

Borderline Personality Disorder

Borderline Personality Disorder (BPD) is a serious mental illness characterized by impulsivity and instability of moods, self-image, behavior and interpersonal relationships. Individuals with Borderline Personality Disorder often struggle in relationships and tend to experience fluctuation between idealizing (great admiration and love) and devaluating (intense anger and dislike) someone close to them. These individuals also have difficulty in regulating intense emotions which can lead to self-injurious behaviors (cutting or scratching self). BPD usually manifests in early adulthood and affects primarily young women. Approximately 2 - 3 percent of the general population meet the criteria for the diagnosis of Borderline

What causes BPD?

Exact causes of BPD are unclear. Research indicates that environmental and genetic factors are involved in predisposing individuals to BPD symptoms and traits. Many individuals with BPD do report a history of physical, sexual or emotional abuse; neglect; or separation as a young child.

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 (usually lasting a few hours up to a few days)
- Borderline Personality Disorder (BPD) is a serious mental illness characterized by impulsivity and instability of moods, self-image, behavior and interpersonal relationships. Individuals with Borderline Personality Disorder often struggle in relationships and tend to experience fluctuation between idealizing (great
- Inappropriate, intense or uncontrolled anger
- Impulsivity and self-destructive behaviors in areas such as: spending, sex, substance abuse, shoplifting, reckless driving or binge eating
- Recurring suicidal threats, behavior, gestures or self-injurious behavior

- Marked persistent uncertainty about self-image, long-term goals, friendships, value
- Chronic feelings of emptiness
- Frantic efforts to avoid real or imagined abandonment
- Unstable and intense interpersonal relationships
- Persistently unstable self-image or sense of self
- Transient stress-related paranoia or severe dissociative symptoms

One of the hallmark features of this disorder is the existence of self harm behaviors. Deliberate self-harm behaviors, or parasuicidal acts, occur in approximately 75 percent of the patients. These behaviors result in physical scarring and even disabling conditions. Many individuals express that physical pain results in a sense of release from intense emotions. These self harm behaviors may also act as a signal to others resulting in rescuing behaviors and increased attention. Other self destructive acts include promiscuity, bingeing or purging and blackouts from substance abuse. One of the key components of treatment is to break the cycle of self harm behaviors.

What are the treatment options for BPD?

Although there is no cure for BPD, treatment can help improve stability of mood and the ability to manage life stressors. Treatment is often comprised of one or more of the following:

- Individual therapy: improves effective coping skills, increases insight, provides education/support, teaches behavior modification techniques
- Group therapy or dialectical behavioral therapy (DBT) skills training group
- Medication: stabilizes mood, reduces depression and anxiety and dampens impulsive urges
- Psychiatric hospitalization: may be necessary in acutely stressful situations (if an individual has suicidal thoughts or plan to harm self or others). These hospitalizations are usually necessary to help manage the crises. Research shows that up to 20 percent of psychiatric patients have BPD.

- Partial hospitalization or intensive daily outpatient treatment: combines individual therapy, group therapy, psychoeducational groups, medication management on a daily basis in a structured environment. This mode of therapy is especially effective in treating BPD.

Symptoms of BPD are not easily changed and treatment is often a difficult and long-term process. For individuals suffering with BPD, creating structure, consistency and regularity is important.

Co-Occurring Disorders

Diagnosing BPD can be complicated by a variety of co-occurring disorders including: depression and anxiety, bipolar disorder, eating disorders and alcohol or drug abuse. Individuals with BPD may choose to self medicate with drugs or alcohol in an attempt to reduce the intensity of emotions and as a way to regulate emotions.

What is the importance of psychiatric treatment and follow-up?

Many individuals with BPD struggle with suicidal ideation and/or engage in self harm behaviors. Up to 10 percent of this population commits suicide. In addition, adults with BPD are more likely to become victims of domestic violence and/or sexual assault (rape or intimate partner violence).

Where can I get more information about BPD?

On the Web:

- National Institute of Mental Health: <http://www.nimh.nih.gov/>
- National Alliance for the Mentally Ill: <http://www.nami.org>
- Resource & Information on Mental Illness: <http://www.mentalwellness.com>
- Behavioral Tech, Inc.: www.behavioraltech.org

Literature:

- Cognitive-Behavioral Treatment of Borderline Personality Disorder;
Marsha Linehan, Ph.D
- Stop Walking on Eggshells: Taking Your Life Back When Someone You Care About
Has Borderline Personality Disorder; Paul T. Mason & Randi Kreger
- I Hate You-Don't Leave Me: Understanding the Borderline Personality; Jerold J.
Kreisman M.D.

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Reference:

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