

# **BORDERLINE PERSONALITY DISORDER (BPD) FAQ**

Borderline Personality Disorder (BPD) is a serious and misunderstood illness. Lack of understanding is the main reason people with this brain illness don't receive an accurate diagnosis and appropriate treatment. In fact, the average length of time from onset to diagnosis is over five years. Finding proven treatment can take even longer. This prolongs suffering to both the consumer and families.

## **MYTHS:**

People with BPD are unreasonable, manipulative, and attention seeking. They don't stick with treatment. They are mostly sexually abused females. They self-injure out of self-hatred. BPD is caused by parental trauma. BPD is untreatable. It is a life sentence. It isn't even a valid diagnosis. People are better off not being diagnosed with it at all.

## **EVIDENCE-BASED FACTS:**

Five manually based treatment therapies have been shown to be effective. Sex ratio is equal. Sexual abuse is neither necessary nor sufficient to the development of BPD. Parenting is part of a bio-social model of the disorder. Self-injury is an effective way to cope with severe emotional pain. Research focusing on genetics, brain imaging and medication is beginning to shed light on this brain illness. There is an 80% recovery rate, and very low remission.

## **What is Borderline Personality Disorder (BPD)?**

- BPD is an Axis 2 psychiatric disorder listed (301.83) in the Diagnostic and Statistical Manual IV.

It affects 5% of the population, more than schizophrenia and bipolar disorders combined. Co-occurring disorders are common. The suicide rate is 10%. In-patient hospitalization rates are high.

## **Why is it so named?**

Dr. Adolph Stern first coined "Borderline" in 1938. He saw these as patients being on the border of neurosis and psychosis. This is inaccurate. Dr. Perry Hoffman of the National Educational Alliance for Borderline Personality Disorder (NEA-BPD) states: "There is nothing Borderline about BPD." Today many researchers and advocates want to change the name. One suggestion is "Emotion Regulation Disorder."

## **How is it diagnosed?**

There are 9 criteria. Meeting any 5 would give a BPD diagnosis.

The criteria are:

- Fear of abandonment
- Intense rapid mood shifts
- Impulsivity
- Anger problems
- Suicidality and self-injury
- Unstable relationships
- Emptiness
- Identity diffusion
- Dissociation (Psychosis)

## **Many people have many of those problems. What makes it BPD?**

- BPD is fundamentally an inability to regulate one's emotions.

Most people can process their anger, fears, and mood changes. But people suffering with BPD become overwhelmed by their emotions and become dysregulated. Dysregulation leads to maladaptive coping strategies such as self-injury, substance abuse, suicides attempts, and reckless behavior.

## **What causes BPD?**

- The current model for BPD is bio-social.

That is, some are born with a biological predisposition to develop the disorder. Brain research supports this. Environmental factors (the social part) influence whether or not BPD develops.

## **What are the biologic factors?**

- High emotional sensitivity, high emotional reactivity, and a slow return to baseline.

These are the biological characteristics shared by BPD sufferers.

Current BPD research focuses on genetic, chemical, and brain imaging studies. Imaging studies indicate differences in the brain areas associated with emotion regulation. The areas studied include the amygdala, pre-frontal cortex, hippocampus and hypothalamus. Chemical studies indicate that neurotransmission is different in the BPD brain, especially in the production of glutamate and serotonin. A recent genetic study in the Netherlands has discovered a genetic difference in the BPD population located on chromosome number nine.

## **What are the environmental factors?**

- Given their high emotional sensitivity and reactivity, many BPD sufferers find their environment to be "invalidating".

Invalidation can range from sexual abuse to merely a poor fit between the child and family. Sexual abuse is reported in over 50% of BPD cases. But Harvard researcher Dr. Mary Zanarini cautions: "... sexual abuse is neither necessary nor sufficient to the development of BPD." Even well-intended loving parents can find themselves lacking the skills needed to raise a Borderline child.

## **Is BPD ultimately the parent's fault?**

- While the concept of the schizophrenogenic parent may be outmoded, the idea that parents are to blame for BPD is not.

Parenting, as Harvard's Dr. John Gunderson says "is sometimes dysfunctional but villains are truly rare." Studies by Dr. Hoffman show family involvement and education is a powerful factor in aiding to the recovery of BPD. Families impacted by BPD have higher levels of grief, burden and depression than do families with an Axis 1 (bipolar, schizophrenic) relative. As Dr. Joel Paris of McGill University states: "Family matters!"

## **Do medications work?**

- While many BPD sufferers take medication, there is no approved medication for BPD.

SSRIs, SNRIs, antipsychotics, and mood stabilizers are commonly used. But even clinicians treating this disorder disagree as to the need for medication.

## **Why do many clinicians think it's difficult, if not impossible, to treat?**

- Mental health workers cite the three most difficult behaviors they encounter are anger, suicide threats, and suicidal attempts or self-induced harm. These are the hallmarks of BPD.
- **70% of clinicians think BPD patients are difficult, if not impossible to treat.** Successful treatment requires that clinicians learn and practice specific BPD therapies such as Dialectical Behavior Therapy (DBT). Long term studies done at Harvard report that 80% of those diagnosed with the disorder are ultimately in recovery. Dr. Gunderson states that Borderline "is the most hopeful of any psychiatric disorder".

## **Why do so many cut themselves?**

- **About 75% of those diagnosed with BPD self-injure. It is a coping strategy.** Many say it is the only way to gain control over their severe and overwhelming emotions. Self-injury is usually kept secret from friends and relatives. Revealing this behavior often leads to involuntary hospitalizations. Therapies developed for the BPD consumer stress skills that have been proven to reduce self-injury and suicidality.

## **What is DBT?**

- **Dialectical Behavior Therapy (DBT) was developed in the late 1990's by University of Washington researcher Dr. Marsha Linehan.**

It is a skills based therapy primarily designed to help BPD sufferers reduce self-injury and suicidality. It has its roots in Cognitive Behavioral Therapy and Zen Mindfulness. It is the most researched and best known of the five manualized treatments developed to treat this disorder. Specific DBT programs are also being used to help people overcome substance abuse, help couples with relationship problems, and to help prison inmates cope with hopelessness and anger.

## **Why is Borderline Personality Disorder called the disorder with surplus stigma?**

- Anger, suicidality, intense mood swings, and hospitalizations - The BPD sufferer can be difficult to live with much less treat. Traditional therapies are not effective. BPD's and their families can suffer for years without correct diagnosis and treatment. Education and research is helping to change outdated, incorrect ideas and attitudes.

## **What is being done for families?**

- Dr. Perry Hoffman of Columbia-Cornell School of Medicine is the founder of the National Educational Alliance for Borderline Personality Disorder (NEABPD). She co-authored the Family Psychoeducation class "Family Connections". She obtained a National Institute of Health grant to begin the program in 2002.
- In 2006 NAMI brought BPD under its official umbrella as a serious brain illness.