



Overview

Borderline personality disorder (BPD) is a serious psychiatric disorder characterized by instability in a person's actions, moods, relationships and self-image. The instability associated with BPD can disrupt daily living, long-term planning and the individual's sense of self-identity.

People diagnosed with BPD have difficulty regulating emotions, such as anger, impulsivity, depression and anxiety, and have highly unstable patterns of social relationships. Patients often require extensive mental health services, and account for 20 percent of psychiatric hospitalizations. But with appropriate help and interventions, many people with BPD can improve and lead productive lives.

Who Gets It

BPD is typically diagnosed in early adulthood, affecting two percent of American adults, with more young women affected than men. The chronic symptoms and associated problems may continue for years but sometimes "burn out" in middle age. Patients may function better after reaching their late 30s or early 40s.

Symptoms

BPD affects emotions, behavior, self-image, and relationships. A person with BPD may experience intense emotions such as anger, depression and anxiety lasting only a few hours, or, at most, a day. The feelings may be accompanied by impulsive aggression, self-injury and drug or alcohol abuse.

People with BPD often have a distorted sense of self. They may view themselves as fundamentally bad, damaged, unworthy or misunderstood. This shaky self-image can lead to frequent changes in jobs, friendships, goals, values and gender identity.

Highly unstable social relationships are another pattern associated with BPD. People with the disorder may idealize someone close to them in one moment and then abruptly shift to fury and hate over perceived slights or misunderstandings. Even within families, individuals with BPD are highly sensitive to rejection, reacting with anger and distress to mild separations, such as a vacation, a business trip or a change in plans. These abandonment fears seem to be related to a difficulty feeling connected to significant persons when they are physically absent, often resulting in feelings of worthlessness. Suicide threats and attempts may occur along with anger at perceived abandonment and disappointments. Symptoms may be most acute when a person with BPD feels isolated or without social support. These feelings of isolation may lead to frantic efforts by the person with BPD to avoid being alone.

Other impulsive behaviors may include: excessive spending, binge eating, illicit drug use, risky sex, self-immolation and suicidal tendencies. People with BPD have a high rate of self-injury without suicidal intent, suicide attempts and, in some severe cases, completed suicide. BPD may co-occur with other psychiatric problems, including bipolar disorder, depression, anxiety disorders, substance abuse and other personality disorders.

How It Is Diagnosed

Clinicians diagnose personality disorders based on certain signs and symptoms and a thorough psychiatric evaluation. To receive a diagnosis of BPD, at least five of the following signs and symptoms, which typically begin in early adulthood, must be present:

- Difficult and unstable relationships
- Poor self-image
- Intense but short episodes of anxiety or depression
- Difficulty controlling emotions or impulses
- Fear of being alone and abandonment
- Frequent displays of inappropriate anger
- Recurrent acts of crisis such as wrist cutting, overdosing, or self-mutilation
- Feelings of emptiness and boredom
- Impulsiveness with money, substance abuse, sexual relationships, binge eating, or shoplifting
- Periods of paranoia and loss of contact with reality

Risk Factors/Causes of BPD

The cause of BPD is unknown, but environmental and genetic factors are thought to play a role. Hereditary pre-disposition, childhood abuse, neglect and abandonment issues, sexual abuse and/or a disrupted family life, can increase the risk for BPD.

Research has shown that various brain mechanisms are responsible for many of the features of BPD, such as aggression, anger, mood instability, impulsivity and negative emotion. Impaired regulation of neural circuits that control emotion, may account for impulsive aggression. Recent imaging studies indicate that individual differences in the ability to activate specific brain regions involved in inhibitory activity predict the ability to suppress negative emotion. Neurotransmitters, such as dopamine, serotonin, acetylcholine and norepinephrine, which control the regulation of emotion, are also likely to play a role.

Treatments

Treatments for BPD include behavioral therapy, medications and/or hospitalization. A behavioral therapy known as dialectical behavior therapy (DBT) has shown some promise in the treatment of BPD. DBT teaches patients how to regulate their emotions, tolerate distress, and improve relationships via a skills-based approach. Recent research has shown that DBT (when compared with other types of psychotherapy) reduced suicide attempts by half in individuals with BPD. The treatment also reduced the use of emergency rooms, inpatient services and therapy dropout rates by more than half.

Medications used in the treatment of BPD may regulate mood, level mood swings and improve emotional symptoms. The drugs are often prescribed based on the specific symptoms of an individual. Antidepressant drugs and mood stabilizers work on a depressed and/or labile mood; antipsychotic drugs may be used in cases of distortions in thinking; and anti-anxiety medications treat anxiety.

Some people with BPD may need hospitalization during particularly stressful periods, or if suicide or other self-destructive behaviors are occurring.

Research about BPD is continuing. Studies focus on understanding how the neural information associated with BPD can be used to develop clinically relevant treatments. Investigations examine how childhood abuse and other stresses in BPD affect the brain and they monitor the effectiveness of combining medication with behavioral treatments, such as DBT. A continuing longitudinal study, begun in the early 1990's, should soon reveal how treatments affect the course of the illness and which environmental factors and specific personality traits predict a better outcome for people with the disorder.

For more information

by NARSAD researchers about the latest advances in the diagnosis and treatment of borderline personality disorder and other serious brain disorders,

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