



# Proper Diagnosis is Essential: Bipolar Disorder and Borderline Personality Disorder

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## INTRODUCTION

It's not easy to diagnose mental illness. There's rarely a lab test, physical sign, or objective calculation that can differentiate one disease from another, and there's rarely a magic bullet that can guarantee successful treatment. Clinicians rely on a patient's description of symptoms and patterns over time to make a diagnosis, and these can be confusing even though the underlying condition is somewhat different.

The common misdiagnosis of borderline personality disorder as bipolar disorder is an example of this challenge. All are marked by impulsive behavior, mood swings, and suicidal ideation, but their causes and treatments are distinct. Patients and their families can benefit by paying attention to their own thoughts and feelings and accurately explaining them. Only an experienced medical practitioner can make the correct decision and decide the proper care, but patients and their families can help by paying attention to their own thoughts and feelings and accurately describing them.

The main distinction between bipolar disorder and borderline personality disorder is that bipolar disorder is a mood disorder, while borderline personality disorder is a personality disorder, as the name suggests.

Mood disorders are marked by dramatic shifts in mood that can occur unexpectedly or at random, with no obvious cause. The most common mood disorder is depression.

Personality disorders are marked by a long-term pattern of emotions, feelings, and behaviors that cause discomfort and interfere with functioning, particularly in interpersonal relationships and are often accompanied by strong reactions to conflict or other external events. Some personality disorders are characterized by paranoia and narcissism.

Bipolar disorder, also known as bipolar depression, is characterized by frequent mood swings that alternate between cycles of mania and depression that are unrelated to external events and may last days or weeks. Excessive bursts of physical and/or mental energy, racing thoughts, high levels of happiness or irritability, reckless and impulsive actions, and a lack of sleep are all signs of mania.

Deep, persistent sadness; reduced activity and energy levels; lack of enjoyment in previously pleasurable activities; changes in appetite and/or sleep habits; feelings of worthlessness or guilt; and repeated thoughts of suicide or self-harm are all symptoms of depression. People may have brief or long periods of stability and wellbeing in between episodes of mania and depression.

Borderline personality disorder is similar to bipolar disorder in terms of impulsive behavior, mood swings, and suicidal or self-harming thoughts. Where it varies the most is when there are long-term and recurrent – rather than cyclical – cycles of chaotic, unstable interpersonal relationships, as well as periods of mood swings and impulsivity that are often caused by interpersonal difficulties. People with borderline personality disorder are extremely sensitive and respond to conflict or disappointment in an exaggerated and disproportionate way. They have trouble managing their emotions and react in inappropriate ways, such as by self-harming. They can make frantic efforts to avoid abandonment, further destabilizing relationships or leading to unhealthy relationship clinging.

Bipolar disorder is believed to be caused by biological causes, such as the structure and chemistry of the brain, and is treated by mood stabilizers or antipsychotics, which are typically paired with psychotherapy to help people learn to control their symptoms. There is no underlying explanation for borderline personality disorder, and medicine is not the mainstay of treatment. The condition is caused by a combination of a volatile disposition and developmental factors such as violence or neglect that impair emotional attachment. Several types of psychotherapy are successful in treating it, typically over time and in conjunction with medicine to relieve a particular symptom like anxiety.

Symptoms of these conditions can be identical at one point in time, making it important to consider patterns of behavior over time. An individual with bipolar disorder will act normally when he or she is not manic or depressed. They may have close relationships that are impacted by their disease, but they are otherwise well.

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**Received:** 02-Jun-2022, Manuscript No. JBD-22-27501; **Editor assigned:** 06-Jun-2022, PreQc No. JBD-22-27501 (PQ); **Reviewed:** 20-Jun-2022, Qc No. JBD-22-27501; **Revised:** 27-Jun-2022, Manuscript No. JBD-22-27501 (R); **Published:** 04-Jul-2022, DOI:10.35248/2472-1077.22.8.178.

**Citation:** Patil S (2022) Proper Diagnosis is Essential: Bipolar Disorder & Borderline Personality Disorder. *Bipolar Disord* 8: 178.

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The borderline personality seldom exhibits consistency. Their interpersonal relationships are sometimes tumultuous, and their emotional responses are excessively powerful.

While both diseases are severe, and while they can be successfully treated, their treatment strategies are somewhat different, and their success is based on a proper diagnosis and a carefully formulated individualized care and support plan.

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