

Borderline Personality Disorder

What is Borderline Personality Disorder?

- ② Borderline Personality Disorder (BPD) is a mental disorder. People affected by BPD frequently experience distressing emotional states, difficulty in relating to other people, and self-harming behaviour.
- ② Between two and five per cent of the population are affected by BPD at some stage in their lives. The symptoms of the disorder usually first appear in mid to late teens or in early adulthood. Women are three times more likely to be diagnosed with BPD than men.
- ② The causes of BPD are not fully understood. They are likely to be a combination of biological and life factors. It is thought that many people with BPD have experienced abuse, trauma or neglect during childhood, and that this may have contributed to development of the disorder.
- ② With early diagnosis and effective treatment, the outcomes for people with BPD are good.

What are the symptoms?

People with BPD have persistent difficulty relating to other people and to the world around them. This can be very distressing for the person and for those who care for them.

Symptoms include:

Deep feelings of insecurity

Difficulty coping with fear of abandonment and loss; continually seeking reassurance, even for small things; expressing inappropriate anger towards others whom they consider responsible for how they feel; a fragile sense of self and one's place in the world.

Persistent impulsiveness

Abusing alcohol and other drugs; spending excessively; gambling; stealing; driving recklessly, or having unsafe sex.

Confused, contradictory feelings

Frequent questioning and changing of emotions or attitudes towards others, and towards aspects of life such as goals, career, living arrangements or sexual orientation.

Self-harm

Causing deliberate pain by cutting, burning or hitting oneself; overdosing on prescription or illegal drugs; binge eating or starving; abusing alcohol and other drugs; repeatedly putting oneself in dangerous situations or attempting suicide.

Some people with BPD may also have symptoms of other mental illnesses. They may experience symptoms associated with anxiety or mood disorders, such as excessive worrying and having panic attacks, obsessive behaviour, hoarding or having unwanted thoughts, feeling persistently sad, moving or talking slowly, losing sexual interest or having difficulty concentrating on simple tasks.

They may even experience psychotic symptoms such as delusions or false beliefs – believing, for example, they are being deceived, spied on or plotted against.

What else do we know about BPD?

- ② BPD is a complex disorder that is often misunderstood.
- ② Not all people who harm themselves have BPD. While self-harm is common among people with BPD, not all those who do this have the disorder. People may self-harm for other reasons such as low self esteem, to momentarily express and release emotional pain or even to punish themselves. This may relate to a mental illness, a disorder or emotional problem unrelated to BPD.

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④ People with BPD are not 'bad'

The anger and rejection that people with BPD display mean they are sometimes labelled as 'bad,' 'manipulative' or 'attention-seeking'. While things they do may at times lead to confusion, distress or inconvenience for other people, it should be remembered that this behaviour results from feelings of fear, loneliness, desperation, or hopelessness associated with BPD.

④ People with BPD can get better

Contrary to common belief, people with BPD can recover well with appropriate ongoing treatment and support. While there is no cure yet, BPD is a treatable disorder.

What is the treatment?

Diagnosis is generally made by a psychiatrist, with ongoing treatment managed by a psychiatrist, clinical psychologist or other mental health professional.

- ④ The most effective treatment usually involves a combination of, psychological therapy, medication and support.
- ④ Psychological therapies that have been found to be effective in the treatment of BPD are Interpersonal Psychotherapy (IPT) and Dialectical Behavioural Therapy (DBT). During IPT, a person learns new and effective ways to relate to significant people in their lives. DBT helps people learn to handle their emotions better and re-learn the way they typically respond to situations and other people.
- ④ Medication alone does not 'fix' BPD. It can be helpful, however, in the management of some symptoms, such as depression, anxiety and mood swings.
- ④ Longer term psychiatric treatment may be provided by a GP or community mental health services – a clinic with specialist health workers treating people in their local area.
- ④ Community support programs may include help with finding suitable work, accommodation, training and education, psychosocial rehabilitation and mutual support groups.
- ④ Family and friends of people with BPD can often feel confused, angry and alone. Education and support for family and other carers is an important part of treatment, as is understanding from the community.
- ④ With appropriate treatment and support, most people with BPD can lead full and productive lives.

How do I find out more?

It is important to ask your doctor about any concerns you have. SANE Australia also produces a range of easy-to-read publications and multimedia resources on mental illness. For more information about this topic see:

④ [SANE Guide to Medication and other Treatments](#)

Explains how all the different aspects of treatment work, by looking at clinical care, medication, support in the community and helping yourself.

④ [SANE Guide to Staying Alive](#)

Provides practical step-by-step hints and advice for consumers, carers and health professionals on dealing with suicidal thoughts and behaviour.

④ [SANE Factsheet: Suicidal behaviour](#)

④ [SANE Factsheet: Self-harm](#)

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