Diagnostic Criteria F60.3

A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. Frantic efforts to avoid real or imagined abandonment. (**Note:** Do not include suicidal or self-mutilating behavior covered in Criterion 5.)
2. A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.
3. Identity disturbance: markedly and persistently unstable self-image or sense of self.
4. Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating). (**Note:** Do not include suicidal or self-mutilating behavior covered in Criterion 5.)
5. Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior.

6. Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more

than a few days).
7. Chronic feelings of emptiness.
8. Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights).
9. Transient, stress-related paranoid ideation or severe dissociative symptoms.

Diagnostic Features

The essential feature of borderline personality disorder is a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity that begins by early adulthood and is present in a variety of contexts.

Individuals with borderline personality disorder make frantic efforts to avoid real or imagined abandonment (Criterion 1). The perception of impending separation or rejection, or the loss of external structure, can lead to profound changes in self-image, affect, cognition, and behavior. These individuals are very sensitive to environmental circumstances. They experience intense abandonment fears and inappropriate anger even when faced with a realistic time-limited separation or when there are unavoidable changes in plans (e.g., sudden despair in reaction to a clinician's announcing the end of the hour; panic or fury when someone important to them is just a few minutes late or must cancel an appointment). They may believe that this "abandonment" implies they are "bad." These abandonment fears are related to an intolerance of being alone and a need to have other people with them. Their frantic efforts to avoid abandonment may include impulsive actions such as self-mutilating or suicidal behaviors, which are described separately in Criterion 5 (see also "Association With Suicidal Thoughts or Behavior").

Individuals with borderline personality disorder have a pattern of unstable and intense relationships (Criterion 2). They may idealize potential caregivers or lovers at the first or second meeting, demand to spend a lot of time together, and share the most intimate details early in a relationship. However, they may switch quickly from idealizing other people to devaluing them, feeling that the other person does not care enough, does not give enough, or is not "there" enough. These individuals can empathize with and nurture other people, but only with the expectation that the other person will "be there" in return to meet their own needs on demand. These individuals are prone to sudden and dramatic shifts in their view of others, who may alternatively be seen as beneficent supports or as cruelly punitive. Such shifts often reflect disillusionment with a caregiver whose nurturing qualities had been idealized or whose rejection or abandonment is expected.

There may be an identity disturbance characterized by markedly and persistently unstable self-image or sense of self (Criterion 3). There are sudden and dramatic shifts in self-image (e.g., suddenly changing from the role of a needy supplicant for help to that of a righteous avenger of past mistreatment). Although they usually have a self-image that is based on the feeling of being bad or evil, individuals with this disorder may at times have feelings that they do not exist at all. This can be both painful and frightening to those with this disorder. Such experiences usually occur in situations in which the individual feels a lack of a meaningful relationship, nurturing, and support. These individuals may show worse performance in unstructured work or school situations. This lack of a full and enduring identity makes it difficult for the individual with borderline personality disorder to identify maladaptive patterns of behavior and can lead to repetitive patterns of troubled relationships.

Individuals with borderline personality disorder display impulsivity in at least two areas that are potentially self-damaging (Criterion 4). They may gamble, spend money irresponsibly, binge eat, abuse substances, engage in unsafe sex, or drive recklessly.

Individuals with this disorder display recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior (Criterion 5). Recurrent suicidal thoughts or behavior are often the reason that these individuals present for help. These self-destructive acts are usually precipitated by threats of separation or rejection or by expectations that the individual assume increased responsibility. Self-mutilative acts (e.g., cutting or burning) are very common and may occur during periods in which the individual is experiencing dissociative symptoms. These acts often bring relief by reaffirming the individual's ability to feel or by expiating the individual's sense of being evil.

Individuals with borderline personality disorder may display affective instability that is due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days) (Criterion 6). The basic dysphoric mood of those with borderline personality disorder is often disrupted by periods of anger, panic, or despair and is rarely relieved by periods of well-being or satisfaction. These episodes may reflect the individual's extreme reactivity to interpersonal stresses.

Individuals with borderline personality disorder may be troubled by chronic feelings of emptiness, which can co-occur with painful feelings of aloneness (Criterion 7). Easily bored, they may frequently seek excitement to avoid their feelings of emptiness.

Individuals with this disorder frequently express inappropriate, intense anger or have difficulty controlling their anger (Criterion 8). They may display extreme sarcasm, enduring bitterness, or verbal outbursts. The anger is often elicited when a caregiver or lover is seen as neglectful, withholding, uncaring, or abandoning. Such expressions of anger are often followed by shame and guilt and contribute to the feeling they have of being evil.

During periods of extreme stress, transient paranoid ideation or dissociative symptoms (e.g., depersonalization) may occur (Criterion 9), but these are generally of insufficient severity or duration to warrant an additional diagnosis. These episodes occur most frequently in response to a real or imagined abandonment. Symptoms tend to be transient, lasting minutes or hours. The real or perceived return of the caregiver's nurturance may result in a remission of symptoms.

Associated Features

Individuals with borderline personality disorder may have a pattern of undermining themselves at the moment a goal is about to be realized (e.g., dropping out of school just before graduation; regressing severely after a discussion of how well therapy is going; destroying a good relationship just when it is clear that the relationship could last). Some individuals develop psychotic-like symptoms (e.g., hallucinations, body-image distortions, ideas of reference, hypnagogic phenomena) during times of stress. Individuals with this disorder may feel more secure with transitional objects (i.e., a pet or inanimate possession) than in interpersonal relationships. Premature death from suicide may occur in individuals with borderline personality disorder, especially in those with co-occurring depressive disorders or substance use disorders.

However, deaths from other causes. such as accidents or illness, are more than twice as common as deaths by suicide in individuals with borderline personality disorder. Physical handicaps may result from self-inflicted abuse behaviors or failed suicide attempts. Recurrent job losses, interrupted education, and separation or divorce are common. Physical and sexual abuse, neglect, hostile conflict, and early parental loss are more common in the childhood histories of those with borderline personality disorder.

Prevalence

The estimated prevalence of borderline personality disorder based on a probability subsample from Part II of the National Comorbidity Survey Replication was 1.4%. The prevalence of borderline personality disorder in the National Epidemiologic Survey on Alcohol and Related Conditions data was 5.9%. A review of seven epidemiological studies (six in

the United States) found a median prevalence of 2.7%. The prevalence of borderline personality disorder is about 6% in primary care settings, about 10% among individuals seen in outpatient mental health clinics, and about 20% among psychiatric inpatients.

Development and Course

Borderline personality disorder has typically been thought of as an adult-onset disorder. However, it has been found in treatment settings that symptoms in adolescents as young as age 12 or 13 years can meet full criteria for the disorder. It is not yet known what percentage of adults first entering treatment actually have such an early onset of borderline personality disorder.

Borderline personality disorder has long been thought of as a disorder with a poor symptomatic course, which tended to lessen in severity as those with borderline personality disorder entered their 30s and 40s. However, prospective follow-up studies have found that stable remissions of 1–8 years are very common. Impulsive symptoms of borderline personality disorder remit the most rapidly, while affective symptoms remit at a substantially slower rate. In contrast, recovery from borderline personality disorder (i.e., concurrent symptomatic remission and good psychosocial functioning) is more difficult to achieve and less stable over time. Lack of recovery is associated with supporting oneself on disability benefits and suffering from poor physical health.

Risk and Prognostic Factors

Environmental. Borderline personality disorder has also been found to be associated with high rates of various forms of reported childhood abuse and emotional neglect. However, reported rates of sexual abuse are higher in inpatients than in outpatients with this disorder, suggesting that a history of sexual abuse is as much a risk factor for severity of borderline psychopathology as it is for the disorder itself. In addition, an empirically based consensus has arisen that suggests that a childhood history of reported sexual abuse is neither necessary nor sufficient for the development of borderline personality disorder.

Genetic and physiological. Borderline personality disorder is about five times more common

among first-degree biological relatives of those with the disorder than in the general population. There is also an increased familial risk for substance use disorders, anxiety disorders, antisocial personality disorder, and depressive or bipolar disorders.

Culture-Related Diagnostic Issues

The pattern of behavior seen in borderline personality disorder has been identified in many settings around the world. Sociocultural contexts characterized by social demands that evoke attempts at self-affirmation and acceptance by others, ambiguous or conflictual relationships with authority figures, or marked uncertainties in adaptation can foster impulsivity, emotional instability, explosive or aggressive behaviors, and dissociative experiences that are associated with borderline personality disorder or with transient and contextual reactions to those environments that can be confused with borderline personality disorder. Given that psychodynamic, cognitive, behavioral, and mindfulness aspects of models of mind and self vary cross-culturally, symptoms or traits that suggest the presence of borderline personality disorder (e.g., number of sexual partners, shifting between relationships, substance use) must be evaluated in light of cultural norms to make a valid diagnosis.

Sex- and Gender-Related Diagnostic Issues

While borderline personality disorder is more common among women than men in clinical samples, community samples demonstrate no difference in prevalence between men and women. This discrepancy may reflect a higher degree of help-seeking among women,

leading them to clinical settings. Clinical characteristics of men and women with borderline personality disorder appear to be similar, with potentially a higher degree of externalizing behaviors in boys and men and internalizing behaviors in girls and women.

Association With Suicidal Thoughts or Behavior

ln a longitudinal study, impulsive and antisocial behaviors of individuals with borderline personality disorder were associated with increased suicide risk. In a sample of hospitalized patients with borderline personality disorder followed prospectively for 24 years, around 6% died by suicide, compared with 1.4% in a comparison sample of individuals with personality disorders other than borderline personality disorder. A study of individuals with borderline personality disorder followed for 10 years found that recurrent suicidal behavior was a defining characteristic of borderline personality disorder, associated with declining rates of suicide attempts from 79% to 13% over time.

Differential Diagnosis

Depressive and bipolar disorders. Borderline personality disorder often co-occurs with depressive or bipolar disorders, and when criteria for both are met, both should be diagnosed. Because the cross-sectional presentation of borderline personality disorder can be mimicked by an episode of depressive or bipolar disorder, the clinician should avoid giving an additional diagnosis of

borderline personality disorder based only on cross-sectional presentation without having documented that the pattern of behavior had an early onset and a long-standing course.

Separation anxiety disorder in adults. Separation anxiety disorder and borderline personality disorder are characterized by fear of abandonment by loved ones, but problems in identity, self-direction, interpersonal functioning, and impulsivity are additionally central to borderline personality disorder.

Other personality disorders. Other personality disorders may be confused with borderline personality disorder because they have certain features in common. It is therefore important to distinguish among these disorders based on differences in their characteristic features. However, if an individual has personality features that meet criteria for one or more personality disorders in addition to borderline personality disorder, all can be diagnosed. Although histrionic personality disorder can also be characterized by attention seeking, manipulative behavior, and rapidly shifting emotions, borderline personality disorder is distinguished by self-destructiveness, angry disruptions in close relationships, and chronic feelings of deep emptiness and loneliness. Paranoid ideas or illusions may be present in both borderline personality disorder and schizotypal personality disorder, but these symptoms are more transient, interpersonally reactive, and responsive to external structuring in borderline personality disorder. Although paranoid personality disorder and narcissistic personality disorder may also be characterized by an angry reaction to minor stimuli, the relative stability of self-image, as well as the relative lack of physical self-destructiveness, repetitive impulsivity, and profound abandonment concerns, distinguishes these disorders from borderline personality disorder. Although antisocial personality disorder and borderline personality disorder are both characterized by manipulative behavior, individuals with antisocial personality disorder are manipulative to gain profit, power, or some other material gratification, whereas the goal in borderline personality disorder is directed more toward gaining the concern of caretakers. Both dependent personality disorder and borderline personality disorder are characterized by fear of abandonment; however, the individual with borderline personality disorder reacts to abandonment with feelings of emotional emptiness, rage, and demands, whereas the individual with dependent personality disorder reacts with increasing appeasement and submissiveness and urgently seeks a replacement relationship to provide caregiving and support. Borderline personality disorder can

further be distinguished from dependent personality disorder by the typical pattern of unstable and intense relationships.

Personality change due to another medical condition. Borderline personality disorder must be distinguished from personality change due to another medical condition, in which the traits that emerge are a direct physiological consequence of another medical condition.

Substance use disorders. Borderline personality disorder must also be distinguished from symptoms that may develop in association with persistent substance use.

Identity problems. Borderline personality disorder should be distinguished from an identity problem, which is reserved for identity concerns related to a developmental phase (e.g., adolescence) and does not qualify as a mental disorder. Adolescents and young adults with identity problems (especially when accompanied by substance use) may transiently display

behaviors that misleadingly give the impression of borderline personality disorder. Such situations are characterized by emotional instability, existential dilemmas, uncertainty, anxiety-provoking choices, conflicts about sexual orientation, and competing social pressures to decide on careers.

Comorbidity

Common co-occurring disorders include depressive and bipolar disorders, substance use disorders, anxiety disorders (particularly panic disorder and social anxiety disorder), eating disorders (notably bulimia nervosa and binge-eating disorder), posttraumatic stress disorder, and attention-deficit/hyperactivity disorder. Borderline personality disorder also frequently co-occurs with the other personality disorders.