A brief review of the evidence for the pharmacological treatment of Borderline Personality Disorder.

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CALMED Trial
• NICE Guidance (2009)
• Cochrane Review (2010)
• UK Prescribing Survey (2015)
• Summary
The role of drug treatment

Drug treatment should not be used specifically for borderline personality disorder or for the individual symptoms or behaviour associated with the disorder (for example, repeated self-harm, marked emotional instability, risk-taking behaviour and transient psychotic symptoms).

Antipsychotic drugs should not be used for the medium- and long-term treatment of borderline personality disorder.

Drug treatment may be considered in the overall treatment of comorbid conditions.
Short-term use of sedative medication **may** be considered cautiously as part of the overall treatment plan for people with borderline personality disorder in a crisis. The duration of treatment should be agreed with them, but **should be no longer than 1 week.**

When considering drug treatment for any reason for a person with borderline personality disorder, provide the person with written material about the drug being considered. This should include evidence for the drug's effectiveness in the treatment of borderline personality disorder and for any comorbid condition, and potential harm.

Review the treatment of people with borderline personality disorder who do not have a diagnosed co-morbid mental or physical illness and who are currently being prescribed drugs, with the aim of reducing and stopping unnecessary drug treatment.
Quality statement

- People with borderline or antisocial personality disorders are prescribed antipsychotic or sedative medication only for short-term crisis management or treatment of comorbid conditions.

Rationale

- No drugs have established efficacy in treating or managing borderline or antisocial personality disorder.
- However, antipsychotic and sedative medication can sometimes be helpful in short-term management of crisis (the duration of treatment should be no longer than 1 week) or treatment of comorbid conditions.
Yet…

- High levels of distress experience
- Risk to self and others
- Crisis mx
- Drug treatments often used
Pharmacological interventions for borderline personality disorder (2010)

Cochrane Database of Systematic Reviews, (6) Art. No.: CD005653.

Background:
Drugs are widely used in borderline personality disorder (BPD) treatment, chosen because of properties known from other psychiatric disorders ("off-label use"), mostly targeting affective or impulsive symptom clusters.

Objectives:
To assess the effects of drug treatment in BPD patients.

Search strategy:
We searched bibliographic databases according to the Cochrane Developmental, Psychosocial and Learning Problems Group strategy up to September 2009, reference lists of articles, and contacted researchers in the field.

Selection criteria:
Randomised studies comparing drug versus placebo, or drug versus drug(s) in BPD patients. Outcomes included total BPD severity, distinct BPD symptom facets according to DSM-IV criteria, associated psychopathology not specific to BPD, attrition and adverse effects.
Authors' conclusions:

The available evidence indicates some beneficial effects with second-generation antipsychotics, mood stabilisers, and dietary supplementation by omega-3 fatty acids.

However, these are mostly based on single study effect estimates.

Antidepressants are not widely supported for BPD treatment, but may be helpful in the presence of comorbid conditions.

Total BPD severity was not significantly influenced by any drug. No promising results are available for the core BPD symptoms of chronic feelings of emptiness, identity disturbance and abandonment.
The use of psychotropic medication in patients with emotionally unstable personality disorder under the care of UK mental health services.

Paton C, Crawford MJ, Bhatti SF, Patel MX, Barnes TR

Prevalence of prescribing of different classes of medication in EUPD alone or EUPD with a comorbid diagnosis of Depression

A. EUPD Alone (n = 786) or EUPD With Comorbid Depression (n = 344)
Prevalence of prescribing of different classes of medication in EUPD alone or EUPD with a comorbid diagnosis of Bipolar Disorder

B. EUPD Alone (n = 786) or EUPD With Comorbid Bipolar Disorder (n = 95)
Prevalence of prescribing of different classes of medication in EUPD alone or EUPD with a comorbid diagnosis of Schizophrenia Spectrum Disorder

C. EUPD Alone (n = 786) or EUPD With Comorbid Schizophrenia Spectrum Disorder (F20–29; n = 169)
High Prevalence of Psychotropic Drug Prescribing for EUPD

At least 4 out of 5 patients with EUPD were prescribed psychotropic medication; a finding consistent with other surveys of prescribing practice.

Polypharmacy was common with two-thirds of patients with EUPD alone prescribed psychotropic drugs from at least 2 different classes and almost a fifth from at least 4.

The pattern of prescribing was sufficiently similar between those with EUPD alone and those with co-morbid mental illness to suggest most prescribing was not clearly targeting comorbid conditions.

Clinicians likely extrapolating from treatment of mental illness to treat similar symptoms in BPD that do not reach the threshold for co-morbid mental illness.
Summary

No drug treatments are currently licensed for EUPD or BPD.

High prevalence of psychotropic drug prescribing for EUPD alone.

The use of psychotropic medication in EUPD in the United Kingdom is largely outside the licensed indications and out with relevant NICE guidelines and Quality Standards.

Treatment may be continued long term by default.

The combination of an urgent clinical problem, the absence of a robust evidence base on which to base treatment decisions may partly explain the range of drugs being prescribed in clinical practice to treat a variety of symptoms.

CALMED trial aims to address some of these issues.