

Bipolar Disorder-Depressed* and Major Depressive Disorder Co-Occurring with Borderline Disorder

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More than 80 percent of people with borderline disorder suffer from episodes of major depression. There are two categories of major depressive episodes, those associated with bipolar I and II disorder-depressed*, and those referred to as major depressive disorder.

Therefore, if you have borderline disorder, it is important that you know and recognize the symptoms of these disorders and promptly alert your physician if they occur.

Symptoms of a Major Depressive Episode:

1. persistently depressed or irritable mood
2. diminished interest or pleasure in activities
3. significant decrease or increase in appetite, or weight loss or weight gain
4. increased or decreased sleep
5. decreased mental and physical activity, or increase in such activity as demonstrated by excessive worrying and agitated behavior
6. fatigue, or loss of energy
7. feelings of worthlessness or excessive or inappropriate guilt
8. diminished ability to think or concentrate, or indecisiveness
9. recurrent thoughts of death and dying, recurrent suicidal thoughts with a specific plan, or a suicide attempt

Differentiating Between Symptoms of Borderline Disorder, Bipolar Disorder-Depressed, and Major Depressive Disorder

At times, it may be difficult to determine if you are experiencing a decrease in mood associated with borderline disorder, or if you have developed a bipolar II disorder-depressed or major depressive disorder.

Depressed Mood in Borderline Disorder

In borderline disorder alone, depressed mood often occurs as follows:

- sad, depressed, and lonely feelings are frequently triggered by some life event and are often associated with strong feelings of emptiness, loneliness and fears of abandonment.
- symptoms readily improve if the situation causing them improves

- sleep, appetite and energy disturbances (if present) are usually related to an identifiable life stress and stop when the stress is managed successfully.
- acute suicidal thoughts and self-injurious behavior are usually the direct result of a personal problem (for example, an argument with a parent, boyfriend, spouse, or boss)

Bipolar II Disorder-Depressed*

In bipolar disorder-depressed, the symptoms of a major depressive episode listed above are often characterized by:

- increased appetite or weight gain
- increased sleep and napping
- marked decrease in mental and physical activity
- marked fatigue and loss of energy

Major Depressive Disorder

In major depressive disorder, the symptoms of a major depressive episode listed above are often characterized by:

- decreased appetite or weight loss
- decreased sleep with early morning awakening
- increased mental and physical activity as demonstrated by excessive worrying and agitated behavior
- absence of a history of manic or hypomanic episodes, or a family history of bipolar disorder

Treatment of Bipolar Disorder-Depressed, and Major Depressive Disorder Co-occurring with Borderline Disorder

If you think you have the symptoms of bipolar disorder-depressed or major depressive disorder, it is best that you immediately alert your psychiatrist to determine if this is the

case and if additional treatment is appropriate. This treatment frequently involves the addition of an antidepressant, or an increase in dosage if one is already being used.

There are no controlled studies on the relative effectiveness of different antidepressants for bipolar depression compared with major depressive disorder in people with borderline disorder. However, studies of these disorders in people without borderline disorder, and experience, suggest that the following initial treatment strategies may have merit:

Bipolar Disorder-Depressed

- Bupropion (Wellbutrin[®])
- Lamotrigine (Lamictal[®])
- SSRIs such as fluoxetine (Prozac[®]) or sertraline (Zoloft[®]) if bupropion and lamotrigine are ineffective

Major Depressive Disorder

- SSRIs such as fluoxetine or sertraline
- Bupropion and lamotrigine if SSRIs are ineffective

Note: It is important to recognize that some antidepressants may cause an episode of mania or hypomania in patients with depression who have never experienced such episodes in the past.

Cognitive Behavioral Therapy focused on depression may also prove useful to help identify thought patterns and behaviors that operate as risk factors for mood disorders, and to encourage new, more successful behaviors.

* Bipolar I and II, and major depressive disorders occur more commonly in patients with borderline disorder than they do in the general population. Bipolar II disorder is the most common type of bipolar disorder that occurs with borderline disorder. People with bipolar II disorder do not experience manic episodes as do those with bipolar I disorder, but do experience brief hypomanic periods and recurring episodes of depression. Depressions associated with bipolar disorder appear to be related to depressions referred to as *atypical depression* and *seasonal affective disorder (SAD)*.