Correspondence

EDITED BY KIRIAKOS XENITIDIS and COLIN CAMPBELL

Contents ■ Borderline personality disorder ■ Psychological morbidity during pregnancy and low birth weight ■ 'Delay' hypothesis of onset of antidepressant action ■ Psychotropic complementary medicines

Borderline personality disorder

It is refreshing to read a generally positive and optimistic editorial about borderline personality disorder and its long-term prognosis (Fonagy & Bateman, 2006). It is also reassuring to find the authors speculating about an issue long recognised by users of personality disorder services, that is, the 'reality of iatrogenic harm'.

We feel, however, that there is a worrying element to this piece: the almost casual assertion that 'in any case, in the vast majority of cases, borderline personality disorder naturally resolves within 6 years'. We question the validity of this rather astounding statement. One of the studies quoted by the authors as evidence of this (Zanarini *et al*, 2003) was a naturalistic study that assessed people at four time points (baseline and 2, 4 and 6 years) and did not document what therapy or treatment people received between assessments. It did not suggest, or even try to suggest, that borderline personality disorder 'naturally resolves' within 6 years.

Fonagy & Bateman also seem to imply that borderline personality disorder exists as an easily definable, distinct personality disorder, which the authors will know is very rarely, if ever, the case. People with borderline personality disorder often have other personality disorders and Axis I illnesses, as well as related alcohol and drug misuse. The idea that such complex needs will somehow spontaneously remit in 6 years is untenable.

What is particularly disturbing about this assertion is its potential political impact and the impact it may have on policy makers, coming as it does from two of the leading authorities on borderline personality disorder within the UK; indeed, from two experts who are closely involved with the development and assessment of new services for personality disorder that are currently being piloted by the Department of Health. Such a statement could be seized by a Whitehall policy advisor and taken as a perfectly adequate reason why services for people with borderline personality disorder do not need to be provided by the National Health Service, as for the vast majority of these people the problems will 'naturally resolve' within 6 years.

It is extremely disappointing that two such highly regarded experts in this field should perpetuate such a flagrant and dangerous simplification through the pages of this eminent *Journal*.

Declaration of interest

D.A. and R.H. are unpaid directors of Borderline UK Ltd.

Fonagy, P. & Bateman, A. (2006) Progress in the treatment of borderline personality disorder. *British Journal of Psychiatry*, **188**, 1–3.

Zanarini, M. C., Frankenburg, F. R., Hennen, J., *et al* (2003) The longitudinal course of borderline psychopathology: 6-year prospective follow-up of the phenomenology of borderline personality disorder. *American Journal of Psychiatry*, **160**, 274–283.

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Authors' reply: We thank Ashman & Haigh for their comments but are not clear why they find it 'disturbing' rather than heartening that current follow-up studies in the USA suggest that improvement rates associated with borderline personality disorder are far better than previously thought and that substantial numbers of those seeking treatment no longer meet diagnostic criteria on follow-up. The study by Zanarini and colleagues has, in fact, now had its 10-year follow-up (the most recent published report is Zanarini *et al*, 2005). The Collaborative Longitudinal Study of Personality Disorders is at present only 4 years and shows a more rapid recovery from major depressive disorder than is manifested in borderline personality disorder. We do not believe that the rapid recovery from major depressive disorder has led health experts to suggest that depression should not be treated. There is a third study, by Cohen *et al* (2005), that shows similar findings in personality disorder. Why such high remission rates are observed in this population is a matter of controversy and is discussed in some detail by Livesley (2005). Issues of sampling, diagnostic criteria and interview methodology may all need to be carefully thought about before implications for clinical management and health policy are determined and this was neither the explicit nor implicit aim of our editorial. However, we feel strongly that no matter what the limitations of empirical data, systematically collected information is to be preferred to emotionally charged claims based on personal experience that for far too long have overly influenced policy in our field, to the great disadvantage of the client group.

We are sure that Ashman & Haigh will join us in hoping for a debate on the issue of remission that is well-informed by controlled trials and systematically collected follow-up data. Health policy is determined by the best currently available evidence but we make it clear that the current data are incomplete. We are not in the habit of oversimplifying complex issues and do not wish to minimise the seriousness of this disorder or the resources required for its appropriate treatment, which may indeed bring forward remission. We feel, however, that the recent follow-up data, whatever the limitations, should give hope to both families of individuals with borderline personality disorder and service providers faced with the challenge of helping these individuals, an objective that is at the core of Borderline UK's mission.

Declaration of interest

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Cohen, P., Crawford, T. N., Johnson, J. G., *et al* (2005) The children in the community study of developmental course of personality disorder. *Journal of Personality Disorders*, **19**, 466–486.

Livesley, W. J. (2005) Introduction to the special issue of longitudinal studies. *Journal of Personality Disorder*, **19**, 463–465.

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