NICE Treatment Guidelines

Nice Guidelines 2014 state that ‘Your treatment and care should take into account your personal needs and preferences, and you have the right to be fully informed and to make decisions in partnership with your healthcare team’. To help with this, your healthcare team should give you information you can understand and that is relevant to your circumstances.

All healthcare professionals should treat you with respect, sensitivity and understanding and explain borderline personality disorder and the treatments for it simply and clearly’. Further information can be found at www.nice.org.uk.

Please see www.sompar.nhs.uk Specialis Services/Personality Disorder Service for more information on BPD and the services available from the NHS in Somerset.
What is Borderline Personality Disorder?

Borderline Personality Disorder (BPD) is also known as Emotionally Unstable Personality Disorder (EUPD). People with this diagnosis often find that they identify with some of the following statements:

- I find it hard to trust anyone.
- I find it difficult to control my feelings and emotions.
- I find it hard to keep friends or make friends.
- One minute I’m on top of the world, and then I’m down in the dumps.
- I feel bored and empty inside.
- I can love someone one minute and hate them the next, the feelings are so strong.
- I spend too much money, drink too much, drive too fast or take other risks.
- I harm myself to help manage my emotions.
- Sometimes I want to end my life.
- I worry that people I know will reject me, then I’ll be alone.
- I sometimes lose sense of reality or zone out.

Why do I have Borderline Personality Disorder?

There is no definitive answer to this question. There are factors which combine to put people at risk of developing a Personality Disorder. There are different types of Personality Disorder, BPD is just one of them and can be experienced alongside other mental health problems.

Factors might include:

- a history of childhood difficulties or traumas
- disruptions to early development
- social and cultural factors
- genetic and biological factors.

This is not a conclusive list; each person has a different story to tell. Sometimes it can be very unclear why someone has BPD. About 1% of the general population have this formal diagnosis. The recommended treatment for BPD is talking therapies; a small minority may also find medication or inpatient admission helpful.

BPD is complicated because symptoms and severity are different for everyone. Just ‘getting better’ immediately is very unlikely and you may experience emotions going up and down dramatically that are very intense.

It’s not anyone’s choice to experience the world and relationships in this way but things from the past can continue to affect how you feel and behave, leading to misunderstandings. For example, ‘attention seeking’, could be seen instead as seeking security and consistency and to feel wanted and acknowledged. Often you might experience repeating patterns which are unhelpful and can disrupt the good things. Once you can notice these patterns, you may be ready to ask for help.

What you can do next

If you can, talk to someone who knows you well like a family member, carer or friend. It might be helpful to understand together how your problems manifest in your life, interfere with your relationships and are stopping your life moving forwards.

You may recognise that you manage difficult emotions with drugs, alcohol or with food or are deeply affected by anxiety or depression; these problems might also need treatment.

Talking about risks to your health or the wellbeing of others and deciding on ways to help minimise these will help to keep you and others safe.

It can be helpful to know that BPD is not a life sentence; many people respond well to treatments available and go on to recover a better quality of life.