UNDERSTANDING YOUR DIAGNOSIS

Borderline Personality Disorder

Also called Borderline Personality Disorder

A long-standing pattern of intense emotions, stormy relationships and impulsive choices that treatment can change a great deal.

HOW COMMON	OFTEN STARTS	TREATABLE	LONG TERM
About 1 to 2 in 100 adults	Teens to early twenties	Yes - strong evidence	Most improve within 10 years

What this is

- This names a long-standing pattern of feeling and relating. It is not a verdict on who you are as a person.
- It has some of the strongest treatment evidence in all of mental health. The therapies for it really do work.
- Most people get better. In long studies, the large majority no longer fit the description after several years.
- Feeling things intensely is not a flaw in you. The problem is the pain the pattern causes, and that part can change.

What it can look and feel like

- Your emotions arrive fast and hard, and they can turn over within hours rather than over days or weeks.
- The fear that someone is about to leave you can be overwhelming, and you may do a lot to stop it happening.
- Relationships swing between feeling perfect and feeling ruined, sometimes over a single conversation.
- You may hurt yourself on purpose, because the physical pain quiets something that feels much worse inside.
- You feel empty a good deal of the time, as though something is missing that you cannot quite name.
- Who you are can feel unsettled. Your goals, values and sense of self shift depending on who you are with.
- Under heavy stress you may feel unreal, detached, or briefly suspicious of people, and then it passes.

What is happening in your brain and body

- The alarm part of your brain, the amygdala, fires faster and harder, while the calming front part is slower to catch up.
- That is why you can go from fine to overwhelmed in seconds, and why coming back down takes longer than it does for others.
- Practicing skills genuinely changes this over time. The braking system gets stronger the more often you use it.
- Early stress can leave your body's stress hormone system on a hair trigger, which keeps that alarm easy to set off.
- Hurting yourself brings quick relief, which is exactly why it is hard to stop. Replacing the relief beats using willpower.

What can make it more likely

- Genes give some people a more sensitive emotional system from the very start, and that part is nobody's fault.
- It often develops when a sensitive child grows up somewhere their feelings were brushed off, mocked or ignored.
- Trauma, neglect and loss raise the chance, though plenty of people with this diagnosis have no history of abuse.
- No single parent, event or choice causes this. It grows out of a mix of wiring and experience over many years.

What to expect

- Self-harm and crisis visits usually settle first. Relationships, work and a steadier sense of self improve later.
- Plan on **one to two years** of structured therapy, with clear gains often showing up in the first few months.
- In long follow-up studies, about **85%** of people no longer fit the description after ten years.
- Setbacks happen, especially under stress, and a setback does not erase the progress you have already made.

What helps

Treatment works. Most people get better.

Talking therapies

- **Dialectical behavior therapy**, or DBT, has the strongest evidence: weekly sessions, a skills group and phone coaching.
- DBT skills are concrete. You learn how to ride out a wave of emotion, how to ask for something, how to steady a crisis.
- **Mentalization-based therapy** builds your ability to read your own mind and other people's more accurately under stress.
- **Transference-focused therapy** and **schema therapy** work through relationship patterns and old beliefs about yourself.
- **Good psychiatric management** is a simpler approach that works about as well and is easier to find in most places.

Medicines

- No medicine is approved for this condition itself. Therapy is the main treatment, and medicine plays a supporting part.
- **Antidepressants** can help depression or anxiety that comes alongside it, but they do not treat the core pattern.
- **Mood stabilizers** or low doses of an **antipsychotic** are sometimes used short-term for anger or intense stress reactions.
- **Benzodiazepines** for anxiety often backfire here, since they can loosen the brakes, so most guidelines advise against them.
- Fewer medicines is usually better. Ask your prescriber to review the whole list with you every few months.

Everyday things that help

- Sleep, food and movement are not small things. Being tired or hungry lowers your threshold for absolutely everything else.
- Write a crisis plan while you are calm: warning signs, three things to try, and who to call. Keep it on your phone.
- Make impulsive harm harder to reach. Locking up medicines or sharp objects buys the time a wave of feeling needs to pass.
- Alcohol and drugs deepen the emotional swings and make self-harm more likely on the hardest nights.
- Family programs such as Family Connections teach the people around you how to respond without arguing or panicking.

Get help right away if

- If you are thinking of ending your life, call or text **988** in the US, or go to the nearest emergency room.
- If a wound needs stitches, or you took more medicine than prescribed, get medical care right away.
- Call your team when the urges rise instead of waiting for a crisis. That call is what the plan is for.

Questions to ask your care team

- *Is DBT or another structured therapy available near me, or online?*
- *What should I do between sessions when the urges get strong?*
- *Which of my medicines is treating something, and which could we stop?*
- *How will we know this is working, and when should we look at it again?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.