



4. BORDERLINE PERSONALITY DISORDER IN CHILDREN AND ADOLESCENTS

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Introduction. Borderline personality disorder is one of the most common psychiatric diseases worldwide. The clinical features of the disorder vary a lot depending on age, onset, gender, social status, and other comorbidities. The diagnosis is difficult itself at any point the patient addresses, but within children and adolescents, the diagnosis is even more troublesome due to the fact that it is often overseen as "misbehaving" or troublesome teenager behavior associated with hormonal change and social or educational environment. There are multiple theories concerning the cause of the disorder, including genetics (especially alteration of hormonal secretion and response delay) and the most important environmental background. Factors such as avoidant attachment styles of parenting, trauma, sexual abuse, rape, and violence are cumulative factors that may cause the onset of the disorder. The risk associated with the condition is very high, considering that the suicide rate in patients with borderline disorder varies between 4 and 10%. Diagnosis is crucial for youth considering that there might be social groups liable for the condition due to poverty and abuse.

Aim of study. The aim of the study is to spread awareness in both civil and academic environments about borderline disorders and to help differentiate a tantrum or a "phase" from an ongoing psychiatric disorder.

Methods and materials. The study is an academic review of literature found on various academic platforms using key words such as: "borderline disorder", "children", "adolescents", and "youth."

Results. The available data on the topic shows that the diagnosis of the disorder is shown to be reliable only for children aged 11 years. The epidemiology data available at the moment shows a total of 3% of teenagers in the general population suffering from the disorder. The criteria for the diagnosis is the presence of the following manifestations (mostly common) in a one-year period: self-destructive behavior (body damage, substance abuse, indulging in abusive relationships), altered self-image, unstable social relations and interactions, paranoid behavior, emptiness, emotional instability, and anger crises. The importance of an early and precised diagnosis is crucial, as the treatment requires time and effort. The most effective treatments nowadays are DBT (dialectical behavior therapy) and CBT (cognitive behavioral therapy), assisted some cases with second-generation antipsychotics.

Conclusion. Borderline personality disorder remains a problem in terms of diagnosis and prevention due to poor awareness and variable manifestations. Early detection and an adequate response to treatment are lifesaving instruments for the patients involved in self-harm and suicidal behavior. The only method that has proved to be effective is therapy, which should be started as soon as possible to give an adequate result.