

Borderline Personality Disorder & Its Connection to ADHD

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Podcast #446

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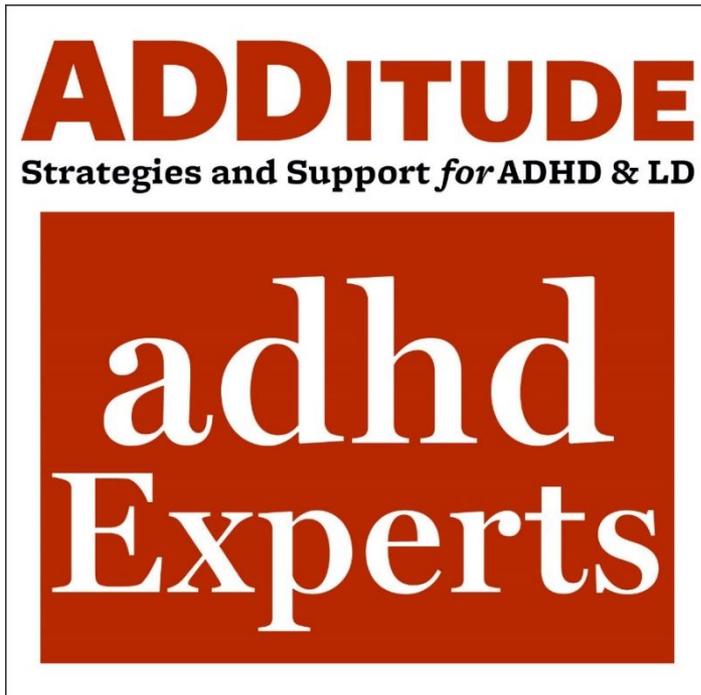
Meet today's expert speaker:
Roberto Olivardia, Ph.D.



Roberto Olivardia, Ph.D., is a Clinical Psychologist and Lecturer of Psychology at [Harvard Medical School](#). He maintains a private psychotherapy practice in Lexington, Massachusetts, where he specializes in the treatment of ADHD, executive functioning issues, and issues that face students with learning differences. He also specializes in the treatment of Body Dysmorphic Disorder (BDD), Obsessive-Compulsive Disorder (OCD) and in the treatment of eating disorders in boys and men. He is co-author of [The Adonis Complex](#), which details the various manifestations of body image problems in men.

ADHD Experts Podcast

Episode #446



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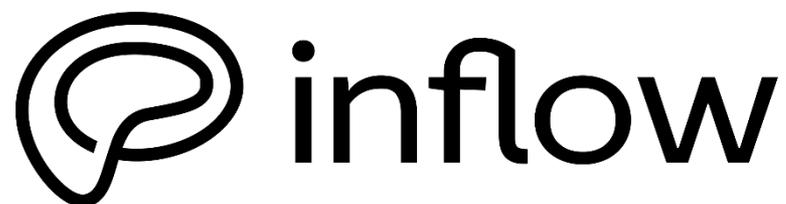


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Why ADHD and Personality Disorders?

- ADHD rarely travels alone
- ADHD can get misdiagnosed as a personality disorder
- Personality disorders can get misdiagnosed as ADHD
- Someone can have both and only one is diagnosed/recognized

Why ADHD and Personality Disorders?

- Even if ADHD is diagnosed, it's often not seen as clinically significant in treatment of personality disorders
- Clinicians often do not get adequate training on both ADHD and personality disorders
- Both are challenging conditions for patients, family members, clinicians
- Not much research
- Has significant treatment implications

Borderline Personality Disorder (BPD)

A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. Frantic efforts to avoid real or imagined abandonment

ADHD: Efforts to avoid boredom. Fine if properly stimulated.

2. Pattern of unstable and intense interpersonal relationships (extremes of idealization and devaluation)

ADHD: Idealization during honeymoon phase only. Devaluation often defined in terms of stimulation. Many people with ADHD have strong, positive relationships.

Borderline Personality Disorder

3. Identity disturbance: Unstable self-image or sense of self

ADHD: Solid identity as someone with ADHD. Or identity not formed due to immaturity, executive function deficits, lack of finding niche.

4. Impulsivity in at least two areas (e.g., spending, sex, substance abuse, reckless driving, binge eating)

ADHD: Most common overlap. Grounding/regulation/avoidance.

5. Recurrent suicidal behavior, gestures, threats, or self-mutilating behavior (10% die by suicide)

ADHD: Higher risk factor. Usually feeling like one does not know how to live, rather than wanting to die. Often relieves inner tension by sensation seeking (non-self-injurious).

Borderline Personality Disorder

- 6. Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days)**

ADHD: Context-specific, significantly shorter lasting, not episodic.

- 7. Chronic feelings of emptiness**

ADHD: Only when under-stimulated. Often can direct to fill emptiness.

Borderline Personality Disorder

- 8. Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)**

ADHD: Context-specific, normal emotions but intense; failure to suppress/soothe.



The Emotional ADHD Brain

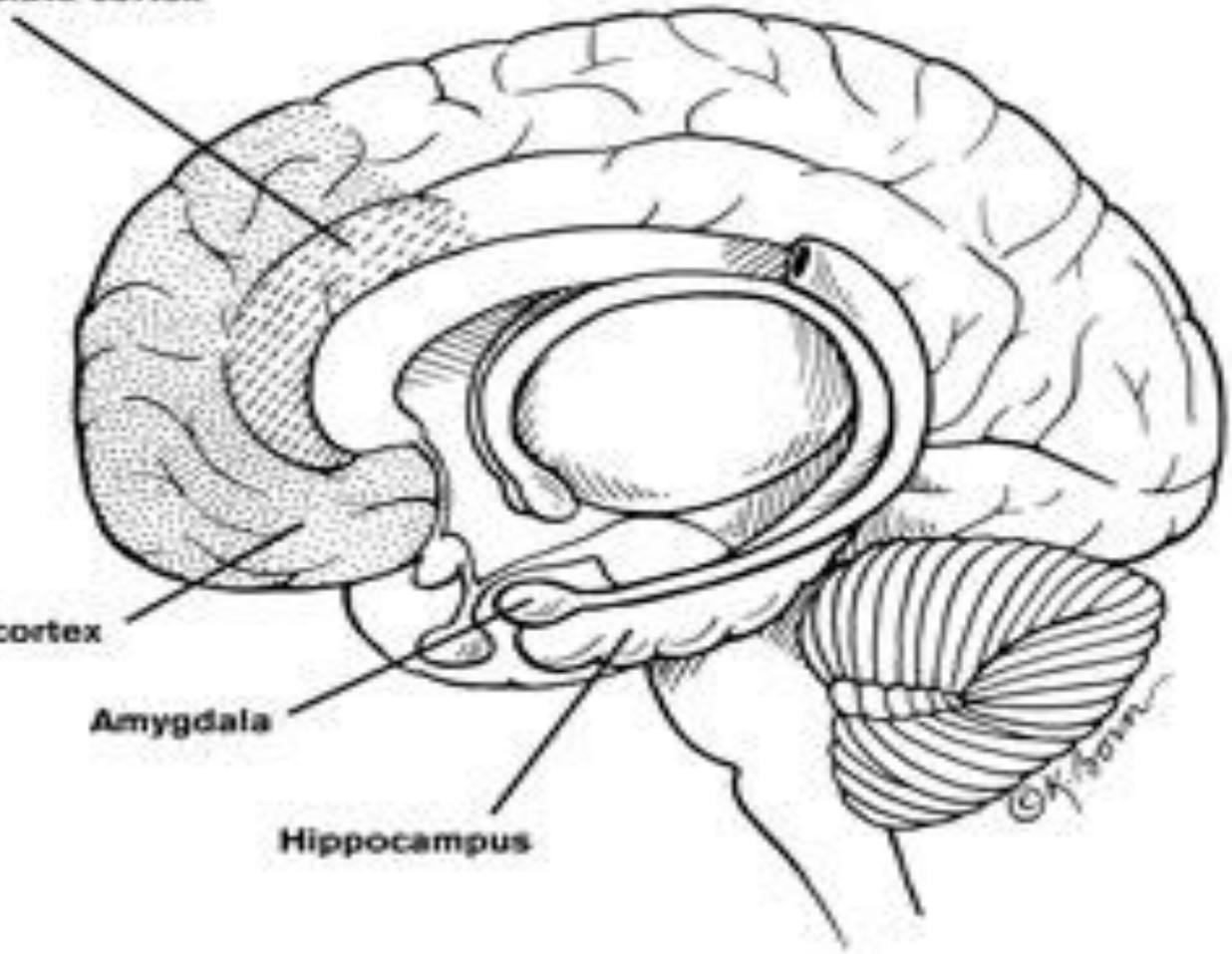
- Deficient emotional self regulation (DESR)
- The failure to suppress emotions
- Amygdala
 - Emotional, primitive center of the brain, “raw”
- Anterior cingulate cortex
 - Regulatory systems for behavior, attention, and emotions
 - fMRI shows lower activity in ADHD
 - Supposed to help soothe/regulate/inhibit amygdala
 - Amygdala gone wild, emotionally impulsive
 - Stimulants may mimic non-ADHD counterparts
- Normal emotions but without boundaries

Anterior cingulate cortex

Orbitofrontal cortex

Amygdala

Hippocampus



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Borderline Personality Disorder

9. Transient, stress-related paranoid ideation or severe dissociative symptoms

ADHD: Inattention/distractibility can mimic dissociation.

Connected to something internally or externally. Paranoia not aspect of ADHD.

BPD Brain

- Dopaminergic dysfunction
- Oxytocinergic system deficits
- Predisposed to impulsivity, emotional instability, and poor interpersonal functioning
- Attentional and memory deficits, poor inhibitory control, and low emotion processing
- Interferes with making good social bonds

La Barbera et al (2009) and Stanley & Siever (2010)

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ADHD and Borderline Personality Disorder: Comorbidity Statistics

- BPD affects about 1.4% of adults
- Asherson et al. (2014): 20% of BPD had ADHD
- Phillipsen et al. (2007): 41.5% of BPD had ADHD
- Phillipsen et al. (2008): 16% of BPD had ADHD
- Ferrer et al. (2010): 38% of BPD had ADHD

ADHD and Borderline Personality Disorder: Comorbidity Statistics

- Fossati et al. (2015): Significant association of ADHD to later develop BPD, but only in women
- Miller et al. (2008): ADHD more likely to be diagnosed as BPD than controls (p=.014)
- Fischer et al. (2002): ADHD children at greater risk of later developing BPD than would be expected by chance

ADHD and Borderline Personality Disorder

Dowson et al. (2004): ADHD worse at goal and task persistence than BPD

Ferrer et al. (2010): ADHD/BPD (vs. BPD) had:

- Substance use disorder: (59% vs. 38%) (MJ)
- Antisocial personality disorder: (7% vs. 1%)
- Obsessive compulsive personality disorder: (22% vs. 6%)
- Suicidal behavior: (73% vs. 54%)

- BPD (vs. ADHD/BPD): Mood disorders (62% vs. 37%)
- BPD (vs. ADHD/BPD): Panic disorder (54% vs. 23%)

ADHD and Borderline Personality Disorder

Xenaki et al. (2015): ADHD/BPD (vs. BPD)

- More lifetime aggression
- Disruptive disorders
- Outwardly directed anger
- Other cluster B personality disorders
- History of oppositional defiant disorder diagnosis

Stepp et al. (2012): ADHD and ODD at age 8 uniquely predicted BPD symptoms at age 14

Prada et al. (2014):

- ADHD and ADHD/BPD (vs. BPD): Higher impulsivity
- ADHD/BPD: Higher SUD and aggression

ADHD and Borderline Personality Disorder

O'Malley et al. (2016): ADHD/BPD vs. ADHD

- Presence of all mood disorders
- Antisocial
- Alcohol and drug dependence (only MJ)
- Smoke cigarettes
- Trouble with the police
- Thought disorder
- Less schooling
- More expulsions, suspensions, out-of-district placements

ADHD and Borderline Personality Disorder

Phillipsen et al. (2009):

- Self-perception, emotional regulation, self-destructiveness, boredom, loneliness, intrusions, hostility
- Highest scores were BPD, which significantly differed from ADHD, which significantly differed from controls
- Self-destructive and emotion regulation were biggest difference between ADHD and BPD

ADHD and Borderline Personality Disorder: Theories Regarding Comorbidity

- I. Different expressions of the same disorder
- II. ADHD is precursor or early manifestation of BPD
- III. Distinct disorders sharing genetic, environment risk factors
- IV. The disorders reinforce one another in a synergistic effect
- V. The presence of one increases risk of developing the other
- VI. Having one untreated complicates treatment of the other

ADHD as a Risk for Developing BPD: Biological/Neurological Factors

- Prefrontal and orbitofrontal cortex dysfunction where impulsivity and emotional control is located
- Anterior cingulate cortex for emotional processing impaired in both ADHD and BPD, with BPD specific to conflict monitoring
- Glutamate levels lower, which indicate disturbed energy metabolism
- Serotonergic and noradrenergic systems in both ADHD and BPD impairments
- ADHD/BPD a variant of bipolar disorder? Or misdiagnosed bipolar disorder?

(Carlotta et al, 2013; Rusch et al, 2010; Elia et al, 1992; Phillipson, 2006)

ADHD as a Risk for Developing BPD: ADHD Traits/Symptoms/Consequences

- Impulsivity and emotional dysregulation **
- Poor reading of social cues = negative feedback loop
- Poor peer relationships
- Difficulty tolerating negative affect
- ADHD more likely to have trauma histories
- History of being bullied
- Low self-esteem, feeling stupid

ADHD as a Risk for Developing BPD: Parental Influences

- Genetic influences from parents' ADHD or BPD diagnoses
- Environmental impact of emotionally dysregulated parents (particularly with severe executive functioning deficits)
- ADHD is a stressor that gets in the way of parents adequately attending to infants' needs (either because of their own ADHD or stress response)

ADHD as a Risk for Developing BPD: Parental Influences

- BPD parent(s) can neglect child who then doesn't develop normal healthy identity, or a negative one due to ADHD
- Develop BPD defenses like projective identification, splitting, identification with aggressor
- ADHD splitting: “Mom is mad at me and telling me I am bad. Mom is perfect therefore I must be bad.” Vacillate with: “I am all good and Mom is all bad” or: “That person is making me feel bad therefore they are all bad and I am all good.”

ADHD and Borderline Personality Disorder: Clinical Profile

- Poorer prognosis with both (usually because one is undiagnosed and/or untreated)
- Suicidal ideation and behavior increased risk with both conditions
- Impulsive suicides higher in ADHD/BPD group

ADHD and Borderline Personality Disorder: Treatment

- Treatment of both BPD and ADHD concurrently
- If ADHD is treated, BPD symptoms decrease since less distressed, triggered, better daily functioning, better control over behaviors
- Also more likely to benefit from BPD treatment when ADHD treated
- Limited data on treatment studies for comorbid ADHD/BPD

ADHD and Borderline Personality Disorder: Treatment

- Dialectical behavior therapy (DBT)
- Cognitive behavioral therapy (CBT)
- Executive functioning training/coaching
- Psychotherapy (transference/countertransference)
- Couples therapy
- Medications (no specific meds for BPD)
- Developing a crisis plan

ADHD and Borderline Personality Disorder: Dialectical Behavior Therapy (DBT)

Four Modules:

- Mindfulness (nonjudgmental observation)
- Distress tolerance (self soothing, radical acceptance)
- Emotion regulation (less vulnerability to emotion mind)
- Interpersonal effectiveness (assertiveness)

Treatment Targets:

- Life-threatening behaviors
- Therapy-interfering behaviors
- Quality of life behaviors
- Skills acquisition

Borderline Personality Disorder

PROVEN SOLUTIONS
for
IMMEDIATE HELP

A GUIDE *for*
THE NEWLY
DIAGNOSED

Alexander L. Chapman, PhD, RPsych
Kim L. Gratz, PhD

A COMPREHENSIVE & ACCESSIBLE GUIDE TO:
The causes & symptoms of BPD • Co-occurring problems
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Effective coping skills

The Borderline Personality Disorder *Survival Guide*



EVERYTHING YOU
NEED TO KNOW ABOUT
LIVING WITH BPD

ALEXANDER L. CHAPMAN, PH.D.
KIM L. GRATZ, PH.D.
Foreword by PERRY D. HOFFMAN, PH.D.,
President, National Education Alliance for
Borderline Personality Disorder

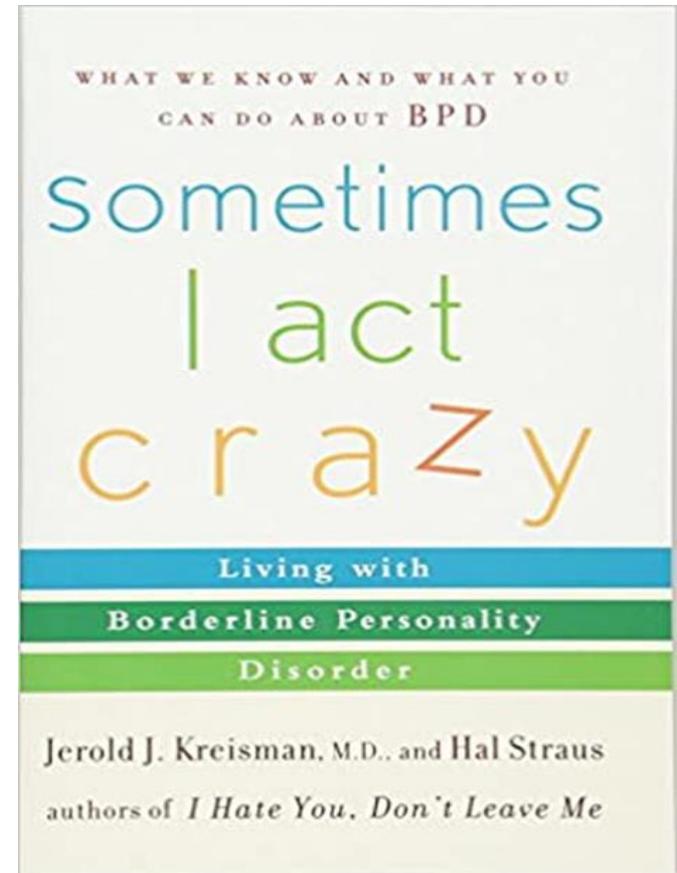
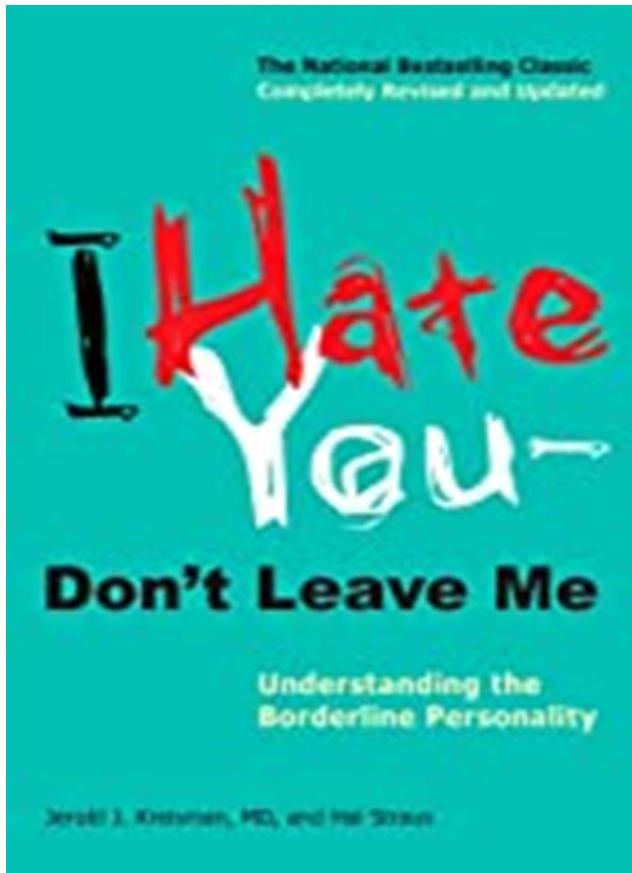
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Your Teen Has BPD

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BLAISE AGUIRRE, M.D.

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and Medical Director, 3East, McLean Hospital

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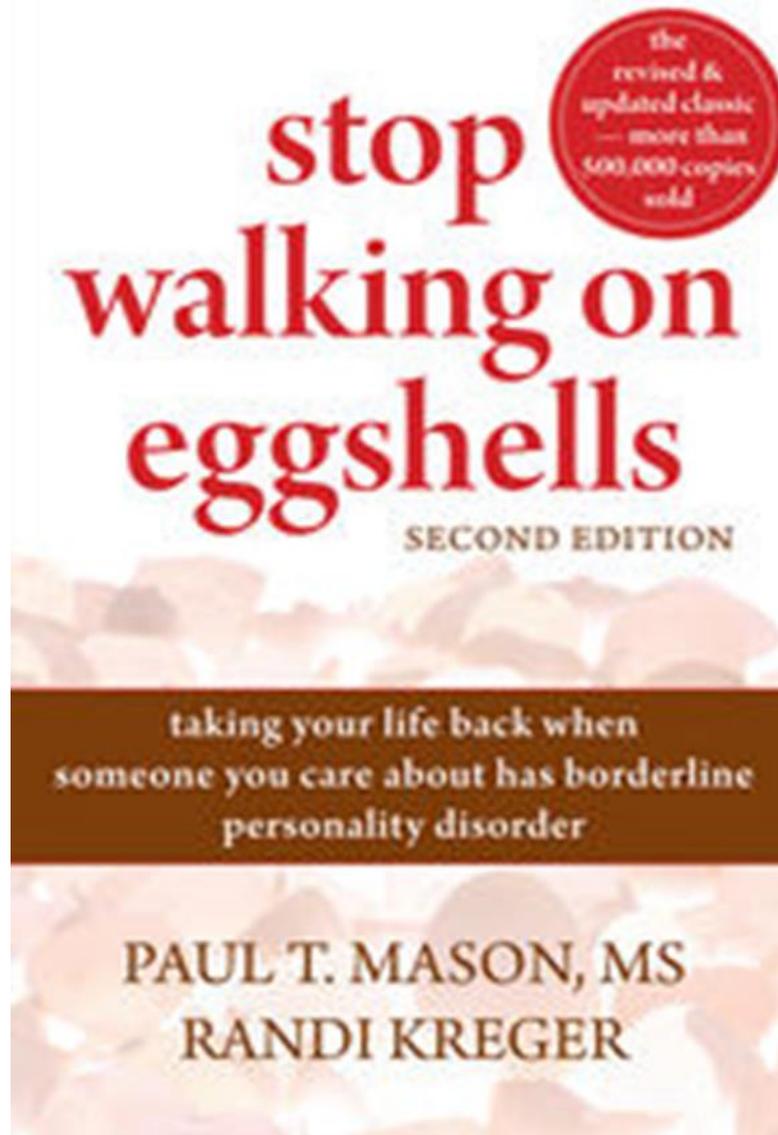
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ADHD Then and Now: How Our Understanding Has Evolved
with David Anderson, Ph.D.
<https://www.additudemag.com/webinar/history-of-adhd-diagnosis-treatment-research/>
- **Wednesday, March 29 at 1pm ET**
The Nurtured Heart Approach: Positive Parenting and Teaching Strategies to Transform
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with Howard Glasser
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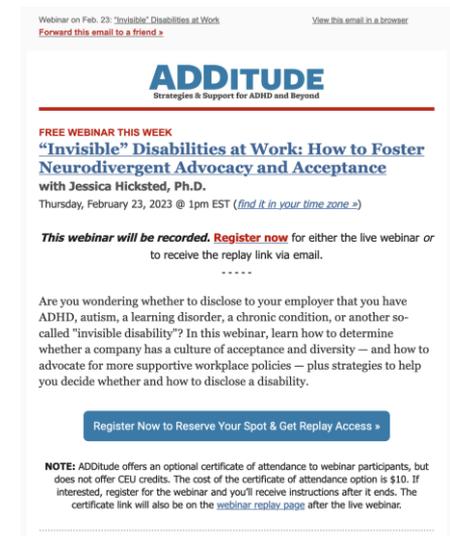
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