Self-Injurious Behaviors and Suicidality in Borderline Disorder

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In a recent study, approximately 75 percent of women with borderline disorder engaged in self-injurious behaviors such as cutting, burning and small drug overdoses. Cutting is by far the most common act of this type. About 9 percent of people with the disorder commit suicide. The most frequent means is by drug overdose. Both types of behavior may occur in the same individual. Self-injurious behaviors double the risk of suicide in people with borderline disorder.

	Self-Injurious Behaviors	**Suicidality**
Primary Intent	● non-lethal	● lethal
Motives	● decrease painful emotions ● express anger ● self-punishment ● interpersonal influence	● end painful emotions ● interpersonal influence

Self-Injurious Behaviors

In addition to cutting and burning themselves, and taking small drug overdoses, people with borderline disorder hit themselves, pull out their hair, scratch their skin to the point that they open wounds, and injure themselves in other ways. Most people with the disorder who injure themselves report that they do so mainly to decrease the intense emotional pain they experience. Remarkably, they also often report that the first time they engaged in such behavior, the idea just came to them. Finally, they say that these acts usually do result in brief relief emotional relief.

It is important that family and other loved ones understand that this is the main motive of these actions, not primarily to manipulate the situation or the people around them, though this is often a secondary motive.

Risk Factors for Suicidality

There are a number of factors that increase the risk that a person with borderline disorder will commit suicide. Although nothing can be done to reverse some of these factors, others are highly treatable, and deserve immediate attention.

- co-occurring disorders
  - ~ antisocial personality disorder (higher in males)

~ major depressive episodes
~ substance abuse*

- personality characteristics
  ~ impulsive aggression
  ~ poor emotional control
  ~ hopelessness

- history and severity of childhood sexual abuse

- age over 30 years

- number of prior self-injurious behaviors and suicide attempts

- no prior treatment, or extensive and unsuccessful treatment history

Prevalence Across the Life Cycle:

- self-harmful behaviors do not appear to decrease or "burn out" with increasing age in people with borderline disorder, as do other aggressive and impulsive behaviors

Management of Self-Injurious Behaviors and Suicidality

General Treatment Interventions

- careful evaluation
  ~ determine the level of intent and risk; overt and unstated
  ~ directly involve the patient and family in the process
- treat at the least restrictive level of care for the shortest period of time indicated
- aggressively treat the co-morbid disorder, if present
- modify the treatment to accommodate the significant increase in severity of borderline disorder symptoms
- highly structure the environment
- identify and promptly address precipitating events
- assure involvement and coordination of the entire treatment team, including the family
- continue to balance risk vs. benefit of the treatment plan

Specific Treatment Interventions: Medications

Purposes

- reduce or eliminate co-occurring disorders: major depressive episode; and substance abuse
- reduce core symptoms of borderline disorder: e.g., emotional dysregulation; aggressive-impulsivity; and cognitive-perceptual impairment

Specific Treatment Interventions: Psychotherapy (e.g., dialectical behavior therapy [DBT]; supportive therapy)

Purposes

- reduce self-injurious behaviors and suicidality
- decrease the frequency of hospitalizations

[*]Note: If you have borderline disorder and have a tendency to abuse alcohol or drugs, it is essential that you obtain help to abstain completely from doing so.

References

Brown MZ, Comtois KA, Linehan MM, et al. Reasons for suicide attempts and nonsuicidal self-injury in women with borderline personality disorder. J Abnorm Psychol. 2002;111:198-202.
Zanarini MC, Frankenburg FR, Ridolfi ME, et al. Reported childhood onset of self-mutilation among borderline patients. J Personal Disord 2006; 20:9-15.
Oldham JM. Borderline Personality Disorder and Suicidality. Am J Psychiatry 2006; 163:20-26.