

Borderline Personality Disorder vs. Bipolar Disorder

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INTRODUCTION

Often people confuse Borderline personality disorder and bipolar disorder, because of the symptoms of impulsiveness and mood swings. However, borderline personality disorder (BPD) and bipolar disorder are two variant conditions with distinct symptoms and treatment options.

What is Bipolar Disorder (BD)?

It was formerly termed as manic depression. It is a kind of mood disorder, characterized by fluctuations in a person's emotions, energy, and the ability to function throughout the day.

A person experiences manic episodes of high energy, euphoria, and feelings of grandiosity. Conversely during depressive episodes person go through the extreme sadness, low energy, and hopelessness.

Bipolar disorder is estimated to affect 2.8% of population.

What is Borderline Personality Disorder (BPD)?

It is a kind of personality disorder, characterized by ongoing shifts in mood, relationships, self-image, and behavior according to which person feel, think, relate, and behave differently.

Such a person may experience episodes of anger, depression, and anxiety lasting from a few hours to days. They also tend to change their interests and values quickly. Person becomes are very sensitive, struggles a lot to manage emotions and may end up harming themselves.

Borderline Personality Disorder is estimated to affect nearly half of Bipolar disorder i.e. approximately 1.4%.

Symptoms of BD

During Mania:

1. Extremely elevated mood
2. Reduced need for sleep
3. An exaggerated sense of confidence and optimism
4. Racing speech, thoughts, or both
5. Reckless or impulsive behavior

6. Grandiose ideas
7. Inflated sense of self-importance
8. Irritability or aggression
9. Poor judgment
10. Hallucinations and delusions, in severe cases.

During Depression:

1. Constant tiredness and fatigue
2. Feelings of worthlessness and guilt
3. Unable to make simple decisions or concentrate
4. Unexplained aches and pains
5. Prolonged sadness
6. Unexplained crying spells
7. Significant changes in sleep patterns and appetite
8. Irritability, anger, and agitation
9. Indifference and pessimism
10. Excessive anxiety or worry
11. Inability to find pleasure in former interests
12. Social withdrawal
13. Thoughts of suicide and death

Symptoms of BPD

1. Individuals feel uncertainty about their role in the world
2. Individuals change their interests and values quickly
3. A tendency to see things around as either all good or all bad
4. Frequent changing of opinions for others (perceiving an individual a friend one day and enemy the other day)
5. Having an unstable, intense relationships with family and friends, feelings varies from closeness and love to hate and anger
6. Unstable, distorted self-image

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7. Self-harming behaviors (which includes cutting, burning, or overdosing)
8. Develops a difficulty sense trusting people, probably because of an irrational fear of their intentions
9. Recurring suicidal thoughts
10. Impulsive or reckless behavior, which may include unsafe sex, drug misuse, reckless driving, and spending sprees
11. Intense episodes of depression, anger, and anxiety
12. Chronic feelings of emptiness
13. Always have fear of being alone

Common Symptoms of BPD and BD

1. Reckless behaviors such as gambling, unprotected sex, and substance abuse
2. Sudden shifting of mood that can cause feelings of happiness or irritability
3. Mood swings which affect s energy levels
4. Suicidal thoughts.

Causes of BD and BPD

The causes of BD and BPD have all the earmarks of being the consequence of a mix of hereditary qualities, atypical brain structure, and environmental stressors like childhood trauma.

Genetics: Researchers know there is a genetic component responsible for each disorder, but they are still unsure of the exact causes behind them. BD is usually considered genetic, as most of the people have a family history of it. Traits such as aggression and impulsivity are linked with BPD, are heritable; hence BPD can also be genetically arisen.

Brain Shape: Both BPD and BD can also occur as a result of atypical brain shape and function. It was found that person with BD had an abnormally shaped hippocampus (responsible for self-control and behavior regulation) having some areas being smaller compare to an average brain. Person with BPD also appear to have a smaller hippocampus. But in contrast to BD the amygdalas and part of their prefrontal cortexes were also found smaller.

Trauma: BD is a genetic mental health illness, aggravated by severe mental or physical stressors like sexual or physical abuse. BPD develops in response to life-altering trauma like abuse, abandonment, or adversity in childhood.

Diagnosing Bipolar Disorder and Borderline Personality Disorder

Both of these conditions can be hard to analyze, and misdiagnosis isn't exceptional. Both require clinical and mental tests to preclude other potential issues.

To analyze bipolar disorder, other than an exhaustive meeting and assessment, you may be solicited to keep a day by day record from your temperament, vitality level, and sleep patterns.

Diagnosing BPD does not depend on a specific sign or indication. There might be mental assessment that incorporates

finishing polls. This issue is analyzed after an extensive clinical meeting with the patient just as past suppliers and perhaps meets with loved ones.

Treatment of Bipolar Disorder

A great many people with bipolar disorder need deep rooted treatment to keep their condition balanced or managed. This typically incorporates medication - generally mood stabilizers, and sometimes also antipsychotics or antidepressants. Treatment can likewise help individuals with bipolar disorder get it and create abilities to deal with it.

Treatment of Borderline Personality Disorder

Long-term treatment is generally essential for individuals with BPD. Treatment fundamentally includes explicit types of psychotherapy, such as rdialectical behavior therapy (DBT) or transference-focused psychotherapy (TFP) aimed to help individuals manage impulses (for example, self-destructive inclinations or tendency to self-hurt when upset), sentiments of misery or outrage, and enthusiastic oversensitivity to collaborations with others. Medications are sometimes used to overcome the symptoms, although they are not generally effective and are not viewed as the fundamental focal point of treatment in BPD. Sometimes, short hospital stays are likewise expected to oversee seasons of emergency that include dangers to wellbeing and prosperity.

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