

# Borderline Personality Disorder Fact Sheet

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## What is Borderline Personality Disorder?

Borderline personality disorder (BPD) is a serious mental health condition characterized by instability in mood, thought and self-image; self-destructive behavior; anger; and impulsiveness. This instability often disrupts relationships at work and in one's personal life as well as an individual's sense of self, and can lead to intense fear of abandonment and suicidal behavior.

Unlike a person with depression or bipolar disorder, who typically endures the same mood for weeks, a person with BPD may experience powerful spells of emotion such as depression, anger or anxiety that last anywhere from a few hours to a few days. These may be linked with episodes of impulsive aggression, self-injury, drug and alcohol abuse, eating or spending binges or provocative behavior.

People with BPD often have exceedingly unstable patterns of social relationships. They may be prone to abrupt changes in their view of others who might be seen as friends one minute and as enemies the next. If they feel they have been ill treated, they may spend an enormous amount of energy combating that mistreatment, often to the exclusion of all other events in their life.

Some people with BPD respond to the despair and unrealistic fear of being abandoned. Feeling unfairly misunderstood or mistreated, bored and empty, they may perform self-mutilation (such as cutting or burning oneself) or suicidal behaviors. Such actions are most likely to occur when people with BPD feel isolated, and may result in frantic efforts to avoid being alone.

Frequently, BPD occurs with other psychiatric conditions such as bipolar disorder, depression, anxiety disorders, eating disorders, and problems with addictions such as substance abuse, gambling or sexual behavior. It can affect anyone, but is more commonly diagnosed in young adults, adolescents and women.

## What Causes Borderline Personality Disorder?

While the specific cause of BPD is unknown, psychological and biological factors may be involved. Originally thought to "border on" schizophrenia, BPD also appears to be related to serious depressive illness. In some cases, neurological disorders may play a role. Research has indicated that an impaired brain mechanism meant to regulate emotion may make a person more susceptible to the impulsivity, mood instability, aggression, anger and negative emotion seen in BPD, which in turn may contribute to troubled relationships. Research is being conducted to clarify these theories as well as to explore a possible genetic connection.

## What are the symptoms of Borderline Personality Disorder?

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;
- Demand constant attention and make unreasonable demands;
- Display provocative behavior;
- Inappropriate, intense or uncontrolled anger;
- Impulsiveness in spending, sex, substance use, shoplifting, reckless driving, or binge eating;
- Recurring suicidal threats or self-injurious behavior such as cutting, burning or scratching themselves;
- 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, and values;
- Chronic boredom or feelings of emptiness due to lacking a sense of self; and,
- Frantic efforts to avoid abandonment, either real or imagined, often by acting out a crises or dramatizing a problem.

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## **Treatment of Borderline Personality Disorder**

A combination of medication and psychotherapy appears to provide the best results for treatment of BPD. Anti-depressants, anti-convulsants, and the new atypical anti-psychotics are commonly used medications for BPD. Decisions about medication use should be made cooperatively between the individual and their psychiatrist. Factors such as an individual's willingness to take the medication as prescribed, and the possible benefits, risks and side effects of the medication should be considered in this decision.

Although medications can be helpful in controlling disruptive impulses, depression and reducing anxiety, and may help an individual deal with the harmful patterns that disrupt everyday life, they are rarely effective without some form of psychotherapy. Since personality disorders involve the way in which one copes with the world and handles interpersonal relationships, they often require long-term treatment. 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.

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