

Clash of the Traumatized: Borderline Personality Disorder vs complex-PTSD

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1. Objectives

To report the case of a patient diagnosed with Borderline Personality Disorder (BPD) and to propose a diagnostic review alongside complex Post-Traumatic Stress Disorder (C-PTSD), along with a brief review of the literature on this subject.

2. Background

C-PTSD was recently included in the ICD-11 as a mental disorder referring to extensive reactions arising from severe and prolonged stressors involving several or repeated adverse events.

There has been debate regarding its construct validity as distinguishable from BPD.

C-PTSD comprises the key symptoms of PTSD (re-experiencing, avoidance and arousal) as well as enduring disturbances in the domains of affect, self and interpersonal relationships, which are commonly associated with BPD.

3. Material and Methods

A brief review of the literature was made by using the PubMed platform applying the terms “complex”, “PTSD” and “borderline”.

A diagnostic review is made relating the two disorders, by means of data collected in successive interviews during the time the patient remained hospitalized in the psychiatry ward, as well as the application of specific questionnaires, namely the ICD-11 Trauma Questionnaire for C-PTSD.

4. Results

Identification	Personal History
D	Early prolonged traumatic experiences (physical and emotional abuse, sexual abuse, emotional negligence)
38 years old	Substance abuse (alcohol, cannabinoids and cocaine)
Female	BPD diagnosis since adolescence assessed through the Minnesota Multiphasic Personality Inventory and the Personality Diagnostic Questionnaire
Single	Hormonal replacement treatment for Gender Dysphoria which was interrupted by patient's choice
Unemployed	Several suicide attempts
	Multiple short-term affective relationships to which she attributes little meaning

Table 1. Patient identification and personal history

Cluster Score	Hyperactivation (≥10)	Deactivation (≥8)	Negative self-concept (≥10)	Disturbed relationships (≥6)
	18/20	14/20	16/16	7/12

Table 2. ICD-11 Trauma Questionnaire for C-PTSD (results)

5. Discussion/Conclusion

Despite having been diagnosed with Borderline Personality Disorder early on, important prolonged and repetitive traumatic events found in D's past raise the hypothesis of a complex-PTSD diagnosis.

The diagnostic criteria which overlap between BPD and C-PTSD don't necessarily manifest in the same way.

Characteristics	BPD	C-PTSD	Commentary
Childhood trauma		✓	Both diagnoses are associated with trauma, although only C-PTSD requires trauma as a mandatory feature.
Self-concept	Fluctuating, including dramatic changes in self-image and opinion	Permanently negative	D scored maximum on the negative self-concept cluster. On the other hand, the fact that she interrupted hormonal treatment might advocate for a more fluctuating notion of self.
Interpersonal relationships	Chaotic	Chronic avoidance	D's interpersonal relationship pattern is more consistent with BPD.
Emotional regulation	Substance abuse		D expresses several emotional regulation issues, consistent with both diagnoses.
	Self-injury behaviors	Emotional sensitivity, reactive anger	

Table 3. Diagnostic review

Therefore, even though D suffers from Borderline Personality Disorder, we believe that a comorbid C-PTSD diagnosis must be acknowledged. This might be of critical importance treatment-wise. Since C-PTSD encompasses PTSD symptoms, therapy highlights the amelioration of the trauma memory as a key goal. In contrast, the key impairing features in BPD are self-injurious and suicidal behaviors, and treatment activities focus on the resolution of these behaviors. By making this distinction and approaching different pathologic elements, the outcome might be more encouraging.