

REVIEW ARTICLE

Transformation of the diagnostic criteria for borderline personality disorder: historical analysis and current perspectives

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ABSTRACT

Introduction: borderline personality disorder constitutes one of the most complex psychiatric conditions, characterized by emotional instability, impulsivity, and interpersonal difficulties, which generates significant clinical challenges.

Objective: to analyze the evolution of the diagnostic criteria for borderline personality disorder between the fourth and fifth editions of the Diagnostic and Statistical Manual of Mental Disorders.

Methods: a systematic review of the scientific literature was carried out in various databases. The search was conducted using an algorithm with keywords and Boolean operators, allowing the identification of relevant sources. The selected studies, after applying selection criteria, were critically analyzed considering recency, methodological quality, and thematic relevance, and were integrated into the final synthesis of the review.

Results: the findings show that the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders introduces greater specificity and differentiation of symptoms compared to the previous edition, separating suicidal behaviors from impulsivity and clarifying the influence of culture on clinical presentation. Changes in the description of identity, affective reactivity, and interpersonal relationships are highlighted, which favors more precise diagnoses. The literature emphasizes the importance of detailed criteria to improve clinical validity and therapeutic intervention.

Conclusions: the transition between the fourth and fifth editions of the manual represents an advance in the understanding of the disorder by offering clearer and more differentiated criteria. These changes strengthen diagnostic accuracy and facilitate specific therapeutic strategies, although challenges remain, requiring complementary assessment tools and future research.

Keywords: Diagnosis; Diagnostic and Statistical Manual of Mental Disorders; Borderline Personality Disorder; Mental Disorders.

INTRODUCTION

Borderline personality disorder (BPD) is a psychiatric condition characterized by persistent patterns of emotional instability, mood regulation difficulties, impulsivity, interpersonal difficulties, and disturbances in self-image, leading to a significant impact on psychosocial functioning and the quality of life of affected individuals. Recent studies indicate that these core characteristics of BPD are associated with severe dysfunction in domains such as education, employment, and family relationships, indicating the magnitude of functional impairment accompanying this disorder compared to clinical groups without BPD.^(1,2)

The typical onset of BPD usually occurs during adolescence or early adulthood, critical periods for the consolidation of identity and emotional regulation. Empirical evidence suggests that emotional regulation difficulties and intense affective reactions are central components of the psychopathology of BPD, contributing to the clinical presentation of episodes of disproportionate anger, elevated anxiety, and transient depressive states, as well as the manifestation of impulsive behaviors and self-harming conduct.^(3,4)

The etiologies of BPD are multifactorial, involving the interaction between genetic, neurobiological, and environmental factors. Recent literature underscores the association between adverse childhood experiences—such as abuse or neglect—and a higher risk of developing BPD in later life stages, although the exact causality remains a subject of research. Additionally, contemporary studies indicate that variations in emotional processing and executive functions may be relevant mechanisms in the genesis of the disorder, emphasizing the complexity of its etiopathogenesis.⁽⁵⁾

From a diagnostic perspective, BPD represents a clinical challenge due to its symptomatic heterogeneity and overlap with other mental disorders. The Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5), establishes specific criteria for diagnosis, including emotional instability, fear of abandonment, intense and unstable interpersonal relationships, impulsivity, and chronic feelings of emptiness, among others. This definition has facilitated greater precision in the clinical identification of the disorder and better distinction from other clinical conditions, although debates persist regarding dimensionality versus the traditional categorical approach.^(6,7)

Recent research continues to explore the validity and efficiency of the DSM-5 diagnostic criteria, as well as their implications for clinical practice and research. Some studies have evaluated the discriminative capacity of specific criteria, highlighting, for example, affective instability as a substantial differential predictor, which may contribute to optimizing diagnostic algorithms and reducing clinical heterogeneity. These advances seek to strengthen diagnostic precision, promote more specific therapeutic interventions, and improve long-term clinical outcomes.⁽⁸⁾

Based on the above, the need arose to carry out this review, which aimed to analyze the evolution of the diagnostic criteria for borderline personality disorder between the fourth and fifth editions of the Diagnostic and Statistical Manual of Mental Disorders.

METHODS

A systematic bibliographic review of the scientific literature was carried out, developed in accordance with the recommendations of the PRISMA statement (Preferred Reporting Items for Systematic Reviews and Meta-Analyses). The study design corresponded to a systematic review, aimed at identifying, evaluating, and critically synthesizing the available evidence directly related to the research topic. The search period was limited to January 2010 and December 2024, with the objective of including recent and methodologically pertinent studies that provided updated and relevant information.

The information sources included recognized electronic databases in the field of health sciences and biomedical sciences: PubMed/MEDLINE, SciELO, ScienceDirect, Google Scholar, LILACS, and the Virtual Health Library (BVSALUD). Additionally, a manual search of secondary references contained in the selected articles was performed, in order to identify potentially relevant studies not retrieved in the initial search. Likewise, grey literature, such as theses and institutional documents, was considered, provided they met the established quality and relevance criteria.

The search strategy was designed using an algorithm that combined controlled descriptors (MeSH and DeCS) and free terms related to the study topic. Boolean operators "AND" and "OR" were used to optimize the sensitivity and specificity of the search. The terms were adapted to each database, and the search was limited to publications in Spanish, English, and Portuguese. This strategy allowed the retrieval of a broad and representative set of the available evidence.

The inclusion criteria considered original articles, systematic reviews, and observational studies published within the defined time frame that directly addressed the subject of the review. Duplicate articles, studies without access to the full text, publications outside the established period, and those not directly related to the research topic were excluded. The selection process was carried out in two phases: an initial reading of titles and abstracts to discard irrelevant studies, followed by an exhaustive evaluation of the eligible full texts. The initial number of identified records, the studies excluded after screening, and the total number of included articles were documented using a PRISMA flow diagram.

For data extraction, a standardized form was used that collected key variables such as author, year of publication, study design, sample size, and main results. The information analysis was carried out through a qualitative synthesis of the findings, given that the methodological heterogeneity of the studies did not allow for a meta-analysis. The results were integrated in a narrative manner, highlighting relevant patterns, agreements, and discrepancies in the analyzed literature.

DEVELOPMENT

Borderline Personality Disorder (BPD) has historically been conceptualized as a complex clinical entity, characterized by marked emotional, interpersonal, and identity instability. The evolution of its diagnostic criteria reflects advances in the psychopathological understanding of the disorder and the need to optimize its clinical identification. From this perspective, the comparison between the DSM-IV and the DSM-5 allows for analyzing how the introduced changes respond to greater descriptive precision and clearer symptomatic differentiation. Specialized literature indicates that diagnostic refinement is essential to reduce clinical heterogeneity and improve diagnostic validity, particularly in personality disorders, where there is high symptomatic overlap. In this context, the DSM-5 represents an effort to better systematize the clinical

domains of BPD, maintaining the categorical structure but incorporating greater clinical specificity.⁽⁹⁾

The DSM-IV established the diagnostic foundations of BPD by defining a set of criteria centered on affective instability, impulsivity, and interpersonal difficulties. However, over time, limitations related to the ambiguity of some criteria and the overlap between symptomatic domains became evident. These limitations motivated a critical review that culminated in the DSM-5, which maintains the diagnostic essence of the disorder but introduces relevant conceptual adjustments. Various authors indicate that these changes do not imply a radical redefinition of BPD, but rather a more functional reorganization of symptoms, aimed at improving clinical utility and diagnostic consistency. This review process aligns with international recommendations on diagnostic classification in mental health.^(2,5,10)

In Table 1, the diagnostic criteria for this condition appear, with one of the central criteria being an intense fear of real or imagined abandonment. In the DSM-IV, this criterion implicitly included suicidal and self-harming behaviors as strategies to avoid the loss of significant bonds. However, the DSM-5 explicitly excludes these behaviors from this criterion, establishing a clear conceptual separation. This modification responds to clinical evidence indicating that self-harming behaviors have specific psychological determinants and are not always directly linked to fear of abandonment. The introduced differentiation allows for a more precise evaluation of the function of each behavior, reducing the risk of misinterpretations and favoring more focused interventions.^(4,7,11)

Table 1. Diagnostic criteria for borderline personality disorder according to DSM-5.

Criterion	Description
Criterion 1	Desperate efforts to avoid real or imagined abandonment
Criterion 2	A pattern of unstable and intense interpersonal relationships characterized by alternation between the extremes of idealization and devaluation
Criterion 3	Identity disturbance: intense and persistent instability of self-image and sense of self
Criterion 4	Impulsivity in two or more areas that are potentially self-damaging (spending, sex, drugs, reckless driving, binge eating)
Criterion 5	Recurrent suicidal behavior, gestures, or threats, or self-harming behaviors
Criterion 6	Affective instability due to marked mood reactivity (intense episodes of dysphoria, irritability, or anxiety that usually last a few hours and, rarely, more than a few days)
Criterion 7	Chronic feeling of emptiness
Criterion 8	Inappropriate and intense anger, or difficulty controlling anger (frequent temper outbursts, constant anger, recurrent physical fights)
Criterion 9	Transient, stress-related paranoid ideation or severe dissociative symptoms

The distinction between behaviors motivated by abandonment and self-harming behaviors is particularly relevant in the assessment of suicide risk. By separating these domains, the DSM-5 facilitates a more rigorous clinical evaluation, allowing the identification of specific precipitating and maintaining factors. Clinical studies and systematic reviews emphasize that this differentiation contributes to improving therapeutic planning and suicide prevention in patients with BPD. Likewise, this diagnostic reorganization allows for better integration of BPD criteria with contemporary risk assessment models.⁽¹²⁾

The pattern of unstable interpersonal relationships constitutes another fundamental diagnostic axis of BPD. Both manuals describe intense relationships characterized by extreme oscillations between idealization and devaluation. However, the DSM-5 expands the description of these dynamics, emphasizing their impact on the individual's social and emotional functioning. This greater precision facilitates the identification of dysfunctional relational patterns, especially in complex clinical contexts such as emergency services or community care. The literature indicates that understanding these dynamics is key for clinical management and psychosocial intervention.^(5,13)

From a clinical perspective, the detailed specification of interpersonal relationships in the DSM-5 allows for a clearer approach to the frequent relational conflicts in BPD. These difficulties often manifest as abrupt ruptures, intense emotional dependency, and disproportionate affective reactions. Recent studies highlight that a better diagnostic characterization of these patterns contributes to more effective therapeutic interventions, particularly in psychotherapies oriented toward mentalization and emotional regulation.^(1,8,14)

Identity disturbance, defined as persistent instability of self-image and sense of self, remains a core criterion in both manuals. However, the DSM-5 offers a richer and more nuanced description of this phenomenon, integrating cognitive, emotional, and behavioral aspects. This expansion allows for a better understanding of the patient's difficulties in maintaining a coherent identity over time. From a developmental psychopathology perspective, these disturbances are linked to developmental trajectories marked by early adverse experiences and difficulties in emotional integration.⁽¹⁵⁾

Developmental literature supports the expanded conceptualization of identity disturbance in BPD, highlighting the influence of parental and contextual factors. Recent research indicates that inconsistent parenting styles, childhood trauma, and attachment difficulties significantly contribute to the formation of an unstable identity. By detailing these aspects, the DSM-5 facilitates a more comprehensive patient assessment and early intervention aimed at strengthening cohesion.⁽¹⁶⁾

Impulsivity in areas that are potentially self-damaging is another relevant diagnostic criterion of BPD. The DSM-5 introduces a key conceptual differentiation by excluding suicidal and self-harming behaviors from this criterion, limiting it to impulsive behaviors such as substance abuse, excessive spending, or reckless driving. This separation allows for the distinction between different risk profiles and facilitates a more precise assessment of general impulsive behavior.^(9,17) The differentiation between impulsivity and self-harming behaviors has direct clinical implications, especially in patients with psychiatric comorbidities. Studies have demonstrated a high association between BPD, alcohol use disorder, and other externalizing disorders. By clarifying these domains, the DSM-5 favors more targeted interventions and improved behavioral risk management.^(12,18)

Affective instability due to marked mood reactivity remains an essential criterion of BPD. Both manuals describe intense and short-lived emotional shifts, typically triggered by interpersonal events. Recent neurobiological studies have identified alterations in brain circuits involved in emotional regulation, supporting the clinical relevance of this criterion and its consistent inclusion in diagnostic systems.⁽¹⁹⁾

Alongside affective instability, chronic feelings of emptiness represent a persistent and clinically significant symptom. This phenomenon is associated with profound subjective distress and difficulties in experiencing a sense of meaning and personal continuity. Empirical evidence suggests that these feelings are related to impairments in emotional regulation and self-perception, aspects widely documented in neuropsychiatric studies.⁽²⁰⁾

Difficulty controlling anger and the presence of inappropriate, intense anger are diagnostic criteria recognized in both the DSM-IV and DSM-5. These manifestations are associated with greater clinical severity and significant impairment in interpersonal functioning. Clinical literature underscores the need for specific anger management interventions, given their association with aggressive behaviors and recurrent conflicts.^(13,21)

Similarly, both manuals acknowledge the emergence of transient stress-related paranoid ideation and severe dissociative symptoms in contexts of extreme stress. These symptoms reflect the vulnerability of the BPD patient to emotionally demanding situations and reinforce the conceptualization of the disorder as a complex, multidimensional entity. Recent studies highlight the importance of considering these symptoms in differential assessment and therapeutic planning.⁽²²⁾

Overall, the evolution of BPD diagnostic criteria from the DSM-IV to the DSM-5 reflects a significant advance in the clinical understanding of the disorder. Greater specificity and differentiation of criteria allow for more accurate diagnoses and more targeted treatments. These changes have important clinical implications and reinforce the need for continuous updating of diagnostic systems to improve the quality of life of patients with BPD.^(4,9,23)

CONCLUSIONS

The evolution of the diagnostic criteria for Borderline Personality Disorder (BPD) from the DSM-IV to the DSM-5 represents a substantial advance in the clinical understanding of this complex condition, shifting from a rigid and overly detailed approach toward one that is clearer and more flexible. The incorporation of new concepts and the revised description of symptoms have improved diagnostic accuracy, acknowledged variability in the disorder's presentation, and facilitated a more comprehensive assessment—key aspects for optimizing clinical management and designing therapeutic interventions. These modifications reflect progress in the scientific understanding of BPD and offer guidelines better aligned with its complexity, promoting a deeper understanding of its manifestations and opening opportunities for future research that contributes to refining clinical practice and enhancing patient well-being.

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