

P02-245 - TWO EXTREME AND PARALLEL CASES OF BORDERLINE PERSONALITY DISORDER

R. Di Lorenzo¹, V. Moretti², C. Muratore², M. Pighi², M. Rigatelli³

¹*Mental Health Department*, ²*University of Modena and Reggio Emilia*, ³*Psychiatry, University of Modena and Reggio Emilia, Modena, Italy*

Introduction: Borderline Personality Disorder (BPD) shares many symptoms with Bipolar Disorder (BD) and Attention-Deficit/Hyperactivity Disorder (ADHD), like aggressiveness, mood instability and impulsivity, which are often treated in off label modality with mood stabilizer drugs. We point out the diagnostic, therapeutic and rehabilitative difficulties of BPD treatment through the analysis of two extreme and parallel cases.

Materials and methods: Two females, born in extra-EU Countries in 1986 and in 1988, emigrated in Italy in childhood, presented overlapping traumatic early life events and ADHD during scholar age. Later, both the patients presented such growing relational problems and disruptive behaviours to be expelled from family and school. So they began a long psychiatric history, characterized by frequent hospitalizations, due to violent behaviour against themselves and other people, many unsuccessful rehabilitative programs, due to poor compliance, and various pharmacological switches, due to drug scarce effectiveness. Both the patients were followed by the same staff for 8 years, with an integrated psychotherapeutic, rehabilitative and pharmacological program, which consisted of a perseverant and meantime flexibly setting, a support of educational community operators and an off label prescription of two mood stabilizers combined to an atypical antipsychotic drug. Results At the moment, the patients showed reduced dangerous behaviours, but need a perseverant effort by many operators in order to promote their emancipation from institutional dependence.

Conclusions: The complexity of these cases, characterized by the persistence of a childhood disease, developed into a stables unstable mood chronic pathology till the late adolescence, suggests us a likely pathogenic relationship among BPD, BD and ADHD.