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Specialising in Personality Disorder and Complex Trauma

Missed diagnosis: Identifying BPD in older adults in residential and community settings

Project ECHO Presentation

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Why is understanding personality disorders in older adults important?

- Symptoms are dynamic and expression depends on contextual and developmental factors including those experienced in older age
- Myth that Personality Disorders “burn out” over time
- Periods of remission and re-emergence throughout life, including in older age
- Challenging behaviours arising from PD traits can impact quality of life and care
- ‘Late-onset personality disorder’
- Enables more accurate and appropriate assessment, diagnosis and treatment

Prevalence

- Prevalence is likely underestimated but reported to be around:
  - 10.5-14.5% in the community
  - Above 50% in aged care settings
- Common PDs reported in older age:
  - Obsessive-Compulsive
  - Narcissistic
  - Dependent
- Having a PD (dependent) may be an increased risk for MCI and Dementia

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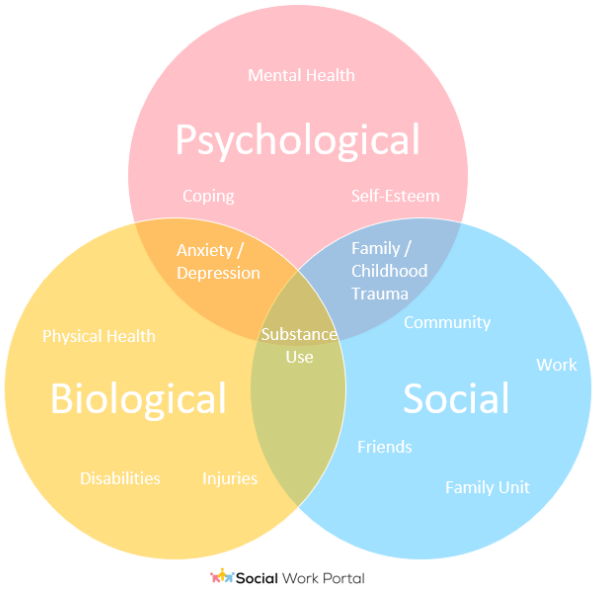
Ageing Trends and Personality Traits

- Cluster A traits (particularly paranoid traits) may remain stable or intensify
- Some reports that cluster B traits manifest differently in older age
- Cluster C traits appear to remain more rigid and concrete longitudinally
- Changes to cognition can impact coping, adapting to changes and interpersonal relationships
- There may also be cohort effects

Factors Contributing to Personality Disorders in Older Adults



Biological:

- Medical comorbidities - new and existing
- Polypharmacy and medication side effects

Psychological:

- Cognitive decline e.g., harder to use learned coping strategies
- Existing mental health conditions e.g., mood disorders

Social:

- Challenges associated with the ageing process (e.g., moving into RAC)
- Losses – grief likely to worsen symptoms (e.g., death of partner)

Depression as a feature in Personality Disorders

- Personality Disorders at all ages appear to be concentrated among people also experiencing depressive disorders
- Personality psychopathology can exacerbate depression and prolong or complicate depression and its treatment
- Personality Disorder and anxiety comorbidity has been studied little in older adults

Diagnostic Challenges

- Diagnosis can be a complex undertaking
- Existing diagnostic criteria are not designed for older people
- Clinician reluctance to diagnose
  - Lack of treatments
  - Stigma
  - Comorbidities add to complexity (including cog. changes)
- How to determine if traits were present in adolescence?

Diagnostic Challenges

- With the hesitation to diagnose an older adult for the first time, one may often see ‘Cluster B traits’ being mentioned in discharge summaries without appropriate communication around this diagnosis
- This diagnosis may not be communicated to the older adult
- The patient, families or care settings often are also not adequately educated about the diagnosis
- The support for the client really begins in knowing that the clinicians are on the same page; often this is not the case

Assessment Tools

- The diagnosis of PDs in older adults requires age-specific instruments
- PAI is validated for up to 89 years but is long, complex, and does not assess the breadth of every cluster
- Lack of validated assessment instruments for geriatric personality disorders
- Some research in this space
  - Gerontological Personality Disorders Scale (Penders et al. 2016)
  - Hetero-Anamnestic Personality Questionnaire (HAP)
  - BPD-OA screening tool (Broadbear et al., 2022) - Australia

Benefits of a Diagnosis

- A “relief” for some patients and their families to understand the source of significant psychological distress
- Enables accurate and appropriate MH treatment planning
- May facilitate appropriate physical health care as well
- Helps to validate behaviors and chronic fluctuations for the pt, family and their supports
- Essential to improving quality of life

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Personality Disorders in Aged Care Settings

- More prevalent in the aged care setting
- Difficult to manage in the context of RACs
- A common reason for referral
- Managing within the context of cognitive decline
- Pre-morbid personality may also contribute to the underlying causes for challenging behaviour in people living with dementia (BPSD)

Personality Disorders in Aged Care Settings

- These behaviours may look like…
  - Increased sensitivity to emotional pain and interpersonal interactions
  - Frequent **fluctuating moods –** distressed, in crisis, suicidal, happy, depressed
  - Excessively seeking attention and support from staff
  - **Irritability** or anger if needs are not met (even if excessive or unrealistic)
  - Estranged from or **poor relationships** with family and friends
- Residents are **dependent** on staff support
- Personality disorders causes **distress** for the person and for those who care for them

Positive Support Strategies in the Aged Care Setting

- Encourage **socialisation**
- Help resident find **meaningful occupation**
- **Collaborate** with the resident in developing a plan for managing their distress
- Try to **understand** the antecedent for the resident's reaction or behaviour, and resolve this first if possible
- Try to engage the resident in **sensory-based self-soothing** techniques
- Trial **distraction techniques** and **relaxation skills**

Positive Support Strategies in the Aged Care Setting

- **Boundaries:**
  - Set these up from the start and monitor them closely
  - Define your professional role at the outset
  - Be consistent and predictable
    - **Clear care routine**
    - **Plan** the task – set amount of time, agenda
    - Adjust boundaries as needed
    - **Consider** consultation with broader team

Working with Families and Carers

- Supporting someone with challenging behaviours can be hard
- Carer/family members often experience guilt, stigma, and stress
- Adopt a **non-judgemental** approach
- Include carers in behavior management planning
- Encourage **self-care** and mental health support for carers

Self Care

- Working within a team setting provides opportunity for debrief and collaboration
- In private practice, collaborate with other services such as GP, ptv psychiatrist and community mental health services and family (with consent)
- In RACFs important to work with staff
- Debrief, peer support and supervision essential
- Upskill and identify areas of learning by attending relevant professional development
- Maintain a balanced case load
- Maintain work-life balance

Further Reading

Australian & New Zealand Journal Of Psychiatry ANZJP
1-7
DOI: IO.ll77/0004867416640l00

Missed diagnosis:

The emerging crisis of borderline personality disorder in older people

Josephine Beatson [1], Jillian Helen Broadbear [1], Francine Moss [5], Hemalatha Sivakumaran [2], Kuruvilla George [3], Eli Kotler [4], and Sathya Rao [1]

Clinical Gerontologist

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Development and Preliminary Evaluation of a Rapid Screening Tool for Detecting Borderline Personality Disorder in People Aged over 60 Years

Jillian H. Broadbear, Josephine A. Beatson, Francine Moss, Hemalatha Jayaram, Kuruvilla George, Antonia Planinic, Kulunu Rodrigo & Sathya Rao

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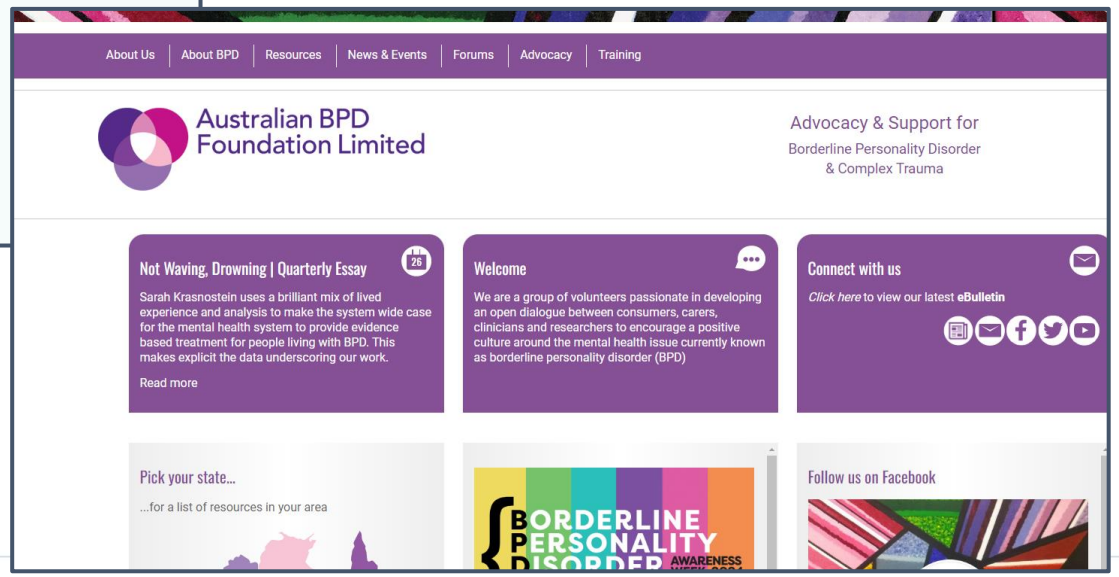
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Not Waving, Drowning | Quarterly Essay
Sarah Krasnostein uses a brilliant mix of lived experience and analysis to make the system wide case for the mental health system to provide evidence based treatment for people living with BPD. This makes explicit the data underscoring our work.
Read more
Welcome
We are a group of volunteers passionate in developing an open dialogue between consumers, carers, clinicians and researchers to encourage a positive culture around the mental health issue currently known as borderline personality disorder (BPD)
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Bibliography

Alphen et al., Personality Disorders in Older Adults: Emerging Research Issues in Current Psychiatry Reports, Jan 2015.

Barendse, H. P. J., Rossi, G., & Van Alphen, S. P. J. (2014). Personality disorders in older adults: Expert opinion as a first step toward evaluating the criterion validity of an Informant Questionnaire (HAP). International Psychogeriatrics, 26(1), 173–174. https://doi.org/10.1017/S1041610213001312

Beatson et al., Missed Diagnosis: The emerging crisis of borderline personality disorder in older people, Aust Jn of Psychiatry (2016).

Broadbear, J. H., Beatson, J. A., Moss, F., Jayaram, H., George, K., Planinic, A., Rodrigo, K., & Rao, S. (2022). Development and Preliminary Evaluation of a Rapid Screening Tool for Detecting Borderline Personality Disorder in People Aged over 60 Years. *Clinical gerontologist*, 1–11. Advance online publication. https://doi.org/10.1080/07317115.2022.2123727

Diagnostic and statistical manual of mental disorders : DSM-5-TR (Fifth edition, text revision.). (2022). American Psychiatric Association Publishing.

Henriques-Calado, J. (2023). Personality traits and disorders in Alzheimer's disease. *Brain and Behavior*, 13, e2938. https://doi.org/10.1002/brb3.2938

Kaurin, A., Beeney, J. E., Stepp, S. D., Scott, L. N., Woods, W. C., Pilkonis, P. A., & Wright, A. G. (2020). Attachment and borderline personality disorder: Differential effects on situational socio-affective processes. *Affective science*, *1*, 117-127.

Bibliography

Lorenzini, N., & Fonagy, P. (2013). Attachment and personality disorders: A short review. *Focus*, *11*(2), 155-166.

Osborne, H., Simpson, J., & Stokes, G. (2010). The relationship between pre-morbid personality and challenging behaviour in people with dementia: A systematic review. *Aging & mental health*, *14*(5), 503-515.

Penders, K. A., Rossi, G., Metsemakers, J. F., Duimel-Peeters, I. G., & van Alphen, S. P. (2016). Diagnostic accuracy of the Gerontological Personality Disorder Scale (GPS) in Dutch general practice. *Aging & mental health*, *20*(3), 318–328. https://doi.org/10.1080/13607863.2015.1008989

Penders, K. A. P., Peeters, I. G. P., Metsemakers, J. F. M., & van Alphen, S. P. J. (2020). Personality Disorders in Older Adults: a Review of Epidemiology, Assessment, and Treatment. *Current psychiatry reports*, *22*(3), 14. https://doi.org/10.1007/s11920-020-1133-x

Schenk N, Fürer L, Zimmermann R, Steppan M, Schmeck K. Alliance Ruptures and Resolutions in Personality Disorders. Curr Psychiatry Rep. 2020 Dec 11;23(1):1. doi: 10.1007/s11920-020-01212-w. PMID: 33305340; PMCID: PMC7728649.

Videler, A. C., Hutsebaut, J., Schulkens, J. E., Sobczak, S., & Van Alphen, S. P. (2019). A life span perspective on borderline personality disorder. *Current psychiatry reports*, *21*, 1-8.