

- 24 Lyketsos CG, Sheppard JM, Steinberg M, Tschanz JA, Norton MC, Steffens DC, et al. Neuropsychiatric disturbance in Alzheimer's disease clusters into three groups: the Cache County study. *Int J Geriatr Psychiatry* 2001; **16**: 1043–53.
- 25 McIlroy S, Craig D. Neurobiology and genetics of behavioural syndromes of Alzheimer's disease. *Curr Alzheimer Res* 2004; **1**: 135–42.
- 26 Ropacki SA, Jeste DV. Epidemiology of and risk factors for psychosis of Alzheimer's disease: a review of 55 studies published from 1990 to 2003. *Am J Psychiatry* 2005; **162**: 2022–30.
- 27 Ballard C, Bannister C, Solis M, Oyebode F, Wilcock G. The prevalence, associations and symptoms of depression amongst dementia sufferers. *J Affect Disord* 1996; **36**: 135–44.
- 28 Alexopoulos GS, Meyers BS, Young RC, Campbell S, Silbersweig D, Charlson M. 'Vascular depression' hypothesis. *Arch Gen Psychiatry* 1997; **54**: 915–22.
- 29 Treiber KA, Lyketsos CG, Corcoran C, Steinberg M, Norton M, Green RC, et al. Vascular factors and risk for neuropsychiatric symptoms in Alzheimer's disease: the Cache County Study. *Int Psychogeriatr* 2008; **20**: 538–53.
- 30 Pritchard AL, Harris J, Pritchard CW, Coates J, Haque S, Holder R, et al. The effect of the apolipoprotein E gene polymorphisms and haplotypes on behavioural and psychological symptoms in probable Alzheimer's disease. *J Neurol Neurosurg Psychiatry* 2007; **78**: 123–6.
- 31 Aalten P, de Vugt ME, Lousberg R, Korten E, Jaspers N, Senden B, et al. Behavioral problems in dementia: a factor analysis of the neuropsychiatric inventory. *Dement Geriatr Cogn Disord* 2003; **15**: 99–105.
- 32 Aarsland D, Bronnick K, Ehrt U, De Deyn PP, Tekin S, Emre M, et al. Neuropsychiatric symptoms in patients with Parkinson's disease and dementia: frequency, profile and associated care giver stress. *J Neurol Neurosurg Psychiatry* 2007; **78**: 36–42.
- 33 Amer-Ferrer G, de la Pena A, Garcia Soriano MT, Garcia Martin A. Main components of Neuropsychiatric Inventory in Alzheimer's disease. Definition of behavioral syndromes [Spanish]. *Neurologia* 2005; **20**: 9–16.
- 34 Zuidema SU, de Jonghe JF, Verhey FR, Koopmans RT. Neuropsychiatric symptoms in nursing home patients: factor structure invariance of the Dutch nursing home version of the neuropsychiatric inventory in different stages of dementia. *Dement Geriatr Cogn Disord* 2007; **24**: 169–76.
- 35 Moran M, Walsh C, Lynch A, Coen RF, Coakley D, Lawlor BA. Syndromes of behavioural and psychological symptoms in mild Alzheimer's disease. *Int J Geriatr Psychiatry* 2004; **19**: 359–64.
- 36 Ballard CG, O'Brien JT, Swann AG, Thompson P, Neill D, McKeith IG. The natural history of psychosis and depression in dementia with Lewy bodies and Alzheimer's disease: persistence and new cases over 1 year of follow-up. *J Clin Psychiatry* 2001; **62**: 46–9.
- 37 Stavitsky K, Brickman AM, Scarmeas N, Torgan RL, Tang MX, Albert M, et al. The progression of cognition, psychiatric symptoms, and functional abilities in dementia with Lewy bodies and Alzheimer disease. *Arch Neurol* 2006; **63**: 1450–6.
- 38 Starkstein SE, Mizrahi R, Garau L. Specificity of symptoms of depression in Alzheimer disease: a longitudinal analysis. *Am J Geriatr Psychiatry* 2005; **13**: 802–7.
- 39 Pathological correlates of late-onset dementia in a multicentre, community-based population in England and Wales. Neuropathology Group of the Medical Research Council Cognitive Function and Ageing Study (MRC CFAS). *Lancet* 2001; **357**: 169–75.



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words

Why borderline baulks mainstream psychiatry

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Medical and psychiatric treatments contain three indispensable components: a therapeutic relationship, meaning-making and change-promotion. For people who have borderline personality disorder each is problematic. Relationships are chaotically sought or fled from; meaning equates to control or irrelevancy; naive attempts at change invalidate precarious defensive 'solutions' to despair or overwhelming affect, such as self-harm or addiction. Conventional approaches thus typically exacerbate rather than alleviate distress. Effective treatments for borderline personality disorder: tolerate and target disruptions to the therapeutic relationship; start from the client's own meaning structures before co-constructing new ones; and validate while simultaneously introducing changes in thought patterns and behaviour.

The British Journal of Psychiatry (2009)
194, 219. doi: 10.1192/bjp.194.3.219