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Quote of the Month

“Give me your tired, your poor,
Your huddled masses yearning to breathe free,
The wretched refuse of your teeming shore.
Send these, the homeless, tempest-tossed, to me:
I lift my lamp beside the golden door.”

Emma Lazarus

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A Brief Review of the Biosocial Theory of Borderline Personality Disorder

Zoe Timme, PsyD, MBA

In the mental health field, the diagnosis of “Borderline Personality Disorder” (BPD) has been associated with more colloquial terms such as “manipulative,” “splitting,” and “attention-seeking.” These negative labels have likely arisen due to the burn out that is associated with individuals with high-risk behaviors, such as non-suicidal self-injury. As a result of this burnout, we often struggle to manage the symptoms, let alone to address the underlying causes of the disorder. However, the management of these symptoms is problematic because it often reinforces the symptoms that characterize BPD. Dialectical Behavior Therapy (DBT) was developed by Marsha Linehan in the late 1980s and serves as a useful framework for understanding the behaviors associated with BPD. At its core, DBT is founded on the Biosocial Theory, which assumes that BPD is the result of both biology and environment. Specifically, the Biosocial Theory proposes that the interaction between a biological predisposition and an invalidating environment results in difficulties with emotional, behavioral, interpersonal, and cognitive regulation. This article will briefly explain the biological and social components of the Biosocial Theory in an attempt to form the foundation of conceptualizing individuals with BPD from a DBT perspective.

Biological Predisposition

In terms of biology, Linehan (1993) proposes that individuals with BPD have an emotional vulnerability that predisposes them to problems modulating affect and behavior. In particular, Linehan notes three biological factors that comprise emotional vulnerability: emotional sensitivity, emotional reactivity, and slow return to baseline. Emotional sensitivity is the idea that the sympathetic nervous system is more easily triggered in some individuals. Accordingly, individuals with high emotional sensitivity are more likely to be activated by events in their environment, whereas individuals with low emotional sensitivity are better equipped biologically to not be bothered by a stimulus. Emotional reactivity is the idea that some individuals have more intense reactions to stimuli than others. Therefore, someone with high emotional sensitivity and emotional reactivity becomes easily triggered and has more intense reactions due to their biological make-up. Finally, Linehan proposes that individuals with this biological

predisposition are slower to return to baseline. In other words, these people take more time to recover from their emotional reactions and return to business as usual. In sum, Linehan suggests that, due to biology, individuals with BPD are more vulnerable to triggers, have more intense reactions, and require more time to return to baseline than individuals without BPD. In fact, there is evidence for these biological differences in empirically supported concepts such as *temperament*. Together, this biology makes individuals with BPD predisposed to difficulties with affect modulation.

An Invalidating Environment

The social component of the Biosocial Theory focuses on an invalidating environment (Linehan, 1993). An invalidating environment can range from severe sexual abuse, physical abuse, or neglect to consistent messages that one's emotional experiences are not valid. On the milder end of this spectrum, imagine a child who cries to his parents before soccer practice saying that he does not like the sport and the parent who responds, "Of course you like soccer, that's what we do in this family." Or a child who states that he is hungry after dinner and a parent who responds, "You're not hungry, you just ate." On the other hand, imagine a child who tells his parents that he is not feeling well, and the parent ignores him. The child continues to tell his parents that he does not feel well but his parents do not acknowledge that he is sick until he has vomited five times and needs to see a doctor. An invalidating environment is one in which a child does not learn to trust his/her emotions, physiological states, and behaviors because they are *consistently* being told that they are wrong, inaccurate, or unimportant.

Conceptualization

BPD is characterized by a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity (DSM-5, 2013). According to DBT, the biological and social components of the theory interact to produce symptoms of BPD. For example, Criterion 3 of BPD is identity disturbance, a markedly and persistently unstable self-image or sense of self. We can use the Biosocial Theory to more comprehensively understand this symptom. People learn about themselves, including their likes and dislikes, moral compass, values, etc., from their emotional reactions to different experiences. So, imagine a person who experiences intense affect more frequently than normal and for longer periods of time than normal. This trait, by itself, might be harmless and/or might actually benefit someone in terms of understanding of

their own identity. When combined with an invalidating environment, however, that same individual has difficulty trusting their emotional experience to gauge their likes and dislikes, morals, values, and behavioral reactions. This occurs because the person's strong emotions have been consistently ignored, minimized, or rebuffed, leaving the individual without a sense of who they are and what makes them "tick."

While the Biosocial Theory is just one way of understanding individuals with BPD, it offers a comprehensive explanation of the development of symptoms. It also serves as the framework for treating individuals with BPD, as DBT focuses on treating emotional and behavioral dysregulation through interventions in emotional regulation, distress tolerance, mindfulness, and interpersonal effectiveness.

References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders, Fifth edition*. Arlington, VA, American Psychiatric Association.

Linehan, Marsha L. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York: Guilford Press.

Pearls and Perils: clinical information

Dr. Jim Ellison:

Delusional Misidentification Syndromes

Capgras syndrome:

Would you recognize Capgras syndrome if you saw it? Described in 1923 by the psychiatrist whose name the syndrome bears, it refers to a delusion of “hypo-identification”, a belief that a familiar person has been replaced by an imposter. Fregoli syndrome by contrast, described in 1927, refers to a delusion of “hyper-identification”, the belief that someone actually unfamiliar is a known individual in disguise. It was named after a famous quick-change artist, and you can see a video record of his skills on Youtube at <https://youtu.be/X-dgbdMhT9I>.

Capgras and Fregoli syndromes involve misidentification, a disconnection between perception and the sense of familiarity that may reflect dysfunction in the right hemisphere, frontal lobes, or temporal structures. Delusions of this sort are seen both in schizophrenia and in a range of brain disorders including dementia, traumatic injury, cerebrovascular disease, and epilepsy. They are best managed by entering the patient’s reality, acknowledging how upsetting the experience must be, and offering reassurance. Medications such as cognitive enhancers, mirtazapine, or antipsychotics including clozapine have anecdotal and limited success along, though an appropriate person (patient or health care representative) must be warned about off-label use and potential adverse reactions.

Memory Assessment

A special feature of Memory Assessment: Memory Loss is more like a negative symptom than like a positive symptom and therefore requires more active investigation. Pains, hallucinations, panic attacks, and depression often incite help-seeking behavior. Memory loss, like apathy, may have the opposite effect. A patient with good social skills can seem much more cognitively intact than they are, so remember to screen your older adult patients with at least a "Mini-Cog", which includes delayed recall of 3 words and the CDT (clock-drawing test). Read about it and download the form at

<http://mini-cog.com/>

Dr. Gerard Galluci

When assessing individuals with a developmental/intellectual disability one should keep in mind the concept of **diagnostic overshadowing**.

“The term ‘diagnostic overshadowing’ was first used in 1982 to refer to the tendency for clinicians to attribute symptoms or behaviors of a person with learning disability to their underlying cognitive deficits and hence to under-diagnose the presence of co-morbid psychopathology” (Jones, Howard, Thornicroft, 2008)

The term has also been used to describe how physical symptoms are often attributed to an individual’s behavioral health condition, resulting in the under diagnosis of the medical condition.

Dr. Cristina Vardi

Restless leg syndrome

2-3% of adults more than 5.000.000 people, twice more common in middle age women
Presenting with throbbing, pulling, creepy or other unpleasant sensations and an uncontrollable urge to move the legs

Goes together with OSA and Periodic Limb Movements

Causes: iron deficiency, tobacco, nicotine cessation, Parkinson, Diabetes

Test: Ferritin level, Sleep Study

Treatment: Iron, MG Oxide 400 MG Po BID, Mirapex, Requip, Neurontin and other anticonvulsants, Benzodiazepines

Dr. Neil Kaye

Confirmation bias:

Confirmation bias (or confirmatory bias) is a tendency to search for or interpret information in a way that confirms, favors or re-enforces one's preconceptions. In scientific research, this is a leading source of experimental design errors. As such, it can be thought of as a form of selection bias in collecting evidence.

Confirmation bias is a type of cognitive bias and represents an error of inductive inference toward confirmation of the hypothesis under study. Confirmation biases are not limited to the collection of evidence. Even if two individuals have the same information, the way they interpret it can be biased.

The public's awareness of confirmation bias has grown over the last year due to the divisive political situation facing our country. Politicians and news makers have been shown to actively seek promote "facts" that support their positions. Unfortunately, cognitive neuroscience has confirmed that humans assign more weight to evidence that confirms their hypothesis, and ignore or underweigh evidence that could disconfirm their hypothesis. In other words, false news stories and "alternative facts" that support a person's already registered beliefs will be more persuasive than correct and unbiased information.

Related concepts include: attitude polarization, belief perseverance, wishful thinking, self-fulfilling prophecy, and illusory correlation

Receptors of the Brain

There are over 100 different receptors in the brain that have been well identified and characterized by neuroscientists. We currently have pharmaceuticals that exert relative selectivity for only about a dozen of these receptors. Meanwhile, we have response rates to serious mental illnesses that range from 30 to perhaps 70%. The other receptors are there for a reason and hold the answers to major advances for psychiatry. Residents need to focus their interest in this area and unlock the secrets of the brain. The rewards for this research are immeasurable.

A Discussion of the Pros and Cons of the Affordable Care Act

By Lee Berman MD/MBA

It is important to discuss what the affordable care act have achieved and some of the potential reforms that could lead to better outcomes. In this article we will discuss briefly each part of the bill and show what it is was intended to do. Aspects of the bill include health insurance mandate by the federal government, tax provisions to help obtaining coverage, coverage for preexisting conditions and allowing children up to the age of 26 on their parent's policies. It is important to mention that pharmaceutical and insurance companies had lobbied heavily when this bill was being discussed in congress. What follows is a summary of each title in the healthcare reform bill.

Title I Quality, affordable health care for all Americans –

The purpose of this provision affects the entire population that has or will have medical insurance. It entails that there can be no lifetime limits on insurance which helps the chronically ill the most but protects everyone from catastrophe. All healthcare insurance must also provide preventative care which aims to drive down costs by helping to reduce chronic illness. Dependents under the age of 26 can be added to parent's insurance no matter what. No insurance company can cancel insurance policies without extraordinary circumstances. In addition, no one can be denied health insurance due to preexisting conditions. This provision also creates the healthcare exchange in which those who do not get healthcare from employers can purchase from the exchange. Every company participating must obey the healthcare act provisions. This provision mandates that states implement these standards by 2014. It also allows States to contract, through a competitive process that includes negotiation of premiums, cost-sharing, and benefits, with standard health plans for individuals who are not eligible for Medicaid or other affordable coverage and have income below 200 percent of the Federal Poverty Level. This mostly helps lower income individuals that do not qualify for Medicaid but cannot afford to pay the full healthcare premiums.

Title II Expansion of Medicaid

The purpose of this provision is the expansion of Medicaid. This further helps out the poor with a slightly larger margin above the poverty level which allows those who would normally not qualify to get Medicaid. This also enhances healthcare for children by increasing federal contribution.

Title III Improvement the Quality and efficiency of Healthcare

The purpose of this provision is to transform the healthcare delivery system. This is accomplished by allowing hospitals to engage in value based purchasing. It also helps to incentivize quality by rewarding hospitals with a portion of their reimbursement tied to patient satisfaction. It also encourages creation of new patient care models such as accountable care organizations that take responsibility over time for the cost and quality of care received by their patients.

Title IV Preventing chronic disease and improving public health

The purpose of this provision is to modernize disease prevention and improve public health systems. By improving preventative care cost is reduced by lowering the incidence of chronic disease which helps to lower costs to the healthcare industry in general. The benefits of this extend to everyone who pays into the system. Access to preventative services was greatly increased by this provision.

Title V Health care workforce

This provision helps to establish a national commission tasked with reviewing health care workforce and projected workforce needs. It also helps to increase the supply of the healthcare workforce. This is accomplished by providing loan repayment and forgiveness programs for nurses and physicians. These programs help to recruit workers to high need areas all over the country. It also increases funding for training of primary care physicians and physician assistants in family practice, internal medicine, and pediatrics. It also increases funding available for dental and geriatric training. Mental and behavioral health education grants are also included in this provision.

Title VI Transparency and program integrity

This provision is intended to increase transparency and affects several aspects of healthcare. First physician owned hospitals must have a provider agreement or they cannot participate in Medicare. Physicians who receive anything of value from pharmaceutical companies or medical supply manufactures must report in detail the value of these items. This also includes drug samples given. This largely affects physicians as well as pharmaceutical companies and medical supply manufacturers who used to provide incentives to physicians to prescribe their drugs or use their medical devices.

Title VII Improving access to innovative medical therapies

This provision largely helps pharmaceutical companies to create new drug therapies and protects them from competition when they create innovative treatments. This protects companies for 12 years after they release a product from other similar products competing with them. This does help to increase innovation but possibly increases costs to consumers and insurance companies for these novel therapies until generics are made available.

Title VIII Community living assistance services and supports

Establishes a new, voluntary, self-funded public long-term care insurance program, to be known as the CLASS Independence Benefit Plan, for the purchase of community living assistance services and supports by individuals with functional limitations. This provision was dropped by the Obama administration as it was unworkable.

Title VIII Revenue provisions

This provision creates funding to help support the cost of the affordable care act. It does so in several ways. High cost employer sponsored health coverage is taxed. It only affects insurance policies that cost more than \$8500 for single coverage and \$23,000 for family coverage. It also requires the cost of health insurance to be disclosed on w-2 forms. It limits the contributions to flexible savings accounts to \$2500 per year. It taxes cosmetic surgeries 5%. A large source of funding comes from the taxation of medical supply and pharmaceutical companies which is divided evenly across both sectors.

Title X Reauthorization of the Indian Health Care Improvement Act

This provision “reauthorizes the Indian Health Care Improvement Act (ICHIA) which provides health care services to American Indians and Alaskan Natives. It will modernize the Indian health care system and improve health care for 1.9 million American Indians and Alaska Natives.” (obamacarefacts.com)

It can be argued that the healthcare reform bill was an overreach of government power and that citizens should be free to decide whether or not they want coverage, but there are some clear benefits in having affordable coverage provided to citizens. More people have gained access to free preventative care which has helped to lower the incidence of chronic disease as well as helped to reduce the cost of care in treating some of these difficult chronic issues. Certainly there is no argument that this law has had a large affect on many individuals but having a discussion on whether to repeal it or not should be one that takes place before it is too late.