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Are treatment gains maintained? Long-term psychological interventions for bordeline personality disorder

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Introduction Many new approaches have been developed to treat borderline personality disorder (BPD) by means of psychotherapy. Though there is a clear research trend towards short-interventions, the evidence from randomised controlled trials (RCT) on longer-term programmes still accumulates. On the one hand, well-established treatments like Dialectical Behavior Therapy (DBT) or Mentalisation-Based Treatment (MBT) are now subject to real-world effectiveness studies; on the other hand, new dynamic approaches have been studied, lasting longer than 6 months.
Objectives We are currently updating the cochrane Collaboration review on psychological interventions for BPD. First findings on the effects of longer-term psychotherapies will be presented.
Methods We conducted a systematic review and meta-analysis of randomized controlled trials (RCTs) according to cochrane collaboration standards. Any randomized comparisons of psychological interventions versus unspecific control interventions, waitlist or specific psychotherapeutic interventions in adult BPD patients were eligible. Primary outcomes were BPD core pathology as depicted by DSM criteria. Secondary outcomes included associated pathology, i.e., depression and anxiety, general psychopathology severity and functioning as well as tolerability and safety. Two researchers selected trials, assessed quality and extracted data independently.
Results The current evidence of longer-term psychological interventions in general, and the types of interventions for which RCT evidence is available will be evaluated and critically discussed.
Disclosure of interest The authors declare that they have no competing interest.

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Do mood stabilizers help in borderline personality disorder?

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Background Despite the relatively weak evidence base, individuals with borderline personality disorder are often treated with pharmacological interventions. Amongst the drugs, which have shown most promise, are mood stabilizers, which were one of the two drug classes with the most beneficial effects in a previous cochrane review though the robustness of findings was described as low (Stoffers et al., 2010). Here we present data on the latest evidence for mood stabilizers based on an updated cochrane review currently underway.
Methods A systematic review and meta-analysis of randomized controlled trials was conducted. All randomized comparisons of drug vs. placebo, drug vs. drug, or drug vs. a combination of drugs in adult BPD patients were eligible for inclusion. Outcomes comprised BPD core pathology as depicted by DSM criteria, associated pathology, i.e., depression and anxiety, general measures of overall psychopathology severity, tolerability, and adverse effects. Two researchers selected trials, assessed quality and extracted data independently.
Results Only a limited number of additional trials using mood stabilizers was identified since the publication of the last cochrane review, mainly utilizing Sodium Valproate. This added to the evidence base for mood stabilizers though the overall evidence remains very limited.
Conclusion Mood stabilizers show some initial evidence for their effectiveness in borderline personality disorder. However, these have to be replicated before wider conclusions can be drawn for clinical practice.
Disclosure of interest The authors declare that they have no competing interest.

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Effectiveness of antipsychotic medication in the treatment of BPD

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Introduction Though prescription is off-lable, "atypical" or "second-generation" antipsychotics (SGAs) are prevalently given to borderline personality disorder (BPD) patients. They have also been the focus of research on pharmacological agents in BPD in recent years, as the previous version of the relating cochrane systematic review shows.
Objectives We are currently updating this cochrane systematic review on pharmacological interventions for BPD. First findings on the up-to-date evidence relating to SGAs will be presented.
Methods We conducted a systematic review and meta-analysis of randomized controlled trials (RCTs) according to cochrane collaboration standards. Any randomized comparisons of drug vs. placebo, drug vs. drug, or drug vs. a combination of drugs in adult BPD patients were eligible. Primary outcomes were BPD core pathology as depicted by DSM criteria. Secondary outcomes included associated pathology, i.e., depression and anxiety, general psychopathology severity and functioning as well as tolerability and safety. Two researchers selected trials, assessed quality and extracted data independently.
Results The current RCT evidence on SGAs in BPD will be presented, and their use in everyday clinical care settings will critically be discussed.

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