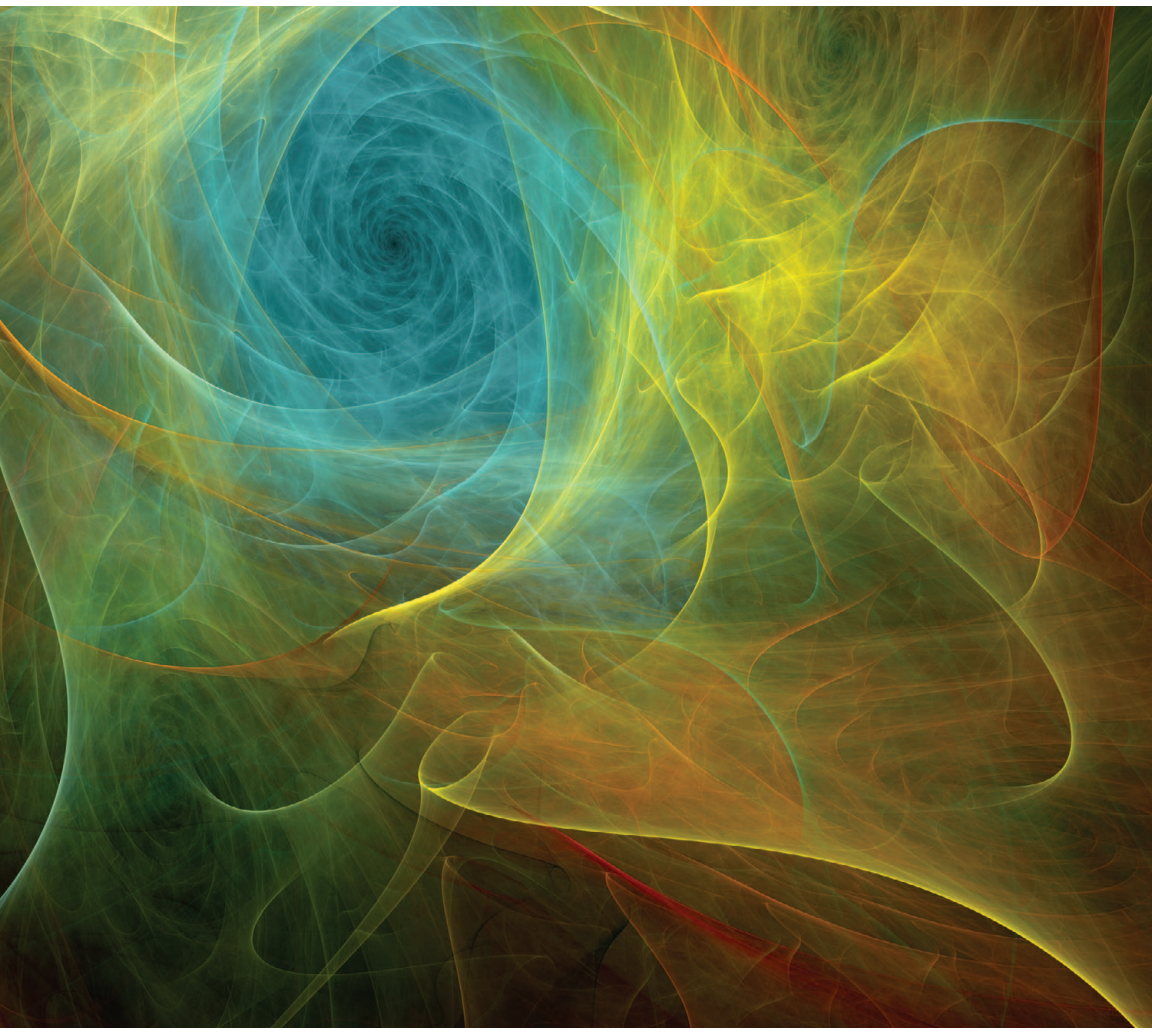
Borderline Personality Disorder



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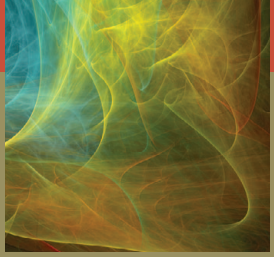

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What is borderline personality disorder?

Borderline personality disorder is a serious mental illness marked by unstable moods, behavior, and relationships. In 1980, the *Diagnostic and Statistical Manual for Mental Disorders, Third Edition* (DSM-III) listed borderline personality disorder as a diagnosable illness for the first time. Most psychiatrists and other mental health professionals use the DSM to diagnose mental illnesses.

Because some people with severe borderline personality disorder have brief psychotic episodes, experts originally thought of this illness as atypical, or borderline, versions of other mental disorders.[1] While mental health experts now generally agree that the name "borderline personality disorder" is misleading, a more accurate term does not exist yet.

Most people who have borderline personality disorder suffer from:

- Problems with regulating emotions and thoughts
- Impulsive and reckless behavior
- Unstable relationships with other people.

People with this disorder also have high rates of co-occurring disorders, such as depression, anxiety disorders, substance abuse, and eating disorders, along with self-harm, suicidal behaviors, and completed suicides.

According to data from a subsample of participants in a national survey on mental disorders, about 1.6 percent of adults in the United States have borderline personality disorder in a given year.[2]

Borderline personality disorder is often viewed as difficult to treat. However, recent research shows that borderline personality disorder can be treated effectively, and that many people with this illness improve over time.[1, 3, 4]

What are the symptoms of borderline personality disorder?

According to the DSM, Fourth Edition, Text Revision (DSM-IV-TR), to be diagnosed with borderline personality disorder, a person must show an enduring pattern of behavior that includes at least five of the following symptoms:

- Extreme reactions—including panic, depression, rage, or frantic actions—to abandonment, whether real or perceived
- A pattern of intense and stormy relationships with family, friends, and loved ones, often veering from extreme closeness and love (idealization) to extreme dislike or anger (devaluation)
- Distorted and unstable self-image or sense of self, which can result in sudden changes in feelings, opinions, values, or plans and goals for the future (such as school or career choices)
- Impulsive and often dangerous behaviors, such as spending sprees, unsafe sex, substance abuse, reckless driving, and binge eating
- Recurring suicidal behaviors or threats or self-harming behavior, such as cutting
- Intense and highly changeable moods, with each episode lasting from a few hours to a few days
- Chronic feelings of emptiness and/or boredom
- Inappropriate, intense anger or problems controlling anger
- Having stress-related paranoid thoughts or severe dissociative symptoms, such as feeling cut off from oneself, observing oneself from outside the body, or losing touch with reality.

Seemingly mundane events may trigger symptoms. For example, people with borderline personality disorder may feel angry and distressed over minor separations—such as vacations, business trips, or sudden changes of plans—from people to whom they feel close. Studies show that people with this disorder may see anger in an emotionally neutral face[5] and have a stronger reaction to words with negative meanings than people who do not have the disorder.[6]

Suicide and Self-harm

Self-injurious behavior includes suicide and suicide attempts, as well as self-harming behaviors, described below. As many as 80 percent of people with borderline personality disorder have suicidal behaviors,[7] and about 4 to 9 percent commit suicide.[4, 7]

Suicide is one of the most tragic outcomes of any mental illness. Some treatments can help reduce suicidal behaviors in people with borderline personality disorder. For example, one study showed that dialectical behavior therapy (DBT) reduced suicide attempts in women by half compared with other types of psychotherapy, or talk therapy. DBT also reduced use of emergency room and inpatient services and retained more participants in therapy, compared to other approaches to treatment.[7] For more information about DBT, see the section, "How is borderline personality disorder treated?"

Unlike suicide attempts, self-harming behaviors do not stem from a desire to die. However, some self-harming behaviors may be life threatening. Self-harming behaviors linked with borderline personality disorder include cutting, burning, hitting, head banging, hair pulling, and other harmful acts. People with borderline personality disorder may self-harm to help regulate their emotions, to punish themselves, or to express their pain.[8] They do not always see these behaviors as harmful.

When does borderline personality disorder start?

Borderline personality disorder usually begins during adolescence or early adulthood.[1, 9] Some studies suggest that early symptoms of the illness may occur during childhood.[10, 11]

Some people with borderline personality disorder experience severe symptoms and require intensive, often inpatient, care. Others may use some outpatient treatments but never need hospitalization or emergency care. Some people who develop this disorder may improve without any treatment.[12]

Studies suggest early symptoms may occur in childhood

What illnesses often co-exist with borderline personality disorder?

Borderline personality disorder often occurs with other illnesses. These co-occurring disorders can make it harder to diagnose and treat borderline personality disorder, especially if symptoms of other illnesses overlap with the symptoms of borderline personality disorder.

Women with borderline personality disorder are more likely to have co-occurring disorders such as major depression, anxiety disorders, or eating disorders. In men, borderline personality disorder is more likely to co-occur with disorders such as substance abuse or antisocial personality disorder.[13]

According to the NIMH-funded National Comorbidity Survey Replication—the largest national study to date of mental disorders in U.S. adults—about 85 percent of people with borderline personality disorder also meet the diagnostic criteria for another mental illness.[2]

Other illnesses that often occur with BPD include diabetes, high blood pressure, chronic back pain, arthritis, and fibromyalgia.[14, 15] These conditions are associated with obesity, which is a common side effect of the medications prescribed to treat borderline personality disorder and other mental disorders. For more information, see the section, “How is borderline personality disorder treated?”

What are the risk factors for borderline personality disorder?

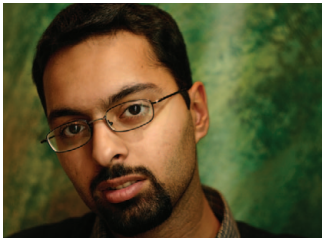
Research on the possible causes and risk factors for borderline personality disorder is still at a very early stage. However, scientists generally agree that genetic and environmental factors are likely to be involved.

Studies on twins with borderline personality disorder suggest that the illness is strongly inherited.[16, 17] Another study shows that a person can inherit his or her temperament and specific personality traits, particularly impulsiveness and aggression.[18] Scientists are studying genes that help regulate emotions and impulse control for possible links to the disorder.[19]

Social or cultural factors may increase the risk for borderline personality disorder. For example, being part of a community or culture in which unstable family relationships are common may increase a person's risk for the disorder.[1] Impulsiveness, poor judgment in lifestyle choices, and other consequences of BPD may lead individuals to risky situations. Adults with borderline personality disorder are considerably more likely to be the victim of violence, including rape and other crimes.

How is borderline personality disorder diagnosed?

Unfortunately, borderline personality disorder is often underdiagnosed or misdiagnosed.[20, 21]



A mental health professional experienced in diagnosing and treating mental disorders—such as a psychiatrist, psychologist, clinical social worker, or psychiatric nurse—can detect borderline personality disorder based on a thorough interview and a discussion about symptoms. A careful and thorough medical exam can help rule out other possible causes of symptoms.

The mental health professional may ask about symptoms and personal and family medical histories, including any history of mental illnesses. This information can help the mental health professional decide on the best treatment. In some cases, co-occurring mental illnesses may have symptoms that overlap with borderline personality disorder, making it difficult to distinguish borderline personality disorder from other mental illnesses. For example, a person may describe feelings of depression but may not bring other symptoms to the mental health professional's attention.

No single test can diagnose borderline personality disorder. Scientists funded by NIMH are looking for ways to improve diagnosis of this disorder. One study found that adults with borderline personality disorder showed excessive emotional reactions when looking at words with unpleasant meanings, compared with healthy people. People with more severe borderline personality disorder showed a more intense emotional response than people who had less severe borderline personality disorder.[6]

What studies are being done to improve the diagnosis of borderline personality disorder?

Recent neuroimaging studies show differences in brain structure and function between people with borderline personality disorder and people who do not have this illness.[22, 23] Some research suggests that brain areas involved in emotional responses become overactive in people with borderline personality disorder when they perform tasks that they perceive as negative.[24] People with the disorder also show less activity in areas of the brain that help control emotions and aggressive impulses and allow people to understand the context of a situation. These findings may help explain the unstable and sometimes explosive moods characteristic of borderline personality disorder.[19, 25]

Another study showed that, when looking at emotionally negative pictures, people with borderline personality disorder used different areas of the brain than people without the disorder. Those with the illness tended to use brain areas related to reflexive actions and alertness, which may explain the tendency to act impulsively on emotional cues.[26]

These findings could inform efforts to develop more specific tests to diagnose borderline personality disorder.[6]

How is borderline personality disorder treated?

Borderline personality disorder can be treated with psychotherapy, or "talk" therapy. In some cases, a mental health professional may also recommend medications to treat specific symptoms. When a person is under more than one professional's care, it is essential for the professionals to coordinate with one another on the treatment plan.

The treatments described below are just some of the options that may be available to a person with borderline personality disorder. However, the research on treatments is still in very early stages. More studies are needed to determine the effectiveness of these treatments, who may benefit the most, and how best to deliver treatments.

Psychotherapy

Psychotherapy is usually the first treatment for people with borderline personality disorder. Current research suggests psychotherapy can relieve some symptoms, but further studies are needed to better understand how well psychotherapy works.[27]

It is important that people in therapy get along with and trust their therapist. The very nature of borderline personality disorder can make it difficult for people with this disorder to maintain this type of bond with their therapist.

Types of psychotherapy used to treat borderline personality disorder include the following:[28]

1. **Cognitive behavioral therapy (CBT)**. CBT can help people with borderline personality disorder identify and change core beliefs and/or behaviors that underlie inaccurate perceptions of themselves and others and problems interacting with others. CBT may help reduce a range of mood and anxiety symptoms and reduce the number of suicidal or self-harming behaviors.[29]

2. **Dialectical behavior therapy (DBT).** This type of therapy focuses on the concept of mindfulness, or being aware of and attentive to the current situation.[1] DBT teaches skills to control intense emotions, reduces self-destructive behaviors, and improves relationships. This therapy differs from CBT in that it seeks a balance between changing and accepting beliefs and behaviors.[30]
3. **Schema-focused therapy.** This type of therapy combines elements of CBT with other forms of psychotherapy that focus on reframing schemas, or the ways people view themselves. This approach is based on the idea that borderline personality disorder stems from a dysfunctional self-image—possibly brought on by negative childhood experiences—that affects how people react to their environment, interact with others, and cope with problems or stress.[31]

Therapy can be provided one-on-one between the therapist and the patient or in a group setting. Therapist-led group sessions may help teach people with borderline personality disorder how to interact with others and how to express themselves effectively.

One type of group therapy, Systems Training for Emotional Predictability and Problem Solving (STEPPS), is designed as a relatively brief treatment consisting of 20 two-hour sessions led by an experienced social worker. Scientists funded by NIMH reported that STEPPS, when used with other types of treatment (medications or individual psychotherapy), can help reduce symptoms and problem behaviors of borderline personality disorder, relieve symptoms of depression, and improve quality of life.[32] The effectiveness of this type of therapy has not been extensively studied.

Families of people with borderline personality disorder may also benefit from therapy. The challenges of dealing with an ill relative on a daily basis can be very stressful, and family members may unknowingly act in ways that worsen their relative's symptoms.

Some therapies, such as DBT-family skills training (DBT-FST), include family members in treatment sessions. These types of programs help families develop skills to better understand and support a relative with borderline personality disorder. Other therapies, such as Family Connections, focus on the needs of family members. More research is needed to determine the effectiveness of family therapy in borderline personality disorder. Studies with other mental disorders suggest that including family members can help in a person's treatment.[33]

Other types of therapy not listed in this booklet may be helpful for some people with borderline personality disorder. Therapists often adapt psychotherapy to better meet a person's needs. Therapists may switch from one type of therapy to another, mix techniques from different therapies, or use a combination therapy. For more information see the NIMH website section on psychotherapy at http://www.nimh.nih.gov/health/topics/psychotherapies/index.shtml.

Some symptoms of borderline personality disorder may come and go, but the core symptoms of highly changeable moods, intense anger, and impulsiveness tend to be more persistent.[34] People whose symptoms improve may continue to face issues related to co-occurring disorders, such as depression or post-traumatic stress disorder.[4] However, encouraging research suggests that relapse, or the recurrence of full-blown symptoms after remission, is rare. In one study, 6 percent of people with borderline personality disorder had a relapse after remission.[4]

Medications

No medications have been approved by the U.S. Food and Drug Administration to treat borderline personality disorder. Only a few studies show that medications are necessary or effective for people with this illness.[35] However, many people with borderline personality disorder are treated with medications in addition to psychotherapy. While medications do not cure BPD, some medications may be helpful in managing specific symptoms. For some people, medications can help reduce symptoms such as anxiety, depression, or aggression. Often, people are treated with several medications at the same time,[12] but there is little evidence that this practice is necessary or effective.

Medications can cause different side effects in different people. People who have borderline personality disorder should talk with their prescribing doctor about what to expect from a particular medication.

Other Treatments

Omega-3 fatty acids. One study done on 30 women with borderline personality disorder showed that omega-3 fatty acids may help reduce symptoms of aggression and depression.[36] The treatment seemed to be as well tolerated as commonly prescribed mood stabilizers and had few side effects. Fewer women who took omega-3 fatty acids dropped out of the study, compared to women who took a placebo (sugar pill).

With proper treatment, many people experience fewer or less severe symptoms. However, many factors affect the amount of time it takes for symptoms to improve, so it is important for people with borderline personality disorder to be patient and to receive appropriate support during treatment.

How can I help a friend or relative who has borderline personality disorder?

If you know someone who has borderline personality disorder, it affects you too. The first and most important thing you can do is help your friend or relative get the right diagnosis and treatment. You may need to make an appointment and go with your friend or relative to see the doctor. Encourage him or her to stay in treatment or to seek different treatment if symptoms do not appear to improve with the current treatment.

To help a friend or relative you can:

- Offer emotional support, understanding, patience, and encouragement—change can be difficult and frightening to people with borderline personality disorder, but it is possible for them to get better over time
- Learn about mental disorders, including borderline personality disorder, so you can understand what your friend or relative is experiencing
- With permission from your friend or relative, talk with his or her therapist to learn about therapies that may involve family members, such as DBT-FST.

Never ignore comments about someone's intent or plan to harm himself or herself or someone else. Report such comments to the person's therapist or doctor. In urgent or potentially life-threatening situations, you may need to call the police.

How can I help myself if I have borderline personality disorder?

Taking that first step to help yourself may be hard. It is important to realize that, although it may take some time, you can get better with treatment.

To help yourself:

- Talk to your doctor about treatment options and stick with treatment
- Try to maintain a stable schedule of meals and sleep times
- Engage in mild activity or exercise to help reduce stress
- Set realistic goals for yourself
- Break up large tasks into small ones, set some priorities, and do what you can, as you can
- Try to spend time with other people and confide in a trusted friend or family member
- Tell others about events or situations that may trigger symptoms
- Expect your symptoms to improve gradually, not immediately
- Identify and seek out comforting situations, places, and people
- Continue to educate yourself about this disorder.

Where can I go for help?

If you are unsure where to go for help, ask your family doctor. Other people who can help are:

- Mental health professionals, such as psychiatrists, psychologists, social workers, or mental health counselors
- Health maintenance organizations
- Community mental health centers
- Hospital psychiatry departments and outpatient clinics
- Mental health programs at universities or medical schools
- State hospital outpatient clinics
- Family services, social agencies, or clergy
- Peer support groups
- Private clinics and facilities
- Employee assistance programs
- Local medical and psychiatric societies.

You can also check the phone book under "mental health," "health," "social services," "hotlines," or "physicians" for phone numbers and addresses. An emergency room doctor can provide temporary help and can tell you where and how to get further help.

What if I or someone I know is in crisis?

If you are thinking about harming yourself, or know someone who is:

- Call your doctor.
- Call 911 or go to a hospital emergency room to get immediate help or ask a friend or family member to help you do these things.
- Call the toll-free, 24-hour hotline of the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255) or TTY: 1-800-799-4TTY (4889) to talk to a trained counselor.
- If you are in a crisis, make sure you are not left alone.
- If someone else is in a crisis, make sure he or she is not left alone.

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