

Borderline Personality Disorder (BPD) Facts Sheet

WHAT IS BORDERLINE PERSONALITY DISORDER (BPD)?

BPD is an Axis II personality disorder characterized by a pervasive inability to regulate emotions and control behaviors linked to emotions. Intense negative emotions commonly include depression, anger, self-hatred, and hopelessness.

PREVALENCE OF BPD.

BPD occurs in 0.2 to 1.8% of the general population, in 8 to 11% of psychiatric outpatients^{1 2} and 14 to 20% of inpatients.^{3 4}

SUICIDAL BEHAVIORS ARE VERY COMMON AMONG INDIVIDUALS WITH BPD.

- Suicide is among the top ten causes of death in the United States and in the world. Up to 40% of those committing suicide meet clinical criteria for a personality disorder at the time of their death. An even higher percentage of those attempting suicide have a personality disorder. The personality disorder most associated with both completed and attempted suicide is BPD.
- BPD is the only DSM-IV diagnosis for which parasuicide (i.e., suicide attempts and/or other intentional, non-fatal, self-injurious behaviors) is a criterion and parasuicide is thus considered a “hallmark” of BPD.
- Rates of parasuicide among patients diagnosed with BPD range from 69 to 80%.^{5 6 7}
- Rates of suicide among all individuals meeting criteria for BPD (including those with no parasuicide) is 5 to 10% and double that when only those with a history of parasuicide are included.⁸

BPD INDIVIDUALS ARE HIGH UTILIZERS OF SERVICES AT COMMUNITY MENTAL HEALTH AGENCIES.

- Between 6 to 18% of all persons admitted to inpatient psychiatric treatment account for 20 to 42% of all admissions.^{9 10 11 12 13 14}
- Seventy-five to 80% of inpatient treatment dollars are spent on 30 to 35% of patients receiving inpatient treatment services.
- People with BPD are commonly among the highest utilizers of inpatient psychiatric services. Between 9 to 40% of high utilizers of inpatient psychiatric services are diagnosed with BPD.^{15 16 17 18 19}

BPD IS A CHRONIC DEBILITATING PROBLEM.

- Follow-up studies consistently indicate the diagnosis of BPD is a chronic condition, although the number of individuals who continue to meet diagnostic criteria slowly decreases over the life span.
- Two to three years after index assessment, 60 to 70% of patients continued to meet criteria.²⁰ Other follow-up studies found little change in level of functioning and consistently high rates of psychiatric hospitalization over two to five years.^{21 22} Four to seven years after index assessment, 57 to 67% of patients continued to meet criteria.^{23 24} An average of 15 years after index assessment, 25 to 44% continued to meet criteria.^{25 26}

ACHIEVING TREATMENT SUCCESS WITH BPD HAS BEEN NOTORIOUSLY DIFFICULT.

- BPD has been associated with worse outcome in treatments of Axis I disorders including major depression,²⁷ OCD,²⁸ bulimia,^{29 30} and substance abuse.³¹
- Follow-up studies of BPD individuals who have received standard community-based inpatient and outpatient psychiatric treatment demonstrate that traditional approaches are marginally effective at best when outcomes are measured two to three years following treatment.
- In studies investigating pharmacotherapy for BPD, drop out rates are commonly very high^{32 33} and medication compliance has been problematic, with upwards of 50% of clients³⁴ and 87% of therapists reporting medication misuse, including use of overdose as a method of attempting suicide.³⁵

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