Personality and mood disorders: Making the connection

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ROGERS Behavioral Health

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Disclosures

Camila Albuquerque de Brito Gomes, MD, and **Adrianne McCullars, PhD,** have each declared that they do not, nor does their family have, any financial relationship in any amount occurring in the last 12 months with a commercial interest whose products or services are discussed in the presentation.

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Learning objectives

Upon completion of the instructional program, participants should be able to:

1. Summarize at least five of the most common mood and personality disorders.
2. Identify the rates and types of co-morbid personality disorders with at least one diversity consideration.
3. Explain at least one pharmacotherapy and one cognitive-behavioral intervention used to aid in the treatment of mood and personality disorders.

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What we'll cover in this webinar

Level set
- Most common mood disorders and symptomology
- Most common personality disorders and symptomology
- Diversity considerations

The connection
- Prevalence of PD within mood disorders
- Rates and types of co-morbid personality disorders
- Diversity considerations

Treatment
- Cognitive-behavioral interventions
- Pharmacological interventions, including future directions
- Treatment challenges

Moderated Q&A

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Presenter subjectivities

Dr. Adrianne McCullars

Professional identities
- Executive Director of Clinical Services
- PhD; licensed clinical psychologist

Personal identities
- She/her/hers
- Biracial, female, able bodied
- Mother and wife

Dr. Camila Albuquerque de Brito Gomes

Professional identities
- Psychiatrist at Rogers' Miami location
- MD, board-certified psychiatrist

Personal identities
- She/her/hers
- Latino, female
- Mother and wife

We acknowledge that our experience, intersectionality, privilege – and lack thereof – inform what we each bring to our research, clinical practice, and teaching

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Level set

Please use the Q&A feature to send your questions to the moderator.

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What are mood disorders?

- Mood is defined as a pervasive and sustained feeling that is endured internally, and that impacts nearly all aspects of a person's behavior in the external world
- Described by marked disruptions in emotions
  - Severe lows (depression)
  - Severe highs (hypomania or mania)
- According to the *DSM-5*, mood disorders are broadly categorized as bipolar disorders and depressive disorders
- Major depressive disorder and bipolar disorder are most common

(American Psychiatric Association, 2013)

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Major depressive disorder

- Lifetime prevalence of major depressive disorder (MDD) in adults varies between 16% and 25% (Köhne & Isvoranu, 2021)
- In 2020, when surveying about 20 million US adults, 8.4% reported having had at least one major depressive episode (NAMI, 2020)

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Major depressive disorder: Symptoms

- Five or more symptoms present during a **two-week period** demonstrating **change from previous functioning** and leading to clinically significant **impairment** and/or **distress**
- One of two symptoms MUST be present for the diagnosis:
  - **Depressed mood** most of the day, nearly every day (may present as irritability in children)
  - **Loss of interest/pleasure** in most activities

(American Psychiatric Association, 2013)

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MDD: Additional symptoms

- Significant **change in weight** (+/- 5% in one month) or **appetite**
- **Insomnia** or **hypersomnia**
- **Psychomotor agitation** or **retardation**
- **Fatigue** or **loss of energy**
- Feelings of **worthlessness** or excessive inappropriate **guilt**
- **Difficulty concentrating** or **making decisions**
- Recurrent **thoughts of death** or **suicide**

(American Psychiatric Association, 2013)

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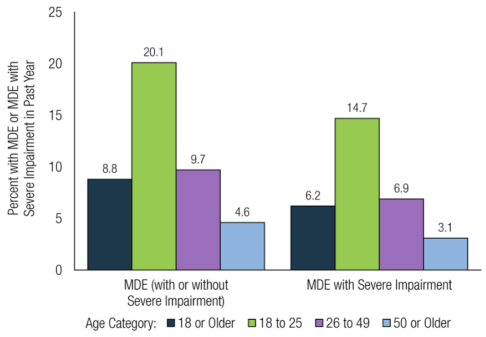
MDD: Prevalence

Major Depressive Episode (MDE) or MDE with Severe Impairment in the past year: Among Adults Aged 18 or Older (2022)



(SAMHSA, n.d.)

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Diversity considerations

- Depression is approximately 50% more common among women as compared to men
  - Women's lifetime prevalence for MDD 21% as compared to 12% for men
- MDE reported among adults aged 18 or older:
  - Multiracial adults – 16.4%
  - White adult – 9.2%
  - Hispanic adults – 8.8%
  - American Indian or Alaska Native adults – 7.6%
  - Black adults – 6.6%
  - Asian adults – 6.3%

(American Psychological Association, 2021; Bailey et al., 2019; SAMHSA, 2022 Williams et al., 2007)

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Bipolar disorder

- 2.8% of US adults reported having bipolar disorder in the past year
- An estimated 4.4% of US adults experience bipolar disorder at some time in their lifetime
- Often diagnosed during late adolescence or early adulthood
- Causes unusual shifts in a person's mood, energy, activity levels, and concentration
- Although symptoms may vary, it requires lifelong treatment

Three types:
- Bipolar I disorder
- Bipolar II disorder
- Cyclothymic disorder

(Harvard Medical School, 2007; NIMH, 2023)

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Bipolar I disorder

- Defined by manic episodes that last for at least 7 days (nearly every day for most of the day)

– OR –

- Manic symptoms that are so severe that the person needs immediate medical care
- Usually, depressive episodes occur as well, typically lasting two weeks

(American Psychiatric Association, 2013; NIMH, 2023)

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Bipolar II disorder

- Defined by a pattern of depressive episodes and hypomanic episodes
- Hypomanic episodes are less severe than the manic episodes in bipolar I disorder

(American Psychiatric Association, 2013; NIMH, 2023)

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Cyclothymic disorder

- Defined by recurring hypomanic and depressive symptoms that are not intense enough or do not last long enough to qualify as hypomanic or depressive episodes

(American Psychiatric Association,2013; NIMH, 2023)

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Manic episode symptoms	Depressive episode symptoms
Feeling very up, high, elated, or extremely irritable or touchy	Feeling very down or sad, or anxious
Feeling jumpy or wired, more active than usual	Feeling slowed down or restless
Having a decreased need for sleep	Having trouble falling asleep, waking up too early, or sleeping too much
Talking fast about a lot of different things ("flight of ideas")	Talking very slowly, feeling unable to find anything to say, or forgetting a lot
Racing thoughts	Having trouble concentrating or making decisions
Feeling able to do many things at once without getting tired	Feeling unable to do even simple things
Having excessive appetite for food, drinking, sex, or other pleasurable activities	Having a lack of interest in almost all activities
Feeling unusually important, talented, or powerful	Feeling hopeless or worthless, or thinking about death or suicide

(NIMH, 2023)

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Diversity considerations

- Past year prevalence was similar for males (2.9%) and females (2.8%)
- Highest rates among those aged 18-29 with 4.7% of individual being diagnosed with bipolar disorder
  - 30-44 age range – 3.5%
  - 45-59 age range – 2.2%
  - Age 60 and older – 0.7%

(Harvard Medical School, 2007)

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What is personality?

- A way of thinking, feeling, and behaving that makes a person different from other people
- Influenced by experiences, environment, and inherited characteristics
- Usually stays the same over time

(American Psychiatric Association, 2013; American Psychiatric Association, 2022; Lenzenweger, et al., 2007)

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What is a personality disorder?

- To be classified as a personality disorder, one's way of thinking, feeling, and behaving deviates from the expectations of the culture, causes distress or problems functioning, and lasts over time
- This pattern of experience and behavior usually begins in late adolescence or early adulthood and causes distress or problems in functioning
  - Longstanding, pervasive, inflexible, extreme, and persistent patterns of behavior

(American Psychiatric Association, 2013; American Psychiatric Association, 2022; Lenzenweger, 2007)

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What is a personality disorder?

- Personality disorders affect at least two of these areas:
  - Way of thinking about oneself and others
  - Way of responding emotionally
  - Way of relating to other people
  - Way of controlling one's behavior
- The *DSM-5-TR* lists10 specific types of personality disorders

(American Psychiatric Association, 2013; American Psychiatric Association; 2022; Lenzenweger, 2007)

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Categorization of personality disorders

Cluster A – odd or eccentric behaviors or thinking

- Schizoid, paranoid, schizotypal personality disorders

Cluster B – dramatic, emotional, or erratic behaviors

- Antisocial, borderline, histrionic, narcissistic personality disorders

Cluster C – anxious and fearful behaviors

- Avoidant, dependent, obsessive-compulsive personality disorders

(American Psychiatric Association, 2013)

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Personality disorder symptomology

Cluster A

- ***Paranoid*** – main feature of this is paranoia – relentless mistrust and suspicion of others without adequate reason for suspicion
- ***Schizoid*** – consistent pattern of detachment from and general disinterest in interpersonal relationships
- ***Schizotypal*** – consistent pattern of intense discomfort with and limited need for close relationships

(American Psychiatric Association, 2013)

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Personality disorder symptomology

Cluster B

- ***Antisocial*** – show lack of respect toward others and don't follow socially accepted norms or rules
- ***Borderline*** – marked by difficulty with emotional regulation, resulting in low self-esteem, mood swings, impulsive behaviors and subsequent relationship difficulties
- ***Histrionic*** – marked by intense, unstable emotions and a distorted self-image
- ***Narcissistic*** – consistent pattern of perceived superiority and grandiosity, excessive need for praise and admiration and lack of empathy for others

(American Psychiatric Association, 2013)

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Personality disorder symptomology

Cluster C

- ***Avoidant*** – chronic feelings of inadequacy and highly sensitive to being negatively judged by others
- ***Dependent*** – marked by a constant and excessive need to be cared for by someone else
- ***Obsessive-compulsive*** – marked by a consistent and extreme need for orderliness, perfectionism and control that ultimate slows or interferes with completing a task

(American Psychiatric Association, 2013)

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Diversity considerations

- About 30% of psychiatric outpatients in the US are diagnosed with at least one personality disorder
  - The most frequent being borderline personality disorder (BPD)
    - Adult lifetime prevalence of borderline personality disorder is 6% (around 14 million Americans)
    - No differences have been found between the rates of BPD among men (5.6%) and women (6.2%)
  - In non-clinical community samples, the personality disorder rates range from 4-10%

(Gawda, 2018; Grant et al., 2008; Kohne & Isvoranu, 2021)

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Diversity considerations

- Black and Asian populations have been found to have a statistically significant lower prevalence of personality disorders as compared to White populations

(Gawda, 2018; McGilloway, et al., 2010)

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The connection

Please use the Q&A feature to send your questions to the moderator.

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Prevalence of PD with other mental health disorders

Past Year Co-morbidity of Personality Disorders with Other Core Disorders
Among U.S. Adults
Data from National Comorbidity Survey Replication (NCS-R) [1]

	Any Personality Disorder (%)	Borderline Personality Disorder (%)
Any Anxiety Disorder	52.4	60.5
Any Mood Disorder	24.1	34.3
Any Impulse Control Disorder	23.2	49.0
Any Substance Use Disorder	22.6	38.2
Any Disorder	67.0	84.5

(Kessler & Merikangas, 2004; NIMH, 2003)

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Prevalence of PD with mood disorders

- Avoidant, borderline, and dependent personality disorders were found to most often co-occur with mood disorders – particularly depressive disorders
  - Cluster A – the least common PDs co-occurring with MDD
  - Cluster B and C – the most common PDs to co-occur with MDD
- In studies that differentiated between mood disorders co-occurring with PDs, the prevalence of major depressive disorder far exceeded bipolar disorder by as much as 45:1
- Prevalence rates of PDs in patients with MDD have varied, ranging from 20-50%

(Klein et al., 2009; Skodol et al., 2010)

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BPD and prevalence of co-occurring disorders

- **MDD – 60%**
- Substance abuse – 35%
- Eating disorders – 25%
- Bipolar disorder - 15%
- Antisocial Personality Disorder – 25%
- Narcissistic Personality Disorder – 25%
- Self-injury – 55-85%

(National Education Alliance for Borderline Personality Disorder, 2011)

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What is borderline personality disorder?

- Occurs in the context of relationships
- Begins in during adolescent or early adulthood
- Affects 5.9% of adults at some time in their lift
- Affects 50% more people than Alzheimer's disease and nearly as many as schizophrenia and bipolar disorder combined (2.25%)
- Affects 20% of patients admitted to psychiatric hospitals
- Affects 10% of people in outpatient mental health treatment

(National Education Alliance for Borderline Personality Disorder, 2011)

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BPD symptomology

- Fear of abandonment
- Unstable or changing relationships
- Unstable self-image; struggles with identity or sense of self
- Impulsive or self-damaging behaviors
- Suicidal behavior or self-injury
- Varied or random mood swings
- Constant feelings of worthlessness or sadness
- Problems with anger
- Stress-related paranoia or loss of contact with reality

(American Psychiatric Association, 2013; National Education Alliance for Borderline Personality Disorder, 2011)

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BPD symptomology

IMPULSIVE

Impulsiveness in two potentially damaging areas (e.g., sex, substance use, shopping)
Mood instability due to marked reactivity
Paranoia or dissociation under stress
Unstable self-image
Labile intense relationships
Suicidal gestures
Inappropriate anger
Vulnerability to abandonment, frantic efforts to avoid real or imagined abandonment
Emptiness, chronic feelings of emptiness

(American Psychiatric Association, 2013; CAMH, n.d.)

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Diversity considerations

- Lifetime prevalence of MDD in the course of BPD was found to 83%
  - Prevalence of BPD among those with major depression - 19%
- Women with BPD more likely to have co-occurring MDD, anxiety, substance use or eating disorders
- Men with BPD more likely to have substance use or antisocial personality disorder
- Lower SES was associated with BPD
- Race and ethnicity were not significantly related to BPD in the National Comorbidity Survey Replication study; however, difficult to determine racial or ethnic group differences with BPD
  - In one study (N = 554), higher rates of BPD were found in the Hispanic group as compared to the White and African-American group
  - In another study, higher rates of BPD found in White group as compared to Black group
  - And another, compared to the White group, the Hispanic group were more likely to endorse 3 of the 9 BPD criteria

(Beatson & Rao, 2013; DeGenna & Feske, 2013; Kohne & Isvoranu, 2021; Zanarini et al., 1998)

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Treatment

Q&A

Please use the Q&A feature to send your questions to the moderator.

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Cognitive-behavioral interventions

Major depressive disorder

- Behavioral therapy
- Cognitive therapy
- Cognitive-behavioral therapy
- Interpersonal psychotherapy
- Mindfulness-based cognitive therapy
- Psychodynamic therapy
- Supportive therapy

Borderline personality disorder

- Dialectical behavior therapy

(American Psychological Association, 2021; Beatson & Rao, 2013)

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Which disorder do I treat?

- Treatment of depression does not result in remission of BPD symptoms
- Effective treatment of BPD tends to result in remission of depression
  - One study showed that MDD is not a significant predictor of outcome for BPD, but BPD is a significant predictor of outcome for MDD
- Treatment of MDD alone will not be followed by improvement of BPD

(Gunderson et al., 2004)

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BPD and MDD

Similarities

- Mood swings
- Feelings of emptiness and worthlessness
- Low self-esteem
- Suicide risk and self-harm
- Low energy
- Disrupted sleep
- Guilt and shame

Differences

- BPD – emotional disturbances tend to fluctuate more intensely; difficulty maintaining stable relationships; affective instability
- MDD – usually experience more persistent, stable mood problems

(Beatson & Rao, 2013; Grouport, n.d.)

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BPD and MDD: Challenges

Diagnostic

- Symptom overlap may cause difficulty obtaining accurate diagnosis
- Misdiagnosis can lead to inappropriate treatment planning which may cause a delay in receiving appropriate care

Treatment

- More complex; must target the unique challenges of each disorder while also considering their interplay
- BPD instability combined with persistent low mood with MDD can cause significant impairment in daily functioning
- These individuals are at higher risk for suicidal behaviors than those with either diagnosis alone

(Beatson & Rao, 2013; Bockian, 2006; Grouport, n.d.)

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Treatment

- Treating depression in the context of a person with BPD is a significant challenge
- Dialectical behavior therapy is the "first line" of treatment
- Focus on creating an appropriate therapeutic relationship
- Provide structure to each session
- Arrange interventions in a way that provides a sense of safety

Remember: For individuals with BPD and MDD, MDD is viewed as secondary and tied to the BPD core pathology

(Bockian, 2006)

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Pharmacological interventions + future directions

- Nutrition/water
- Antidepressants
- Sleep
- ECT
- Gut health
- TMS
- Exercise
- Ketamine

(Berger et al., 2019; Fineberg et al., 2023; Kvam et al., 2016; Muscaritoli, 2021)

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Pharmacological interventions + future directions

- 2001 American Psychiatric Association Guideline
  - SSRI
- 2006 Cochrane data
  - No advantage in any specific psychotropic drug
- 2009 NICE Guidelines
  - No single agent is preferred

(American Psychiatric Association, 2001; Binks et al., 2006; National Institute for Health and Care Excellence, 2009)

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Pharmacological interventions + future directions

1. Mood instability/affective dysregulation
2. Depression/anxiety
   *self-harm, SI
3. Anger
4. Impulsivity
5. Cognitive/perceptual symptoms

(Lieb et al., 2004)

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Pharmacological interventions + future directions

- Application of repetitive transcranial magnetic stimulation (rTMS) in borderline personality disorder is unclear
- rTMS and tDCS over prefrontal cortex regions, improving impulsivity, emotional dysregulated domain, and depressive symptoms

(Chiappini et al., 2022)

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Case example: Mary

A: 22-years-old
D: Rule in: MDD and BPD
D: Able bodied, working as editorial assistant
R: Believes in god, no active religion
E: White
S: Heterosexual; multiple partners; single
S: Middle SES, recent college graduate
I: American Indian heritage
N: U.S. born
G: Cisgender female

Mary is a 22-year-old White, cisgender, single, unmarried female who is a recent college graduate presenting to treatment due to a history of repeated self-injurious behaviors (cutting), feelings of emptiness/worthlessness, lack of interest in activities, aggressive behavior toward friends and family, weight gain due to binge eating, depressed mood, extreme fatigue and sleep disturbance (insomnia). Mary reports that symptoms started approximately two years ago.

Mary reported having difficultly controlling her anger and intense emotional fluctuations. She shared that relationships with family and friends are strained and reported having multiple failed romantic relationships.

Mary reported feeling insecure, being fearful of rejection, and feelings of loneliness and emptiness. Mary indicated experiencing daily passive suicidal ideation. Mary shared that she is currently working part-time but finds it difficult to manage the heavy workload and always feels behind and is fearful of being fired due to not meeting expectations.

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Which diagnosis is it?

- Recent self-harm
- Aggression
- Feelings of emptiness
- Lack of interest in activities
- Weight gain
- Depressed mood
- Extreme fatigue
- Insomnia
- Emotional fluctuations
- Strained relationships
- Feeling insecure
- Fearful of rejection
- Feelings of loneliness
- Impairment in social and occupational functioning
- Daily passive suicidal ideation

(Fox, 2022)

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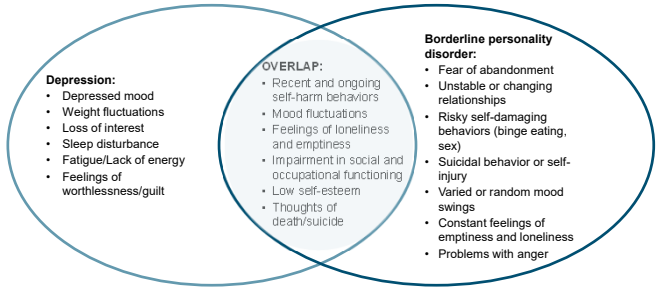
What does this mean?



(Fox, 2022)

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Screening for adults

Depression

- BDI (Beck Depression Inventory) ($)
- QIDS-SR (Quick Inventory of Depressive Symptomology – Self-Report) ($)
- PHQ-9 (Patient Health Questionnaire) (free)
- CES-D (Center for Epidemiologic Studies Depression Scale) (free)
- HAM-D (Hamilton Depression Rating Scale) (free)

Borderline personality disorder

- MSI-BPD (McLean Screening Instrument for BPD) (free)
- BSL-23 (Borderline Symptom List) (free)
- SCID-5-PD (Structured Clinical Interview for DSM-5 Personality Disorders version) ($)
- PDI-5 (The Personality Inventory for DSM-5) (free)
- *FIAT-Q (Interpersonal Relationships Questionnaire)(free)*

(Beck, et al., 1961 Beck, et al., 1996; Bohus, et al., 2008; Callaghan, 2006a; Callaghan, 2006b; Darrow, et al., 2014; First, et al., 2018; Hamilton, 1960; Kroenke, et al., 2001; Martin, et al., 2006; Osman, et al., 2004; Radloff, 1977; Rush, et al., 2003; Saracino, et al., 2018; Spitzer, et al., 1999; Trajkovic, et al., 2011)

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Three key strategies for managing BPD and MDD

1. Comprehensive assessment/screening
2. Tailored treatment
3. Self-care / support

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Where to get additional information…

National Education Alliance for Borderline Personality Disorder
borderlinepersonalitydisorder.org

National Institute of Mental Health
nimh.nih.gov/health/topics/borderline-personality-disorder

National Alliance of Mental Illness
nami.org/About-Mental-Illness/Mental-Health-Conditions/Borderline-Personality-Disorder

Mental Health America
mhanational.org/conditions/borderline-personality-disorder

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