



Borderline at the Frontline: A Systematic Review of Crisis intervention in Borderline Personality Disorder:

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Background

Borderline Personality Disorder (BPD) is characterised by instability of interpersonal relationships, punctuated by episodes of psychological crisis. Such crises are usually associated with a clear precipitating event or adverse situation, and feature behavioural disturbances or deliberate self-harm which may lead to presentation to the emergency department and require acute intervention. Despite the high prevalence of this condition and impact on health services, the most recent review of crisis interventions for BPD (published in 2012) found no randomised control trial evidence at the time of writing, but several studies in development.

Methods

A database search was conducted for randomised control trials of any intervention lasting less than one month in response to a crisis in patients with a prior diagnosis of BPD. Titles were independently screened by two researchers.

Author	Crisis	Intervention	Outcome
Phillipsen et al. ¹	Self-reported strong aversive inner tension (Likert Scale Score >6)	Two doses oral clonidine 75 micrograms or 150 micrograms, 4- 16 days apart	Aversive inner tension, dissociative symptoms, urge to commit self-injurious behaviour, and suicidal ideations significantly decreased. The strongest effects were seen between 30 and 60 minutes after drug intake
Berrino et al. ²	Meeting ICD-10 criteria of Deliberate Self Harm plus formal hospital admission	Short-term hospitalisation with 'intensive interdisciplinary care' and daily clinical supervision. Mean length of stay 4.6 days	Significantly more days to relapse and fewer days of inpatient treatment needed in intervention group than control group
Borschmann et al. ³	Self-harm self-report questionnaire	1hr joint crisis plan meeting adjunct to existing treatment.	Over six months no significant difference between deliberate self-harm in intervention arm compared to control arm or in self-reported score at 6 months
Cicco et al. ⁴	Agitated or violent behaviour requiring urgent pharmacological tranquillization or sedation	Oral clotiapine-dibenzothiapine mean dose of 62.7mg	Statistically significant reduction in scores of Overt Aggression Scale. No significant reduction in scores of Clinical Global Impression scale.

Results

Four studies met the research criteria; two featuring pharmacological interventions (clonidine and clotiapine), one implementing a joint crisis plan and one involving short term admission. Participant population was predominantly female. Exclusion criteria and definition of crisis varied between studies. Primary outcomes included deliberate self-harm, admission and self-reported scales. High allocation concealment bias and lack of provider blinding was noted across studies.



Discussion

While it is reassuring that this topic has not been entirely neglected by clinical trials in recent years, the relative paucity of trials remains surprising given its impact on patients and health services. This may be due to the difficulties in recruiting and running a trial in an emergency setting, and the reliance on positive interpersonal relationships in recruitment and compliance, and assumptions that interventions are not appropriate or positive for individuals with BPD. As emergency departments cope with increased demand and individuals face adverse consequences of the current pandemic and social unrest, evidence-based care is needed more than ever for this population.

References

1. Phillipsen, A. et al. Clonidine in acute aversive inner tension and self-injurious behavior in female patients with borderline personality disorder. *J. Clin. Psychiatry* **65**, 1414-1419 (2004).
2. Berrino, A. et al. Crisis intervention at the general hospital: an appropriate treatment choice for acutely suicidal borderline patients *Psychiatry Res.* **186**, 287-92 (2011).
3. Borschmann, R. et al. Joint crisis plans for people with borderline personality disorder: feasibility and outcomes in a randomised controlled trial. *Br. J. Psychiatry* **202**, 357-64 (2013).
4. Cicco, G. D. et al. P.273 Borderline personality disorder: efficacy of clotiapine on aggression. *Eur. Neuropsychopharmacol.* **29**, S202-S203 (2019).