

Borderline Personality Disorder (BPD)



BPD is characterised by a pervasive pattern of instability of interpersonal relationships, self image, affects and a marked impulsivity that is present in a variety of contexts. There is instability in emotion, cognition and behaviour.

Symptoms

Individuals with this diagnosis often display a number of disordered personality traits:

- Often impulsive in areas that could be self-damaging such as gambling, sex, spending, drug and alcohol abuse, stealing, etc.
- There may be a pattern of unstable and intense relationships, behaviour in these alternating between idealisation and devaluation.
- The individual will attempt to avoid real or imagined abandonment and therefore may be excessively dependent.
- Moods may be unstable, including chronic periods of emptiness and boredom, outbursts of intense anger, difficulty controlling anger, periods of depression, etc. These moods will be experienced intensely.
- A persistent unstable self-image is often evident. One minute the individual may feel able to take on and succeed at anything, the next feel incompetent, helpless and loathsome.
- Individuals may display recurrent suicidal threats, gestures or behaviour and self-mutilating behaviour.

Onset and incidence

There may be a biological connection for the impulsive aspects of BPD due to the neurotransmitter serotonin being associated with impulsivity.

Adverse childhood experiences may be an environmental factor in the development of BPD. These experiences may include physical, sexual or emotional abuse, multiple caretakers in infancy, loss of parents, frequent and painful illnesses.

The disorder can be lifelong if not adequately treated. Symptoms are usually well defined by early adulthood. They can sometimes stabilise by mid adulthood. The disorder is diagnosed predominantly in women (about 75%).

Treatment

Cognitive Behavioural Therapy (and variants of this including Cognitive Analytic Theory, and Dialectical Behaviour Therapy), psychotherapy (group or one-to-one), and psychodynamic group therapy (perhaps in the setting of a therapeutic community).

Anti-depressants and anti-psychotic drugs may be used during certain times. Lithium may be helpful. Also medication for treatment of epilepsy has been used.

Short-term hospitalisation may be necessary during extremely stressful episodes. Other family members affected by the individuals behaviour may also benefit from therapy.