



Borderline personality disorder, suicidal behaviours and hospitalization

Selected literature review; August 2022

Research states that suicide occurs in up to 10% of Borderline Personality Disorder (BPD) cases (Paris 2019). However, people experiencing BPD are most likely to die by suicide later in the course of their illness. What is the best treatment for those experiencing BPD and how do we keep them safe from suicide?

Paris, J. (2019). Suicidality in Borderline Personality Disorder. *Medicina*, 55(6).

<https://doi.org/10.3390/medicina55060223>

This review examines numerous studies on BPD and treatment options (including systematic reviews). The study concludes that designed psychotherapies are “the most evidence-based treatment methods for BPD” (Paris, 2019). DBT, transference-focused psychotherapy, schema-focused therapy and standard cognitive therapy are noted.

The review author believes that repeat hospitalization can be counterproductive since “since it interferes with out-patient treatment, and makes it impossible for patients to remain in the workplace. It can also lead to a kind of ‘regression’ with an increase of symptoms based on the behavioural reinforcement of suicidal behavior” (Paris, 2019). At best, hospitalization offers temporary relief but day treatment may be a better option.

Shaikh, U., Qamar, I., Jafry, F., Hassan, M., Shagufta, S., Odhejo, Y.I., & Ahmed, S. (2017).

Patients with Borderline Personality Disorder in Emergency Departments. *Frontiers in Psychiatry* 8,136. <https://doi.org/10.3389/fpsy.2017.00136>

This review corroborates some of the findings from the preceding article. Namely that psychotherapy is the preferred treatment option for BPD patients in the emergency department (ED) who are no longer in a crisis state but are experiencing severe emotional distress. The authors recommend more education for ED staff on BPD.

Hong V. (2016). Borderline Personality Disorder in the Emergency Department: Good Psychiatric Management. *Harvard review of psychiatry*, 24(5), 357–366.

<https://doi.org/10.1097/HRP.0000000000000112>

This paper looks at many of the adverse experiences that people with BPD experience in the ED. It is estimated that people with BPD represent 9% of all psychiatric ED visitations. Issues that patients with BPD experience in the ED include: “volatile interactions with staff, repeat visits, concerns about safety (and liability), and disposition” (Hong, 2016, p.357). The prevalence of negative attitudes of ED staff toward people experiencing BPD are also noted. It is recommended that staff take thorough training in BPD and that “providing psychoeducation to patients and families, emphasizing the role that interpersonal stressors play in patients’ crises, and adopting an active and authentic approach to patients are crucial tools in the evaluation and management of the BPD patient in crisis” (Hong, 2016, p.365).

