
What Is Borderline Personality Disorder (BPD)?

Borderline Personality Disorder (BPD) is characterized by impulsivity and by instability in mood, self-image, and personal relationships. It is fairly common and is diagnosed more often in females than males. It is a disorder of emotion ireregulation. 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 as common, affecting between .07 to 2% of the general population.

What Are the Symptoms of BPD?

Individuals with BPD have several of the following symptoms:

- marked mood swings with periods of intense depression, irritability and/or anxiety lasting a few hours to a few days
- inappropriate, intense, or uncontrolled anger
- impulsiveness in spending, sex, substance use, shoplifting, reckless driving, or binge eating
- recurring suicidal threats or self-injurious behavior
- unstable, intense personal relationships with extreme, black and white views of people and experiences, sometimes

alternating between “all good” idealization and “all bad” devaluation

- marked, persistent uncertainty about self-image, long term goals, friendships, values
- chronic boredom or feelings of emptiness
- frantic efforts to avoid abandonment, either real or imagined

What Causes BPD?

The causes of BPD are unclear, although psychological and biological factors may be involved. Originally thought to “border on” schizophrenia, BPD now appears to be more related to serious depressive illness. In some cases, neurological or attention deficit disorders play a role. Biological problems may cause mood instability and lack of impulse control, which in turn may contribute to troubled relationships. Difficulties in psychological development during childhood, perhaps associated with neglect, abuse, or inconsistent parenting, may create identity and personality problems. More research is needed to clarify the psychological and/or biological factors causing BPD.

How Is BPD Treated?

A combination of psychotherapy and medication appears to provide the best results for treatment of BPD. Medications can be useful in reducing anxiety,

depression, and disruptive impulses. Relief of such symptoms may help the individual deal with harmful patterns of thinking and interacting that disrupt daily activities. However, medications do not correct ingrained character difficulties. Long-term outpatient psychotherapy and group therapy (if the individual is carefully matched to the group) can be helpful. Short-term hospitalization may be necessary during times of extreme stress, impulsive behavior, or substance abuse.

While some individuals respond dramatically, more often treatment is difficult and long term. Symptoms of the disorder are not easily changed and often interfere with therapy. Periods of improvement may alternate with periods of worsening. Fortunately, over time most individuals achieve a significant reduction in symptoms and improvement in functioning.

Can Other Disorders Be Present at the Same Time?

Yes, determining whether other psychiatric disorders may be involved is critical. BPD may be accompanied by serious depressive illness (including bipolar disorder), eating disorders, and alcohol or drug abuse. About 50 percent of people with BPD experience episodes of serious depression. At these times, the “usual” depression becomes more intense and steady, and sleep and appetite disturbances may occur or worsen. These symptoms, and the other disorders mentioned above, may require specific

treatment. A neurological evaluation may be necessary for some individuals.

What Medications Are Prescribed for BPD?

Antidepressants, anticonvulsants, and short-term use of neuroleptics are common for BPD. Decisions about medications should be made cooperatively between the individual and the therapist. Issues to be considered include the person's willingness to take the medication as prescribed and the possible benefits, risks, and side effects of the medication, particularly the risk of overdose.

Suggested Reading:

Walking on Eggshells, Paul Mason & Randi Kreger, American Psychiatric Press, Washington DC, 1998.

Borderline Personality Disorder: A Multidimensional Approach, Joel Paris, MD, American Psychiatric Press, Inc., Washington DC, 1994.

The Fate of Borderline Patients, Michael H. Stone, The Guilford Press, New York NY, 1998.

I Hate You--Don't Leave Me: Understanding the Borderline Personality, Jerold J. Kreisman, MD, Avon Books, New York NY, 1989.

“Psychopharmacology of Borderline Personality Disorder: A Review,” by Rex W. Cowdry, M.D., *Journal of Clinical Psychiatry* 48:8 (Supplement), August 1987. *From Borderline Adolescent to Functioning Adult: The Test of Time*, James F. Masterson, MD, Bruner/Mazel, Inc., New York, NY, 1980.

Suggested Websites:

Borderline Personality Disorder Research Foundation:
<http://www.borderlinerresearch.org/>

Borderline Personality Disorder Resource Center: <http://www.bpdresourcecenter.org/>

NIMH (National Institute of Mental Health):
<http://www.nimh.nih.gov/>

TARA (Treatment and Research Advancements), National Association for Personality Disorders:
<http://www.tara4bpd.org/>

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