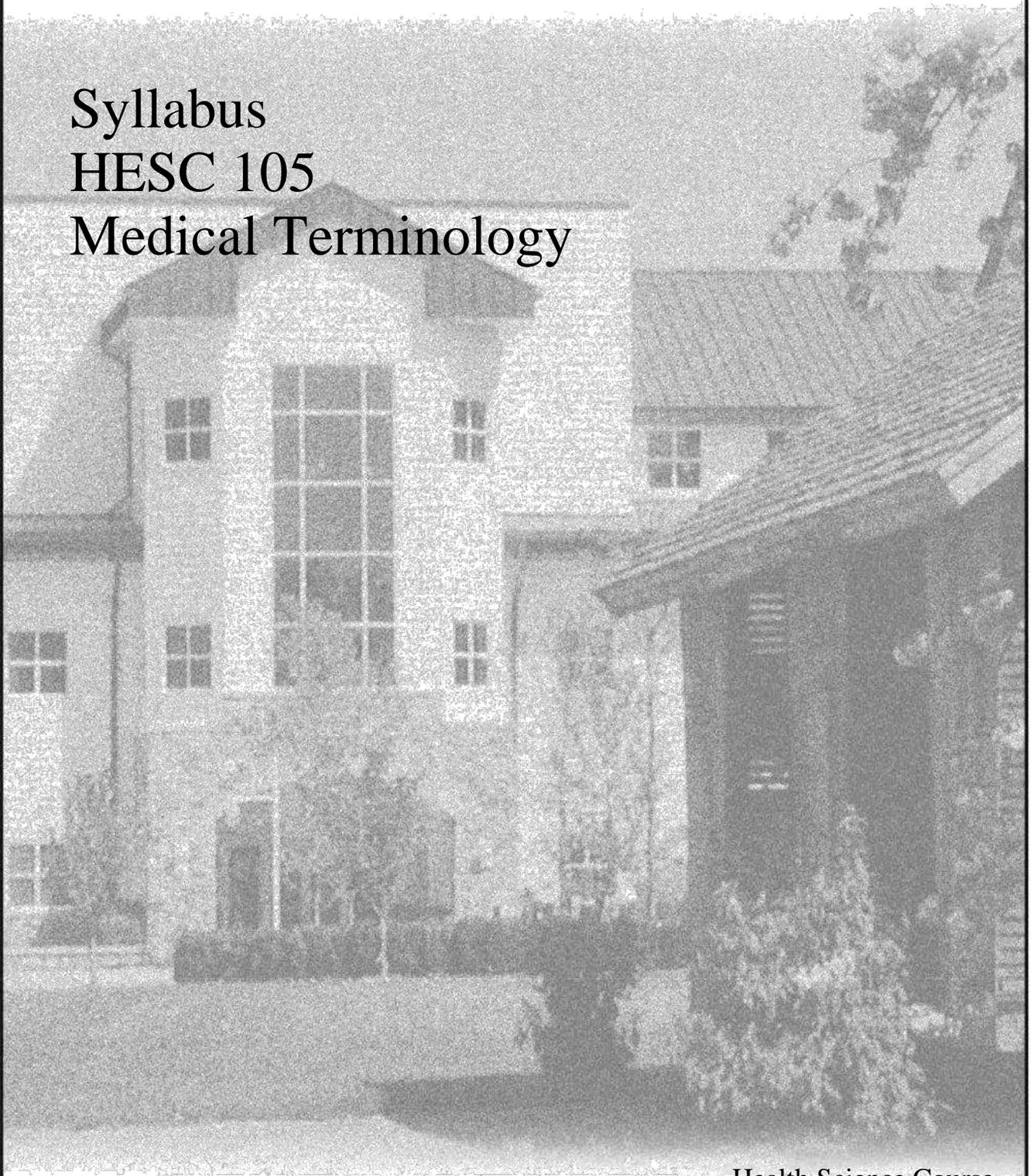


BROOKDALE COMMUNITY COLLEGE

Syllabus
HESC 105
Medical Terminology



Health Science Course
Health Science Institute

HESC 105
MEDICAL TERMINOLOGY

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COURSE OVERVIEW

Code: HESC 105

Title: Medical Terminology

Institute: Health Sciences

Department: Nursing

Course Description: Through a study of medical language, the student will be able to build a practical, working medical vocabulary. Emphasis will be placed on understanding the significance of Greek and Latin prefixes, suffixes, and word roots as they pertain to the human body.

Prerequisites: None

Corequisites: None

Prerequisites or Corequisites: None

Credits: 3 **Lecture Hours:** 3 **Lab/Studio Hours:** 0

REQUIRED TEXTBOOK/MATERIALS

For all face-to-face and Distance Education (DE) sections:

1. Gylys, B. A., & Wedding, M. E. (2023). Medical Terminology Systems: A Body System Approach (With Medical Language Lab or MLL) **UPDATED 8th ed.** F.A. Davis. ISBN-9781719648899
2. A medical dictionary (optional)

ADDITIONAL TIME REQUIREMENTS

For information on Brookdale's policy on credit hour requirements and outside class student work refer to Academic Credit Hour Policy.

COURSE LEARNING OUTCOMES

Upon completion of this course, students will be able to:

- Interpret medical terms that apply to body systems, diagnosis, disease, and treatment accurately.
- Analyze medical terms for correct clinical application.
- Use medical terminology appropriately when speaking about a topic or case study.
- Write medical terms using correct spelling.
- Discuss health issues significant to society.

GRADING BREAKDOWN		GRADING STANDARD FOR ALL SECTIONS. The course grade will be determined as follows:
<u>Distance Education (DE) Sections</u>	<u>Face-Face Sections</u>	A 92-100
Quizzes – 25%	Quizzes – 40%	A- 89-91
Research Paper – 20%	Midterm – 20%	B+ 86-88
Medical Language Lab – 15%	Final Exam – 20%	B 82-85
Midterm – 15%	Research Paper – 20%	B- 79-81
Final Exam – 15%	Oral Presentation - Required to pass course, not graded	C+ 76-78
Discussion Forums – 10%		C 70-75
Oral Presentation - Required to pass course, not graded		D 60-69
		F 59 and below

Face-to-Face students: The course grade will be derived from a weighted average of all exams, quizzes, and term paper. An “accepted grade” on the oral presentation is required, but is not averaged into the course grade.

Distance Education students: The course grade will be derived from a weighted average of all exams, quizzes, term paper, Medical Language Lab assignments, and Canvas assignments. An “accepted grade” on the electronic oral presentation is required but is not averaged into the course grade. Please see Canvas for additional details.

NOTE: Cheating is defined as any violation of examination integrity including eliciting or distributing information. Any student who gives or receives information related to examination questions is cheating! Such behaviors are violations of the Brookdale Community College Student Conduct Code and may result in dismissal from the course. Please refer to the Nursing Student Handbook or the Brookdale website for clarification.

Oral presentation:

For face to face sections: the student will read in class a paragraph he/she has composed of 100 words that incorporates a minimum of 35 medical terms used appropriately. The presentation will be graded on a complete/incomplete basis. A complete is required for course credit.

For DE sections: the student will prepare an electronic presentation he/she has composed of 100 words that incorporates a minimum of 35 medical terms used appropriately. The presentation will be graded on a complete/incomplete basis. A complete is required for course credit.

Examinations and Assignments:

For face to face sections: The grades for examinations, quizzes, and a paper will be tabulated for a final grade.

For DE sections: The grades for examinations, quizzes, Medical Language Lab assignments, Canvas discussions and assignments, and a paper will be tabulated for a final grade.

Research Paper:

The student will prepare a 4 – 6 page research paper detailing a medical condition which has been approved by the instructor.

Completion of Course:

The student will meet the date designated by the instructor for the completion of all make-up work. For face to face and DE sections: All assignments must be completed satisfactorily in order to receive credit for this course.

Criteria for Evaluation of the Research Paper:

Subject: student must choose a topic from the list in Canvas module titled “research paper and approved topics”

40% Content

- The content of this paper must demonstrate that the student has met the course objectives. At least 15 – 20% of the words must be medical terms.

20% Self-expression

- The paper is written in the student’s own words
- Direct quotes are in APA format
- Major ideas are acknowledged and referenced (citations).

20% Organization

- The content is presented in a sequential, logical manner with an introduction and conclusion.
- The initial paragraph indicates the purpose of the paper.
- A reference list is included with a minimum of four professional citations (excluding the textbook).
- The paper and reference list follow APA format.
- The paper is typed in Word and double-spaced. Make use of the spell check, the thesaurus, and the grammar check on the computer.
- There must be a minimum of four pages and a maximum of six pages.

20% Grammar

- (Usage Guidelines for the Standards of Written English)
- Is every sentence a complete sentence?
- Does every sentence end with a punctuation point?
- Are other punctuation points used correctly?
- Does every sentence begin with a capital letter?
- Are all proper nouns and appropriate proper adjectives capitalized?
- Does every verb agree in number with its subject?
- Are verb forms and tenses used correctly?
- No use of the first person is included (I, my, me).
- Are personal pronouns used correctly?
- Does every pronoun agree with its antecedent in number and in gender?
- Are pronoun references clear?
- One point will be deducted for each spelling error.

COURSE CONTENT:

Unit I: Fundamental Word Structure and Overview of Anatomical Terms
Unit II: The Integumentary System, Skeletal System, and Muscular System
Unit III: The Cardiovascular, Blood, Lymphatic Systems and Immune, Digestive and Respiratory Systems
Unit IV: The Nervous and Endocrine Systems and Special Senses
Unit V: The Urinary and Reproductive Systems, Human Genetics and Obstetrics
Unit VI: Radiology, Oncology, Psychiatry, and Medical Records

DEPARTMENT POLICIES:

- Class attendance is strongly recommended. You must sign the attendance sheet each week. Please report necessary absence to course faculty before class, if possible. It is the student's responsibility to get missed assignments and/or class notes from class peers.
- Students who do not attend class will find that they have difficulty fulfilling the requirements of this course.
- Punctuality matters. If you are more than ten minutes late to class, you may be admitted only at the discretion of the faculty.
- Assignments must be handed in on time.
- Exams must be taken on the scheduled dates.

COLLEGE POLICIES:

As an academic institution, Brookdale facilitates the free exchange of ideas, upholds the virtues of civil discourse, and honors diverse perspectives informed by credible sources. Our College values all students and strives for inclusion and safety regardless of a student's disability, age, sex, gender identity, sexual orientation, race, ethnicity, country of origin, immigration status, religious affiliation, political orientation, socioeconomic standing, and veteran status. For additional information, support services, and engagement opportunities, please visit www.brookdalecc.edu/support.

For information regarding the following, please refer to the [BCC Student Handbook](#) and [BCC Catalog](#).

- Brookdale's Academic Integrity Code
- Brookdale's Student Conduct Code
- Brookdale's Student Grade Appeal Process

NOTIFICATION FOR STUDENTS WITH DISABILITIES:

Brookdale Community College offers reasonable accommodations and/or services to persons with disabilities. Students with disabilities who wish to self-identify must contact the Disabilities Services Office at 732-224-2730 (voice) or 732-842-4211 (TTY) to provide appropriate documentation of the disability, and request specific accommodations or services. If a student qualifies, reasonable accommodations and/or services, which are appropriate for the college level and are recommended in the documentation, can be approved.

ADDITIONAL SUPPORT / LABS:

See [the Tutoring Center](#) for information. Help with all writing assignments is available through the Brookdale Writing Laboratory. Make an appointment at Brookdale Writing laboratory by calling the department (Ext. 2941). Refer to Brookdale Community College's homepage for hours of operation.

MENTAL HEALTH

Mental Health Crisis Support: From a campus phone, dial 5555 or 732-224-2329 from an external line; off-hours calls will be forwarded to BCC police (2222 from a campus phone)
Psychological Counseling Services: 732-224-2986 (to schedule an appointment during regular hours)

COURSE NUMBER: HESC 105

COURSE TITLE: Medical Terminology

CREDITS: 3

LEARNING OUTCOMES	DIDACTICE LEARNING EXPERIENCES
Unit I: Fundamental Word Structure and Overview of Anatomical Terms	
The Student Will:	
<ul style="list-style-type: none">• Analyze, build, spell, and pronounce fundamental components of medical words• Identify suffixes, prefixes and parts of speech as they are used to build medical terms• Define the specialized fields of medicine• Explain medical terms relating to the organization of the body as a whole• Describe the levels or organization within the structural components of the body	Participate in classroom lecture Complete all worksheets Prepare for quiz
Unit II: The Integumentary System, Skeletal System, and Muscular System	
The Student Will:	
<ul style="list-style-type: none">• Review the anatomy and physiology, pathology and treatment relating to the Integumentary System, Skeletal System, and Muscular System• Identify diagnostic and laboratory tests and surgical procedures related to the Integumentary, Skeletal and Muscular Systems• Use medical terminology appropriately to analyze, build, spell, and pronounce terms which apply to the Integumentary, Skeletal, and Muscular Systems• Discuss health issues that related to the Integumentary, Skeletal, and Muscular Systems.	Participate in classroom lecture Complete all worksheets Prepare and present oral reports
Unit III: The Cardiovascular, Blood, Lymphatic Systems and Immune, Digestive and Respiratory Systems	
The Student Will:	
<ul style="list-style-type: none">• Examine the anatomy and physiology, pathology and treatment relating to the Cardiovascular, Hematic and Lymphatic Systems, Digestive and Respiratory Systems• Identify diagnostic and laboratory tests and surgical procedures related to these systems• Recognize significance of personal health• Use medical terminology appropriate to analyze, build, spell, and pronounce terms which apply to the	Participate in classroom lecture Complete all worksheets Prepare for quiz Prepare and present oral reports

Cardiovascular, Blood, Lymphatic and Immune Systems <ul style="list-style-type: none"> • Discuss health issues that relate to the Cardiovascular, Digestive, Respiratory, Blood, Lymphatic and Immune Systems 	
Unit IV: Nervous and Endocrine Systems and Special Senses	
The Student Will:	
<ul style="list-style-type: none"> • Examine the anatomy and physiology, pathology, and treatment relating to the Endocrine and Nervous Systems and Special Senses • Identify diagnostic and laboratory tests and surgical procedures related to these systems • Use medical terminology appropriate to analyze, build, spell, and pronounce terms which apply to the Nervous and Endocrine Systems and Special Senses • Discuss health issues that relate to the Nervous and Endocrine Systems and Special Senses 	Participate in classroom lecture Prepare for quiz
Unit V: Urinary System, Male and Female Reproductive System, Human Genetics and Obstetrics	
The Student Will:	
<ul style="list-style-type: none"> • Examine the anatomy and physiology, pathology, and treatment relating to the Reproductive System • Recognize the stages related to gestation • Analyze, define, pronounce and spell common medical terms of the male and female Reproductive System and Urinary System • Define terms related to the birth process • Describe the process that determines variation in inherited traits • Use medical terminology appropriately to analyze, build, spell and pronounce terms which apply to the Urinary and Reproductive Systems, Human Genetics and obstetrics • Discuss health issues that relate to the Urinary and Reproductive systems, Human Genetics and Obstetrics 	Participate in classroom lecture Prepare for quiz
Unit VI: Radiology, Oncology, Psychiatry, Medical Records	
The Student Will:	
<ul style="list-style-type: none"> • Define terms that relate to the classification, administration, actions, and side effects of medications. • Use medical terminology to analyze, build, spell, and pronounce terms that apply to radiology, oncology, psychiatry and medical records • Recognize abbreviations commonly used in radiology, oncology, psychiatry and medical records 	Participate in classroom lecture Prepare for Final Examination

APPENDIX A

WRITING LAB

Help with all writing assignments is available through the Brookdale Writing Lab. Make an appointment at Brookdale's Writing Lab by calling the department (Ext. 2941).

Appointments take 30 minutes and are available Monday through Friday, 9:00 a.m. – 4:30 p.m. Evening hours are available Monday through Thursday, 6:00 – 10:00 p.m. Take your rough draft to the Writing Lab. Laboratory Assistants are eager to help you with grammar and other editorial concerns. It is very helpful to have your paper reviewed by the Learning Assistant in the Writing Lab.

APPENDIX B

SAMPLE TERM PAPER

(Your paper is to be in size 12 font, with double spacing, page numbering in top right corner)

Borderline Personality Disorder

Student's Name

Brookdale Community College

HESC 105 Medical Terminology

Instructor's Name

Due Date

Borderline Personality Disorder

Borderline personality disorder (BPD) is classified in the Diagnostic Statistics Manual IV-TR (2005) under Personality Disorders (American Psychiatric Association, para. 1). There are many types of personality disorders; they are grouped into three clusters—A, B, and C—based upon similar characteristics, with two additional types listed in the appendix of the DSM-IV-TR I (2005) (Butcher et al., 2011, p. 283). This paper will focus specifically on borderline personality disorder, which is listed as a “‘Cluster B Personality Disorder.’ This group is characterized by individuals that are considered to share a tendency to be dramatic, emotional and erratic” (Butcher et al., 2011, p. 282-283). Complementing the characteristics of this cluster, borderline personality disorder (BPD) is defined as “a serious mental illness marked by unstable moods, behavior, and relationships” (National Institute of Mental Health [NIMH], 2010, p.1).

Borderline personality disorder is considered an idiopathic disease. Although the exact cause of BPD is not fully understood, research suggests a strong correlation between genetic factors, environmental factors, brain abnormalities, and the disorder (NIMH, 2010, p. 5). Genetically, “studies suggest that BPD is strongly inherited” (NIMH, 2010, p. 5). A person can inherit the disease just as he or she can ‘inherit his or her temperament or personality: especially impulsiveness and aggression” (NIMH, 2010, p. 5). Environmentally, “growing up in an unstable family setting increases a person’s risk for the disorder” (NIMH, 2010, p. 5). Finally, there are differences in brain structure and function between those with BPD and those with a “normal” brain. In the presence of disorder, the areas of the brain “involved with emotional responses are overactive in relation to things or tasks perceived as negative;” as well as, “different areas of the brain are used (than that of a ‘normal brain’) when looking at emotionally negative pictures” (NIMH, 2010, p. 6). Concurrently, there is notably “less activity in areas of the brain that control emotions, that control aggressive impulses, and that allow (a person) to understand the context of a situation” (NIMH, 2010. p. 6). There is also “an abnormal tendency (in a ‘non-normal BPD brain’) for increased usage of brain areas related to reflexive actions and alertness, which relates to high impulsivity (found in BPD patient) decision-making” (NIMH, 2010, p. 6). Finally, from a neurochemical perspective, there is both a “lowering of the function of serotonin, which is involved in the (decreased) inhibition of behavioral responses; as well as a hypersensitive regulation of noradrenergic neurotransmitters, which relates to the hypersensitivity of (BPD patients to) environmental change” (Butcher et al., 2011, p. 294).

According to a national survey of the National Institute of Mental Health (2010), “about 1.6 percent of adults have borderline personality disorder in a given year” (p. 1). Notwithstanding, this amount of the population “represents 10 percent of patients in outpatient and 20 percent of patients in inpatient clinical settings” (Butcher et al., 2011, p. 294). Furthermore, this disease doesn’t only affect its patients: about “70 percent of people related to, in a relationship with, or otherwise associated with someone with BPD (the 1.6 percent of the adult population) have sought the support of therapists personally to cope” (Dolecki, 2012, p. 7). This disease prominently found in females: statistically it is by “about 75 percent” (Frey, 2006, para. 12). Unfortunately, “80 percent of those with the disorder have suicidal behaviors, and 8 to 10 percent successfully commit suicide each year” (NIMH, 2010, p.3).

Regrettably, BPD was not recognized as an independent diagnosable illness in the Diagnostic Statistic Manual (DSM-III) until 1980 (NIMH, 2010). This was by reason that it was originally thought of as an “atypical, or borderline, version of other mental illnesses” (NIMH, 2010, p. 1). Conversely, there are significant signs and symptoms that are prominent when a person is suffering from BPD. Patients with this disorder often “have intense emotional instability responses to environmental triggers, with delayed recoveries to the ‘normal’ baseline emotional state. Often patients describe their ‘sense-of-self’ or ‘self-image’ as ‘fragmented’ or ‘impoverished’ as it is highly unstable. These patients will also make desperate efforts to avoid real or imagined abandonment, due to autophobia” (Butcher, Mineka, & Hooley, 2011, p. 293). In regards to family life, these patients “often lack boundaries, and treat family members as an extension of themselves, rather than a unique separate being. This is often due to separation anxiety, lack of understanding, and/or fear of abandonment (Dolecki, 2012, p. 103). In any social situation, “increased fear of, and focus on the potential for abandonment or rejection” causes “extreme hypersensitivity to what others say and do” (Dolecki, 2012, p. 131). This causes the patient to ‘hide’ his or her ‘true-self,’ putting out a ‘fake-self’ depending on what he or she perceives outsiders want to see or would approve of. Thus, the patient shatters his or her self-image and confidence, increases instability, loses touch with reality, and increases the lack in a ‘sense of self’ (Dolecki, 2012, p. 131). These patients often are “unable to adapt to change, cannot see themselves as ‘being in the wrong,’ are extremely inconsistent, and often have many dissociative, paranoid, and insecure behaviors” (Dolecki, 2012, p. 144-156).

As a result, “patients often have many maladaptive behaviors to make up for their inability to function ‘normally’ in society. These include but are not limited to substance abuse, binge eating, acute stress reaction, suicidal tendencies, and self-mutilation” (Dolecki, 2012, p. 37-40). Self-mutilation (e.g., repetitive cutting behavior) can be used as a specific symptom to diagnose BPD because there are three specific descriptions that only patients with this disorder will use as an explanation for this behavior (Butcher et al., 2011, p. 293):

- 1) “Relief from anxiety and/or dysphoria,”
- 2) As a means to “communicate her or his level of distress to others,” or
- 3) As a means “to have a sensation of ‘feeling,’ ” which is considered opposite to the feeling of ‘emptiness’ that is characteristic of the disorder.

According to the Diagnostic Statistics Manual (DSV-IV-TR, 2005) “a person must show an enduring pattern that includes at least five of the following symptoms to be diagnosed with the disorder” (Borderline Personality Disorder, APA, para. 1):

- A pattern of intense stormy relationships—with family, friends, and/or loved ones—that veers from extreme closeness and love—idealization—to dislike or anger—devaluation
- “Black-or-white thinking”—where something is seen in one view or the other, without middle ground (i.e., something is either “good” or “bad” cannot be both” (S. Parks D.O., personal communication, March 26, 2013))
- Distorted, unstable self-image or sense of self, which results in sudden change in feelings, emotions, values, plans, and goals for the future
- Impulsive and often dangerous behaviors (e.g., spending, unsafe sex, substance abuse, reckless driving, binge eating, etc.)
- Tendency towards short-term reward over long-term reward (S. Parks D.O., personal communication, March 26, 2013))
- Cannot comprehend themselves as “being in the wrong” or cannot comprehend “responsibility for actions” (Dolecki, 2012, p. 161))
- Intense, highly-changeable moods, with episodes lasting from hour to day
- Chronic feelings of emptiness and/or boredom
- Stress-related paranoid thoughts or severe dissociative symptoms (e.g., feeling cut off from oneself, observing oneself from outside of body, losing touch with reality, etc.)

Although the DSM-IV-TR may outline specific guidelines for diagnosis of the disease, there are more misdiagnoses in regard to personality disorders than any other category of

disorder (Butcher et al., 2011, p. 284). This is due to four main problems. First, there is not one specific test to diagnose borderline personality disorder. Usually, “a careful medical exam rules out other possible causes of symptoms,” and then the mental health professional asks the patient about “symptoms, personal and family medical histories, and any histories of mental illness” (NIMH, 2010, p. 5-6). Second, “the diagnostic criteria for personality disorders are not as sharply defined” as they are for most other categories of disorders, and they rely more heavily on “clinician judgment in making the diagnosis” (Butcher et al., 2011, p. 284). The third problem is that since most of diagnosis is based on the self-report of symptoms from the patient, reliability is an issue (Butcher et al., 2011, p. 295). Finally, the fourth issue with the diagnosis of BPD is the prevalence of the presence of comorbidities along with the disease. According to a national survey conducted by the NIMH (2009) 85% of all borderline personality patients also meet the diagnostic criteria for another mental illness (p. 4). Comorbidities more prevalent in “women include major depression, anxiety disorders, and/or eating disorders,” while those more prevalent in men include substance abuse and antisocial personality disorder” (NIMH, 2010, p. 4). The top mental disorders comorbid with BPD are as follows (Dolecki, 2012, p. 189-193):

- Mood disorders and anxiety disorders (96% of patients)
- Major depression (83%)
- Dysthymic disorder (39%)

Comorbidities make it difficult to diagnose BPD because the combination of symptoms can either lead to misdiagnosis or can cause a delay in diagnosis (Dolecki, 2012, p. 189). Other forms of testing include pictorial tests and neuroimaging studies of the brain (NIMH, 2010, p. 6).

Prognosis for patients with borderline personality disorder is variable because patients with the disease are difficult to treat (Dolecki, 2012, p. 223). Prognosis depends on the severity of the disease, the age of the patient, and the willingness of the patient to be treated (Dolecki, 2012, p. 294). According to the DSM-IV-TR (2005), depending on the severity of the disorder and/or presence of comorbidities, treatment may begin in an inpatient or outpatient facility (American Psychiatric Association, p. 258). From here, there is usually a combination of psychotherapy or “talk-therapy” and medication formulated in a patient-specific treatment plan (DSM-IV-TR, 2005, APA, p. 263). It is extremely important that the “patient trusts and is comfortable with his or her therapist” (NIMH, 2010, p. 7). The three main forms of one-on-one psychotherapy are cognitive behavioral therapy (CBT), dialectic behavioral therapy (DBT), and schema-focused therapy (NIMH, 2010, p. 8). CBT focuses on the change of “core beliefs and/or

behaviors that underlie inaccurate perceptions and interaction problems” (NIMH, 2010, p. 7). DBT focuses on “being aware and attentive of current situations” in order to “control intense emotions, reduce self-destructive behaviors, and improve relationships” (NIMH, 2010, p. 8). Schema-focused therapy focuses on “reframing the way a patient views him- or herself,” thus “improving the way the patient interacts with the environment, copes with problems/stress, and interacts with others” (NIMH, 2010, p. 8). There is also group therapy and family therapy. These are helpful in the formation of effective skills for communication, basic life situations, and the strengthening of familial relationships (Frey, 2006, para. 11-12).

It is also common to treat borderline personality disorder patients with medication therapy (or psychopharmacology), however, “the FDA has not approved any medications for the treatment of the disorder” (NIMH, 2010, p. 10). Common medications prescribed are “selective serotonin reuptake inhibitors (SSRIs), secondary SSRIs, benzodiazepines, antipsychotics, mood stabilizers, monoamine oxidase inhibitors (MAOIs), and antiepileptic drugs” (DSM-IV-TR, APA, 2005, p. 268-270). SSRIs and MOAIs are prescribed mainly as “antidepressant drugs” (Butcher et al, 2011, p. 105). Common examples of SSRIs are “Lexapro, Paxil, Effexor, Prozac, etc.,” and other commonly prescribed antidepressants in the treatment of BPD are “Wellbutrin, Zoloft, Celexa, etc.” (Butcher et al., 2011, p. 103-104). Antipsychotic drugs treat multiple disorders and symptoms of BPS by blocking dopamine receptors. Examples include “atypical antipsychotics such as Risperdal, Zyprexa, Abilify, etc.,” and “conventional antipsychotics such as Haldol, Prolixin, etc.” (Butcher et al., 2011, p. 103). Benzodiazepines that are commonly “prescribed as anti-anxiety medications” include “Xanax, Ativan, Klonopin, etc.” (Butcher et al., 2011, p. 107). Finally, mood stabilizers and anti-epileptics are prescribed “as the first line of defense in treating BPD from a psychopharmacology perspective. Examples include “Depakote, Topamax, Lithium, Lamictal, Tegretol, and others” (Butcher et al., 2011, p. 108). These medications may be prescribed singly or in a polypharmacy regimen (NIMH, 2010, p.10).

Besides medication and standard clinical treatment, research suggests that there are a few ancillary and nutritional approaches that may help with the symptoms of the disorder. Creative arts therapy is a new alternative therapy that allows patients to focus on emotion and expression through art, music, acting, and dancing. This has become an extremely beneficial therapy because it uses the “creative processes to promote health, communication, and expression. It also encourages the integration of physical, emotional, cognitive, and social functioning, while enhancing self-awareness and facilitating change” (Frey, 2006, para. 11). Also, according to the

National Institute of Health (2010), a study conducted upon 30 women with borderline personality disorder showed that omega-3 fatty acids may help reduce symptoms of aggression and depression” (p. 10).

Finally, there are a few lifestyle changes that can be made to help alleviate some of the symptoms of the disease (Venes, 2009, Tables 1-4):

- Elimination of caffeine and stimulants – elimination reduces anxiety
- Elimination of alcohol and tobacco, and substance abuse – elimination reduces anxiety, depression, instability, and exacerbation of mood swings
- Elimination or avoidance of sugar in diet Elimination or avoidance of sugar in diet
- Acupuncture, yoga, hypnotherapy, relaxing, deep breathing, chiropractic therapy, massage therapy, aromatherapy, meditation—stress relief.
- Activity and light exercise—stress relief.
- High potency multivitamin – especially B12, C, Omega-3 fatty acids, thiamin, niacin, and folic acid. Magnesium for neural, cranial, and cardiac function
- Scheduling meals and sleep at the same time each day – stability
- Social stimulation – with boundaries and safe zones

Unfortunately, little is yet known about many personality disorders due to the fact that they weren't published in the DSM-III until 1980. This is when attention and research on borderline personality disorder, and all other personality disorders began (Butcher et al., 2011, p. 285). The other “issue with the study of BPD is the high incidence of comorbidity that occurs with the disease, making it very difficult to study due to conflicting results in research, etc. However, out of all personality disorders the most clinical and research attention has been paid and put into the diagnosis and treatment of borderline personality disorder” (Butcher et al., 2011, p. 294-300). This is especially “due to the fact that prognosis is considered ‘guarded’ as a result that patients have longstanding problems with instability and inflexibility” (Butcher et al., 2011, p.300).

The diagnosis of the disease, and its treatment methods have come a long way, but there is still much progress to be made. Borderline personality disorder is a vicious cycle-of-a-disease, affecting not only its patients, but people in relationships with these patients as well. Still, with every day research brings more to light, as there is ever more knowledge, and expertise yet to be obtained on this disorder.

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