A diagnosis of Borderline Personality Disorder (BPD) is made when at least 5 of the following 9 criteria are present. It is important to take the severity and intensity of these symptoms into account as well as their duration and their impact on day-to-day living.

- Frantic attempts to avoid real or imagined abandonment
- A pattern of unstable and intense interpersonal relationships characterised by alternation between extremes of idealisation/devaluation
- Identity disturbance; unstable self-image
- Impulsivity in at least two areas that are potentially self-damaging, e.g. sex, binge-eating, alcohol or drug abuse, chronic over-spending, gambling etc
- Recurrent suicidal behaviour, gestures or threats, or self-mutilating behaviour
- Affective instability due to marked reactivity of mood
- Chronic feelings of emptiness
- Inappropriate, intense anger or difficulty controlling anger
- Transient paranoia or dissociation

Whilst many people, and particularly adolescents may experience some of these traits from time to time, a person diagnosed BPD will experience these symptoms severely, intensely and for a prolonged period of time.
If you have been diagnosed BPD and require further information or help:

- Your GP may know of local support groups, or may be able to refer you for specialised treatment, as well as being able to prescribe medications or sign you off work if necessary.

- Self-Help – by learning more about Borderline Personality Disorder you will gain insight into yourself that may help you to manage your feelings. There are an increasing number of publications and internet web sites about BPD (Borderline UK can provide more details of these).

- Mental Health Day Centres – you can find your local day centre in the Yellow Pages. You do not need to be referred to these by your doctor, and you will be able to talk to other people with mental health difficulties, speak to professionals, get help filling out benefit forms etc. You will also be able to find out what treatments and support networks are available in your immediate area. Local MIND offices can also provide advice and information and may operate a pop-in centre.

- Borderline UK – We are a national network of individuals meeting the criteria for BPD aiming to raise awareness, provide support and increase treatment opportunities within the UK. Our details are listed under the useful contacts section of this leaflet.

- Borderline Personality Disorder is the most commonly diagnosed Personality Disorder (it accounts for about half of the total number of PD diagnoses).

- It is estimated that between 2-3% of the general population are affected (over a million people in the United Kingdom).

- 75% of people diagnosed with BPD are female.

- People diagnosed with BPD will often also have other psychiatric diagnoses.

- BPD is diagnosed in 11% of psychiatric outpatients and 19% of inpatients.

- Over 50% of people diagnosed are victims of physical and or sexual abuse.

- In the region of 8-10% of Borderlines will commit suicide.

Treatment for BPD usually takes the form of some sort of individual or group therapy, such as Dialectical Behaviour Therapy (DBT), Cognitive Behaviour Therapy (CBT), or Cognitive Analytical Therapy (CAT) or psychodynamic therapy. Medications often used in conjunction with therapy include anti-depressants, anxiolytics (which may aid sleep and produce a calming effect) and anti-psychotics (which may improve impulse control and sleep), through to leaflets such as this, are designed, developed and run by volunteers.

There are many misunderstandings and myths concerning Borderline Personality Disorder. A few of the most common are listed below.

- Borderline Personality Disorder does NOT mean that a person ‘almost’ has a Personality Disorder or that they have ‘half’ a Personality Disorder. BPD is a Personality Disorder in its own right and was originally given this name as it was considered to be on the ‘border’ of neurosis and psychosis.

- Borderline Personality Disorder is NOT impossible to treat. It is difficult to treat as it involves challenging ingrained beliefs and characteristics. However, with the correct treatment, BPD traits can be successfully understood and managed. Also, as more research is being done in this field we can be optimistic that treatment opportunities will both improve and increase.

- Borderlines are NOT dramatising their situation, nor ‘attention seeking’ or ‘manipulative’. The intensity of emotions that Borderlines feel are extreme enough to interfere with basic tasks in day-to-day life.

- People diagnosed BPD, in common with the vast majority of other people with psychiatric diagnoses, are NOT a danger to others. Indeed, they are far more likely to be a danger to themselves.