



Research Article

I-A SPECIAL: A Mnemonic for DSM-5 Borderline Personality Disorder Diagnostic Criteria

Khouzam HR, Condon KM and Emes R

Dartmouth Geisel School of Medicine, 1 Rope Ferry Rd, Hanover, NH 03755, United States

*Corresponding author: Hani Raoul Khouzam, Medical Director, Employee Behavioral Health Dartmouth – Hitchcock Medical Center, One Medical Center Drive, Lebanon, NH 03756-0001, United States, Tel: 603 650 6188; E-mail: Hani.R.Khouzam@hitchcock.org

Rec date: Jan 29, 2016 Acc date: May 12, 2016 Pub date: May 23, 2016

Abstract

A mnemonic is developed to assist clinicians in recalling the diagnostic criteria for patients with borderline personality disorder (BPD). For each letter of the mnemonic a DSM-5 diagnostic criterion is described. The mnemonic statement was designed to portray some of the unique facets of patients who suffer from BPD and to reflect a positive and optimistic view of this difficult disorder. It is hoped that clinicians who treat patients with BPD would find the suggested mnemonic helpful in assisting them in recalling the nine DSM-5 diagnostic criteria of BPD.

Keywords: Borderline; Mnemonic; Personality disorder

Introduction

Individuals with BPD may present a diagnostic challenge for clinicians due to their association with other co-occurring psychiatric conditions [1-3]. The purpose of this report is to describe a mnemonic device which can provide clinicians with a useful tool to remember the DSM-5 diagnostic criteria of Borderline Personality Disorder (BPD) which could lead to an accurate diagnosis and subsequently resulting in prompt and appropriate treatments thus improving patients with BPD prognosis and recovery.

Borderline Personality in DSM-5

The diagnosis of BPD in DSM-5 is considered to be clinically useful with respect to its ease of use, in its communication of clinical information to other professionals and to patients [4]. In addition to its comprehensiveness in clearly describing the diagnostic criteria which could subsequently facilitate the initiation of appropriate treatment planning and intervention [5]. According to DSM-5 descriptive criteria, BPD is a disorder which is manifested by a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) [1] of the following:

1. Frantic efforts to avoid real or imagined abandonment
2. A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation

3. Identity disturbance: markedly and persistently unstable self-image or sense of self
4. Impulsivity in at least two areas that are potentially self-damaging (e.g., substance abuse, binge eating, and reckless driving)
5. Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior
6. Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days)
7. Chronic feelings of emptiness
8. Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)
9. Transient, stress-related paranoid ideation or severe dissociative symptoms

The Mnemonic Design

The designed mnemonic “I-A SPECIAL” has implied linguistic meaning and emphasizes a positive and optimistic outlook and along with its corresponding DSM-5 diagnostic criteria is outlined in Table 1.

Mnemonic letters	Criteria Description	DSM-5 Criterion #
I	Identity disturbance: markedly and persistently unstable self-image or sense of self.	3
A	Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days)	6
S	Recurrent Suicidal behavior, gestures, or threats, or self-mutilating behavior	5
P	Transient, stress-related Paranoid ideation or severe dissociative symptoms	9
E	Chronic feelings of Emptiness	7
C	Inappropriate, intense anger or difficulty Controlling anger (e.g., frequent displays of temper, Constant anger, recurrent physical fights)	8
I	Impulsivity in at least two areas that are potentially self-damaging (e.g., substance abuse, binge eating, and reckless driving)	4
A	Frantic efforts to avoid real or imagined Abandonment	1
L	A pattern of unstable and "intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation" = "Labile relationships"	2

Table 1: Borderline personality disorder: I-A SPECIAL

Discussion

Research and clinical studies suggest that BPD is typically associated with co-occurring psychiatric conditions [6] and patients with BPD make widespread use of mental health services including psychiatric

hospitalizations [7,8]. An accurate diagnosis of BPD is a necessary and important step to initiate prompt and appropriate treatment interventions that could improve the clinical outcome of BPD and its many co-occurring psychiatric conditions [9]. To enhance clinicians' ability to accurately diagnose BPD based on the DSM-5 diagnostic criteria the proposed mnemonic I A SPECIAL is suggested as an additional tool to help recall each criterion [10]. Despite the possible beneficial effects of this mnemonic it is not considered a substitute of DSM-5 diagnostic criteria.

Conclusion

This report proposed a mnemonic devise to assist clinicians in recalling DSM-5 BPD nine diagnostic criteria. In designing this mnemonic each letter was selected to facilitate the recall of detailed DSM-5 descriptive statements. Although the term I-A SPECIAL was selected with the intention of reflecting a positive and optimistic outlook with the hope of improving the course and prognosis based on diagnostic accuracy, it is not a substitute of DSM-5 or any other BPD diagnostic scales and clinical assessment tools. The establishment of this mnemonic clinical utility would require the conduction of randomized double-blind placebo controlled studies.

Acknowledgements

To my wife Lynn and my children Andrea, Andrew and Adam, my sisters Hoda and Héla, my brother Hadi for their support and encouragement.

To Drs. William C. Torrey and Alan I. Green from Dartmouth-Hitchcock Medical Center and Dartmouth Geisel School of Medicine, for their commitment to excellence.

To Drs. Robert W. Hierholzer, Avak A. Howsepian and Andrew W. Goddard from the Department of Psychiatry, University of California, San Francisco School of Medicine, Fresno Medical Education Program, for their inspiration.

References

1. American Psychiatric Association (2013) Diagnostic and statistical manual of mental disorders. American Psychiatric Association, Arlington, VA.
2. Pagura J, Stein MB, Bolton JM, Cox BJ, Grant B, et al. (2010) Comorbidity of borderline personality disorder and posttraumatic stress disorder in the U.S. population. *J Psychiatr Res* 44: 1190-1198.
3. McDermid J, Sareen J, El-Gabalawy R, Pagura J, Spiwak R, et al. (2015) Co-morbidity of bipolar disorder and borderline personality disorder: findings from the National Epidemiologic Survey on Alcohol and Related Conditions. *Compr Psychiatry* 58: 18-28.
4. Oldham J (2010) Borderline personality disorder and DSM-5. *J Psychiatr Pract* 16: 143.
5. Clarkin JF, De Panfilis C (2013) Developing conceptualization of borderline personality disorder. *J Nerv Ment Dis* 201: 88-93.
6. Wetterborg D, Långström N, Andersson G, Enebrink P (2015) Borderline personality disorder: Prevalence and psychiatric comorbidity among male offenders on probation in Sweden. *Compr Psychiatry* 62: 63-70.
7. Krawitz R, Watson C (2003) *Borderline Personality Disorder. A Practical Guide to Treatment*. Oxford: Oxford University Press.
8. Khouzam HR, Donnelly NJ (1997) Remission of self-mutilation in a patient with borderline personality during risperidone therapy. *J Nerv Ment Dis* 185: 348-349.
9. Bateman AW, Fonagy P (2009) Randomized Controlled Trial of Outpatient Mentalization-Based Treatment versus Structured Clinical Management for Borderline Personality Disorder. *American Journal of Psychiatry* 166: 1355-1364.
10. Senger HL (1997) Borderline mnemonic. *Am J Psychiatry* 154: 1321.