

hospitalization may be necessary during times of extreme stress, impulsive behavior, or substance abuse. In other cases, however, inpatient psychiatric hospitalization may be paradoxically detrimental for some people with BPD.

The support of family and friends is of critical importance in the treatment of BPD as many people with this illness may isolate themselves from these relationships in times of greatest need. With the support of family and friends, involvement in ongoing treatment, and efforts to live a healthy lifestyle—regular exercise, a balanced diet and good sleeping habits—most people with BPD can expect to experience significant relief from their symptoms.

Will people with borderline personality disorder get better?

Recent research based on long-term studies of people with BPD suggests that the overwhelming majority of people will experience significant and long-lasting periods of symptom remission in the lifetime. Many people will not experience a complete recovery but nonetheless will be able to live meaningful and productive lives. Many people will require some form of treatment—whether medications or psychotherapy—to help control their symptoms even decades after their initial diagnosis with borderline personality disorder. **RECOVERY IS POSSIBLE!**

How to Get Help

No insurance? Call the NAMI Southern Arizona office to help guide you to access mental health services.

If you have BPD:

- ◆ Seek medical care through a psychiatrist and/or your primary care physician.
- ◆ Find the right combination of treatment that works for you which may include medication, therapy, support groups, etc.
- ◆ **Sometimes people must try several different treatments or combinations of treatment before they find the one that works for them.*
- ◆ Take NAMI's Peer-to-Peer course and/or join the NAMI Connection support group.
- ◆ LEARN about your illness. The more you know, the more you are able to help yourself. Start with NAMI today!

If you are a family member with a loved one who has mental illness:

- ◆ Take care of yourself.
- ◆ Take NAMI's Family-to-Family course, join a Family & Friends Support Group and/or take NAMI Basics if you have a loved one who is a child or adolescent.
- ◆ Family, friends and partners of military service members and veterans can take NAMI's Homefront course.
- ◆ Learn about your loved one's illness.

SHOW YOU CARE. WEAR A SILVER RIBBON.



- Help break down the barriers to treatment and support.
- Help reduce stigma —talk about it!



**FIND HELP.
FIND HOPE.**

Mental illness affects 1 in 5 people. We provide resources and support to all those affected by mental illness.

**NAMI SOUTHERN ARIZONA DEPENDS ON YOU.
THERE ARE MANY WAYS TO HELP.
BECOME A MEMBER, VOLUNTEER OR DONATE.**

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NAMIisa.org



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BORDERLINE PERSONALITY DISORDER

Educational information and local support provided by:



What is borderline personality disorder (BPD) and how is it diagnosed?

Borderline personality disorder is diagnosed by mental health professionals following a comprehensive psychiatric interview that may include input from a person's previous clinicians, review of prior records, medical evaluations, and, when appropriate, interviews with friends and family. There is no specific single medical test (e.g., blood test) to diagnose BPD and a diagnosis is not based on a single sign or symptom.

Individuals with BPD have several of the following symptoms, detailed in the DSM-5:

- ◆ Marked mood swings with periods of intense depressed mood, irritability and/or anxiety lasting a few hours to a few days
- ◆ Inappropriate, intense or uncontrollable anger
- ◆ Impulsive behaviors that result in adverse outcomes and psychological distress, such as excessive spending, sexual encounters, substance use or shoplifting
- ◆ Recurring suicidal threats or non-suicidal self-injurious behavior, such as cutting
- ◆ Unstable, intense personal relationships, sometimes alternating between "all good" (idealization) and "all bad" (devaluation)
- ◆ Persistent uncertainty about self-image, long-term goals, friendships and values
- ◆ Chronic boredom or feelings of emptiness
- ◆ Frantic efforts to avoid abandonment

BPD is relatively common; about 1 in 20 or 25 individuals will live with this condition. Historically, BPD has been thought to be significantly more common in females. However, recent research suggests that males may be almost as frequently affected by BPD.

What is the cause of borderline personality disorder?

The exact causes of BPD remain unknown, although the roles of both environmental and biological factors are thought to be significant. While no specific gene has been shown to directly cause BPD, a number of different genes have been identified as playing a role in its development. The brain's functioning, as seen in MRI testing, is often different in people with BPD, suggesting that there is a neurological basis.

Neuroimaging studies are not clinically helpful at this time to make the diagnosis and are research tools. A number of hormones (including oxytocin) and signaling molecules within the brain (e.g., neurotransmitters including serotonin) have been shown to potentially play a role in BPD. People who experience traumatic life events (e.g. physical or sexual abuse during childhood) are at increased risk of developing BPD, as are people with certain chronic medical illnesses in childhood.

The connection between BPD and other mental illnesses is well established. People with BPD are at increased risk for anxiety disorders, depressive disorders, eating

disorders, and substance abuse. BPD is often misdiagnosed and many people find they wait years to get a proper diagnosis and an effective care plan.

Many people with borderline personality disorder have a first-degree relative with a serious mental illness (e.g., bipolar disorder or schizophrenia). This is likely due to both genetic and environmental factors.

What are the treatments for borderline personality disorder?

Once an accurate diagnosis is made, developing a comprehensive treatment plan is important. Typically the treatment plan will include psychotherapy strategies, medications to reduce symptom intensity, and group, peer and family support. One overarching goal is for the person with BPD to increasingly direct their care plan as they learn what works and what is counterproductive for them.

Psychotherapy is the cornerstone of treatment for individuals who live with BPD. Dialectical behavioral therapy (DBT) is the most well researched and effective treatment for BPD. DBT teaches coping skills to combat destructive urges, encourages practicing mindfulness (e.g., meditation, regulated breathing and relaxation), and involves individual and group work. This approach is quite successful in helping people with BPD to control their symptoms.

While cognitive behavioral therapy (CBT), psychodynamic psychotherapy and certain other psychosocial treatments are useful

for some people with BPD, the majority of people with this illness will find dialectical behavioral therapy (DBT) to be the most useful form of psychotherapy.

Medications can be an important component to the care plan, yet it is important to know that there is no single medication treatment that can "cure" borderline personality disorder. Furthermore, no medication is specifically approved by the FDA for the treatment of BPD. Medications are, however, useful in treating specific symptoms in BPD. Off-label use of a number of medications may help manage key symptoms. These include valproate (Depakote) that may be useful in decreasing impulsivity, omega-3 fatty acids (fish oil) that may be helpful in decreasing mood fluctuations, and naltrexone (Revia) which has helped some people decrease their urges for self-injury.

Co-occurring conditions are common and require attention in the care plan. The use of psychiatric medications should be discussed at length with one's psychiatrist. This is because individuals with BPD may be at increased risk of experiencing side effects from their medications due to the large number of medications that many people with this illness are prescribed. Discussion is also necessary to understand the risks and benefits of any treatment choice and to get a better sense of the literature upon which the medication recommendations are based.

While not usually indicated for the chronic symptoms of BPD, short-term inpatient