

THE EXPERIENCE OF SOCIAL DISTANCING IN PATIENTS BPD SUBTYPE RELATIONAL DYSREGULATION DURING THE FIRST WAVE COVID-19 PANDEMIC LOCKDOWN. A CASES SERIES

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Dear Editor:

The infectious disease SARS-CoV-2 or Coronavirus 19 (COVID-19) has generated a clear psychosocial impact, affecting general populations' physical and mental health. This impact derives from the pandemic itself and the associated restriction measures implemented. Regarding Spain, a home lockdown was imposed from May 15th to June 20th through the declaration of the National State of Alarm. The impact on general populations' mental health has been great in Catalunya, our zone, where anxiety levels have multiplied by four and depressive levels by three compared to before the lockdown.¹

Regarding population diagnosed with mental health disorders, studies report a greater sensitivity to stress in general, which would determine greater vulnerability to pandemic- and lockdown-related emotional stressors, thereby exacerbating every concrete disorder.² Borderline Personality Disorder (BPD) patients belong to this group because, in general, low distress tolerance and negative emotions represent key features. BPD is considered a psychiatric disorder characterized by emotional instability, impulsive behavior, identity diffusion, and disturbance in interpersonal

relations. Nonetheless, there is notable clinical heterogeneity and other factors that influence it (e.g. the evolutive moment or high psychiatric comorbidity),³ In this line, three factors or psychopathological components have been described that could help better understand BPD etiopathogeneses and design more specific treatments: Emotional Dysregulation, Behavioral Dysregulation, and Disturbed Relatedness. According to the predominance of certain components, the existence of different subtypes of patients with BPD^{4,5} has been proposed, but within the frame of a single unique BPD category.⁶ In a context of lockdown such as during the COVID-19 pandemic, BPD patients with a significant "Disturbed Relatedness" component, characterized by instability in their relationships, efforts to avoid abandonment, feelings of chronic emptiness, and identity diffusion⁵ would be more vulnerable. Existing evidence indicates they tend to have difficulties cooperating with or trusting others and tolerating disagreements or the feeling, real or imaginary, of being abandoned. All these situations might generate emotional overflow that, together with self-regulation issues, become impulsive or erratic behavior.⁷ Most recent research reports that this association between interpersonal stressors and the appearance of difficult to manage and intense emotions, such as hostility, sadness, or fear, is present in their day-to-day life.⁸

BPD Program for Adolescents and Young Adults of the Psychiatry Service in the Vall d'Hebron University Hospital (HUVH) maintained their patients' biweekly follow-up sessions with their reference professionals (clinical psychologists and psychiatrists) through telemedicine (biweekly frequency). Special consideration was given to the impact of the quarantine derived from the first wave of the COVID-19 pandemic in patients with a significant "Disturbed Relatedness" component. Most of them spent the lockdown with their family of origin and belonged to the Barcelona Metropolitan Area.

The first lockdown forced social distancing and restrained interpersonal relationships, shifting to new communication models, essentially through ICTs. In this context, the presence of interpersonal stressors seems to have decreased, creating some kind of "bubble effect" that has kept the patients in a more isolated environment, but also more controlled and less aversive. This could have favored greater clinical stability compared to before the lockdown. By the end of the quarantine, the external imposition of loss of social contact vanished and the model of relating went back to "normal", with the usual stressors. In this "back to normality" scenario, a clinical worsening was observed, especially in greater instability in interpersonal relationships. According to our recent clinical experience, we think that the lockdown may have generated a less demanding environment in relationships that could have minimized BPD patients with a core Disturbed Relatedness component' interpersonal difficulties.

The scarce evidence available indicates that, in general, confinement would exacerbate the feelings of emptiness or abandonment⁹, and that living alone could be considered as a main factor of poor prognosis for a BPD patient in that situation¹⁰. Therefore, it seems that living with others would mitigate the feelings of emptiness, loneliness, or abandonment in a subtype of patients. Furthermore, drawing on our clinical observations, we believe that the confinement could also have had a positive impact in Disturbed Relatedness psychopathology, this would have been mediated by the decreased exposure to interpersonal related stressors. To test such hypothesis, future research is needed and should monitor several variables, such as longer confinements, and control other clinical and sociodemographic variables.

Conflict of interest

None

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