease. It is necessary to find out the features of behavior, to record all the manifestations of the disorder, to study chronic diseases: all this will help to establish a real disease. When the decision about the disease has been made, therapy can be started.

Therapy.

The most important element in the treatment of personality disorders is psychotherapy. It can be individual, family and group. Dialectical Behavioral Therapy is the most effective treatment for this condition. But it is very difficult to persuade such patients to take long-term treatment, due to the bifurcation of thinking: today he listens to the therapist, and tomorrow he closes. The patient is extremely suspicious and considers himself "not like that", hence the fear that others will not treat him after he finds out his true character. Therefore, the task of the specialist is how to subtly explain to the patient that this is not so. In conversations with a psychotherapist, the patient's general behavior is corrected, he is taught to treat himself and others differently. But it is extremely difficult to work with such patients: they constantly try to be puzzled, get rid of responsibility, fall into hysterics and fully demonstrate theatrical suicide attempt. All this is a manipulative manifestation that cannot be succumbed to. The specialist should react coldly and indifferently to attempts at suicidal blackmail, and attempts to heal the patient, on the contrary, should be encouraged and praised. The first thing a therapist needs to do is understand the cause of the disorder. Then they must gradually approach the improvement of the patient's behavior: free him from the fear of loneliness, fear of people, explain who he is and why everyone is around. In fact, a psychotherapist is a mentor who teaches his patient to properly interact with the situation and himself, cope with his emotions and live in the human world (the patient's social skills also require refinement and adaptation). In addition to psychotherapy, antidepressants are used to treat borderline disorders. There are also mood stabilizers to help you get rid of mood swings. The use of anti-anxiety drugs is not excluded to relieve the patient of the uncomfortable feeling of anxiety. Patient care is time consuming. But not in all cases it is possible to get rid of it forever: the disease tends to relapse.

Conclusion:

In the diagnosis of BPD, early detection of the disorder is important, in which case drug treatment can be selected, and psychotherapy can also be prescribed to correct the behavior and character of the patient. Also, for early diagnosis (in school-age children), you need to use various psychological tests, for example, a personality questionnaire developed on the basis of diagnostic criteria for borderline personality disorder according to DSM-III-R and DSM-IV in 2012 by a team of authors (T. Yu. Lasovskaya, S.V. Yaichnikov, Yu.V. Sarycheva, Ts.P. Korolenko). This questionnaire is just a convenient and valid tool for screening, everyday diagnosis and verification of diagnosis in psychiatric, general clinical and non-medical practice.

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