BIPOLAR DISORDER AND BORDERLINE PERSONALITY DISORDER: similarities and differences in clinical features. A systematic Review

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Introduction

The relationship between Bipolar Disorder (BD) and Borderline Personality Disorder (BPD) is controversial and the boundaries between both are a source of persistent clinical uncertainty, with many overlapping symptoms. Evidence suggests they are two separate disorders but differential diagnosis is difficult, especially when symptoms do not present with sufficient intensity or duration. Accurate differentiation remains important due to their highly polarized treatment recommendations.

Objectives

1. Provide new evidence about if both clinical conditions are part of the same continuum or they are different disorders.
2. Summarize evidence regarding clinical features with the aim of assisting clinicians in a differential diagnosis and of identifying key areas of focus for future research.

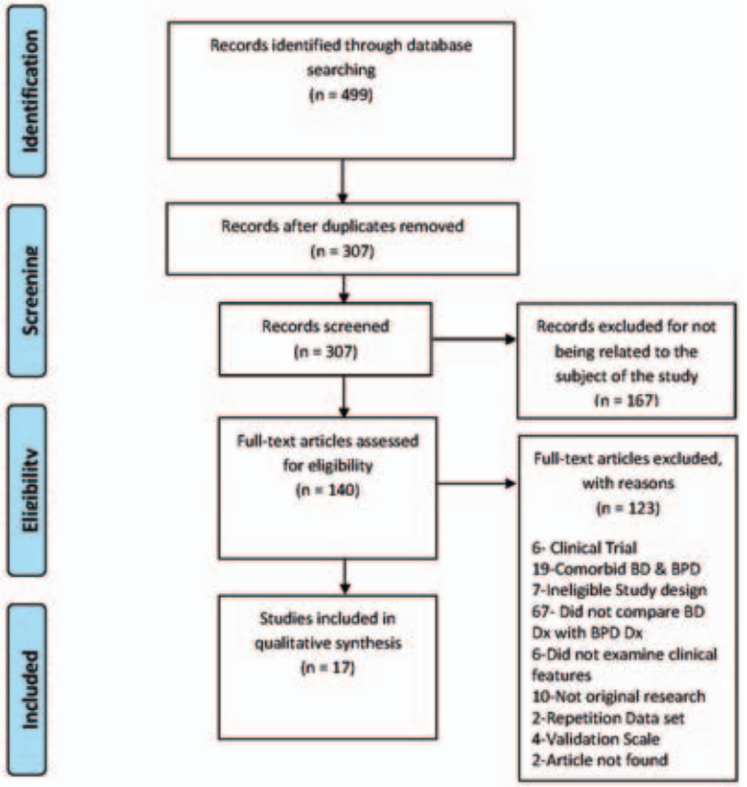
Methods

We conducted a systematic literature search of studies which compare clinical features between BD and BPD published from January 1980 to December 2017 in PubMed, PsycINFO and TripDataBase. The search terms were selected from the thesaurus of the National Library Of Medicine and the American Psychological Association and included the terms borderline personality disorder", "BPD", "bipolar disorder", "BD", "mania", "hypomania", "clinical features", "clinical symptoms", "emotional dysregulation", "instability", "temperament", "mood". The final search equation was defined using the Boolean connectors "AND" and "OR". The selection of the articles was carried out using the following criteria: (i) observational study published in peer-reviewed journals, (ii) in humans, (iii) adult population, (iv) comparison of a non-comorbid BD and non-comorbid BPD group in terms of (v) clinical features. The criteria for exclusion were: (i) articles that did not contain original research, (ii) controlled studies, (iii) qualitative designs, (iv) empirical studies with quasi- experimental or single-case designs, (v) unpublished studies, (vi) in youth and child population, (vii) examined only pharmacological treatment.

Results

A total of 17 studies met all inclusion and exclusion criteria (Figure 1).

Figure 1. PRISMA Flow Diagram



Conclusions

Results support BPD and BD being two separate disorders with significant differences in how overlapping symptoms present. Assessing accurately their subdomains or profiles of emotion dysregulation could help us to differentiate diagnoses: **a.** Episodicity and manic features, including psychotic symptoms, are a clear indicator of BD (3,6); **b.** Persistent negative affect and an early onset of depression could distinguish BPD (3); **c.** Affective lability and cyclothymic temperament are shared features of BPD and BD (5). More intense negative affect, anxiety, anger and hostility in BPD. More lability to depression and elation in BD; **d.** Emotion regulation deficits are more severe in BPD or comorbid BPD and BD with aggression and reduced coping and it is related with dysfunctional parental relationships (4); **e.** Elevated impulsiveness trait in BPD and potentially related to affective episode or childhood trauma in BD (2); **f.** BPD patients have more negative attitudes towards others and self (1, 8); **g.** BPD patients show higher rates of childhood trauma than BD patients (1,2,7); **h.** BPD show significantly higher rate of suicidal and parasuicidal behaviors than BD patients and a young age of onset (1).

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