

Borderline Personality Disorder

Borderline Personality Disorder (BPD) is a serious medical illness characterized by instability in mood, self-image, personal relationships, and behavior. The instability often disrupts family and work life, long-term planning, and the individual's sense of self-identity. A high rate of self-injury without suicide intent is common among patients with BPD. BPD is fairly common, affecting about two percent of American adults, and is diagnosed more often in females than males. With help, many patients improve over time and are able to lead productive lives.

Symptoms of BPD

- 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, and values
- chronic boredom or feelings of emptiness
- frantic efforts to avoid abandonment, either real or imagined

About 50 percent of people with BPD experience episodes of serious depression in addition to the symptoms listed above. These symptoms may require specific treatment.

Causes of BPD

The causes of BPD are unclear, although psychological and biological factors may be involved. Originally thought to "border on" schizophrenia, it is now known that there is no relationship between the two disorders. BPD also appears to be related to serious depressive illness. In some cases, neurological 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. The field is also actively looking at genetic vulnerabilities.

Treatment of BPD

A combination of medication and therapy provides the best results for treatment of BPD.

Therapy: Therapy, with both group and individual components, is often quite helpful in understanding the symptoms of BPD, learning skills to cope with the symptoms of BPD, and dealing with the life stresses we all encounter. The therapy will usually include the teaching of specific skills that will require learning and practice to become proficient. As with all skills, the more you practice the skills, the better you become at doing them.

Medications: Medications can also be quite helpful for decreasing the symptoms associated with BPD. Antidepressants, anticonvulsants, and newer antipsychotics are the most commonly prescribed medications. The medication helps decrease mood instability, anger, and anxiety symptoms. It often increases overall self control. Deciding to use medication is a decision made between the patient and the psychiatrist. Issues considered when making the decision to use medication include expected effectiveness of the medication, side effects, safety issues such as risk in overdose, and the likelihood that the medication will be taken on a regular basis.

Resources

National Alliance on Mental Illness
www.nami.org ~ (812) 423-4333

Mental Health America
www.nmha.org ~ (812) 426-2640

National Institute of Mental Health
www.nimh.nih.gov