Emotionally Unstable Personality Disorder or Complex PTSD? A Case Presentation

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Introduction

- 28 year old female patient
- Recurrently engaging in extremely challenging behaviours
- Prolonged hospital stay
- Concerns about the diagnosis

Miss XY

- 28 years old lady

- Almost continuous hospital stay from the age 16 and has been in forensic low – medium secure units and non-forensic units.

- Currently detained under Section 37 of the Mental Health Act in an Assessment and Treatment unit, has been there for 3 years.

- Transferred following breakdown of previous placement.

Past Psychiatric history :

Miss Y has been given following diagnoses:

1.Mild Mental Retardation, with significant impairment of behaviour requiring attention or treatment

2.Autism Spectrum Disorder

3.Emotionally Unstable Personality Disorder, Borderline type

4. Post Traumatic Stress Disorder.

Personal and developmental history

- Miss Y was the youngest of 4 siblings born to her mother by 4 different partners
- At the age of 9 months Miss Y was removed from the care of her biological parents due to concerns about physical abuse and neglect
- One failed foster placement around age two years
- Adopted at 3, this adoption broke down at approximately age fifteen.

Personal and Developmental History

- Miss Y has shown delayed developmental milestones :
- Fine motor, speech development and Vision

- Showed antisocial behaviours –
- excessive conflicts at home & school,
- poor concentration,
- limited social skills from early childhood necessitating Psychology interventions

History of Trauma

Significant trauma within and outside of her family.

Within family: neglect, physical abuse, emotional abuse and possible sexual abuse

Outside family: Physical abuse, verbal abuse, emotional abuse and sexual abuse

Challenging behaviours

Aggression towards others:

- Known to use racially abusive language
- Targeted threats and swearing at others
- Bullying (verbal) and insulting
- Using improvised weapons from broken objects.
- Hitting staff, throwing objects and hot drinks at others
- Behaviours as spitting, pulling hair, grabbing & pulling others
- scratching, pinching
- head butting

Self harm behaviours:

- Typically ties ligatures around her neck (using socks, bras and t-shirt), contemplating to end her life.
- Moderate to high force head banging
- Has a primary tendency of inserting foreign objects into her vagina e.g. screws, plastics, broken CDs and batteries.
- Historically there is also a risk of self-injuring via cutting, self-scratching, spraying her eyes with deodorant.

Forensic History:

Index offence occurred at 18 years of age, which included several assaults against professionals that were supporting her.
There were two charges of criminal damage and three assault by beating. The incidents relating to these charges included, Miss Y attempting to throw bricks at staff, scratching a staff member's face with a pen.
Currently she's detained under S37 and she had been convicted of nine offences.

Ten Point Treatment Plan

Ten Point Treatment Plan

1. Diagnostic formulation
2. Psychological formulation
3. Risk assessment and management
4. A behaviour support plan
5. Pharmacotherapy
6. Psychological interventions
7. Offence-specific treatment
8. Educational and occupational input
9. Supported community access
10. Preparation for transition

1. Diagnostic Formulation

a) Degree of ID: Mild Mental Retardation, with significant impairment of behaviour requiring attention or treatment (ICD 10 Code: F70.1)

Miss Y completed the Wechsler Abbreviated Scale of Intelligence – Second Edition (WASI-II). Miss Y obtained a Full-Scale Intelligence Quotient (FSIQ) of 60 (95% CI 56-66)

b) Cause for ID : Not conclusive

c) Pervasive Developmental Disorder: Autistic Spectrum Disorder (ICD Code: F84.0).

d) Mental illness: Schizo-affective Disorder, Depressive type (ICD Code: F25.1)

Diagnostic Formulation cont:

e) Diagnosed with Emotionally Unstable Personality Disorder; Borderline type according to ICD 10

ICD -10 Criteria of Personality Disorder: General diagnostic guidelines applying to all personality disorders are as follows.

(i) markedly disharmonious attitudes and behaviour, involving usually several areas of functioning, e.g. affectivity, arousal, impulse control, ways of perceiving and thinking, and style of relating to others;

(ii) the abnormal behaviour pattern is enduring, of long standing, and not limited to episodes of mental illness;

(iii)the abnormal behaviour pattern is pervasive and clearly maladaptive to a broad range of personal and social situations;

(iv)the above manifestations always appear during childhood or adolescence and continue into adulthood;

(v)the disorder leads to considerable personal distress but this may only become apparent late in its course;

(vi)the disorder is usually, but not invariably, associated with significant problems in occupational and social performance.

F60.3 Emotionally unstable personality disorder

A personality disorder in which there is a marked tendency to act **impulsively** without consideration of the consequences, together with affective instability. The ability to plan ahead may be minimal, and outbursts of intense anger may often lead to violence or "behavioural explosions"; these are easily precipitated when impulsive acts are criticized or thwarted by others.

F60.31 Borderline type

Several of the characteristics of emotional instability are present; in addition, the patient's own self-image, aims, and internal preferences (including sexual) are often unclear or disturbed.

There are usually chronic feelings of emptiness. A liability to become involved in intense and unstable relationships may cause repeated emotional crises and may be associated with excessive efforts to avoid abandonment and a series of suicidal threats or acts of self-harm (although these may occur without obvious precipitants).

So, Miss Y fulfils criteria for Emotionally Unstable Personality Disorder, Borderline type.

Miss Y has gone through significant trauma in life.

Does she fit the Criteria for Complex PTSD?

PTSD: ICD 11 Classification

1) re-experiencing the traumatic event or events in the present in the form of vivid intrusive memories, flashbacks, or nightmares. Re-experiencing may occur via one or multiple sensory modalities and is typically accompanied by strong or overwhelming emotions, particularly fear or horror, and strong physical sensations;

2) avoidance of thoughts and memories of the event or events, or avoidance of activities, situations, or people reminiscent of the event(s); and

3) persistent perceptions of heightened current threat, for example as indicated by hypervigilance or an enhanced startle reaction to stimuli such as unexpected noises. The symptoms persist for at least several weeks and cause significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

In addition, Complex PTSD is characterised by

severe and persistent

1) problems in affect regulation;

2) beliefs about oneself as diminished, defeated or worthless, accompanied by feelings of shame, guilt or failure related to the traumatic event; and

3) difficulties in sustaining relationships and in feeling close to others. These symptoms cause significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Diagnostic Formulation continued

Substance misuse or Dependence:

No history of substance misuse or dependence

Physical Health Diagnoses:

1. Obesity (Current BMI: 39kg/m2)
2. Bronchial Asthma
3. Dysphagia
4. Gastroesophageal Reflux Disease

2. Psychological formulations done.

3. Risk assessment and management completed

4. Positive behaviour support plan completed including a Visual PBS plan.

5. Pharmacotherapy

Current regular medications

1. Olanzapine 10mg OD
2. Amisulpride 200mg BD
3. Mirtazapine 15mg OD
4. Lamotrigine 100mg OD
5. Clonazepam 1mg TDS
6. Desogestrel 75mcg OD
7. Clenil Modulite Inhaler 200mcg BD
8. Mirabegron 50mg OD
9. Mometasone 50mcg nasal spray OD
10. Alpha Tocopherol 100mg OD
11. Colecalciferol 800 units OD

PRN Medications

1. Lorazepam 1mg (max 2mg/ 24-hour period)
2. Olanzapine 2.5mg (Max 2.5mg/24 hours)
3. Promethazine Hydrochloride 50mg (max 100mg/ 24 hour period)
4. Zopiclone 7.5mg (Max 7.5mg/24 hours)
5. MDI Salbutamol 100mcg 2puffs
6. Paracetamol 1g
7. Senna 7.5mg
8. Ibuprofen 400mg
9. Nicotine 1mg/dose Oro mucosal spray sugar-free

Medication history

- Anti psychotics- IM/Oral Zuclopenthixole
  Haloperidol
  Aripiprazole
  Clozapine trial

- Mood stabilizers- Sodium valproate

- Anxiolytics - Pregabalin

6. Psychological interventions

7. Offence – specific treatments

8. Educational and occupational input

9. Supported community access

10. Preparation for transition.

In summary:

- Case presentation of a 28 year old female patient
- Extremely challenging behaviour
- Diagnosis EUPD or Complex PTSD?

Thank you!