SANE

FACTSHEET

BORDERLINE PERSONALITY DISORDER (BPD)

QUICK FACTS

- Borderline personality disorder (BPD) affects a person's emotions, impulses and relationships.
- Most people living with BPD have been through something traumatic.
- Self-care strategies, psychological therapies, and support in the community can all help people living with BPD.
- It is possible to live a full and meaningful life even if a person lives with BPD.

WHAT IS BORDERLINE PERSONALITY DISORDER (BPD)?

People with borderline personality disorder have challenges managing their emotions and impulses. They can also have unstable feelings about who they are, and their relationships.

Signs of BPD usually appear in late adolescence or early adulthood. While the symptoms can be confusing and easily misunderstood, it is possible to live a meaningful life with BPD. With support and treatment, people can manage, reduce or even eliminate symptoms.

SYMPTOMS OF BPD

To receive a diagnosis of BPD, five of these nine symptoms need to be present[1]:

- Feeling empty, or having low self-esteem.
- Paranoia or emotional detachment.
- Anxiety about relationships, making efforts to avoid being abandoned.
- Impulsive, risky behaviour.
- Self-harm, threatening or attempting suicide.
- Anger, moodiness, irritability or difficulty controlling anger.
- A pattern of intense and challenging interpersonal relationships.
- Difficulties with self-image, identity or sense of self.
- Moods that feel unstable and reactive.

BPD is a very diverse condition. For example, not all people with BPD experience self-harm, though many do.

Some people with BPD may engage in behaviour that seems manipulative or attention-seeking to others. This behaviour results from the symptoms of BPD, not from being a bad person.

CAUSES OF BPD

BPD's causes are not fully understood, but are likely to be a combination of genetics and life experiences[3]. It is common for people living with BPD to have a history of traumatic experiences, such as childhood neglect or abuse. In fact, there is an overlap between BPD and complex Post-Traumatic Stress Disorder (Complex PTSD). Some advocates and clinicians argue that BPD should be renamed to complex PTSD. There is no doubt that many people experience both.

Experts argue that the symptoms of BPD develop as a way of coping with the impacts of trauma. After a trauma, some people have strong negative emotions and difficulty trusting others. It may be that for people with BPD, impulsive behaviours or self-harm develops in order to cope with these difficult experiences and intense emotions.

HOW COMMON IS BPD?

Research estimates around 1% of the general adult community live with BPD[2].

Women are more likely to be diagnosed with BPD, but men experience BPD at a similar rate.

MANAGING LIFE WITH BPD

Things can sometimes feel unpredictable and out-of-control for people with BPD. The first thing to do is learn as much as possible about BPD. This can help people understand the condition, and find the right treatment and support.

People with BPD find these things can be helpful:

- establishing good routines
- tracking moods and emotions to understand their patterns
- looking after physical health through healthy eating, exercise and sleeping well
- learning about emotion regulation and distress-tolerance skills
- accessing peer support
- developing a personalised safety plan.

TREATMENT AND SUPPORT FOR BPD

The most effective treatments for BPD are psychological therapies. They can help people learn to better understand and manage their feelings, and how they respond to people and situations[3]. Treatment for PTSD can also be part of support for BPD, if relevant.

As with any health problem, seeing an understanding GP is a good start. A GP can provide

referrals to mental health services.

Ideally, assessment and treatment should be provided by a mental health professional who has training and knowledge around BPD.

There are many types of therapy known to be helpful for people with BPD. These are often long-term therapies that focus on coping with emotions, tolerating distress, and healthy relationships. Sometimes these therapies are offered in settings dedicated to a specific treatment area or style. However, many mental health professionals also use parts of these different therapies in more traditional one-on-one therapy sessions.

Evidence-based therapies for BPD include[4]:

- Dialectical behavioural therapy (DBT)
- Schema therapy
- Mentalisation based therapy (MBT)
- Psychodynamic therapy
- Cognitive analytic therapy (CAT)

Often people with BPD need support managing thoughts of self-harm or suicide. In these situations, it is important to get help, whether that's staying safe yourself, or supporting someone else who is suicidal. Talking to a GP or mental health professional is also important as they can help you learn ways of dealing with painful emotions, and making a plan for how to cope when suicidal thoughts come up.

If you or someone you know is at immediate risk, call 000 or visit your nearest hospital. For support with suicidal thoughts, please contact Lifeline on 13 11 14 or Suicide Call Back Service on 1300 659 467.

HELP FOR FAMILY & FRIENDS

The family and friends of someone with BPD need care and support too — it’s okay for family and friends to set boundaries and to prioritise their own physical and mental health.

Families and friends cope better when they learn about the condition, and how to communicate and relate to the person affected. It's also good to know what to do in case of an emotional crisis.

There are many other people out there who share similar experience, and services designed to help carers of people with mental health issues. Check out our Guide for Families and Friends for more info.

Effective support is available, and a person who is experiencing BPD can live a fulfilling life.

To connect with others who get it, visit our online Forums. They’re safe, anonymous and available 24/7.

VISIT FORUMS

RESOURCES

- Meet Stephanie – real story of living with BPD
- Clinical Practice Guidelines for the Management of BPD (NHMRC)
- Support for families, friends and carers of people with BPD (Family Connections)
- Personality Disorder information and resources (Project Air)
- For support with managing suicidal thoughts, contact Suicide Call Back Service – 1300 659 467 or Lifeline – 13 11 14

REFERENCES

1. American Psychiatric Association. Diagnostic and statistical manual of mental disorders (5th ed.; DSM-5). In: 5th ed. American Psychiatric Association; 2013.

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4. Carrotte ER, Blanchard ME. Understanding how best to respond to the needs of Australians living with personality disorder. South Melbourne; 2018.