CASE REPORT

CASE STUDY: BIPOLAR DISORDER WITH BORDERLINE PERSONALITY AND CHILDHOOD TRAUMA

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ABSTRACT

Background: Bipolar affective disorder is a mental disorder that is influenced by many factors, namely neurobiological factors and psychosocial factors. Due to these various factors, the outcome of bipolar affective disorder is different for each patient.

Case report: One of the psychosocial factors that influence bipolar affective disorder is the presence of trauma in childhood and neglect. Trauma in childhood can be a precipitating factor in genetically predisposed individuals, triggering episodes of bipolar affective disorder as well as borderline personality disorder, also influencing the severity of symptoms and onset when the disorder first appears

Results:. The severity of bipolar symptoms is also greater in patients with a history of childhood trauma and neglect. This severity includes frequent suicidal ideation and the appearance of psychotic symptoms. Therefore, childhood trauma and neglect may be predictors of poor outcome in patients with bipolar affective disorder and the development of borderline personality disorder.

Keywords: bipolar disorder; borderline personality; childhood trauma; case study

INTRODUCTION

Bipolar affective disorder current episode of major depression without psychotic symptoms is an affective disorder that currently meets criteria for major depression but without psychotic symptoms. Major depression according to PPDGJ III is depression that meets the three typical symptoms found in a depressive episode, namely depressed mood, anhedonia and anergia, and adding at least four other symptoms and some of the symptoms that must be of severe intensity. Other symptoms of depression besides the main symptoms are reduced concentration, reduced self-esteem and self-confidence, ideas of guilt, a bleak outlook on the future, ideas of self-harm, disturbed sleep and decreased appetite.[1] Besides major depression, bipolar affective disorder may happen simultaneously. One of the psychosocial factors that influence bipolar affective disorder is the presence of trauma in childhood and neglect.[2,3] Trauma in childhood can be a precipitating factor in genetically predisposed individuals, triggering episodes of bipolar affective disorder as well as borderline personality disorder, also influencing the severity of symptoms and onset when the disorder first appears.[4] Transcranial magnetic stimulation is a non-invasive procedure that uses a magnetic field to stimulate nerve cells in the brain, and can be used to improve depression. This treatment involves sending pulses repeatedly, hence the name rTMS. During a TMS session, electromagnetic coils are placed on the scalp to provide magnetic pulses that stimulate nerve cells in areas of the brain involved in mood control and depression.[5]

CASE DESCRIPTION

An 18-year-old female patient came to the ED complaining of feeling sad, often crying hysterically, unable to sleep and was afraid in the last one week. The initial sadness that the patient experienced began to appear one month ago when the patient's friend from junior high school passed away. According to the patient, the patient's best friend is the patient's ex-significant other who is always concerned with the patient and is the closest person to the patient. The patient also said that the patient's sadness had increased in the last one week due to breaking up with the patient's significant other. The sadness that the patient experiences is also accompanied by feelings of guilt, hopelessness and feelings of worthlessness.

After breaking up with the significant other, the patient took ± 7 psychiatric drugs each in front of the patient's ex-significant other. After that the patient fainted, and was taken

home to the home of patient's stepmother. The patient's stepmother said that the patient raved and cried after taking the drug. The patient also complains of frequently waking up when sleeping and has decreasing appetite. When entering college, the patient also said that he often forgot and found it difficult to concentrate during lectures.

HISTORY TAKING

A history of psychiatric disorders, one year ago the patient was also hospitalized when she broke up with her previous boyfriend and was diagnosed with major depression. The patient has been undergoing treatment, but three months ago the patient stopped the drug. The patient's sister has bipolar disorder. Patients often feel her life is empty and no one cares so that patients want to disappear from the world. The patient also often hurts herself by slashing her arms with a razor blade. The patient has denied having auditory hallucinations or being controlled while performing them. The patient often behaves rudely to her mother, because according to the patient, she holds a grudge and has been treated harshly by her parents. The patient smokes 6-7 cigarettes per day. There was no history of drug and alcohol use.

Nine months ago, the patient said that occasionally the patient felt excited and had excess energy so that the patient also did the tasks of the patient's friends so that she did not need sleep, purchased items that were not needed, up to a nominal value of one million. The patient's mother also said that the patient had cleaned the patient's room late at night and did not sleep, but in the morning the patient still felt excited to go to college.

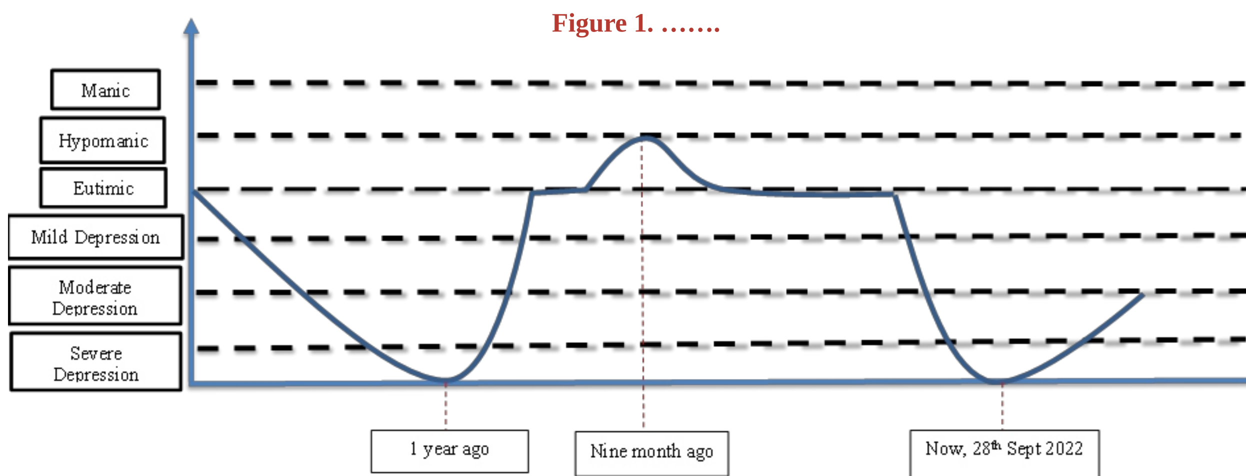

Figure 1. ....

The patient's mother and father said that the patient also often slams things when angry and often did self harm in the form of cutting when experiencing problems.

When the patient was six years old, the patient's mother and father often had conflicts because the patient's father had another woman. The patient's father often used physical violence such as hitting the patient's mother. The patient and her older brother were also often beaten by the patient's mother and father when they were in conflict. The patient has also been slammed by her father. The patient is often bullied by friends because she has two mothers. In high school, the patient started doing self-harm every time she felt sad by hurting her arm with a cutter. The patient feels she is able to channel her sadness by doing this. The patient believes in the existence of God but has not yet chosen which religion to follow.

According to the patient, father and mother are strict figures and often quarrel in front of the patient. The patient's father often used physical violence on her mother or children, such as hitting her with a belt and a ruler when the patient was naughty and unruly. The patient's mother never hit the patient's father back, but often hit her children when she was in conflict with her father.

MENTAL AND PHYSICAL STATUSES

On physical examination, vital signs are stable. There are several cutter cuts on the left arm. She experiences hypoactive psychomotor activity, hypothymic mood, and sad affect. Her thoughts are preoccupied with the break up. Perceptual disturbances were not found. Intelligence level is in accord to the intelligence of individual at her age. Three Wishes, wanting to be loved by the people around them, wanting to be healed, wanting to become a JKT 48 idol. Insight degree is V.

PSYCHODYNAMIC

From a psychodynamic point of view, the patient has problems of 'self', which can be seen from how the patient is very vulnerable to feeling threatened by being abandoned by her friends and boyfriend. This shows that the patient has a disorder in self-esteem regulation, namely the vulnerability of self-esteem threat. Patients are prone to experiencing emptiness when left by close friends or boyfriend which makes it more difficult to regulate herself so that when she feels neglected and lonely, her emotions are also difficult to control. It also shows how the internal response of self-esteem threat to the patient is. The patient constantly blames herself for having been dumped by her boyfriend. The

patient felt that the reason he broke up with the patient was because the patient always limited the activities of the patient's boyfriend, so the patient's boyfriend left her. This shows an internal response pattern in the form of self-deprecation and masochism which is a form of disturbance in the component of 'self' in the patient. The image of the patient's boyfriend approaching another woman who patient thinks to be more beautiful and healthier than her makes the patient blaming herself even more.

Based on Erik Erikson's theory of psychosocial development, this is possible because of the history of verbal and physical trauma in the patient's childhood at the age of 6-11 years, namely industry vs inferiority. At that age the patient has started to receive harsh treatment from her father and mother. The patient identifies her father's beating behavior as a form of punishment whenever a mistake is made, so that the patient conditions herself to feel guilty and blame herself if something doesn't go as it should. The patient's mother also often beats the patient and the patient's sibling if there is a conflict with the patient's father. The patient is also often bullied by her friends because she has two mothers.

The patient experiences a disturbance in trust which can be seen from how the patient has difficulty having close friends. The patient does not easily trust others and is very selective in making friends. The problem of trust since early childhood development is due to the lack of a dyadic relationship between the patient and her mother and father. Disruption of the patient's trust may be due to a crisis when the patient was 0-3 years old (early childhood). In the developmental phase, aged 0-3 years, the patient has difficulty building object permanence because her father is strict and often in conflict with her mother. The patient's father was already dating another woman, so her father rarely comes home. This is what in the future allows security disturbances that cause the patient to feel anxious, confused, afraid if her boyfriend is with another woman who is more beautiful and healthier, and feels insecure if her boyfriend or best friend leaves her. This crisis in its development seems to interfere with her ability to obtain object permanence and constancy.

The patient also did splitting to her boyfriend. the patient initially idealized a boyfriend who was very good, but after breaking up, the patient devalued her boyfriend was very bad. According to Melanie Klein in her object relations theory, splitting can occur at the age of the first 3-4 months in a baby's life. This is known as the paranoid-schizoid position. This pattern can persist until the patient is an adult and causes poor patient mentalization abilities.

This will interfere with the child's ability to develop a 3-dimensional view of herself and others, above the first year the child has object permanence (the child's ability to realize that he is not separate from the caregiver) and at the age of 2-3 years cannot develop object constancy that allows someone understands that other people actually have good and bad qualities in themselves. Because of this age defect, patients may also have difficulty trusting others. Disturbances in this aspect in the future make the patient experience problems with intimacy so that even though the patient says that her relationship with friends during college is close, the patient cannot share her sadness with college friends. The patient is also experiencing role confusion about her relationship with God. The patient has not been able to make a choice of which God she will choose. Because according to the patient, the God she chooses often does not answer her prayers. Two years ago, when the patient was in the stage of development of 12-18 years of identity vs role confusion, the patient was forced by her father to wear the hijab and pray 5 times a day.

RESULTS

QEEG results show several abnormalities, namely a slight decrease in the pattern of delta waves in the frontal and central areas and an increase in high beta waves in the right frontal area at absolute power, while in relative power there is a decreasing pattern in the delta waves in the frontal and central areas and an increasing pattern in beta waves in the central area.

The high frequency of high beta waves indicates an anxiety condition that causes the patient to be uneasy and stressed. A decrease in delta waves in both absolute and relative power indicates a sleep disturbance experienced by the patient.

Attention test using TOVA shows abnormal results in patient An. NS, which is -1.76, meaning at this time the patient is in an attention problem due to depression experienced by the patient and it causes problems in college.

INVESTIGATION AND DIFFERENTIAL DIAGNOSIS

The patient found she has been feeling sad over the past one month, loss of energy and interest in doing activities that she initially liked, feeling weak, and lack of energy. The patient also complains that she frequently wakes when sleeping, having decreased appetite, feelings of guilt, hopelessness and feelings of worthlessness and cognitive disturbances in the form of reduced concentration and memory, suicide attempts with a history of opposite episodes in the form of reduced sleep needs and increased activity during 2-3 days, wasting money to buy useless items, the diagnosis in this patient is F31.4 Bipolar Affective Disorder Current Episode Major Depression without Psychotic Symptoms. The result of the Montgomery-Asberg Depression Rating Scale (MADRS) assessment with a score of 44 is major depression. The patient can be differentially diagnosed with recurrent episodes of major depression without psychotic symptoms, but because of an increase in

activity and mood within a few days, this diagnosis can be ruled out. The patient with a premorbid history of emotional instability, excessive efforts to avoid neglect, chronic feelings of emptiness, unstable patterns of interpersonal relationships, impulsive behavior and self-harm with sharp objects, is diagnosed with borderline personality disorder.

TREATMENT AND FOLLOW UP

The patient was treated with Aripiprazole 1x10 mg, Valproic Acid 1x250 mg, Escitalopram 1x10 mg, Trihexyphenidyl 1x2 mg and administration of r-TMS on the left dorsolateral prefrontal cortex (DLPFC) and a frequency of 10 Hz for five times while being treated. After ten days of treatment the patient was allowed to go home with a MADRS score of 8. The patient was also given Cognitive Behavior Therapy to reduce cognitive distortions from the guilt that the patient felt. Patients tend to blame herself when her boyfriend broke up with her. However, when CBT was given in the 3rd session by analyzing emotional reasoning, namely evidence that supports and does not support as well as the benefits and disadvantages of believing in this, the patient's sadness is reduced. The family is also given religious-based family therapy.

DISCUSSION

Family therapy based on religion and spirituality is needed in this case because it will affect the behaviour and psychological state of the patient. Family therapy is seen as a counselling process with a focus on helping individuals in the family to interact better with one another, in order to build a conducive atmosphere for both children and parents. This therapy will help individuals to realize their existence as God's creatures who should live in harmony with God's provisions and instructions, so that they can achieve happiness in the world and in the hereafter and there is no role confusion in religious beliefs.[6]

Religious and spiritual based therapy aims to convey and invite members in the family to focus not only on solving the patient's psychiatric problems but also on growing Islamic values on moslem that are integrated in it so that changes in behaviour and better ways of thinking can be achieved. Religious and spiritual based therapy here also targets to help change the patient's personality to be more independent and responsible and increase individual potential to become a person with good qualities.[6]

This patient has been given holistic therapy starting from pharmacotherapy, non-pharmacotherapy such as r-TMS, psychodynamic psychotherapy and spiritual and religious-based family therapy. So that patients can be better in personality and bipolar affective disorder.

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