

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 talking with a person's previous clinicians, review of prior records, a medical evaluation, 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-IV-TR*:

- Marked mood swings with periods of intense depressed mood, irritability and/or anxiety lasting a few hours to a few days.
- 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.

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 play a role. 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. 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.

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, which leads to a better care plan.

What are the treatments for borderline personality disorder?

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 focuses on teaching *coping skills* to combat destructive urges, encourages practicing mindfulness (e.g., meditation, regulated breathing and relaxation), involves individual and group work, and 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, such as 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.

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

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