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 and 14 to 20% of inpatients.

SUICIDAL BEHAVIORS ARE VERY COMMON AMONG INDIVIDUALS WITH BPD.
- Suicide is the 11th leading cause of death in the United States and the 10th cause of death in developed countries. 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 suicide behavior (i.e. suicide attempts and/or other intentional, non-fatal, self-injurious behaviors) is a criterion and suicidal behaviors are thus considered a “hallmark” of BPD.
- Rates of suicidal behavior among patients diagnosed with BPD range from 69 to 80%.
- Rates of suicide among all individuals meeting criteria for BPD (including those with no suicidal behavior) is 5 to 10% and double that when only those with a history of suicidal behavior are included.

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.
- 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.

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. Other follow-up studies found little change in level of functioning and consistently high rates of psychiatric hospitalization over two to five years. Four to seven years after index assessment, 57 to 67% of patients continued to meet criteria. An average of 15 years after index assessment, 25 to 44% continued to meet criteria.

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, OCD, bulimia and substance abuse.
- 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 and medication compliance has been problematic, with upwards of 50% of clients and 87% of therapists reporting medication misuse, including use of overdose as a method of attempting suicide.


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