

## How to Distinguish?

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### Introduction

Attention deficit/hyperactivity disorder (ADHD) is a neuro-developmental disorder starting in childhood, which can persist into adulthood in two-thirds of cases. In most cases, the diagnosis of ADHD is straightforward, based on impairing levels of inattention, hyperactivity and impulsivity. However, it can be difficult to diagnose, particularly when it is severe and presents with mental health symptoms (restlessness, emotional instability, low self-esteem).

Borderline personality disorder (BPD) is characterized by symptoms that overlap with those of ADHD and can lead to inaccurate diagnosis. Making an accurate diagnosis of ADHD is further complicated by comorbidity with various conditions. This is a particular problem in general adult mental health services, where patients with BPD and other mental disorders are often referred, but where experience of the diagnosis and management of ADHD is often lacking.

### Aims

To analyse the overlap and differences in the symptomatology of ADHD versus BPD in adults.

### Methods

A literature review was conducted by searching in PubMed database the terms: “Attention deficit/hyperactivity disorder” AND “borderline personality disorder”. Articles were selected with regard to their scientific relevance.

### Results

Comorbidities rates between ADHD and BPD are high. Recent studies vary between 16% and 38% in both populations, reaching in some samples 70% of the subjects. Some researchers suggested that the comorbid disorders do not represent distinct entities but, rather are the expression phenotypic variability of the same disorder, as others point out that they are distinct clinical disorders that share common vulnerabilities (genetic, psychosocial, etc).

Several features of BPD overlap with those of ADHD, including symptoms emerging out of childhood, a chronic trait-like course, emotional instability, impulsivity and risk taking behavior. Deficits in affect regulation, such as emotional instability, are a key feature of BPD but are also recognized as an associated feature of ADHD.

Adults with ADHD may also show disturbed interpersonal relationships as a consequence of ADHD symptoms, akin to disturbed relationships experienced by patients with BPD. Patients with BPD may experience a special form of inattention as part of dissociative states when they feel emotionally stressed. In contrast, the attention deficits seen in ADHD are particularly prominent in situations that lack external stimulation. Another feature of BPD is a tendency to resort to self-injurious behavior in order to alleviate tension, whereas self-injurious behavior per se is not a feature of ADHD. ADHD may also be differentiated by the age of onset: childhood in ADHD and adolescence or early adulthood in BPD; however, signs of BPD may be observed also in childhood.

	ADHD	BPD
<b>Onset</b>	Childhood/Early adolescence	Early adulthood/Adolescence
<b>Inattention</b>	Core feature	Not a proeminente feature
<b>Self-injury</b>	Usually not present	Core feature

Table 1. Summary of key differences between ADHD and BPD.

### Conclusion

Given that the symptoms of ADHD overlap with BPD and other disorders, it is essential to obtain accurate diagnoses, as different disorders and comorbidities necessitate the use of different therapeutic regimens. Failure to accurately distinguish BPD and ADHD can be also extremely problematic due to the fact that BPD is associated with an elevated risk of self-harm and suicide and has different treatment algorithms from ADHD.