

Impact of Early Maladaptive Schemas in the Development of Borderline Personality Disorder

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Introduction

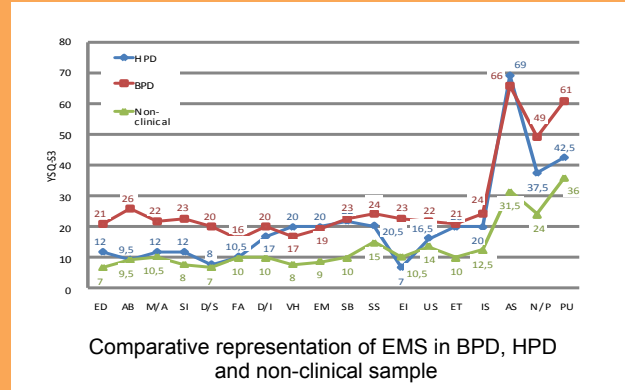
Borderline Personality Disorder (BPD) is a constant target of interest to psychiatrists and psychotherapists in last decades.
 BPD represents - 19% of in-patient psychiatric patients - 11% of the outpatients ones
 There are no data available on the prevalence of BPD in Romania.
 BPD patients frequently access medical and surgical services consuming significant human and material resources.
 Beliefs, cognitive schemas and attitudes are important in the development and maintenance of BPD.
 Schema Therapy elaborated for treating severe personality disorder as BPD is based on the concept of Early Maladaptive Schemas (EMS).

Methods

Hypotheses
 First study investigates EMS enabled in BPD patients (n=75) compared to a mentally healthy sample composed of sixth year students of Medicine Faculty (n=40), respectively a clinical trial consisting of Histrionic Personality Disorders patients (HPD) (n=40).
 The second study evaluates the correlations existing among EMS identified in BPD sample.

Participants and procedure:
 The study sample consisted of 75 adult subjects diagnosed with BPD between 2009 and 2014 in Tg. Mures psychiatric services.
Measures:
 Clinical Interview for DSM Axis II (SCID-II) was used for diagnosis of BPD and HPD.
 Young Schema Questionnaire S3 - YSQ-S3 evaluates the 18 EMS.

Results



Conclusion

All 18 EMS were enabled in BPD patients, which suggests the severity of illness of these subjects comparing to mentally healthy persons.
 6 EMS were found very characteristic for BPD compared to HPD: ED, AB, M/A, SI, D/S and F. These EMS are important elements of differential diagnosis between BPD and HPD.
 Some correlations between EMS, such as ED and AB, SS and SB, EM and AS, N/P, and PU suggest the same etiopathogenetic source for these features.
 We consider these findings valuable because they can be recovered in psychotherapy.

References

Young, J.E., Klosko, J., Weishaar, M.E. (2003) – Schema Therapy - the Practitioner’s Guide, The Guilford Press, NZ, 10012
 Gisen-Bloo, J., Van Dyck, R., Spinhoven, P., Van Tilburg, W., Dirken, C., Van Asselt, T., Kremers, I., Nadort, M., Arntj, A. (2006) – Outpatient Psychotherapy for BPD. Randomized Trial of Schema Focused Therapy vs. Transference-Focused Psychotherapy, Arch Gen Psych, 63:649-658.

P = 0.0001 between representation of all 18 EMS in BPD sample and non-clinical trial.
 18 EMS compared in BPD and HPD samples:
P=0.0001 for only 6 EMS: ED, AB, M/A, SI, D/S, F.
0.001<p<0.05 between BPD and HPD for 8 EMS: D/I , IS, SS, A/S, N/P, EI, US, PU.
p> 0.05 between the BPD and HPD for 4 EMS: VH, EM, ET, SB.
 The highest correlation, $r = 0.7$ was found between ED and AB, EMS belonging to the same field - separation and rejection.