National Alliance on Mental Illness
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Borderline Personality Disorder

What is Borderline Personality Disorder
Borderline Personality Disorder (BPD) is an often misunderstood, serious mental illness characterized by pervasive instability in moods, interpersonal relationships, self image and behavior. It is a disorder of emotional dysregulation. This instability often disrupts family and work, long-term planning and the individual's sense of self-identity. While less well known than schizophrenia or bipolar disorder (manic-depressive illness), BPD is just as common, affecting between 1 - 2 percent of the general population.

The disorder, characterized by intense emotions, self-harming acts and stormy interpersonal relationships, was officially recognized in 1980 and given the name Borderline Personality Disorder. It was thought to occur on the border between psychotic and neurotic behavior. This is no longer considered a relevant analysis and the term itself, with its stigmatizing negative associations, has made diagnosing BPD problematic. The complex symptoms of the disorder often make patients difficult to treat and therefore may evoke feelings of anger and frustration in professionals trying to help, with the result that many professionals are often unwilling to make the diagnosis or treat persons with these symptoms. These problems have been aggravated by the lack of appropriate insurance coverage for the extended psychosocial treatments that BPD usually requires. Nevertheless, there has been much progress and success in the past 25 years in the understanding of and specialized treatment for BPD. It is, in fact, a diagnosis that has a lot of hope for recovery.

What are the Symptoms of Borderline Personality Disorder?
Borderline Personality Disorder Diagnosis: DSM IV Diagnostic Criteria
A pervasive pattern of instability of interpersonal relationships, self image and affects, and marked impulsivity beginning by early adulthood ** and present in a variety of contexts, as indicated by five (or more) of the following:

1) Frantic efforts to avoid real or imagined abandonment.
    1. Note: Do not include suicidal or self-mutilating behavior*** covered in Criterion 5.
2) A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.
3) Identity disturbance: markedly and persistently unstable self-image or sense of self.
4) Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating).
    1. Note: Do not include suicidal or self-mutilating behavior*** covered in Criterion 5.
5) Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior***.
6) Affective [mood] instability.
7) Chronic feelings of emptiness.
8) Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights).
9) Transient, stress-related paranoid ideation or severe dissociative symptoms.

*Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association

** Data collected informally from many families indicate this pattern of symptoms may appear as early as the pre-teens

***The preferred term is self-harm or self-injury

Important Considerations about Borderline Personality Disorder

1. The five of nine criteria needed to diagnose the disorder may be present in a large number of different combinations. This results in the fact that the disorder often presents quite differently from one person to another, thus making accurate diagnosis somewhat confusing to a clinician not skilled in the area.
2. BPD rarely stands alone. There is high co-occurrence with other disorders.
3. BPD affects between 1 - 2 percent of the population. The highest estimation, 2 percent, approximates the number of persons diagnosed with schizophrenia and bipolar disorder.
4. Estimates are 10 percent of outpatients and 20 percent of inpatients who present for treatment have BPD
5. More females are diagnosed with BPD than males by a ratio of about 3-to-1, though some clinicians suspect that males are underdiagnosed.
6. 75 percent of patients self-injure.
7. Approximately 10 percent of individuals with BPD complete suicide attempts.
8. A chronic disorder that is resistant to change, we now know that BPD has a good prognosis when treated properly. Such treatment usually consists of medications, psychotherapy and educational and support groups.
9. In many patients with BPD, medications have been shown to be very helpful in reducing the severity of symptoms and enabling effective psychotherapy to occur. Medications are also often essential in the proper treatment of disorders that commonly co-occur with BPD.
10. There are a growing number of psychotherapeutic approaches specifically developed for people with BPD. Dialectical behavioral therapy (DBT) is a relatively recent treatment, developed by Marsha Linehan, Ph.D. To date, DBT is the best-studied intervention for BPD.
11. These and other treatments have been shown to be effective in the treatment of BPD, and MANY PATIENTS DO GET BETTER!

Theories of Origins and Pathology of Borderline Personality Disorder

At this point in time, clinical theorists believe that biogenetic and environmental components are both necessary for the disorder to develop. These factors are varied and complex. Many different environments may further contribute to the development of the disorder. Families providing reasonably nurturing and caring environments may nevertheless see their relative develop the illness. In other situations, childhood abuse has exacerbated the condition. The best explanation appears to be that there is a confluence of environmental factors and a neurobiological propensity that leads to a sensitive, emotionally labile child.

Co-occurring Disorders

Borderline Personality Disorder rarely stands alone. BPD occurs with, and complicates, other disorders.

Co-morbidity with other disorders:

Major Depressive Disorder -- 60 percent

Dysthymia (chronic, moderate to mild depression) -- 70 percent

Eating Disorders -- 25 percent

Substance Abuse -- 35 percent

Bipolar Disorder -- 15 percent

Antisocial Personality Disorder -- 25 percent

Narcissistic Personality Disorder -- 25 percent

Suicidality and Self-harming Behavior
The most dangerous and fear-inducing features of BPD are the self-harm behaviors and potential for suicide. An estimated 10 percent kill themselves. Deliberate self harming (cutting, burning, hitting, head banging, hair pulling) is a common feature of BPD. Individuals who self harm report that causing themselves physical pain generates a sense of release and relief which temporarily alleviates excruciating emotional feelings. Self-injurious acts can bring relief by stimulating production of endorphins, which are naturally occurring opiates produced by the brain in response to pain. Some individuals with BPD also exhibit self-destructive acts such as promiscuity, bingeing, purging and blackouts from substance abuse.

It is important for the client, family, and clinician to be able to draw a distinction between the intent behind suicide attempts and self-injurious behaviors (SIB). Patients and researchers frequently describe self-injurious behavior as a means of reducing intense feelings of emotional pain. The release of the endogenous opiates provides a reward to the behavior. Some data suggest that self-injurious behavior in BPD patients doubles the risk of suicide attempts. This dichotomy of intent between these two behaviors requires careful evaluation and relevant therapy to meet the needs of the patient.

Medications Studied and Used in the Treatment of Borderline Personality Disorder
There are two reasons why medications are used in the treatment of BPD. First, they have proven to be very helpful in stabilizing the emotional reactions, reducing impulsivity, and enhancing thinking and reasoning abilities in people with the disorder. Second, medications are also effective in treating the other emotional disorders that are frequently associated with borderline disorder like depression and anxiety.

The group of medications that have been studied most for the treatment of borderline disorder are neuroleptics and atypical antipsychotic agents. At their usual doses, these medications are very effective in improving the disordered thinking, emotional responses, and behavior of people with other mental disorders, such as bipolar disorder and schizophrenia. However, at smaller doses they are helpful in decreasing the over-reactive emotional responses and impulsivity, and in improving the abilities to think and reason for people with BPD. Low doses of these medications often reduce depressed moods, anger, and anxiety, and decrease the severity and frequency of impulsive actions. In addition, clients with borderline disorder report a considerable improvement in their ability to think rationally. There's also a reduction, or elimination of, paranoid thinking, if this is a problem.

Medications Studied and Used in the Treatment of Borderline Disorder is adapted from the book, "Borderline Personality Disorder Demystified " by Dr. Robert O. Friedel, Marlowe & Co., 2004.

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Borderline Personality Disorder Demystified by Robert O. Friedel, M.D., Marlowe & Co., 2004

National Education Alliance for Borderline Personality Disorder's Teachers Manual for Family Connections, 2006

A BPD Brief, An Introduction to Borderline Personality Disorder by John G. Gunderson, M.D., 2006