• **Environmental factors.** People who experience traumatic life events, such as physical or sexual abuse during childhood or neglect and separation from parents, are at increased risk of developing BPD.

• **Brain function.** The way the brain works is often different in people with BPD, suggesting that there is a neurological basis for some of the symptoms. Specifically, the portions of the brain that control emotions and decision-making/judgment may not communicate well with one another.

### Diagnosis

There is no single medical test to diagnose BPD, and a diagnosis is not based on one sign or symptom. BPD is diagnosed by a mental health professional following a comprehensive psychiatric interview that may include talking with previous clinicians, medical evaluations and, when appropriate, interviews with friends and family. To be diagnosed with BPD, a person must have at least 5 of the 9 BPD symptoms listed above.

### Treatment

People with BPD are often treated with a combination of psychotherapy, peer and family support and medications to address co-occurring symptoms.

• **Medications** are not specifically made to treat the core symptoms of emptiness, abandonment and identity disturbance, but can be useful in treating other symptoms associated with BPD, such as anger, depression and anxiety. Medications may include mood stabilizers, antipsychotics, antidepressants and anti-anxiety drugs.

• **Psychotherapy** is a cornerstone for treating a person with BPD. In addition to dialectical behavioral therapy (DBT), which was created specifically for the treatment of BPD, there are several types of psychotherapy that are effective. These treatments include cognitive behavioral therapy (CBT) and mettallization-based therapy (MBT).
What is borderline personality disorder?

Borderline personality disorder (BPD) is a condition characterized by difficulties in regulating emotion. This difficulty leads to severe mood swings, impulsivity and instability, poor self-image and stormy personal relationships.

People may make repeated attempts to avoid real or imagined situations of abandonment. It is ultimately characterized by the emotional turmoil it causes. People who have it feel emotions intensely and for long periods of time, and it is harder for them to return to a stable baseline after an emotionally intense event. Suicide threats and attempts are very common for people with BPD. Self-harming acts, such as cutting and burning, are also common.

It’s estimated that 1.6% of the adult U.S. population has BPD but it may be as high as 5.9%. Nearly 75% of people diagnosed with BPD are women, but recent research suggests that men may be almost as frequently affected by BPD. In the past, men with BPD were often misdiagnosed with PTSD or depression.

Symptoms

People with BPD experience wide mood swings and can display a great sense of instability and insecurity. Signs and symptoms may include:

- Frantic efforts to avoid being abandoned by friends and family.
- Unstable personal relationships that alternate between idealization and devaluation. This is also sometimes known as "splitting."
- Distorted and unstable self-image, which affects moods, values, opinions, goals and relationships.
- Impulsive behaviors that can have dangerous outcomes.
- Suicidal and self-harming behavior.
- Periods of intense depressed mood, irritability or anxiety lasting a few hours to a few days.
- Chronic feelings of boredom or emptiness.
- Inappropriate, intense or uncontrollable anger—often followed by shame and guilt.
- Dissociative feelings—disconnecting from your thoughts or sense of identity, or “out of body” type of feelings—and stress-related paranoid thoughts. Severe cases of stress can also lead to brief psychotic episodes.

Are there any known causes?

The causes of borderline personality disorder are not fully understood, but scientists agree that it is the result of a combination of factors:

- Genetics. While no specific gene has been shown to directly cause BPD, studies in twins suggest this illness has strong hereditary links. BPD is about five times more common among people who have a first-degree relative with the disorder.