SUBSTANCE ABUSE AND BORDERLINE PERSONALITY DISORDER: MANAGEMENT CHALLENGES

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INTRODUCTION
Substance use disorders are among the most prevalent psychiatric problems encountered in clinical practice. They are more often than not comorbid with other psychiatric disorders. Research on the correlates of drug addiction provides insights for understanding aetiology and help in forming prevention policies and cessation programs. Personality disorders (PDs) are among the most prevalent comorbid disorders in treatment-seeking patients with substance use disorders (SUDs). Antisocial PD and borderline PD are seen to be the more prevalent PDs in SUD patients. The profile of SUD patients with underlying personality issues differs from those without such problems. These individuals start abusing substances at younger age, have more distressing symptoms and more anxiety disorders, more use of illicit drugs, have scholastic or work related problems and more functional impairment, thus calling for a different treatment approach than patients without PDs. Hence, SUD patients should therefore be thoroughly assessed for comorbid Axis I and Axis II disorders.

CASE REPORT
A 19 year old male presented to the OPD with a 4 year history of alprazolam dependence (0.5mg), 20-30 tablets per day. The patient initiated cigarettes intake on the suggestion of his friends at the age of 9 years, to relieve his anxiety and restlessness which he was experiencing after the sudden death of his sister. He reported relief in anxiety and over a period of 2-3 years the number of cigarettes increased to 10 to 15 / day. About 3 years later, his brother expired due to a road traffic accident following which he experienced increased...
anxiety and had difficulty in coping with the loss of his brother. He started taking cap spasmoproxyvon [Dicyclomine(10 mg), Dextropropoxyphene (100 mg), Paracetamol(400 mg)]. The first time the patient took it, he felt heavy initially, but later he felt numb. He started taking the capsule daily, gradually increasing from about 10-20 capsules /day, to 30-40 capsules / day over 3-4 years. Whenever he was unable to take the capsules, he would feel anxious, unable the sleep and have severe cramps in his body. Over time, patient started staying preoccupied with the thoughts of the substance and started ignoring his day to day activities. He also skipped work most of the days and used to spend time with his friends and would avoid family members. He would get irritable easily. The appetite of the patient reduced, and he started losing weight. When the patient’s family realized that he was taking capsules, they started insisting him to leave. The patient had also begun to realize that he needed to quit. So he stopped taking the substance. But, as he did, the patient started having restless, sleeplessness and on the third day, patient had an episode of abnormal movement along with urinary incontinence. To manage this on the advice of a friend, patient started taking Tab Alprazolam 0.25 tab 2-3 tablets daily, increasing to 15-20 tablets daily over 2-3 years. Now he was unable to sleep and would be anxious if he did not consume the tablets. When his family members found out, they insisted the patient to quit the substance. Although the patient did not feel much inclined towards it, but due to family pressure, patient left substance. The patient started having anxiety, restlessness, dysphoria and was unable to sleep at night. He was brought to OPD by one of his friends after 3 days of abstinence.

Past history and family history were not contributory. Premorbid personality revealed impulsivity and low frustration tolerance. He would get angered very easily was sensitive to criticism and got into frequent fights with his friends and family members. He also reported a chronic feeling of emptiness in him. He also had suicidal thoughts more often after the death of his sister and brother or whenever there would be an argument with his family members.

A detailed systemic examination which included neurological examination and relevant investigations were found to be within normal limits. On Mental State Examination, the patient was anxious, oriented to time, place and person. No suicidal ideas were reported at that time. He was in precontemplation phase and had external locus of control. A dual diagnosis of Borderline personality disorder impulsive type with benzodiazepine dependence was made (as per ICD-10) and treatment was initiated keeping in mind the comorbid personality disorder.
Patient was started on Tab Clonazepam 0.5 mg thrice daily and Tab Escitalopram 10 mg at night. Clonazepam was gradually tapered over the next 15 days and stopped. The patient did not report any withdrawal symptoms.

Patient was taken up for motivational enhancement therapy to improve his level of motivation towards leaving substance. Dialectical behaviour therapy was also planned in management in future visits. Patient as well as family members of the patient were psycho-educated regarding the nature of the illness and plan of management.

DISCUSSION
The above case is a classical representation of how personality traits tend to influence the substance use pattern in an individual. The patient had a chronic feeling of emptiness in him. Also, every time there was a stressful condition in the form of loss of a loved one, the patient found solace by abusing substances. The patient was impulsive and would get angered very easily, reflecting low frustration tolerance. The situation was further complicated by psychosocial stressors to which the patient would succumb and give in to substance use as a means of coping with the situation.

Borderline personality disorder can take a serious form, associated with distress, suicide, impaired functioning.\(^3,4\) About 78% of adults with BPD also develop a substance-related disorder or addiction at some time in their lives.\(^5\) BPD has been found to be associated with substance abuse in clinical.\(^6\) as well as general population samples.\(^7\) Patient with BPD display suicidal behavior to a greater extent, drop out of treatment more often, and have shorter abstinence phases. The combination of borderline personality disorder with addiction requires a special therapeutic approach.

The patient was prescribed Escitalopram for impulsivity. SSRI (selective serotonin reuptake inhibitors) have been found to have some role in impulsivity; despite there being no conclusive evidence to support, Psychiatrists predominantly saw an indication to prescribe antidepressants (98%), followed by antipsychotics, mood stabilizers, and benzodiazepines in the patients with BPD.\(^8\)

As done in the aforementioned case, the management has to have a biopsychosocial approach. Along with pharmacological management, such patients require psychological support in the form of Motivation Enhancement Therapy and social support from his family.
members so that they do not succumb to substance abuse in times of stress. Problem solving and emotion regulation should be targeted and patient should be taught about use of use of adaptive coping strategies. Social cues to avoid relapse should also be targeted in dual focused treatment.

CONCLUSION
Personality disorders and substance use have been found to have long term association with each other and makes it difficult for the psychiatrist to manage until the personality is also targeted. Dual diagnosis in substance with personality is been coming in picture very frequently now and management of both needs to be seen .A wholesome approach needs to be adopted for the successful management of this troublesome disorder.

REFERENCES