Acta Psychiatr Scand 2009: 119: 85–86
All rights reserved
DOI: 10.1111/j.1600-0447.2008.01290.x

Copyright © 2008 The Authors
Journal Compilation © 2008 Blackwell Munksgaard

ACTA PSYCHIATRICA SCANDINAVICA

Letter to the editor

Management of borderline personality disorder: emerging, new pharmacological and non-pharmacological strategies

DOI: 10.1111/j.1600-0447.2008.01290.x

To the editor:

I read with great interest the recent article by Reisch et al. (1). The authors have clearly demonstrated the significant emotional dysregulation in patients with borderline personality disorder as well as the need to treat the disorder safely and effectively. Interestingly, the past few years have seen the increasing use of novel, new treatment strategies for the management of borderline personality disorder. These strategies include new pharmacological approaches such as quetiapine as well as new non-pharmacological approaches such as mentalization.

For instance, when olanzapine is combined with dialectical behavior therapy it results in a fast decrease in aggressive behavior in patients with borderline personality disorder (2). Another promising agent in this regard is risperidone. A recent study which used the Borderline Disorder Rating Scale (BDRS) to rate the response to treatment with risperidone has reported highly positive results (3). Risperidone can also be administered intramuscularly, which appears to be a highly effective and well-tolerated strategy and results in significant improvement in the CGI (4). Similarly, Peris et al. have reported the safety and efficacy of the anticonvulsant gabapentin in patients with borderline personality disorder, while Nickel and Loew have reported similar positive results with another anticonvulsant Topiramate (5, 6). Recent data also support the effectiveness of quetiapine as a safe and effective treatment in patients with borderline personality disorder. In fact, its regular use is associated with a decline by 7.3 on the Spielberger State and Trait Anger Inventory state along with a concurrent decline on the Beck Depression Inventory by 25 points (7). Besides, there is a close correlation between plasma levels of quetiapine and improvements in the Positive and Negative Symptoms Scale (PANSS), clearly supporting its efficacy in the management of borderline personality disorder (8). Methylphenidate is another emerging treatment option that especially appears to be a better alternative for patients with concurrent attention deficit disorder (9).

Similarly, it appears that certain new non-pharmacological strategies, such as psychoeducation and mentalization, significantly improve the response in patients with borderline personality disorders (10, 11). In fact, Bateman and Fonagy have reported that 45% of the patients at 5-year follow-up after mentalization-based treatment had a global function score greater than 60 in comparison with 10% of patients who received non-mentalization-based regular treatment (12). Similarly, suicidality in the former group was 23% compared with 74% in the latter group. Schema-focused therapy is another evolving approach with recovery rates as high as 52% (13).

Given the significant social as well as personal impact that borderline personality disorder has on patients its safe and effective treatment is an utmost necessity. These new treatment approaches have proved to be highly effective so far. Further large-scale studies are needed to reconfirm their efficacy and to expand their use by psychiatrists for the management of borderline personality disorder.

Shailendra Kapoor MD
Chicago, IL 60612
USA
E-mail: shailendrakapoor@yahoo.com

References

1. Reisch T, Ebner-Priemer UW, Tschacher W, Bohus M, Linehan MM. Sequences of emotions in patients with borderline personality disorder. Acta Psychiatr Scand 2008;**118**:42–48.
2. Linehan MM, Mcdavid JD, Brown MZ, Sayrs JH, Gallop RJ. Olanzapine plus dialectical behavior therapy for women with high irritability who meet criteria for borderline personality disorder: a double-blind, placebo-controlled pilot study. J Clin Psychiatry 2008;**69**:999–1005.
3. Friedel RO, Jackson WT, Huston CS, May RS, Kirby NL, Stoves A. Risperidone treatment of borderline personality disorder assessed by a borderline personality disorder-specific outcome measure: a pilot study. J Clin Psychopharmacol 2008;**28**:345.
4. Diaz-Marsa M, Galian M, Montes A et al. Long-acting injectable risperidone in treatment resistant borderline personality disorder. A small series report. Actas Esp Psiquiatr 2008;**36**:70–74.
5. Peris L, Szerman N, Ruiz M. Efficacy and safety of gabapentin in borderline personality disorder: a six-month, open-label study. Vertex 2007;**18**:418–422.
6. Nickel MK, Loew TH. Treatment of aggression with topiramate in male borderline patients, part II: 18-month follow-up. Eur Psychiatry 2008;**23**:115–117.
7. Van Den Eynde F, Senturk V, Naudts K et al. Efficacy of quetiapine for impulsivity and affective symptoms in borderline personality disorder. J Clin Psychopharmacol 2008; **28**:147–155.
8. Mauri MC, Volonteri LS, Fiorentini A, Pirola R, Bareggi SR. Two weeks' quetiapine treatment for schizophrenia, drug-induced psychosis and borderline personality disorder: a naturalistic study with drug plasma levels. Expert Opin Pharmacother 2007;**8**:2207–2213.
9. Golubchik P, Sever J, Zalsman G, Weizman A. Methylphenidate in the treatment of female adolescents with cooccurrence of attention deficit/hyperactivity disorder and

borderline personality disorder: a preliminary open-label trial. Int Clin Psychopharmacol 2008;**23**:228–231.
10. Zanarini MC, Frankenburg FR. A preliminary, randomized trial of psychoeducation for women with borderline personality disorder. J Personal Disord 2008;**22**: 284–290.
11. Choi-Kain LW, Gunderson JG. Mentalization: ontogeny, assessment, and application in the treatment of borderline personality disorder. Am J Psychiatry 2008;**165**:1127–1135.
12. Bateman A, Fonagy P. 8-year follow-up of patients treated for borderline personality disorder: mentalization-based treatment versus treatment as usual. Am J Psychiatry 2008;**165**:631–638.
13. Van Asselt AD, Dirksen CD, Arntz A et al. Out-patient psychotherapy for borderline personality disorder: cost-effectiveness of schema-focused therapy v. transference-focused psychotherapy. Br J Psychiatry 2008;**192**:450–457.

DOI: 10.1111/j.1600-0447.2008.01291.x

Reply

The authors correctly state that emotion regulation is not only a defining but also a clinically important feature of BPD. When treating patients with BPD, an integrative approach using pharmaco- and psychotherapy is the rule rather than the exception. However, there is little knowledge about the long-term compliance of these difficult to treat patients with pharmacotherapy. It can be assumed that impulsivity and other characteristic findings often lead to poor compliance in therapy. Therefore, the major domain of pharmacotherapy in BPD probably lies in the additive effects in the treatment of comorbid disorders, acute states, and at the beginning (Linehan et al. 2008), whereas the indispensable effect of the psychotherapy lies in both the short-term and long-term perspectives.

Thomas Reisch
University Psychiatric Hospital of Bern,
Boligenstr. 111, 3000 Bern 60,
Switzerland
E-mail: thomas.reisch@gef.be.ch