

# Borderline Personality Disorder (BPD)

This factsheet has information on borderline personality disorder (BPD), including symptoms, causes and treatments. You might find it helpful if you have BPD, or if you know someone who has it.

Borderline personality disorder is also called Emotionally Unstable Personality Disorder (EUPD). In this factsheet, we call it BPD.



KEY POINTS

- BPD means that you have strong emotions you find it hard to cope with. You may feel upset or angry a lot of the time.
- Around 1 in 100 people have BPD.
- There are different reasons why people get BPD. A lot of people with BPD have had problems in their childhood.
- There are different ways to treat BPD. The NHS will normally offer you therapy.
- Having BPD may make it more likely that you will self-harm and have problems with relationships, alcohol or drugs. There is help available.

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## 1. What is borderline personality disorder (BPD)?

BPD is an illness that makes you feel distressed and affects your relationships with other people. Around 1 in 100 people have BPD. It seems to affect men and women equally, but women are more likely to have this diagnosis. This may be because men are less likely to ask for help.<sup>1</sup>

If you have BPD, you may have problems with:<sup>2</sup>

- feeling isolated or abandoned by others,
- self harming or suicidal thoughts,
- coping with stress,
- getting on with other people,
- strong emotions that you find it hard to cope with,
- drinking or using drugs,
- understanding other people's points of view,
- staying in work,
- having a long-term relationship, or
- being able to maintain a home.

It is called 'borderline' because doctors used to think it was on the border between two different disorders. They now know this isn't the right way to describe it, but the name has stuck.<sup>3</sup>

BPD is a type of 'personality disorder'. Some people with a personality disorder think that the name is insulting or makes them feel labeled.<sup>4</sup> But doctors do not use this term to make you feel judged or suggest that the illness is your fault. It is meant to describe the way the illness develops.

### Sam's experience

On a bad day, my distress levels go through the roof. I feel unloved, empty and helpless. I feel worse when my partner goes out to see friends, which makes me feel like they don't care about me. At times I hate everyone and everything, which I deal with by cutting myself with a razor and by drinking alcohol.

You can find more information about other personality disorders in our '**Personality disorders**' factsheet, which you can download for free from [www.rethink.org](http://www.rethink.org) or call 0121 522 7007 and ask for a copy to be sent to you.

## 2. What are the symptoms of BPD and how is it diagnosed?

If your GP thinks that you may have borderline personality disorder (BPD), they will arrange for you to see a psychiatrist. They may send your details

to your local community mental health team (CMHT). This is called a 'referral'.

Your psychiatrist will decide if you have an illness based on the following guidelines.

- International Classification of Diseases (ICD-10), produced by the World Health Organisation (WHO), and
- Diagnostic and Statistical Manual of Mental Disorders (DSM-5), produced by the American Psychiatric Association.

The guidelines tell your psychiatrist what to look for. They will diagnose you with BPD if you have at least five of the symptoms below.<sup>5</sup>

- Extreme reactions to feeling abandoned
- Unstable relationships with others
- Confused feelings about who you are
- Being impulsive in ways that could be damaging. For example, spending, sex, substance abuse, reckless driving, and binge eating
- Regular suicidal behaviour, threats, or self-harming
- Long lasting feelings of emptiness
- Difficulty controlling your anger. For example, losing your temper or getting into fights
- Intense, highly changeable moods
- Paranoid thoughts when you're stressed

Your psychiatrist will ask you about how you feel and about your life history. They may talk to other people close to you. They can diagnose you after one assessment if they have enough information to do this.<sup>6</sup>

Psychiatrists will not usually diagnose BPD in someone who is under 16.<sup>7,8</sup>

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### **3. What are the different types of BPD?**

Borderline personality disorder (BPD) is also known as emotionally unstable personality disorder (EUPD). In England, doctors use both of these terms.

If your doctor says you have EUPD, they may say you have 'borderline' or 'impulsive' type EUPD. There are small differences but there is some overlap between these illnesses.

#### **Borderline-type**

If you have borderline-type EUPD you may have more difficulties with relationships, self-harming and feelings of emptiness.

#### **Impulsive-type**

If you have impulsive-type EUPD you may have more difficulties with impulsive behaviour and angry feelings.

#### 4. What causes BPD?

There are different factors that can lead to someone getting borderline personality disorder (BPD).<sup>9</sup> People will usually have experienced difficulties in their childhood. This could include neglect or physical, emotional or sexual abuse.

#### 5. What are the treatments for BPD?

You and your doctor will decide what treatment to try. The main treatment for borderline personality disorder (BPD) is psychological therapy, also called 'talking therapy'. This may be one-to-one or in a group. There can be long waiting lists for therapy.

We have listed some types of psychological therapies below. Not all of these will be available on the NHS in your area.

##### **Dialectical Behaviour Therapy (DBT)**

DBT is helpful for people with BPD.<sup>10</sup> DBT helps you to build skills to deal with distress. Therapists call this 'emotional regulation'. DBT can help you learn how to control harmful ways of coping with distress, such as self-harming<sup>11</sup> or using drugs or alcohol.<sup>12</sup>

##### **Mindfulness**

The NHS may offer you a place on a mindfulness course. Mindfulness can help you to manage your emotions by focusing on the 'here and now'.<sup>13</sup> You may also do mindfulness in DBT (see above).

##### **Cognitive Analytical Therapy (CAT)**

CAT helps you to understand problems you have in relationships. You and your therapist will work together to understand these patterns and try change them. This may be useful if you 'switch' between liking and disliking people who are close to you.

##### **Mentalisation-Based-Therapy (MBT)**

This sort of therapy may help you if you make assumptions about what other people think or feel. You may base these assumptions on the worst-case scenario rather than more likely explanations. For example, if someone you care about wants to do something by themselves, you might think they don't care about you, hate you or they will never want to come back. These feelings might make you panic and feel angry.

Mentalising is about understanding other people's behaviour and your reaction to it. You do this by thinking about thoughts, intentions, needs and desires. It is about being aware of what's going on in your own mind. This will help you to try to take a more balanced view about what might be

going on in other people's minds. This kind of therapy might help you if you worry about being abandoned.

### **Schema therapy**

Schema therapy looks at patterns of behaviour and emotional states. You may act in different ways in different situations, and your therapist might call these 'modes'. The therapy tries to find the right 'mode' for you to move forward and deal with situations in the best way you can.

### **Psychodynamic psychotherapy**

This therapy focuses on your unconscious. Your unconscious is the part of your mind that controls beliefs, emotions or behaviours without you thinking about them.

Therapists think that past experiences, especially those in your childhood, can affect your unconscious. The therapist will try to link your current problems to past events. This may help to explain why you feel the way you do.

### **Therapeutic Communities**

Therapeutic communities are not a treatment themselves. They are places you can go to have treatment. They may be specific for certain groups of people. For example, some may be for young women who have problems with alcohol or drugs. They sometimes have a religious link.

You may stay for a few weeks or months, or you may visit for just a few hours a week. You may have group therapy and self-help sessions. There may also be other group activities such as gardening and help with daily living skills.

Therapeutic communities vary a lot because they are often run by the people who use them and they shape them based on what they want.

### **Medication**

There is no medication to treat borderline personality disorder (BPD). But your doctor may give you medication if you have another mental illness like anxiety or depression as well as BPD.<sup>14</sup> They may offer you medication in a crisis, but this isn't helpful as a long-term treatment.<sup>15</sup>

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## **6. What treatment should the NHS offer me?**

The National Institute for Health and Care Excellence (NICE) offers guidance on what the NHS should offer you. You can find this guidance at [www.nice.org.uk](http://www.nice.org.uk). The NICE guidance sets out best practice for the NHS.

You cannot force the NHS to offer you a service that NICE recommends. But if your local NHS doesn't offer you appropriate treatment then you can complain.

The NICE guidance says your doctor might offer you therapy if your borderline personality disorder (BPD) causes you significant problems. This therapy should not be less than three months.<sup>16</sup> The guidance says that the NHS should offer dialectical behaviour therapy (DBT) to women with BPD if they self-harm regularly.<sup>17</sup>

You may get support from a specialist service if your symptoms are getting worse.<sup>18</sup> The NHS should not refuse to give you specialist help because of your diagnosis. They should have services to support people with BPD.<sup>19</sup>

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## **7. What if I am not happy with my treatment?**

### **Patient Advice and Liaison Service (PALS)**

If you are unhappy about your care or treatment, you could call your local PALS. They can try to help answer your questions about the complaints procedure. You can find PALS' details at [www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-\(PALS\)/LocationSearch/363](http://www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-(PALS)/LocationSearch/363).

### **Advocacy**

An advocate is independent from mental health services. They can help you to voice your opinion and resolve problems. They may be able to help you to write letters or go to appointments or meetings with you.

### **Diagnosis**

If you are unhappy with your diagnosis, you could ask for a second opinion. You do not have a legal right to a second opinion, but it is important to ask if it is important to you.

### **Complaints**

If you cannot resolve the problem, you can make a complaint to have your concerns investigated in more detail.

You can find more information about:

- Advocacy
- Complaints
- Second Opinions

at [www.rethink.org](http://www.rethink.org). Or call 0121 522 7007 and ask for the information to be sent to you.

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## 8. What self care and management skills can I try?

You might find some of the following things helpful.<sup>20</sup>

- Make sure you speak to a doctor if you think that your relationships with others are being affected.
- Think about how you will benefit from making changes to your lifestyle.
- Don't pay too much attention to the name of the illness. BPD is a common condition and it is not meant to label you or to suggest that your situation won't change.
- If you're offered group therapy or support, give it a chance. It may seem intimidating to start with but a lot of people find it helpful in the long-run.
- If something annoys or upsets you, try to wait a while before responding.
- Try to find ways of relaxing. Meditation, breathing techniques, listening to music and exercising may be helpful.
- Look for patterns in the ways you respond to things that upset you. This may help you to work through problems in relationships.
- If you self-harm to deal with distress, think of other ways to deal with this. Try punching a pillow or writing about how you feel.

You can find more information on [www.rethink.org](http://www.rethink.org) about:

- Recovery
- Self-harm
- Suicidal feelings – how to cope

Or call 0121 522 7007 and ask for a copy to be sent to you.

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## 9. What risks and complications can BPD cause?

### Self-harm

It is common for people who have borderline personality disorder (BPD) to self-harm. Some people find self-harming can help them to deal with painful feelings. But it can cause serious injury, scars, infections, or accidental death. A big focus of BPD treatment is to find other ways to deal with painful emotions.

### Drugs and alcohol

People with BPD may behave impulsively, drink too much or take drugs. You may be at an increased risk of becoming dependent on alcohol or drugs if you have BPD.<sup>21</sup>

If you drink a lot or use drugs, you may find it difficult to get BPD treatment. You may be less likely to want help, or your substance use may get in the way of your treatment.

When you have a mental illness and a problem with drink or drugs, professionals call this 'dual diagnosis'.

You can find more about **Dual Diagnosis** at [www.rethink.org](http://www.rethink.org). Or call 0121 522 7007 and ask for the information to be sent to you.

### **Impulsive behaviours**

When people make decisions quickly without thinking about the consequences, doctors call this 'impulsive'. This can include driving erratically, having more sexual partners, and spending money without thinking.

Some people with BPD may have unprotected sex with people they don't know very well.<sup>22</sup> This can lead to sexually transmitted diseases or an unwanted pregnancy.

BPD may cause people to gamble without thinking about the possible outcomes.<sup>23</sup> They might spend their rent money or get pay day loans. This can lead to debt.

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## **10. Information for carers, friends and relatives**

As a carer, friend or family member of someone living with borderline personality disorder (BPD), you might find that you need support.

It can be useful to learn about the disorder as much as possible. This may help you to:

- support the person who has BPD,
- understand why they may act in certain ways, and perhaps take things less personally, and
- become more aware of what situations make them more distressed.

There are books available that may help. These include:

- 'Stop Walking on Eggshells' by Mason & Kreger, and
- 'I Hate You, Don't Leave Me' by Kreisman & Straus

It is important to get support if are struggling to cope. See if there is a local support group which you can join. You could ask social services for a carer's assessment to see if they can help.

You can find more about:

- Supporting someone with a mental illness
- Carer Assessment and Support Planning

at [www.rethink.org](http://www.rethink.org). Or call 0121 522 7007 and ask for the information to be sent to you.

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### **BPD World**

Committed to raising awareness and reducing the stigma of mental health with a focus on borderline personality disorder. It provides online information, advice and support and has an online forum.

**Website:** [www.bpdworld.org](http://www.bpdworld.org)

### **Emergence**

Supports people living with personality disorder and carers, friends and relatives.

**Website:** [www.emergenceplus.org.uk](http://www.emergenceplus.org.uk)

### **Self Injury Support**

Offers a helpline service for women of any age who self-harm, as well as text and email services for women under 24.

**Self-injury helpline:** 0808 800 8088 (Tue – Wed 7-10pm, Thu 3-6pm)

**Text:** 0780 047 2908

**Address** (office only): Self injury Support, PO Box 3240, Bristol BS2 2EF

**Email:** [www.selfinjurysupport.org.uk/tessform/](http://www.selfinjurysupport.org.uk/tessform/)

**Website:** [www.selfinjurysupport.org.uk/](http://www.selfinjurysupport.org.uk/)

### **Turning Point**

Works with people who have problems with drug and alcohol use, mental health and learning disabilities.

**Telephone:** 020 7481 7600

**Address:** Standon House, 21 Mansell Street, London, E1 8AA

**Email:** [info@turning-point.co.uk](mailto:info@turning-point.co.uk)

**Web:** [www.turning-point.co.uk](http://www.turning-point.co.uk)



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<sup>1</sup> National Institute for Health and Clinical Excellence. *Borderline Personality Disorder. The NICE Guideline on Treatment and Management.* Clinical Guidance 78. London: Royal College of Psychiatrists; 2009, Page 20

<sup>2</sup> World Health Organisation. *The ICD-10 Classification of Mental and Behavioural Disorders Clinical descriptions and diagnostic guidelines F60.3.* <http://www.who.int/classifications/icd/en/bluebook.pdf> [Accessed May 2015]

<sup>3</sup> NHS Choices. *Borderline Personality Disorder.* [www.nhs.uk/conditions/borderline-personality-disorder/Pages/Introduction.aspx](http://www.nhs.uk/conditions/borderline-personality-disorder/Pages/Introduction.aspx) [Accessed May 2015]

<sup>4</sup> As note 1, at pgs 84-85.

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- <sup>5</sup> As note 2. Also see note 1, at pg 18.
- <sup>6</sup> As note 2.
- <sup>7</sup> As note 2, F60.
- <sup>8</sup> Chanen, A. and McCutcheon, L. Prevention and early intervention for borderline personality disorder: current status and recent evidence. *British Journal of Psychiatry*. 2002, s24-29
- <sup>9</sup> As note 1, at pgs 21-22
- <sup>10</sup> McMMain SF. et al. Dialectical behavior therapy compared with general psychiatric management for borderline personality disorder: clinical outcomes and functioning over a 2-year follow-up. *American Journal of Psychiatry*. 2012 Jun;169(6):650-61
- <sup>11</sup> Verheul, R. et al. Dialectical behaviour therapy for women with borderline personality disorder. *British Journal of Psychiatry* 2003;182(2): 135-140.
- <sup>12</sup> Dimeff, L.A. & Linehan, M.M. Dialectical Behavior Therapy for Substance Abusers. *Addiction Science and Clinical Practice* 2008; 4(2): 39-47.
- <sup>13</sup> Mental Health Foundation. *Mindfulness*. [www.mentalhealth.org.uk/help-information/mental-health-a-z/M/mindfulness/](http://www.mentalhealth.org.uk/help-information/mental-health-a-z/M/mindfulness/) [Accessed May 2015]
- <sup>14</sup> As note 1, at pg 384.
- <sup>15</sup> As note 1, at pgs 298, 302, 384.
- <sup>16</sup> National Institute for Health and Clinical Excellence. *Borderline Personality Disorder. Treatment and Management*. Clinical Guidance 78. National Institute for Health and Clinical Excellence; 2009, at pg 8.
- <sup>17</sup> As note 19, at pg 18.
- <sup>18</sup> As note 19, at pg 15.
- <sup>19</sup> National Institute for Mental Health for England. *Personality Disorder - No Longer a Diagnosis of Exclusion*. London: Department of Health; 2003.
- <sup>20</sup> Collated from:  
Get Self Help. *Distress Tolerance*.  
<http://www.getselfhelp.co.uk/distresstolerance.htm> (accessed 20 May 2015);  
Centre for Clinical Interventions. *Facing your Feelings*.  
[http://www.cci.health.wa.gov.au/resources/infopax.cfm?Info\\_ID=54](http://www.cci.health.wa.gov.au/resources/infopax.cfm?Info_ID=54)  
(accessed 20 May 2015); and  
Elliot and Smith. *Borderline Personality Disorder for Dummies*. Indianapolis: Wiley Publishing; 2009.
- <sup>21</sup> As note 1, at pg 20.
- <sup>22</sup> NHS Choices. *Borderline Personality Disorder – symptoms*.  
<http://www.nhs.uk/Conditions/Borderline-personality-disorder/Pages/Symptoms.aspx> [Accessed June 2015]
- <sup>23</sup> See note 27

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This factsheet is available  
in large print.



## Rethink Mental Illness Advice Service

Phone 0300 5000 927  
Monday to Friday, 10am to 2pm

Email [advice@rethink.org](mailto:advice@rethink.org)

### Did this help?

We'd love to know if this information helped you.

Drop us a line at: [feedback@rethink.org](mailto:feedback@rethink.org)

### or write to us at Rethink Mental Illness:

Feedback  
PO Box 68795  
London SE1 4PN

or call us on 0300 5000 927.

We're open 10am to 2pm, Monday to Friday.



Leading the way to a better  
quality of life for everyone  
affected by severe mental illness.

For further information  
on Rethink Mental Illness  
Phone 0121 522 7007  
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 [facebook.com/rethinkcharity](https://www.facebook.com/rethinkcharity)

 [twitter.com/rethink\\_](https://twitter.com/rethink_)

 [www.rethink.org](http://www.rethink.org)

### Need more help?

Go to [www.rethink.org](http://www.rethink.org) for information on symptoms, treatments, money and benefits and your rights.

### Don't have access to the web?

Call us on 0121 522 7007. We are open Monday to Friday, 9am to 5pm, and we will send you the information you need in the post.

### Need to talk to an adviser?

If you need practical advice, call us on 0300 5000 927 between 10am and 2pm, Monday to Friday. Our specialist advisers can help you with queries like how to apply for benefits, get access to care or make a complaint.

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