

OUTCOMES IN WOMEN DIAGNOSED WITH BORDERLINE PERSONALITY DISORDER IN ADOLESCENCE

Early Detection and Timely Intervention are Fundamental

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Biskin and colleagues' report (this issue) from the coalface of patient care confirms a pattern of enduring functional and psychopathological impairments associated with poor outcomes in individuals once diagnosed with borderline personality disorder (BPD), even if symptomatically 'remitted'.

Both symptoms and functioning are basic components of psychopathological diagnosis (APA, 2000) but they are often confounded (Ro & Clark, 2009). It is not only important to understand the temporal course of BPD diagnostic criteria, but also to understand how BPD serves to modify individuals' unique situations. Since BPD usually becomes apparent in adolescence or emerging adulthood, a demographically crowded period of life (Arnett, 2000), the potential for ensuing developmental disruption is high, even if the clinical features subsequently attenuate (Skodol et al., 2005).

There is a normative rise in personality disorder features during adolescence (Crawford et al., 2005) and we ignore the care of this group to their peril. Intervention should not be solely based upon reaching or retaining a diagnostic threshold. Rather, it should aim to alter the life course trajectory of this group, which is generally negative (Chanen, Jovev, McCutcheon, Jackson, & McGorry, 2008). Biskin and colleagues' study strengthens the case for implementing empirically-based early intervention programs (Chanen, Jackson et al., 2008; Chanen et al., 2009), which hold the promise of promoting more adaptive developmental pathways and averting many of the outcomes described by Biskin and colleagues before they become intractable.

Acknowledgements / Conflicts of Interest

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