



20. RETROSPECTIVE STUDY OF BORDERLINE PERSONALITY DISORDER DIAGNOSED AND HOSPITALIZED IN CLINICAL HOSPITAL OF PSYCHIATRY

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Introduction. Over the past five years, there has been a marked escalation in the incidence of borderline personality disorder (BPD) cases within the Republic of Moldova. The clinical landscape of BPD is characterized by intricate states exhibiting a polymorphic array of symptoms and signs, thereby giving rise to the potential for misdiagnosis or delays in both diagnosis and subsequent treatment. Hospitalization is reserved for instances manifesting delirious or suicidal behaviors.

Aim of study. The present study aims to document the experience of a single center (Clinical Hospital of Psychiatry) with patients diagnosed with BPD. Medical records were reviewed to determine baseline characteristics, patterns, clinical features, treatment and evolution of patients diagnosed with BPD.

Methods and materials. 28 patients with BPD diagnosed and/or treated in Clinical Hospital of Psychiatry between 2017-2023 were reviewed retrospectively using the data from Hospital Nursing Information System (SIAMS).

Results. Among the reviewed patients, 53% were female and 47% were male, within the age range of 17 to 50 years. A demographic breakdown revealed that 53% were from urban areas, while 47% from rural areas. 25% exhibited an exacerbated hereditary history marked by parental alcoholism. A comprehensive assessment indicated that all patients diagnosed with BPD had a history of suicidal attempts and self-harm. 15% presented comorbid eating disorders, and 4% grappling with a sexual identity disorder. 15% reported instances of bullying during their academic years. 53% had a history of alcohol and drug misuse. 10% disclosed a history of sexual abuse, and an equal proportion acknowledged maternal abandonment. 35% had a background of familial divorce. In terms of therapeutic interventions, all subjects underwent treatment following: one or two antipsychotic drugs, an antidepressant, a thymostabilizing agent and one benzodiazepine. Subsequent hospitalizations revealed the emergence of symptoms indicative of either bipolar disorder or schizotypal disorder.

Conclusion. Patients with BPD exhibit a diminished likelihood of hospitalization due to misdiagnose or a high susceptibility to suicide. There is suggestive evidence that genetic predisposition and adverse life events contribute to BPD manifestation. Factors such as elevated rates of divorce, parental abandonment, bullying, and sexual abuse could be etiologic factors of BPD. The availability of inexpensive drugs and alcohol in society determines the comorbid substance abuse. Patients with BPD frequently contend with eating disorders. Suicidal attempts and self-mutilation emerged as recurrent patterns found in all reviewed cases. Due to lack of BPD management protocol, prescribed medications are commonly taken in overdose. Thus, further research is needed on the diagnosis, neurobiology, and treatment methodologies.