

## ESSPD Research Update

This quarterly newsletter focused upon the theme of Diagnostics and Comorbidity in its selection of the five most innovative contributions to the literature in the recent months.

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## What works in the treatment of borderline personality disorders

**Choi-Kain, L. W., Finch, E. F., Masland, S. R., Jenkins, J. A. & Unruh, B. T.** (Mar 2017)

*Current Behavioural Neuroscience Reports*, 4, 21-30 <http://dx.doi.org/10.1037/pri0000025>

**Aim:** To review contributions to the literature from the previous five years with respect to the treatment of borderline personality disorder (BPD) in adulthood. The focus of the review was on evidence-based treatments and their most essential components, an update on psychopharmacologic interventions, and the status of concurrently treating BPD and comorbid clinical syndromes.

**Background:** There is growing recognition that BPD is a treatable condition rather than a life-long disorder, owing in a large part to advances in effective interventions that reliably produce effective results. Since the first pioneering RCT demonstrating the effectiveness of Dialectical Behaviour Therapy (DBT) compared to TAU from the 1990's more than 13 psychotherapy interventions for BPD have been developed, implemented, tested and manualized. Interventions with sufficient data to be designated as evidence-based treatments (EBTs) are: 1. DBT; 2. Mentalization-based treatment (MBT); 3. Schema-focused therapy (SFT); 4. Transference-focused psychotherapy (TFP); and, 5. Systems training for emotional predictability and problem solving (STEPPS).

**Procedure & Review:** Large RCT studies from the treatment literature were organized by the authors into four significant waves. The first wave was dedicated to RCTs testing specialized treatments for BPD versus treatment as usual (TAU), which was comprised of 14 studies. The second wave was dedicated to RCTs that evaluated specialized treatments versus treatments led by experts in the community with interest in BPD, which was comprised of two studies. The third wave was dedicated to RCTs comparing effectiveness of specialized treatments to each other (e.g., DBT versus TFP; three studies). The fourth wave was dedicated to RCTs comparing specialized therapies to generalized approaches managing the core aspects of BPD, comprised of three studies. The authors then reviewed EBTs for BPD, generalist approaches to the clinical management of BPD, dismantling studies of EBTs for BPD, EBTs for comorbidities, and the current situation with respect to pharmacotherapy for BPD.

**Results and Discussion:** Overall results from the review were that current trends in the psychotherapy

literature demonstrate a shift towards more parsimonious and “pared down” approaches to delivering the key aspects of effective treatment for BPD. Dismantling studies have contributed to the pared down approach, which reduces the time and cost of treatment and increases the availability of treatment more so than standard EBTs in their original form. With respect to comorbidities, while depression tends to remit once BPD is treated in standard EBTs, eating disorders (EDs), PTSD, and substance use disorders (SUDs) tend to persist. Specialized treatments adapted for BPD and SUD comorbidities demonstrated superior outcomes compared to TAU for substance abuse. Results were mixed and emerging for specialized treatments adapted BPD and EDs. Results were strongest for specialized treatments adapted to the concurrent treatment of BPD and PTSD. The current state of pharmacotherapy, including advancements from the past five years, is that psychopharmacologic interventions have not generated consistent data. Consequentially there are no medications specifically recommended for this population.

## Treatment outcomes for inpatients with obsessive-compulsive personality disorder: An open comparison trial

Smith, R., Shepard, C., Wiltgen, A., Rufino, K., Fowler, J. C. (Feb, 2017)

*Journal of Affective Disorders* February, 209, 273-278.

<https://doi-org.ludwig.lub.lu.se/10.1016/j.jad.2016.12.002>

**Aim:** The aim of the study was to compare clinical functioning at baseline and at discharge assessment amongst sequentially admitted adults with obsessive compulsive personality disorder (OCPD: n=52), well-matched adults admitted to hospital with any other personality disorder (PD: n=56) and inpatient controls (IC: n=53). Outcomes compared were clinically significant and reliable change index (RCI) scores on depression and anxiety severity, difficulty with emotion regulation and suicidality indicating clinical deterioration, symptom remission, global functioning and psychopathology.

**Background:** The authors report that OCPD is the second most common PD in inpatient samples and the third most common in outpatient samples, with high concurrence amongst other clinical syndromes and personality disorders. Despite this, few treatment studies have examined how adults with OCPD fare before and after treatment, especially inpatient treatment, with contrary findings reported in the existing literature. The authors report that previous studies have not adequately streamlined diagnostic comparison groups, resulting in outcomes that cannot be solely or reliably attributed to OCPD individuals. The current study contributes to the literature by clearly separating OCPD individuals from other comparison groups in the evaluation of clinical outcomes following inpatient treatment.

**Participants & Procedure:** The preliminary sample was comprised of 910 individuals consecutively admitted (427 males, 483 females) over a three-year timespan. Participants were predominantly white (90.8%), in their mid-thirties (M=36.4years, SD=14.8), the majority of whom had completed high school education (90%). Treatment was comprised of a short-term (6-8-week) therapeutic model that was based upon mentalization-based therapy (MBT) delivered in a therapeutic milieu. The intervention was uniformly available to all admitted individuals and was not specialized based on diagnosis. Treatment intensity was equivalent amongst comparison groups. Admission to hospital was voluntary as was discharge, with an average duration of 46.2 days. Propensity score matching (PSM) was used to group individuals matched on criteria in the OCPD group.

**Results & Discussion:** At baseline assessment, individuals with OCPD had more frequent depression, anxiety, and difficulty with emotion regulation compared to the IC group. However, they responded to therapy as well as the IC and PD comparison groups with the exception of relief from anxiety symptoms at discharge. This was particularly true for a subgroup of OCPD individuals meeting