

Letter to the editor

Key clinical data in the differential diagnosis between onset of Bipolar Disorder and Borderline Personality Disorder

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Dear Editor,

The differential diagnosis between Bipolar Disorder and Borderline Personality Disorder is often difficult, especially at early disorders stages¹⁻³. After conducting a review of the

scientific evidence we have created a table where some key elements that can help clinicians in daily practice¹⁻¹⁰ are synthesized.

To test the usefulness of this table we used it to support the diagnosis of a case in which we were thinking about the differential diagnosis between Bipolar Disorder and Borderline Personality Disorder.

Case Report

28 year old woman presented to the emergency, brought by ambulance, after telephone call from her brother after patient's voluntary drug intoxication. Personal history includes adjustment disorder, grief and pathological personality traits. Family psychiatric history shows maternal with affective psychotic disorder. The current episode is precipitated by a breakup. It is characterized by a progressive isolation from her family and care for their children. She

	Bipolar Disorder	Borderline Personality Disorder
Family history of bipolarity	Frequent	Rare
Traumatic childhood	Possible	Probable
Biographical breakdown at onset	Frequent	No
Course	Episodic and phasic	Maintained but fluctuating course
Core symptoms	Euphoria or sadness, with slow, gradual changes (unless rapid cycling)	Anger or anxiety, with very quick changes (minutes, hours ...)
Depressive periods	Long and persistent, with the possibility of psychomotor retardation	Short and fluctuating, with atypical biological rhythms pattern. Outstanding anger and hostility. No cognitive dysfunction
Hypomanic episodes	Characteristic. Typically, no anxiety	No. Manic symptoms not persistent or clear enough
Psychotic symptoms	Possible associated with depressive or severe manic phases	Dissociative type; associated with periods of emotional overflow
Suicidal behavior	Usually occurs during periods of exacerbation of affective symptoms without obvious relational triggers. Guilt because of impact on others of their behavior	Very reactive, used to reduce stress. Environmental triggers frequent, especially interpersonal conflicts that often project responsibility
Drug abuse	If drug abuse appears generally limited to periods of emotional imbalance	Most common and maintained with frequent addictive pattern
Relationships	Usually preserved and supportive	Typically, usually pathological, dependent, disruptive...
Response to antidepressants	Possible response to antidepressants, but added risk of possible future emotional instability.	They can improve negative emotions and impulsivity
Response to mood stabilizers	Yes	Poor
Response to antipsychotics	Yes	Poor
Role of psychotherapy	Adyuvant	Priority

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refused food intake. In the emergency room the patient does not collaborate properly during the interview. At the night she required pharmacological sedation due to psychomotor agitation. She does not criticized herself for the autolysis.

The following additional tests are performed: *Detection of drugs of abuse*: negative. *MCMI-III. Millon- Clinical Multiaxial Inventory III*: Personality profile that highlights apathy, listlessness, lack of initiative and autonomy and the tendency to establish dependency relationships with others. She presents long-term altered mood criteria, being depressed at this time. *Test factor "g"*. Normal, but in the lower range. *Dexamethasone suppression test*: within normal range. *EEG*: normal trace.

There are very few changes kept in her evolution during the first weeks of income. The patient remains in the room most of the time and shown dejected. Antidepressant doses are increased, reaching venlafaxine dose of 450 mg/day, mirtazapine 45 mg/day, quetiapine 400 mg/day lamotrigine 200 mg/day. The initial diagnostic orientation is depressive syndrome in the context of Borderline Personality Disorder. We decided to ask for transfer her to a social health center to work longer emotional self-regulation, planning daily activities as well as vital objectives. However, this center considers not indicated because the autolytic risk. Shortly after the patient reports be better. In fact, she starts to have an episode of hypomania in which is very communicative, smiling and active. Sometimes presents episodes of irritability, breaking objects, being limited in time, returning to baseline within hours. The medical staff is surprised by the shift in the emotions of the patient. The diagnosis changed to Bipolar Spectrum Disorder. Step by step the psychopathology described is more stable and for that reason she is discharged for monitoring outpatient treatment having added 600 mg/day of lithium (0.48 mEq/l).

Discussion

The case presented is a typical example of the dilemma posed to patients with clinical features consistent with both Borderline Personality Disorder and Affective Disorder. At first the diagnosis was more centered on personality disorder because previous diagnoses and the precipitating event of suicidal behavior (breakup). However, from the beginning there were other clinical data that pointed to Affective Disorder. Thus, we can observe in the table that family history, course, and nuclear characteristics of depressive symptoms were more characteristic of bipolarity. The appearance of hypomanic episode definitely clarified the diagnosis and reason changing therapeutic direction. This case exemplifies

the importance of making a correct differential diagnosis between Borderline Personality Disorder and Bipolar Disorder as early as possible, given its obvious importance in choosing the best treatment plan in the short and long term³. Taking into account clinical data summarized in the presented table can help in this challenge and secondarily improve adherence and outcome¹¹.

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Mindfulness terminology in the Spanish scientific literature: used terms and definitions

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Dear Editor,

The term mindfulness has been incorporated to the scientific literature in the last years. Increasing specific scientific literature over the past decade¹ has resulted in formative programs covered by different universities²⁻⁴, and the organization of the first monographic conference⁵. Furthermore, mindfulness concept and practices are overcoming the academic barrier getting into different social areas and increasing general media information, bringing the issue to be Time Magazine cover⁶. Originally, this term is related to Buddhist traditional contemplative practices⁷. In this context, mindfulness was used as translation for *pali* term *sati* (*smṛti* in Sanskrit) for first time in 1881⁸. It was no surprise in the choice of this term, as the previous approaches for *sati* translation and mindfulness definition in the Oxford English Dictionary⁹. However, a problem arises in the Spanish translation of this term, not just by the absence of a corresponding one in Spanish¹⁰, but by the trouble of making a double translation (from Pali to English, and from English to Spanish)¹¹. The fact that mindfulness can be used to describe a theoretical construct, a psychological process, or practices to cultivate that process¹², does not favour a consensus on the terminological choice. The absence of a consolidated translation may cause difficulties in knowledge diffusion, which objective is the right message transmission¹³. In this case, the final recipients are the potential users of resources, and the professionals become intermediate transmitters who must ensure that the message is conveyed clearly. Based on these difficulties, a review and analysis of scientific literature (papers and PhD dissertations) produced in Spain until 2014 was proposed.

Method

A literature search was carried out on the habitual databases, including documents published previously to January 1st 2015. The terms employed included habitual terms in Spanish ("atencion consciente", "atencion plena", "conciencia plena" and "meditacion"), and the English term ("mindfulness"). The different terms used, translation difficulty and different definitions used were analyzed.

Results

Scientific papers

85 scientific papers published between 1992 and 2014 were analyzed. Only 13 of them (15.3%) make explicit the translation difficulty. Mindfulness was the preferred term, appearing in 73 (85.9%) references. "Atencion plena" was the most used translation, appearing in 32 (37.6%) references, followed by "conciencia plena" used in 28 (32.9%) and "meditacion" used in 21 (24.7%). A residual use was found for the rest of translations (1.2%-2.4%). 50 of the analyzed papers (58.8%) presented one definition at least, being the Kabat-Zinn's proposal the most used one, in 30 references (35.3%).

PhD Dissertations

19 dissertations were proposed for analysis, with the full-text access for only 13 of them. 6 of them (46.1%) mentioned the translation difficulty. Mindfulness was the most used term in 12 (92.3%), followed by "atencion plena" in 4 (30.7%) and "conciencia plena" in 2 (15.3%). 11 dissertations (84.7%) presented one definition at least, being the Kabat-Zinn's one the most used, cited in 9 of them (69.2%).

Discussion and conclusions

Especially over the last few years, it seems to be a clear trend to maintain the English original term. However, avoiding a possible ambiguity as a translation result should not be the exclusive explanation behind observed tendency. It should not be forgotten the use in a health science context, in which a specialized professional language is maintained not only as communication facilitator among professionals, but as a status maintainer. In this case, one can't ignore that "the specific languages are the basic communication basic tools between specialists"¹⁴. It is worth remembering those words, because technical texts are characterized by being directed to an expert receiver using a specific terminology, as opposed to informative texts for mainstream audiences, requiring a standard vocabulary¹⁵.

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Finding the same terminology in technical books and informative texts suggests that the introduction of the word "mindfulness" is already among the second and third stages of linguistic change¹⁶.

The analyzed papers with lack of concept definition are over 40%, an important fact considering the importance of defining the study object in scientific literature. The operational definition proposed by Bishop has been poorly accepted in the analyzed papers, being used in less than 15%, which is also relevant.

In case of selecting an expression in Spanish, "atencion plena" is the most widely used. However, the subject of this paper was not to make a translation proposal for the word mindfulness. It would be appropriate to extend the review to the Latin American context publications, comparing how different countries use the terminology. Including an analysis of the language used by the media for scientific dissemination, as well as the language used by general population, would improve communication between academic and clinical communities and the users, which are potential beneficiaries of science progress. In any case, a multidisciplinary approach seems necessary, not only at scientific and academic health science areas, but including language and scientific disclosure specialists, combining different methodologies for reality exploration, in order to facility communication between professionals and with their users.

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