

Psychotic symptoms and BPD

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History of BPD

- Term Borderline first published in 1953
- Describes a state between psychosis and neurosis
- Debate raged over classification as a type of psychosis or a condition of anxiety



History of BPD

- Only separated from schizotypal personality with the publication of the DSM 3 in 1980
- Psychotic symptoms were not a part of that original criteria



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History of BPD

- Psychotic symptoms only included with DSM 4 in 1994
- Focus on “severe dissociative symptoms” and “transient stress-related paranoia”



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Psychosis or BPD?

Psychosis

- Dialoguing voices more common
 - Perceived as less stressful
 - Often less controlling
 - Associated with negative syndrome
- Associated with disorganization
 - Start in young adulthood
- More common features than difference

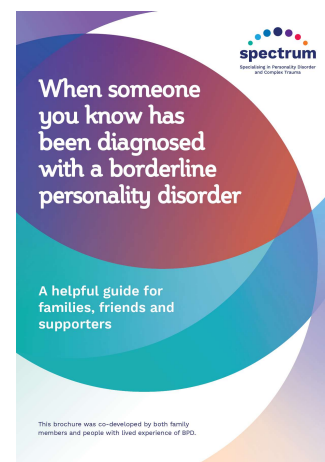
Psychosis-like

- Short-lived
- Less severe
- Less disruptive
 - Non-bizarre
 - AHs common
- Associated with trauma
 - Often stress-related
- Malicious content common
 - Start younger (teens)



Implications

- Prevalence of 29-50%
- Associated with more frequent hospitalizations and suicidality
- No consensus on their aetiology or a clear approach to management
- No increased risk of schizophrenia



What do we do?

- Some evidence of small to moderate effect of anti-psychotics
- Providing psychotherapy and social connections can result in symptom improvement




Upcoming sessions and registration



2 hours

Online psychoeducation sessions for individuals recently diagnosed with borderline personality disorder (BPD)

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Reference

- Minarikova et al. Hallucinations and Other Psychotic Symptoms in Patients with Borderline Personality Disorder. *Neuropsychiatric Disease and Treatment* 2022;18:787–799.



Borderline Personality Disorder (BPD) Core Competency Workshop (2-days)

29th & 30th May 2023
8.45AM–4.30PM

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