

## **Bipolar Disorder vs. Borderline Personality Disorder**

*Live CHAMPS Webcast, 03/01/2011*

*Presented by Andrea Auxier, PhD, and Katrin Seifert, PsyD*

### **Webcast Follow-Up:**

#### **Responses to Questions Posed During the Live Event**

*Responses submitted by Dr. Katrin Seifert*

**1. What is the likelihood that a parent can pass on bipolar to a child?**

- A child of one parent with bipolar disorder and one without has a 15 to 30% chance of having BP.
- If both parents have bipolar disorder, there's a 50 to 75% chance that a child of theirs will, too.
- If you already have one child with BP, there is a 15 to 25% chance that another of your children will also have it.
- If one identical twin has BP, there's about an 85% chance that the other one will as well.

*McGuffin, P., et al. The heritability of bipolar affective disorder and the genetic relationship to unipolar depression <<http://www.ncbi.nlm.nih.gov/pubmed/12742871>>. Arch Gen Psychiatry. 2003 May; 60(5): 497-502. 12 Sept 2009.*

**2. Regarding the upcoming DSM-5 are you aware of any changes in the diagnostic criteria for either of these conditions?**

I am unaware of any changes for the DSM-V.

**3. Any suggestions for working with co-worker with BP that is doing fairly well with BP treatment?**

I don't know if this means Bipolar or Borderline. For Bipolar, staying consistent with treatment, whether that be medications, therapy, or both, is of utmost importance. For Borderline, most people really can benefit from Dialectical Behavior Therapy groups, which can be found at community mental health centers or private therapy practices.

**4. Regarding Integration... Do you use an EHR and if so which one?**

Yes, eClinical Works.

**5. Relating to the 74% recovery rate for people with borderline if they have intensive treatment, what treatment/s were being used in these studies?**

Type of treatment received varied among study participants. The participants were accepted into the study when they were inpatients in the hospital and then followed prospectively from there forward so the types of treatment they were involved in after registering in the study was person-specific.

*Zanarini, M.C., Frankenburg, F.R., Hennen, J., & Silk, K.R. (2003). The longitudinal course of borderline psychopathology: 6-year prospective follow-up of the phenomenology of borderline personality disorder. American Journal of Psychiatry, 160, 274-283.*

- 6. Did it surprise Drs. Seifert and Auxier that the audience responded that there was a higher percentage of bipolar patients in their setting than personality disorder? It seems to me to say that bipolar disorder is over diagnosed.**

It was and it wasn't surprising. We know that Bipolar disorder is commonly overdiagnosed and that many people are hesitant to diagnose a personality disorder because of the stigma attached to it. The rates reported by the audience of both Bipolar AND Borderline were surprisingly high. This suggests that the providers and staff are really feeling the impact of the mental health issues in their populations.

- 7. Were any specific antidepressants seen to increase mania more than others?**

Not that I'm aware of.