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Air is My Plea: An Acronym to Help Recall DSM-5 Borderline Personality Disorder and its Diagnostic Criteria

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Introduction

Clinical guidelines suggest that when patients with borderline personality disorder (BPD) are accurately diagnosed and are promptly involved in treatment, they would often show improvement within their first year of treatment [1]. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM -5) [2] criteria-based approach for diagnosing BPD could be difficult to recall especially in hurried emergency settings and busy clinical encounters. The inaccurate recollection of diagnostic criteria may also adversely result in misdiagnosis, over diagnosis or underdiagnoses, which could then delay treatment and negatively affect prognosis especially in BPD patients who may become defensive, resistant or non-responder to suggested interventions especially if they perceive any hesitation or uncertainty from their treating clinicians [3].

The acronym **Air is my Plea**, is based on the DSM-5 [2] diagnostic criteria of BPD as outlined in (Table 1). It is specifically constructed to project a narrative that describes and emphasize the various facets of BPD patients who seem to be always “up in the air “ with their identity, their feelings, thoughts and general state of mind and who are constantly pleading for assistance and sense of direction with their ever changing goals, expectation, vocation and interpersonal relationships [3].

Table 1 Air is my plea, Acronyms to help recall DSM-5 nine Borderline personality disorders and their diagnostic criteria description.

Acronym's letters	Criteria Description	DSM-5 Criterion #
A	Frantic efforts to avoid real or imagined Abandonment	1
I	Identity disturbance: markedly and persistently unstable self-image or sense of self.	3
R	A pattern of unstable and intense interpersonal Relationships characterized by alternating between extremes of idealization and devaluation	2

I	Impulsivity in at least two areas that are potentially self-damaging (e.g., substance abuse, binge eating, and reckless driving)	4
S	Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior	5
P	Transient, stress-related Paranoid ideation or severe dissociative symptoms	9
L	Affective instability and mood lability (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days)	6
E	Chronic feelings of Emptiness	7
A	Inappropriate, intense Anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)	8

Abandonment

Fears of abandonment are related to an intolerance of being alone and the frantic efforts to avoid abandonment could lead to impulsive actions such as self-mutilating or suicidal behaviours.

Identity disturbances

Persistent unstable self-image or sense of self usually manifested by sudden and dramatic shifts in goals, values, vocational aspirations and unpredictable changes in opinions, career plans, sexual identity, life partners, and friends.

Relationships

Prevailing pattern of unstable and intense interpersonal relationships characterized by sudden and dramatic shifts in perceiving others, as being beneficent supporters and idealized or as cruel, punitive and devalued. The shift in relationship perception is often reflected as disillusionment with mental health providers whose nurturing qualities are idealized or whose strict limit settings are interpreted as rejection and are then dismissed and devalued.

Impulsivity

Pattern of impulsive behaviours that are potentially damaging to self-image, self-respect and friendships such as irresponsible spending, binge eating, abusing substances, engaging in promiscuous unprotected sexual relationships, reckless driving, gambling etc...

Suicidal behaviour

Recurrent suicidal behavior, gestures, or threats, or self-mutilating acts (e.g., cutting or burning) with increased likelihood of completed suicide than other psychiatric disorders.

Paranoid ideation/severe dissociative symptoms

Occur during periods of extreme stressful conditions of or interpersonal conflicts and usually subside with the remission of these precipitating factors.

Labile mood/Affective instability

Marked reactivity and mood liability manifested by intense episodes of dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days that are predominately a reflection of extreme reactivity to interpersonal or situational stressors.

Emptiness

Chronic feelings of emptiness or being totally devoid of feelings that are closely linked to boredom and the unstable sense of self and could precipitate self-mutilating behaviors. Avoiding isolation and enhancing self-motivating activities are essential for counteracting emptiness.

Anger

Expressing inappropriate anger even in the face of realistic time-limited separation (such as a clinical care provider informing the patient about taking some time off in 3 months) or when there are unavoidable changes in plans (e.g., cancelling a scheduled appointment due to severe weather, etc...).

Conclusion

In summary the acronym AIR is my plea is only intended to be used as an adjunctive tool in recalling BPD nine diagnostic criteria, however it is neither a substitute to DSM-5 [2] or an alternative to the comprehensive assessment of patients with BPD.

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References

1. Wehbe-Alamah H, Wolgamott S (2014) Uncovering the mask of borderline personality disorder: knowledge to empower primary care providers. *J Am Assoc Nurse Pract* 26: 292-300.
2. American Psychiatric Association (2013) *Diagnostic and Statistical Manual of Mental Disorders* (5th edn) Arlington, VA.
3. Stepp SD, Scott LN, Morse JQ, Nolf KA, Hallquist MN, et al. (2014) Emotion dysregulation as a maintenance factor of borderline personality disorder features. *Compr Psychiatry* 55: 657-666.