
Psychotherapy for Borderline Personality Disorder Reduces the Need for Prescription Medication

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Introduction

Borderline Personality Disorder (BPD) describes pervasive and stable impairments in personal identity and interpersonal functioning with pathological personality traits. Most patients are prescribed multiple psychoactive medications despite none being indicated for BPD. Current evidence proposes long-term, BPD-appropriate psychotherapy as the most efficacious treatment

Objectives

A residential BPD patient cohort was evaluated to determine whether BPD-focused psychotherapy reduced prescribing and BPD and co-morbid symptom severity

Aims

The pattern of psychotropic drug utilization at admission, discharge and one year follow-up was measured. Changes in the utilisation of pharmacotherapy were examined in the context of improvements in BPD and/or co-morbid disorder symptom severity

Methods

There were 74 female participants, most with more than one Personality Disorder diagnosis and co-morbid mood disorders. Residential treatment included individual and group psychotherapy for BPD. Self-reported use of psychotropic medications was ascertained at admission (T1); discharge from the program (3 to 6 months; T2), and one year post discharge (T3). The SCID (Structured Clinical Interview for DSM-IV) was used to confirm the BPD diagnosis and associated co-morbid conditions. The Beck Depression Inventory was completed at each time point

Results

A significant reduction in the prescription of psychoactive medications was accompanied by significant decreases in the incidence and severity of self-rated depression as well as clinician assessed personality disorder, including BPD. These were most pronounced 12 months after discharge

Conclusions

Three to six months of BPD-specific psychotherapy provided lasting benefit for a range of mental health problems and reduced prescription medication use