THE FINE LINE BETWEEN BORDERLINE PERSONALITY DISORDER AND ANTISOCIAL PERSONALITY DISORDER.

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OBJECTIVES

We present the difficulty in the diagnosis of a patient with antisocial personality disorder, who had previously been diagnosed with multiple other pathologies and their comorbidity among them.

BACKGROUND AND AIMS

The comorbidity between borderline personality disorder (BPD) and antisocial personality disorder (ASPD) is well-established, and the 2 disorders share many similarities. However, there are also differences across disorders.

MATERIALS AND METHODS

Description of a clinical case and review of scientific literature.

RESULTS

A 24-year-old female patient, who is referred from the Acute Psychiatric Unit with the following objectives:

- Complete diagnostic study.
- Psychoeducation on personality disorder.
- Clinical stabilization maintained after discharge from the acute psychiatric unit.

Non-psychiatric background: No known drug allergies. Atopic dermatitis in gluteus, assessed by dermatology in 2003. Patellar chondromalacia assessed by traumatology and in rehabilitation treatment in 2007. Disease pelvic inflammatory Admission in Gynecology for bilateral tubo-ovarian abscesses in February and March 2014. Surgical interventions: tonsillectomy

Psychiatric history: Patient known in this service since June 8, 2010, when he was referred by his MAP to the consultation of Child psychiatry (at your own request and from the patient's mother); provisional diagnosis of characteristic features abnormalities and ADHD of childhood. It was sent to her Mental Health Team, where it follows up on the Currently, with psychiatry and psychology. Diagnosed of Disorder of the personality and TCA. He has previously followed up with several therapists in the private sphere. An admission to the Psychiatric Acute Unit. Diagnosed of personality disorder of group B.

Toxic consumption: Smoking Occasional cocaine consumer. Consumption of other toxins (cannabinoids, speed) in the past. He did Detoxification at 18 years old. Subsequently, it was referred to Psychiatric Day Hospital, until 02/21/2017, when its assistance had to stop by medical decision, in case of repeated non-compliance with various regulations and indications of the Day Hospital Psychiatric.

PAI (Inventory of personality assessment): the score on the "infrequency" scale (T 67) implies that the clinical profile should be interpreted with caution; the score of the scale of "negative impression" (T73) indicates a tendency to respond exaggerating complaints and problems, providing an exaggerated negative image of itself; the score of the "Rogers discriminant function" (T72) suggests that he has exaggerated symptoms. The clinical profile shows an elevation of practically all the symptom scales, being the most significant the limit features and, within the subscales, the one of autoagressions, being also very high the one of physical aggressions and the one of antisocial conducts, like that of ideas of suicide (the profile fits the diagnosis of borderline personality disorder). The scales of problems with alcohol and drugs are also high.

Current illness: A 24-year-old woman with a personal history of anomalous character traits, eating behavior disorder, toxic consumption and childhood ADHD. After multiple admissions in the acute psychiatric unit, he enters a psychiatric day hospital for personality study and psychopathological stabilization. During his admission, he presents mainly psychopathic behaviors, negatively influencing the therapeutic process of other patients. After a period of observation of three months, she is diagnosed with **antisocial personality disorder**. Draws attention to its dependence on social networks like facebook or instagram, where it exhibits its symptoms before thousands of followers, as well as the negative influence it exerts on its followers.

Longitudinal evolution: the patient has presented multiple subsequent admissions in the acute psychiatric unit and has gone to the emergency department for intoxications with alcohol and / or drugs. Their behaviors have been confirming the diagnosis of antisocial personality disorder. Their admission to psychiatric devices has been counterproductive due to the harmful effect it exerts on the rest of the most vulnerable patients. Maintains reviews by your reference psychiatrist. His last treatment consists of an antidepressant (fluoxetine), an anti-impulsive (topiramate) and a benzodiazepine (clonazepam).

CONCLUSIONS

Clinical cases like the one described suggest common underlying vulnerability accounts for both the comorbidity between BPD and AAB (across sex), and this common vulnerability drives the association with other psychopathology and maladaptive behavior. This in turn has implications for diagnostic classification systems and treatment.

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