

# Affective Instability in Borderline Personality Disorder

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# Characteristics of Affective Instability

- Rapidly shifting between different emotional states, usually involving a negative emotion such as anxiety, depression, or anger
- These shifts may be triggered by events or may occur spontaneously
- Affective instability in borderline patients is typically thought of as occurring in reaction to events

# DSM-IV BPD Affective Instability Criterion

- Affective Instability due to 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. The basic dysphoric mood of those with Borderline Personality Disorder is often disrupted by **anger, panic, despair** and is rarely relieved by periods of well-being or satisfaction.

# Significance of Affective Instability in BPD

- Studies have identified affective instability, along with impulsivity and interpersonal difficulties, as one of the core features of BPD, (Sanislow et al. 2000)
- One study has found a correlation between affective instability and other DSM IV BPD symptoms: emptiness; inappropriate anger; identity disturbance; suicidal attempts, threats, acts (Koenigsberg et al. 2001)

# Dimensions of Affective Instability

- Frequency of Mood Change
- Amplitude of Mood Change
- Temporal Dependency – Sequencing of Mood Changes (e.g. does anxiety tend to follow depression)

# How is Affective Instability Studied

- Concurrent Self-report
- Retrospective Self-report

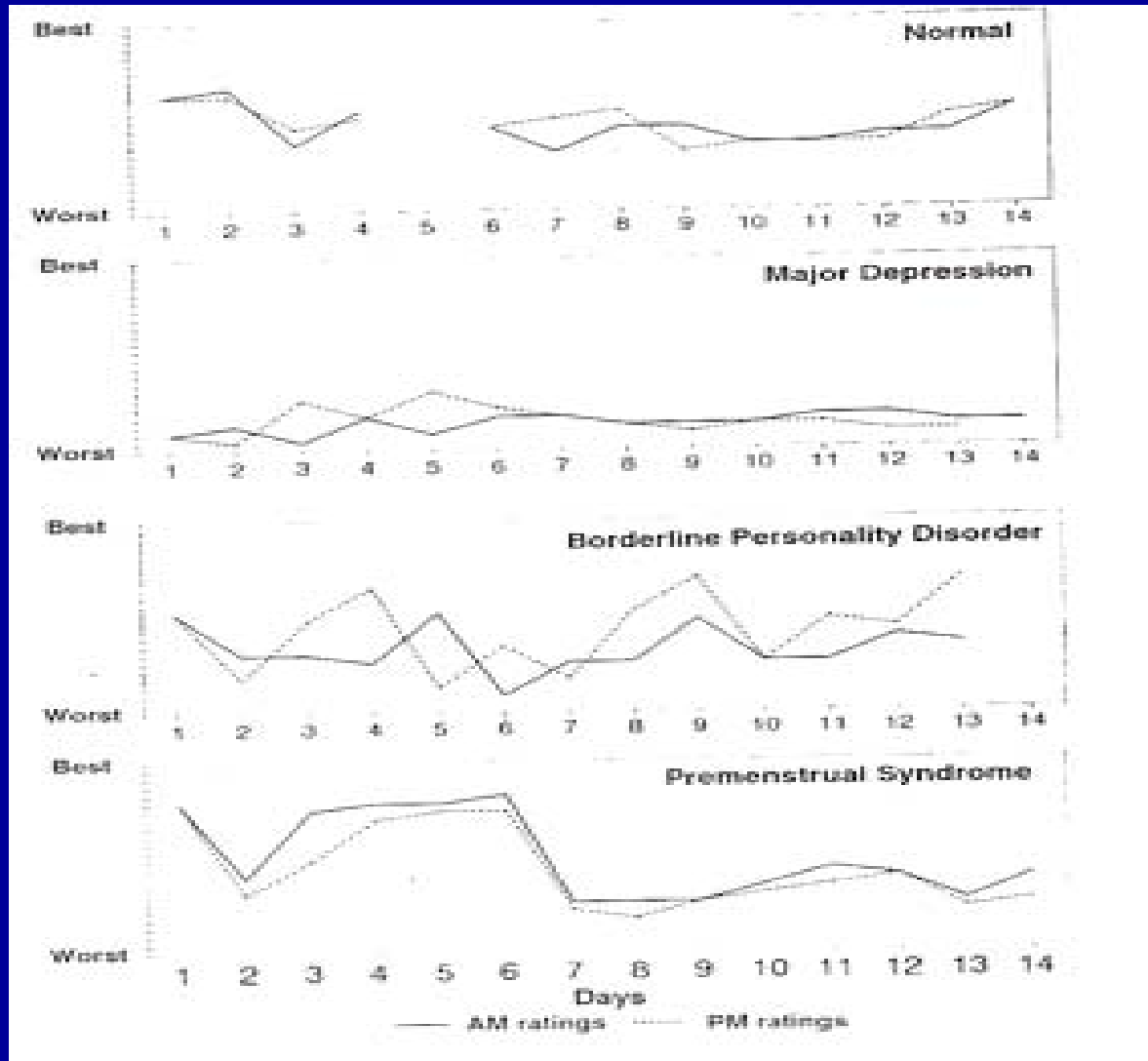
# Concurrent Self-Report

- Cowdry et al (1991) used two visual analogue scales to compare mood lability between subjects with BPD (16), MD (10), PMS (15), and normals (24).
- Visual analogue Scale ranged from “the worst I’ve ever felt” to “the best I’ve ever felt.”
- Subjects completed morning and evening ratings for 14 days.

- BPD and PMS subjects had greater morning-to-morning and evening-to-evening variability of mood than subjects with MD or normals.
- BPD and PMS subjects had greater variability from morning to evening.
- BPD subjects had more random variability of mood than all other subjects



# Cowdry et al (1991)



# Ecological Momentary Assessment (EMA)

- Uses ambulatory data collection methods such as diaries or palm pilots to minimize need for retrospective self-reporting.
- Experiences are measured in the subject's natural environment.
- Assessments capture information about immediate or near immediate experiences and require minimal retrospection.

# EMA Assessment of Affective Instability in BPD and Depression

- Trull et al. (2008) assessed mood instability in 34 patients with BPD and 26 patients with depression without BPD using electronic diaries (Palm Pilots)
- Duration of study 28 days
- Recordings 6x/day
- Mood descriptors were from the Positive and Negative Affect Scale (PANAS) and PANAS-X
- Analysis focused on measures for: 1) hostility; 2) fear; 3) sadness

# Results

- BPD patients did not report significantly different average levels of positive and negative emotions
- BPD patients had significantly more variability over time in positive and negative emotions

# Retrospective Self-Report

- Affect Intensity Measure (AIM)
- Affective Lability Scale (ALS)
- Both AIM and ALS measure primarily affective traits (general emotional characteristics) not states (emotional characteristics over a relatively short period of time)

# AIM

- Contains 40 items pertaining to both positive and negative emotions: guilt (3), anxiety (6), anger (1), emotional distress (2), sadness (1)
- Each item rated on 6 point scale: 1=never; 2=almost never; 3=occasionally; 4=usually; 5=almost always; 6=always

# ALS

- Contains 54 items rated on 4 point scale:
  - 1= very uncharacteristic
  - 2= somewhat uncharacteristic
  - 3= somewhat characteristic
  - 4= very characteristic
- Contains 6 subscales: anger, anxiety, depression, elation, bipolar (depression-elation), anxiety-depression

# Affective Instability in BPD and Bipolar Disorder

- Clinicians Frequently Misdiagnose BPD as Bipolar Disorder
- This may lead to inappropriate treatment that focuses largely on pharmacotherapy
- One study found that 24% of patients misdiagnosed with bipolar disorder met criteria for BPD (Zimmerman et al. 2010)



# BPD as a Form of Bipolar Disorder

- Some researchers have proposed that BPD is part of a bipolar spectrum and is produced by a “cyclothymic” temperament (Perugi et al. 2003, Akiskal et al. 2006)
- Some of the same medications that stabilize mood in bipolar disorder (e.g. lamotrigine, valproic acid) also provide emotional stability in BPD (Reich et al. 2009)

# Evidence That BPD not Part of Bipolar Spectrum

- Mood reactivity in BPD and bipolar disorder defined differently
- PTSD, Major Depression, and Substance Abuse occur more commonly than Bipolar Disorder in BPD patients (Zanarini et al. 2004)
- Studies of personality disorders in patients with with Bipolar Disorder have shown that BPD does not occur more commonly than other personality disorder (Paris et al. 2007)

# Affective Lability Questionnaire for Borderline Personality Disorder (ALQ-BPD)

- Self report questionnaire
- Covers the previous week
- 10 items
- Each item has two parts: frequency and intensity
- Generates subscales for frequency and intensity

# Emotional Shifts Measured by the ALQ

- Euthymia-Depression
- Euthymia-Anxiety
- Euthymia-Anger
- Depression-Anxiety
- Anxiety-Depression
- Depression-Anger
- Anger-Depression
- Anxiety-Anger
- Anger-Anxiety

# Frequency

0 = none

1 = once per week

2 = 2-3 times per week

3 = once per day

4 = more than once per day

# Intensity

1 = Slight

2 = Moderate

3 = Large

4 = Extreme

# ALQ Reactivity Item

What percentage of the time have changes in your mood occurred in reaction to the way someone treated you?

- 0 0-10% of the time
- 1 11-35% of the time
- 2 36-65% of the time
- 3 66-90% of the time
- 4 91-100% of the time

## ALQ Study of Young Adults

- A study of 818 undergraduates at a large university used the ALQ and other self-report questionnaires to measure affective instability in BPD and Bipolar Disorders.



# Results

- Subjects endorsing BPD criteria reported more frequent emotional shifts between the following emotions:

Euthymia-Depression

Euthymia-Anxiety

Anxiety-Depression

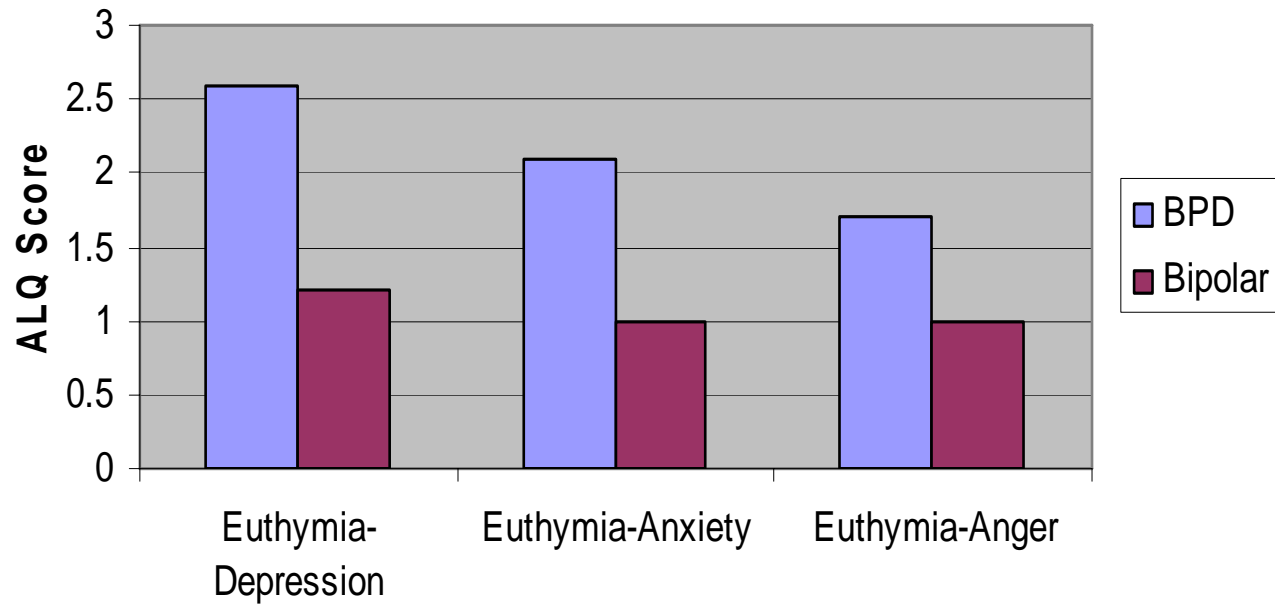
Depression-Anxiety

Depression-Anger

Anger-Depression

- Subjects with BPD reported more intense shifts from euthymia into depression and from anxiety into depression
- Compared to bipolar subjects, BPD subjects reported their emotional shifts were generally more likely to occur in reaction to interpersonal events
- But both BPD subjects reported emotional shifts in reaction to interpersonal events less than 50% of the time.

## Frequency of Emotional Shifts



# Affective Instability and Childhood Trauma

- One study looked at the relationship between affective instability and childhood trauma in 61 patients with BPD and 133 patients with other personality disorders (Goodman et al. 2003)
- Instruments used: 1) ALS; 2) AIM; 3) Childhood Trauma Questionnaire (CTQ)
- No significant correlation between reported history of childhood abuse and intensity or frequency of mood changes for BPD patients

# Course of Affective Instability

- Research shows that Affective Instability may improve rapidly over time
- One study found that after 6 years, only 40% of BPD patients initially reporting affective instability continued to report it; after 10 years, this percentage declined to 13% (Zanarini et al. 2007).

# Psychotherapeutic Treatment of Affective Instability

- DBT addresses affective instability by focusing on affect regulation and distress tolerance
- Research suggests that using DBT skills applied over one year associated with reductions in affective instability (Stepp et al. 2008)

- Transference focused psychotherapy (TFP) treats affective instability indirectly by focusing on inability to tolerate the simultaneous experience of positive and negative feelings about others
- Research suggests that both TFP and Schema Focused Therapy improve affective instability (Geisen-Bloo et al. 2006)

# Pharmacologic Treatment of Affective Instability

- Research suggests that lamotrigine, aripiprazole, valproic acid may reduce affective instability or reduce emotions such as anger or anxiety that contribute to affective instability (Reich et al. 2009)



# Clinical Implications

- Affective Instability is not a unitary phenomenon
- Affective Instability may improve over time
- Affective Instability in borderline personality disorder can be clearly differentiated from affective instability in bipolar disorder

- Patients' attending to affective instability may in itself be therapeutic
- Multiple forms of psychotherapy appear effective in treating affective instability
- Although psychopharmacologic interventions may be helpful, they are likely to be of less benefit than in bipolar disorder