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In Brief
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An Introduction to Co-Occurring Borderline Personality Disorder and Substance Use Disorders

This *In Brief* is for health and human services professionals (e.g., social workers, vocational counselors, case managers, healthcare providers, probation officers). It is intended to introduce such professionals to borderline personality disorder (BPD)—a condition with very high rates of suicide and self-harm that often co-occurs with substance use disorders (SUDs). This *In Brief* presents the signs and symptoms of BPD, with or without a co-occurring SUD, alerts professionals to the importance of monitoring clients with BPD for self-harm and suicidal behavior, and encourages professionals to refer such clients for appropriate treatment. This *In Brief* is not meant to present detailed information about BPD or treatment guidelines for BPD or SUDs.

What Is Borderline Personality Disorder?

BPD is one among several *personality disorders* (e.g., narcissistic personality disorder, paranoid personality disorder, antisocial personality disorder). According to the *Diagnostic and Statistical Manual of Mental Disorders,* Fifth Edition (DSM-5),[1] personality disorders are generally characterized by:

- Entrenched patterns of behavior that deviate significantly from the usual expectations of behavior of the individual's culture.
- Behavior patterns that are pervasive, inflexible, and resistant to change.
- Emergence of the disorder's features no later than early adulthood (unlike depression, for example, which can begin at any age).
- Lack of awareness that behavior patterns and personality characteristics are problematic or that they differ from those of other individuals.
- Distress and impairment in one or more areas of a person's life (often only after other people get upset about his or her behavior).
- Behavior patterns that are not better accounted for by the effects of substance abuse, medication, or some other mental disorder or medical condition (e.g., head injury).

How Common Is BPD?[1]

Estimates of BPD prevalence in the U.S. population range from 1.6 percent to 5.9 percent. BPD affects approximately 10 percent of all psychiatric outpatients and up to 20 percent of all inpatients.

BPD is a complex and serious mental illness. Individuals with BPD are often misunderstood and misdiagnosed. A history of childhood trauma (e.g., physical or sexual abuse, neglect, early parental loss) is more common for individuals with BPD.[1,2] In fact, many individuals with BPD may have developed BPD symptoms as a way to cope with childhood trauma. However, it is important to note that not all individuals with BPD have a history of childhood trauma. It is also important to note that some of the symptoms of BPD overlap with those of several other DSM-5 diagnoses, such as bipolar disorder and posttraumatic stress disorder (PTSD). Therefore, a diagnosis of BPD should be made only by a licensed and experienced mental health professional (whose scope of practice includes diagnosing mental disorders) and then only after a thorough assessment over time.

Individuals with BPD often require considerable attention from their therapists and are generally considered to be challenging clients to treat.[3,4,5] However, BPD may not be the chronic disorder it was once thought to be. Individuals with

BPD often respond to appropriate treatment and may have a good long-term prognosis,[1,5] experiencing a remission of symptoms with a relatively low occurrence of relapse.[6,7]

The DSM-5 indicates that BPD is diagnosed more often in women than in men (75 percent and 25 percent, respectively).[1] Other research, however, has suggested that there may be no gender difference in prevalence in the general population,[5,6] but that BPD is associated with a significantly higher level of mental and physical disability for women than it is for men.[6] In addition, the types of co-occurring conditions tend to be different for women than for men. In women, the most common co-occurring disorders are major depression, anxiety disorders, eating disorders, and PTSD. Men with BPD are more likely to have co-occurring SUDs and antisocial personality disorder, and they are more likely to experience episodes of intense or explosive anger.[8,9]

What Are the Symptoms of BPD?

The DSM-5 classifies mental disorders and includes specific diagnostic criteria for all currently recognized mental disorders. It is a tool for diagnosis and treatment, but it is also a tool for communication, providing a common language for clinicians and researchers to discuss symptoms and disorders. According to the DSM-5, the symptoms of BPD include: [1]

- Intense fear of abandonment and efforts to avoid abandonment (real or imagined).
- Turbulent, erratic, and intense relationships that often involve vacillating perceptions of others (from extremely positive to extremely negative).
- Lack of a sense of self or an unstable sense of self.
- Impulsive acts that can be hurtful to oneself (e.g., excessive spending, reckless driving, risky sex).
- Repeated suicidal behavior or gestures or self-mutilating behavior. (See the section below on suicide and nonsuicidal self-injury.)
- Chronic feelings of emptiness.
- Episodes of intense (and sometimes inappropriate) anger or difficulty controlling anger (e.g., repeated physical fights, inappropriate displays of anger).
- Temporary feelings of paranoia (often stress-related) or severe dissociative symptoms (e.g., feeling detached from oneself, trancelike).

Anyone with some of these symptoms may need to be referred to a licensed mental health professional for a complete assessment. Exhibit 1 presents some examples of how a person with BPD might behave.