spectrum

Specialising in Personality Disorder and Complex Trauma

Why isn't there a pill for BPD?

Project Echo

2nd November 2022

Dr Mithira Nithianandan

Eastern Health

Acknowledgement of country

We acknowledge the traditional custodians of the land on which we meet today, pay our respects to elders past, present and emerging and acknowledge any First Australians who may be present

spectrum
Specialising in Personality Disorder and Complex Trauma

Treatment for BPD

- No medications are patented or indicated
- Psychotherapy is the treatment of choice
- Treatments (e.g. DBT, MBT, common factors) work
- Prognosis is good
- Access to treatments is very limited

Why don't we have a medication for BPD?

- The development of BPD – complex interplay between genetics and environment
- 40-60% heritability effect
- Biological basis for BPD is still being investigated and not yet fully understood.
- Therefore, we have no medications that have been specifically developed for BPD.

Gunderson, J. G., Fruzzetti, A., Unruh, B., & Choi-Kain, L. (2018). Competing theories of borderline personality disorder. *Journal of Personality Disorders, 32*(2), 148–167. https://doi.org/10.1521/pedi.2018.32.2.148

To date, pharmacotherapy alone does not suffice to manage the complexity of BPD.

Paola Bozzatello, Paola Rocca, Maria Laura De Rosa & Silvio Bellino (2020) Current and emerging medications for borderline personality disorder: is pharmacotherapy alone enough?, Expert Opinion on Pharmacotherapy, 21:1, 47-61, DOI: 10.1080/14656566.2019.1686482

The role of medications in BPD

- Poor quality studies
- Specific medications may have a modest effect (at best) on specific symptoms
- Medications have not been shown to improve the overall severity of BPD

Lieb, K., Völlm, B., Rücker, G., Timmer, A., & Stoffers, J. (2010). Pharmacotherapy for borderline personality disorder: Cochrane systematic review of randomised trials. *British Journal of Psychiatry, 196*(1), 4-12. doi:10.1192/bjp.bp.108.062984

Medications and core symptom clusters

- Behavioural dyscontrol, impulsivity, anger
  - Lamotrigine, Topiramate (mood stabilisers)

- Affective dysregulation
  - Lamotrigine and topiramate (mood stabilisers)
  - Valproate *limited evidence (mood stabiliser)
  - Aripiprazole, olanzapine, quetiapine (2nd generation antipsychotics)
  - Haloperidol (typical antipsychotic)

- Cognitive-perceptual symptoms
  - Aripiprazole, olanzapine, quetiapine (2nd generation antipsychotics

- Omega-3 fatty acids
  - UltraClean- 4 caps/day -1200 EPA + 800 DHA)
  - Can reduce depression and aggression. The safety of this drug in pregnancy makes it an attractive option (Zanarini 2003)
  - Might reduce the overall severity of BPD (Zanarini 2004)

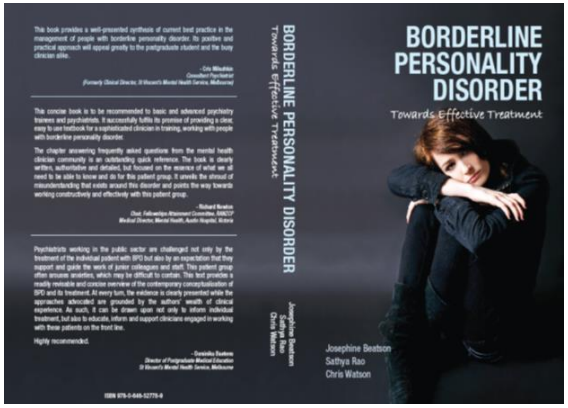
- Ingenhoven T, Lafay P, Rinne T, Passchier J, Duivenvoorden H. Effectiveness of pharmacotherapy for severe personality disorders: meta-analyses of randomized controlled trials. J Clin Psychiatry. 2010 Jan;71(1):14-25. doi: 10.4088/jcp.08r04526gre. PMID: 19778496.
- Ingenhoven T. Pharmacotherapy for borderline patients: business as usual or by default? The Journal of clinical psychiatry. 2015;76(4):522–3.
- Lieb, K., Völlm, B., Rücker, G., Timmer, A., & Stoffers, J. (2010). Pharmacotherapy for borderline personality disorder: Cochrane systematic review of randomised trials. *British Journal of Psychiatry, 196*(1), 4-12. doi:10.1192/bjp.bp.108.062984
- Choi-Kain, L.W., Finch, E.F., Masland, S.R. *et al.* What Works in the Treatment of Borderline Personality Disorder. *Curr Behav Neurosci Rep* **4**, 21–30 (2017).

Limited role of medication

- There is little evidence for antidepressant treatment
- No evidence for SSRIs
- Depression that co-occurs with BPD usually does not respond effectively to medication
- Avoid benzodiazepines and medications with risk of dependence
- No medications have been shown to alleviate core symptoms of BPD
  - Fear of abandonment
  - Chronic emptiness
  - Identity disturbance
  - Dissociation

Micro-depressions

(transient, stress related, responds to psychotherapeutic interventions, poor response to anti-depressants)



Microdepressive episodes are:

- often indistinguishable from major depressive episodes in terms of clinical features
- rarely lasting for more than a few days
- usually precipitated by stress, relationship breakup and so on
- sometimes associated with deliberate self-harm or suicidal behaviours
- limited in their response to medications and electroconvulsive therapy.

Subjective feelings of emptiness may discriminate a micro-depressive episode of BPD from a major depressive disorder.

NHMRC guidelines 2012

People with BPD should be provided with **structured psychological therapies** that are **specifically designed for BPD**, conducted by one or more **adequately trained** and **supervised** health professionals.

NHMRC guidelines

- R 11) Medicines should not be used as primary therapy for BPD, because they have only modest and inconsistent effects, and do not change the nature and course of the disorder

- R 12) Time limited use of medicines can be considered as an adjunct to psychological therapy, to manage specific symptoms.

- **R 13)** Caution should be used if prescribing medicines that may be lethal in overdose, because of high suicide risk with prescribed medicines among people with BPD.

Your Health in Mind

The Royal Australian & New Zealand College of Psychiatrists

yourhealthinmind.org

Borderline personality disorder

About this guide

This guide provides information and advice about borderline personality disorder, based on up-to-date scientific evidence.

It has been produced by experts in mental health, including psychiatrists, psychologists, consumers and carers. This guide is for:

- people who have borderline personality disorder
- people who think they might have borderline personality disorder
- their family and friends.

Table of contents

Key facts

- Borderline personality disorder (BPD) is a mental illness that makes it hard for a person to feel comfortable in themselves, causes problems controlling emotions and impulses and causes problems relating to other people.
- People with BPD experience high levels of distress and anger.
- People with BPD can find everyday situations very upsetting. Things that other people do or say can feel very hurtful.
- BPD is a condition of the brain and mind. It is not the person's fault and they did not cause it.
- BPD is a treatable condition and most people with BPD can recover.
- Overcoming emotional problems, finding more purpose in life, and building better relationships are many people's main goals for their treatment.
- BPD is treated with psychological treatments (talking therapies). These usually involve talking with a health professional one-to-one, or sometimes attending special groups.
- Psychological treatment for BPD should be well-organised and pre-planned (structured), designed for people with BPD, and given by a health professional who is properly trained and supervised.
- Medication is not recommended as a person's main treatment for BPD, but may be helpful to manage particular symptoms.

Prescribing in BPD

- Psychotropic medications are commonly prescribed for people with BPD.
- Clinicians often prescribe multiple psychotropics to people with BPD and polypharmacy is common.

Patterns of prescribing for BPD in Victoria

50% of patients were prescribed 3-5 medications for BPD in Victoria

Borderline personality disorder

AUSTRALASIAN PSYCHIATRY

Evaluation of changes in prescription medication use after a residential treatment programme for borderline personality disorder

Australasian Psychiatry
2016, Vol 24(6) 583–588

DOI: 10.1177/1039856216654391
apy.sagepub.com
SAGE

Jillian H Broadbear Senior Research Fellow, Spectrum, Eastern Health, Ringwood East, VIC, Australia
Julian Nesci Senior Psychologist, Spectrum, Eastern Health, Ringwood East, VIC, Australia
Rosemary Thomas Clinical psychologist, Private Practice, Melbourne, VIC, Australia
Katherine Thompson Senior Research Fellow, Orygen Youth Health Clinical Program, Melbourne, VIC, Australia
Josephine Beatson Senior Psychiatry Consultant, Spectrum, Eastern Health, Melbourne, VIC, Australia
Sathya Rao Executive Clinical Director, Spectrum, Eastern Health, Ringwood East, VIC, Australia

Polypharmacy

- Drugs are prescribed for **78%** of patients for more than **75%** of the time over a six–year period and polypharmacy occurs in **37%** of patients
- 18.6 % of patients with BPD are prescribed >4 psychotroppics
- 6.9% of patients with BPD are prescribed >5 psychotropics

- Zanarini MC, Frankenburg FR, Reich DB, Conkey LC, Fitzmaurice GM. Treatment rates for patients with borderline personality disorder and other personality disorders: a 16-year study. Psychiatr Serv. 2014;66(1):15–20.

Why Polypharmacy?

- The apparent discord between evidence and practice may be due to the high incidence of **co-occurring disorders** such as major depression, anxiety and substance abuse, chronic pain conditions and sleep disturbance (Zanarini et al 2004, McWilliams 2013, Selby 2013)

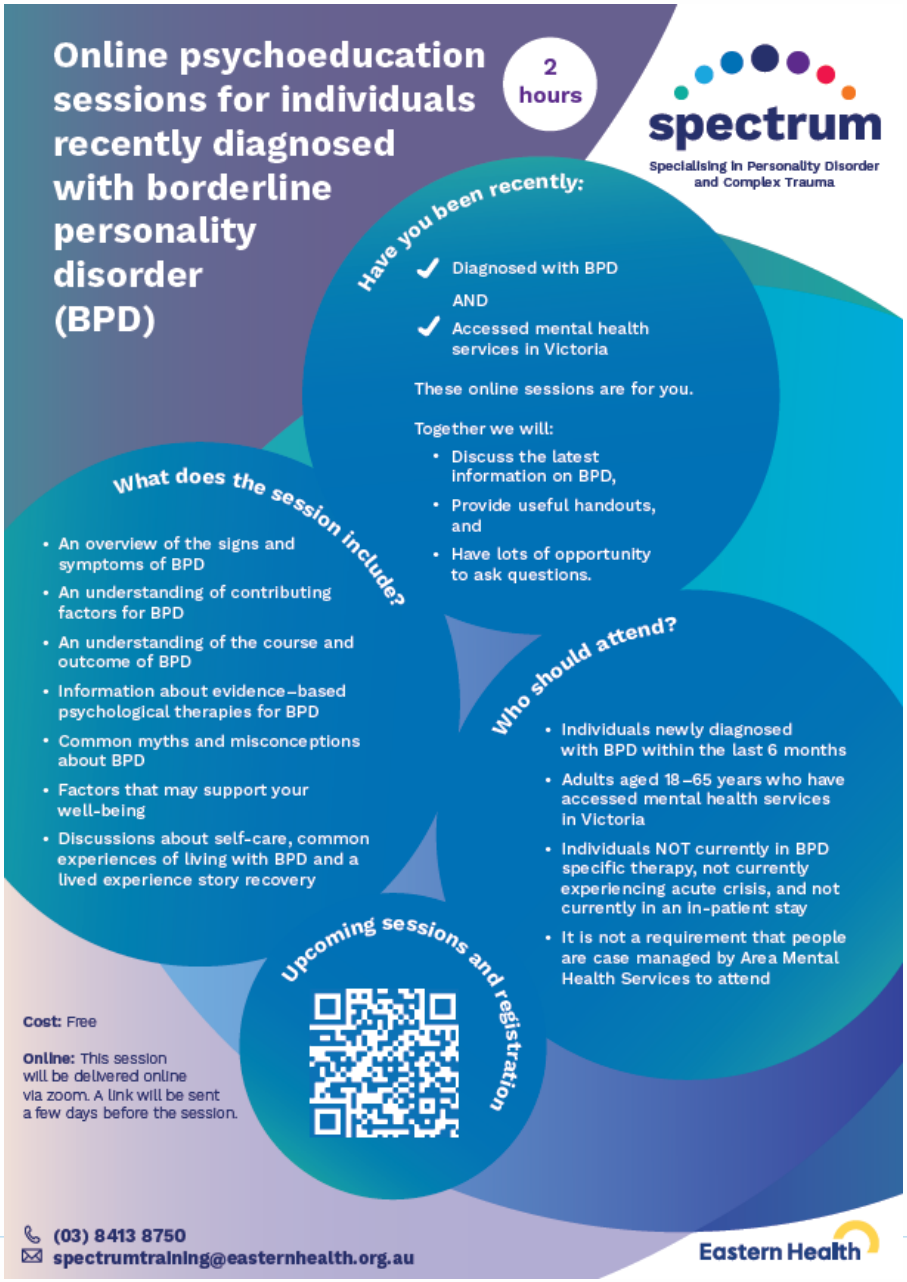
- Limited access to psychotherapies
- Clinician desperation
- Therapeutic nihilism
- Wanting ***'to do something'***
- Patients may also demand medications

Risk associated with prescribing medications in BPD

- Risk of **suicide and self-harm** with prescribed medications
  - 25% attempt suicide with prescribed medications (Makela 2006)

- **Side effects-** obesity, metabolic syndromes, tardive dyskinesia etc.
- **Psychological meaning** of prescribing medications can be challenging to manage
  - Symbolism of care
  - Power dynamics
  - Rejection

- **Undermining the importance of psychotherapy** in the treatment of BPD


Online psychoeducation sessions for individuals recently diagnosed with borderline personality disorder (BPD)
2 hours
spectrum
Specialising in Personality Disorder and Complex Trauma
Have you been recently:
Diagnosed with BPD
AND
Accessed mental health services in Victoria
These online sessions are for you.
Together we will:
Discuss the latest information on BPD,
Provide useful handouts, and
Have lots of opportunity to ask questions.
What does the session include?
An overview of the signs and symptoms of BPD
An understanding of contributing factors for BPD
An understanding of the course and outcome of BPD
Information about evidence-based psychological therapies for BPD
Common myths and misconceptions about BPD
Factors that may support your well-being
Discussions about self-care, common experiences of living with BPD and a lived experience story recovery
Who should attend?
Individuals newly diagnosed with BPD within the last 6 months
Adults aged 18–65 years who have accessed mental health services in Victoria
Individuals NOT currently in BPD specific therapy, not currently experiencing acute crisis, and not currently in an in-patient stay
It is not a requirement that people are case managed by Area Mental Health Services to attend
Upcoming sessions and registration
Cost: Free
Online: This session will be delivered online via zoom. A link will be sent a few days before the session.
(03) 8413 8750
spectrumtraining@easternhealth.org.au
Eastern Health

Summary

- The first line treatment for BPD is psychosocial, not drugs.
- There are risks associated with prescribing including polypharmacy, overdose and misuse
- If a medication is prescribed, it should only be as an adjunct to psychosocial treatment. There should be clear and collaborative goals that are regularly reviewed.
- Use **single** medications prescribed in **limited quantities** for a **limited time**.
- Stop medications that are ineffective.
- Psychoeducation

Chanen AM, Thompson KN. Prescribing and borderline personality disorder. Aust Prescr 2016;39:49-53.https://doi.org/10.18773/austprescr.2016.019

spectrum

Specialising in Personality Disorder and Complex Trauma

Questions?

Eastern Health