

In Brief

Victories over borderline personality disorder

Success in the care and treatment of borderline personality disorder is likely, according to two studies published in the *American Journal of Psychiatry* in the spring of 2007. One study finds that several kinds of psychotherapy are effective treatments for the disorder; the other concludes that over a longer period, people often recover from it anyway.

In the psychotherapy trial, 62 patients were divided into three groups and randomly assigned for a year to transference-focused therapy, dialectical behavior therapy, or supportive therapy.

Transference-focused psychotherapy (a version of psychodynamic therapy) concentrates on feelings and attitudes derived from earlier relationships that reemerge in the relationship between the patient and the therapist. Dialectical behavior therapy uses various structured techniques and education to help patients regulate their emotions. Supportive therapy provides sympathetic listening, practical feedback, and reassurance. Dialectical behavior therapy and transference-focused therapy were conducted twice a week, supportive therapy once a week.

All three psychotherapies reduced depression and anxiety and improved patients' social functioning. Transference-focused therapy and dialectical behavior therapy reduced suicidal thinking and behavior. Transference-focused therapy and supportive therapy reduced anger. Only transference-focused therapy reduced impulsiveness, irritability, and verbal assaults. The dropout rate was low and the same in all three groups.

A second study shows that many of the most serious symptoms of borderline personality disorder fade with time. The authors followed the progress of nearly 300 patients, most of whom were interviewed every 2 years for 10 years. In 85% of the patients, acute symptoms of borderline personality — delusional thinking, wrist cutting, overdoses, drug and alcohol abuse, stormy and demanding personal relationships, and wild mood fluctuations — largely disappeared.

Other symptoms, many of them reflecting chronic unhappiness and difficulty in maintaining connections with others — depression, intense anger, paranoid thinking, feelings of loneliness, emptiness and fear of abandonment, spending sprees and eating binges — were more likely to persist, but even these symptoms went away in 60% to 80% of patients. Over all, nearly 90% of patients diagnosed with borderline personality at the beginning of the study no longer qualified for the diagnosis at their last interview.

The authors wonder whether mental health professionals have been thinking about borderline personality disorder in a way that unnecessarily discourages them from attempting to treat it. Adult personality may be relatively fixed, but this study shows that a personality *disorder*, as defined by the American Psychiatric Association, is subject to change. And results appearing in the same issue of the *American Journal of Psychiatry* show that psychotherapy can hasten that change.

Clarkin JF, et al. "Evaluating Three Treatments for Borderline Personality Disorder: A Multiwave Study," *American Journal of Psychiatry* (June 2007): Vol. 164, No. 6, pp. 922–28.

Gabbard GO. "Do All Roads Lead to Rome? New Findings on Borderline Personality Disorder," *American Journal of Psychiatry* (June 2007): Vol. 164, No. 6, pp. 853–55.

Zanarini MC, et al. "The Subsyndromal Phenomenology of Borderline Personality Disorder: A 10-Year Follow-Up Study," *American Journal of Psychiatry* (June 2007): Vol. 164, No. 6, pp. 929–35.