



Information Form – Borderline Personality Disorder

What is Borderline Personality Disorder?

Borderline Personality Disorder (BPD) is a severe medical condition marked by identity disturbance and instability in mood, behavior, self-image, and interpersonal relationships. About 1-2% of the general U.S. population have this condition, but it is much more common in treatment settings. Approximately 20% of psychiatric inpatients and 10% of outpatients receiving mental health treatment are afflicted with this condition, and roughly the same percentages are found for those receiving alcohol or drug rehabilitation.

Common symptoms of borderline personality disorder include:

- Fears of abandonment and intolerance of being alone
- Unstable and intense relationships
- Unstable self-image or sense of self
- Impulsive behaviors, such as excessive spending, substance use, reckless driving, promiscuity, or binge eating
- Recurrent attempts at self harm, such as overdoses or cutting
- Marked instability and reactivity of mood, such as intense episodic depression, anxiety or irritability
- Chronic feelings of emptiness
- Episodes of intense anger or difficulty controlling anger
- Brief periods of becoming suspicious of people or feeling spaced out when very stressed

Even though it is a common condition, it usually goes unrecognized, even by experienced mental health professionals. Why is this? One reason for under-recognition is that borderline personality disorder is commonly misdiagnosed as bipolar disorder. Both conditions can cause extreme shifts in mood, from severe depression, to marked irritability, to occasional periods of energized and impulsive behaviors. The other reason for under-recognition is that persons having borderline personality disorder typically meet diagnostic criteria for multiple other psychiatric disorders and these become the focus of treatment. Common co-occurring disorders include major depressive disorder, posttraumatic stress disorder, substance use disorders, eating disorders, panic disorder, attention deficit disorder, and/or obsessive compulsive disorder. There is research indicating that these conditions may not respond to usual treatments unless the co-occurring borderline personality disorder is also recognized and treated.

What causes it?

The exact cause of borderline personality disorder is still under investigation. There is evidence that the early child-rearing environment plays a role, as well as effects of heredity and temperament. From a biological perspective, BPD is associated with changes in the metabolism and structure of the regions of the brain responsible for processing of emotional experience, including the hippocampus, amygdala, and prefrontal areas. From a psychological perspective, BPD demonstrates a lack of integration of the self. There may be paradoxical changes in relatedness, from being dependent and clingy one minute to desiring total independence and autonomy the next. Likewise, there may be a sense of victimization at certain times, blaming others for problems, only to shift suddenly to total self-blame and depression. Changes in mood or behavior may seem to come out of the blue. There is a disconnection in awareness of the linkages in the sequence of: stressful events → emotional responses → subsequent behaviors. So it becomes hard for such persons to identify the sources of stress and how to cope with them.

Is there treatment that works?

Yes! Recent longitudinal studies are demonstrating that borderline personality disorder is one of the most treatable mental conditions, if the treatment is specific and provided over a sufficient period of time. In one study, 70% of patients had remitted from the disorder over 6 years of follow-up.

Medications of various sorts, including antidepressants, antipsychotics, and mood stabilizers, can sometimes provide modest symptom relief, but do not change the course of the disorder. Benzodiazepines can even worsen the course of the disorder. Because of under-recognition, the presence of multiple co-occurring conditions, and partial help from several different kinds of medication, persons with BPD often end up on three or more psychiatric medications, none of which is helping a great deal.

The mainstay of treatment is evidence-based psychotherapy. Four treatments shown to be effective in controlled trials include dialectical behavior therapy, dynamic deconstructive psychotherapy, mentalization-based treatment, or transference-focused psychotherapy. Other forms of individual psychotherapy, or non-specific counseling, can sometimes be helpful and sometimes be of limited benefit, or even harmful.

All four of the evidence-based treatment options are intensive, involving individual psychotherapy at least once a week, and often some sort of group therapy. There is evidence suggesting that treatment should continue for at least 12 months in order to obtain a lasting and continuing benefit. Because these evidence-based psychotherapies are intensive, some patients will drop out before completion. However, most of those who remain in treatment for at least a year will obtain substantial improvement in symptoms and maladaptive behaviors.

How can I learn more?

Informative websites include the:

- Substance Abuse and Mental Health Services Administration (www.samhsa.gov)
- National Education Alliance for Borderline Personality Disorder (www.borderlinepersonalitydisorder.com)