

Symptom screening tool for Borderline Personality Disorder: a literature review

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Background:

Borderline personality disorder (BPD) is a common presentation within Mental Health services. Patients with BPD can often pose difficulties for treating clinicians, with medical interventions being largely ineffective alongside a superimposed risk of side effects, limited access to robust psychological interventions, and intermittent crises involving emergency services.

Patients anecdotally report initial improvement with medication, only to find this is no longer “effective” after a period of time. This creates a cycle of; alternating medications, increasing doses, increasing side effects, which can circle back to a reinstatement of previously trialled medication. Patients with BPD can find themselves ‘stuck’ in medical out-patients clinics, while medical staff look to optimise medications in vain.

It has been considered for this review that the use of a ‘symptom rating tool’ in BPD could create a means for treating clinicians to streamline medication prescriptions and provide patients with a visual marker of which, if any, medication has indeed been helpful to them.

There are a variety of rating tools for patients with BPD within the literature, including the McLean Screening Instrument for Borderline Personality Disorder (MSI-BPD)¹ and Personality Assessment Inventory – Borderline Features scale (PAI-BOR)², which have been created and validated as a means of diagnosis. However, this literature review focuses specifically on *symptom* rating tools for patients with BPD, as a means of directing treatment pathways rather than for a diagnostic purpose.

Methods:

A literature search was undertaken using the keywords:
“emotional instability”, AND
“borderline personality disorder”, AND
“emotionally unstable personality disorder”, AND
“symptom rating tool”.

Article abstracts were independently reviewed and shortlisted by two authors (AMG, SO).

The aim of this review is to identify any clinical use of symptom rating scales for patients with Borderline (Emotionally Unstable) Personality Disorder diagnoses. Thus studies that utilised rating scales as solely diagnostic tools were excluded.

Further articles were accessed from original article reference lists, and also from a second literature search using keywords:
“clinical use” AND
“borderline personality disorder” AND
“emotionally unstable personality disorder” AND
“symptom rating tool”.

Conclusions:

Rating tools are regularly used for diagnostic purposes within a variety of mental health illnesses including depression and BPD, and they are used as a means of monitoring treatment response within affective illnesses.

Throughout the literature various BPD scales are used solely for diagnostic purposes, and there appears to only be four scales utilised as ‘symptom monitoring’ scales; ZAN-BPD, BEST, BPDSI-IV and BSL.

No scale utilises ICD criteria, suggesting there is a specific gap within the UK for design of an ICD-10 based symptom rating scale.

Currently there is an absence of literature exploring the use of symptom rating scales to monitor medication response.

By utilising such a symptom rating scale, treating clinicians and patients could gain clarity with a visible representation of individualised treatment response; and as such could allow rationalisation of medications which are ineffective and reduce the risk of side effects, polypharmacy and drug-drug interactions.

It may also allow clinicians to steer treatment plans towards more efficacious treatments of BPD; for example STEPPS and DBT (Dialectical Behavioural Therapy), and away from a purely medical model of treatment.

Results:

81 articles were identified from the literature search. Following abstract reviews, 24 articles were selected for a full text review. Unfortunately the majority of these articles focussed on using rating scales as diagnostic tools and as such were excluded from any further review.

9 articles focussed on symptom rating scales outwith a diagnostic sphere.

There are noted to be currently only **four** ‘symptom rating’ scales utilised in the literature:

Symptom Rating Scale (BPD)

Zanarini Rating Scale for Borderline Personality Disorder (ZAN-BPD)

Borderline Evaluation of Severity Over Time (BEST)

Borderline Personality Disorder Severity Index (BPDSI-IV)

Borderline Symptom List (BSL)

Of these four scales, three are self-rated; and all four use DSM-IV criteria for BPD, with none using ICD-10 constructs.

All four scales were used in the literature as tools for assessing general overall improvement in BPD symptoms, however only one article made clinical use of a rating tool with regards to a psychiatric intervention. *Black, Blum & Allen (2018)* utilised BEST and ZAN-BPD as a means of establishing the treatment effect of the Systems Training for Emotional Predictability and Problem Solving (STEPPS) treatment programme versus treatment as usual.³

There have been no identifiable studies which use symptom rating tools to identify improvements with different classes of medication.

Recommendations:

Patients with BPD symptoms are common presentations to psychiatric services and within unscheduled care settings. Given the mood instability component of BPD, patients can be prescribed various medication regimes including antidepressants, mood stabilisers and antipsychotics, although generally with limited effectiveness.

We would suggest that further research into symptom rating scales be undertaken to ascertain the ability to reduce prolonged medication trials and create a patient-tailored treatment approach.

References:

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- 3) Black D, Blum N, Allen J. STEPPS treatment programme for borderline personality disorder: Which scale items improve? An item-level analysis. *Personality and Mental Health*. 2018; 12: 345-354. Available from: doi:10.1002/pmh.1431