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Commentary

Neuropsychology of Bipolar Disorder and Borderline Personality Disorder

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DESCRIPTION

Bipolar Disorder (BD) may be associated with severe and persistent cognitive impairment. It describes the profile of BD cognitive impairment at various stages of the disease and determines if it differs from cognitive impairment in schizophrenia or Unipolar Depression (UP). Patients with bipolar disorder experience episodes of mania, depression, and euthymia, exhibiting dramatic changes in energy, social behavior, mood, and cognitive function.

The apparent association between these related changes suggests an important role in the study of this disorder in mapping the relationship between mood and cognition. Till date, very few are known about the nature of cognitive impairments found in patients with bipolar disorder, or how these disorders relate to the clinical manifestations and neurobiological substrates of the disorder. Few researchers have examined cognitive function in patients with bipolar disorder, in contrast to the abundant empirical data associated with neurobehavioral disorders in people suffering from major depression.

Cognitive dysfunction is classically associated with schizophrenia, but there is clinical evidence that some patients with bipolar disorder exhibit cognitive dysfunction either during the acute or remission phase. Beyond the terms cognitive disability, neuropsychology, intellectual disability, mania, depression, and bipolar disorder, a major computerized database was examined. Changes in thought and speech, learning and memory impairments, as well as impaired patterns of association and attentional processes, as well as changes in mood and behavior, are as fundamental to depression and mania. In addition, a significant number of patients with bipolar disorder exhibit persistent cognitive impairment during remission of emotional symptoms.

However, most studies include some unclear remission criteria, diagnostic heterogeneity, small sample size, lack of longitudinal assessment, practical effects, and poor management of the effects of drug treatment. Most studies have shown that diffuse cognitive dysfunction is present in the acute phase of bipolar disorder. Most of these impairments seem to remit during periods of euthymia, but some of them can persist in about one-third of patients with bipolar disorder. Methodological limitations ensure further studies to elucidate the relationship between neuropsychological function and clinical, demographic, and therapeutic variables in bipolar disorder.

Borderline Personality Disorder (BPD) is a disorder characterized by mood instability, impulsivity, cognitive impairment, and interpersonal difficulties. However, a clear characterization of BPD's neurocognitive function has proven elusive. Early studies of BPD neurobehavioral appeared to show an association between acquired or developmental brain dysfunction and borderline psychopathology.

Mood swings are prominent clinical features of both BD and BPD disorders, and emotional symptoms are especially important when comparing BPD and BD-II. Symptoms of mania and depression were assessed primarily by clinical evaluation, while other symptoms (e.g., dysphoria) were assessed by self-report. Emotion dysregulation or affective instability is defined as the inability to flexibly respond to and manage emotions that interfere with appropriate goal-oriented activities. Many researchers characterized BPD and BD separately in terms of increased responsiveness and negative emotional instability.

Neuroimaging studies are increasingly being used to characterize mental disorders because they provide accurate and direct information about the structure and function of the brain that can be compared in different mental disorders. The studies reviewing the neuroimaging function of BPD and BD as compared to Health Control (HC) conducted structural Magnetic Resonance Imaging (MRI) studies to explore volumetric differences in hippocampal subdivisions in BPD and BD as compared with HC using a three-dimensional mapping method.

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