



Borderline Personality Disorder (BPD)

Introduction

Borderline personality disorder (BPD) is a serious mental illness characterized by persistent and unusual instability in moods, chaotic and unstable interpersonal relationships, self-image, and behavior. This instability insidiously affects all aspects of family and work life. Originally thought to be at the "borderline" of psychosis, people with BPD actually suffer from a disorder of emotion control. An important component of BPD is their highly unstable patterns of social relationships, which is largely caused by their anxiety over fears of perceived abandonment. They develop intense attachments, but their feelings of love may suddenly swing to intense anger and dislike thus a person may be valued as a wonderful friend one day and suddenly cut off the next. Sometimes only a slight separation or conflict causes the Borderline to switch without warning to the other extreme.

People who suffer from BPD suffer from:

- Problems with regulating emotion and thoughts
- Reckless and impulsive behavior
- Unstable relationship with others

People with this disorder have other co-occurring disorders such as depression, anxiety, substance abuse, eating disorders and self – harm (suicidal) behaviors. The prevalence of BPD in the general population is between 1 to 3 percent of the adult population, with approximately 75 percent of those diagnosed being female.

Symptoms:

According to the DSM Fourth Edition, Text Revision (DSM-IV-TR), the patient would have to elicit at least five of the following symptoms to be diagnosed with BPD.

- Extreme reactions—including panic, depression, rage, or frantic actions—to abandonment, whether real or perceived

- A pattern of intense and stormy relationships with family, friends, and loved ones, often veering from extreme closeness and love (idealization) to extreme dislike or anger (devaluation)
- Distorted and unstable self-image or sense of self, which can result in sudden changes in feelings, opinions, values, or plans and goals for the future (such as school or career choices)
- Impulsive and often dangerous behaviors, such as spending sprees, unsafe sex, substance abuse, reckless driving, and binge eating
- Recurring suicidal behaviors or threats or self-harming behavior, such as cutting
- Intense and highly changeable moods, with each episode lasting from a few hours to a few days
- Chronic feelings of emptiness and/or boredom
- Inappropriate, intense anger or problems controlling anger
- Having stress-related paranoid thoughts or severe dissociative symptoms, such as feeling cut off from oneself, observing oneself from outside the body, or losing touch with reality

Prognosis/Onset

Adolescence or young adulthood is when the onset of symptoms usually occurs. Symptoms may persist for several years, but most symptoms become less severe over time, with some individuals fully recovering. The course of this disorder varies. The most common pattern is one of chronic instability in early adulthood. This disorder is usually worse in the young-adult, gradually decreasing with age. During their 30s and 40s, the majority of BPD become more stable.

Causes

Specific causes of BPD is still unknown however research does show that environmental and genetics does play a role in predisposing patients to BPD symptoms and traits. Social or cultural factors do play their role in increasing the risk of BPD. Thus if an individual comes from an unstable family relationship, it increases the risk to BPD. It is thought that children who experience chronic early maltreatment and attachment difficulties may go on to develop Borderline Personality Disorder. Between 40 to 70 percent of BPD experienced sexual abuse, usually by a non-caregiver.

Treatment

Treatments for BPD have improved in recent years. The main treatment is various forms of psychotherapy such as Cognitive Behavioural Therapy, although medication and other approaches may also improve symptoms. Therapy should help to alleviate psychotic or mood-disturbance symptoms and generally integrate the whole personality. Brief hospitalization may sometimes be necessary during acutely stressful episodes or if suicide or other self-destructive behaviour threatens to erupt. Hospitalization may provide a temporary removal from external stress.

DBT- Dialectal Behavioural Therapy, Schema focused therapy