

## Treatment

An effective treatment plan should include your preferences while also addressing any other co-existing conditions you may have. The overarching goal of treatment is for a person with BPD to increasingly self-direct their own treatment plan as they learn what works and what doesn't.

### Examples of treatment options include:

- Psychotherapy—such as dialectical behavioral therapy (DBT), cognitive behavioral therapy (CBT) and psychodynamic psychotherapy—is the first line of choice for BPD. Learning ways to cope with emotional dysregulation in a therapeutic setting is often the key to long-term improvement for those experiencing BPD.
- Medications may be instrumental to a treatment plan, but there is no one medication specifically made to treat the core symptoms of BPD. Rather, several medications can be used to treat various symptoms. For example, mood stabilizers and antidepressants help with mood swings and dysphoria. And for some, low-dose antipsychotic medication may help control symptoms such as disorganized thinking.
- Short-term hospitalization may be necessary during times of extreme stress, and/or impulsive or suicidal behavior to ensure safety.

**For more information on Borderline Personality Disorder** and other mental illnesses, please contact any of the following:

NAMI Flagstaff at [www.namiflagstaff.org](http://www.namiflagstaff.org)

NAMI Arizona at [www.namiarizona.org](http://www.namiarizona.org)

NAMI National at [www.nami.org](http://www.nami.org)

National Institute on Mental Health at [www.nimh.nih.gov](http://www.nimh.nih.gov)



## BORDERLINE PERSONALITY

Borderline Personality Disorder (BPD) is a condition characterized by difficulties regulating emotion. This means that people who experience BPD feel emotions intensely and for extended periods of time, and it is harder for them to return to a stable baseline after an emotionally triggering event.

This difficulty can lead to impulsivity, poor self-image, stormy relationships and intense emotional responses to stressors. Struggling with self-regulation can also result in dangerous behaviors such as self-harm (e.g. cutting).

It's estimated that 1.4% of the adult U.S. population experiences BPD. Nearly 75% of people diagnosed with BPD are women. Recent research suggests that men may be equally affected by BPD, but are commonly misdiagnosed with PTSD or depression.

### Diagnosis

There is no definitive medical test to diagnose BPD, and a diagnosis is not based on one specific sign or symptom. BPD is best diagnosed by a mental health professional following a comprehensive clinical interview that may include talking with previous clinicians, reviewing previous medical evaluations and, when appropriate, interviews with friends and family.

## Symptoms

People with BPD experience wide mood swings and can feel a great sense of instability and insecurity. According to the Diagnostic and Statistical Manual diagnostic framework, some key signs and symptoms may include:

- Frantic efforts to avoid real or imagined abandonment by friends and family.
- Unstable personal relationships that alternate between idealization (“I’m so in love!”) and devaluation (“I hate you”). This is also sometimes known as "splitting."
- Distorted and unstable self-image, which affects moods, values, opinions, goals and relationships.
- Impulsive behaviors that can have dangerous outcomes, such as excessive spending, unsafe sex, substance abuse or reckless driving.
- Self-harming behavior including suicidal threats or attempts.
- Periods of intense depressed mood, irritability or anxiety lasting a few hours to a few days.
- Chronic feelings of boredom or emptiness.
- Inappropriate, intense or uncontrollable anger—often followed by shame and guilt.
- Dissociative feelings—disconnecting from your thoughts or sense of identity or “out of body” type of feelings - and stress-related paranoid thoughts. Severe cases of stress can also lead to brief psychotic episodes.

## Causes

The causes of BPD are not fully understood, but scientists agree that it is the result of a combination of factors, including:

- **Genetics.** While no specific gene or gene profile has been shown to directly cause BPD, research suggests that people who have a close family member with BPD may be at a higher risk of developing the disorder.
- **Environmental factors.** People who experience traumatic life events—such as physical or sexual abuse during childhood or neglect and separation from parents—are at increased risk of developing BPD.
- **Brain function.** The emotional regulation system may be different in people with BPD, suggesting that there is a neurological basis for some of the symptoms. Specifically, the portions of the brain that control emotions and decision-making / judgment may not communicate optimally with one another.

## Related Conditions

BPD can be difficult to diagnose and treat, and successful treatment includes addressing any other conditions a person might have. Many with BPD also experience additional conditions like:

- Anxiety Disorders
- Posttraumatic Stress Disorder
- Bipolar Disorder
- Depression
- Eating Disorders (notably bulimia nervosa)
  
- Substance Use Disorders / Dual Diagnosis