

- 13 Arntz A, van den Hoorn M, Cornelis J, Verheul R, van den Bosch WM, de Bie AJ. Reliability and validity of the borderline personality disorder severity index. *J Personal Disord* 2003; **17**: 45–59.
- 14 Brooks R. EuroQol: the current state of play. *Health Policy* 1996; **37**: 53–72.
- 15 Dolan P. Modeling valuations for EuroQol health states. *Med Care* 1997; **35**: 1095–108.
- 16 Briggs AH, Wonderling DE, Mooney CZ. Pulling cost-effectiveness analysis up by its bootstraps: a non-parametric approach to confidence interval estimation. *Health Econ* 1997; **6**: 327–40.
- 17 Efron B, Tibshirani RJ. *An Introduction to the Bootstrap*. Chapman & Hall, 1993.
- 18 Van Hout BA, Al MJ, Gordon GS, Rutten FF. Costs, effects and C/E-ratios alongside a clinical trial. *Health Econ* 1994; **3**: 309–19.
- 19 Manca A, Hawkins N, Sculpher MJ. Estimating mean QALYs in trial-based cost-effectiveness analysis: the importance of controlling for baseline utility. *Health Econ* 2005; **14**: 487–96.
- 20 Marra CA, Woolcott JC, Kopec JA, Shojania K, Offer R, Brazier JE, Esdaile JM, Anis AH. A comparison of generic, indirect utility measures (the HUI2, HUI3, SF-6D, and the EQ-5D) and disease-specific instruments (the RAQoL and the HAQ) in rheumatoid arthritis. *Soc Sci Med* 2005; **60**: 1571–82.
- 21 Gyrd-Hansen D. Willingness to pay for a QALY. *Health Econ* 2003; **12**: 1049–60.
- 22 King JT, Tsevat J, Lave JR, Roberts MS. Willingness to pay for a quality-adjusted life year: implications for societal health care resource allocation. *Med Decis Making* 2005; **25**: 667–77.
- 23 Laupacis A, Feeny D, Detsky AS, Tugwell PX. How attractive does a new technology have to be to warrant adoption and utilization? Tentative guidelines for using clinical and economic evaluations. *CMAJ* 1992; **146**: 473–81.
- 24 Devlin N, Parkin D. Does NICE have a cost-effectiveness threshold and what other factors influence its decisions? A binary choice analysis. *Health Econ* 2004; **13**: 437–52.
- 25 Council for Public Health and Health Care. *Sensible and Sustainable Care* [in Dutch]. Den Haag, 2006.
- 26 Hayhurst H, Palmer S, Abbott R, Johnson T, Scott J. Measuring health-related quality of life in bipolar disorder: relationship of the EuroQol (EQ-5D) to condition-specific measures. *Qual Life Res* 2006; **15**: 1271–80.
- 27 Sapin C, Fantino B, Nowicki ML, Kind P. Usefulness of EQ-5D in assessing health status in primary care patients with major depressive disorder. *Health Qual Life Outcomes* 2004; **2**: 20.
- 28 Van de Willige G, Wiersma D, Nienhuis FJ, Jenner JA. Changes in quality of life in chronic psychiatric patients: a comparison between EuroQol (EQ-5D) and WHOQoL. *Qual Life Res* 2005; **14**: 441–51.
- 29 Prieto L, Sacristan JA, Hormaechea JA, Casado A, Badia X, Gomez JC. Psychometric validation of a generic health-related quality of life measure (EQ-5D) in a sample of schizophrenic patients. *Curr Med Res Opin* 2004; **20**: 827–35.
- 30 Oostenbrink JB, Al MJ. The analysis of incomplete cost data due to dropout. *Health Econ* 2005; **14**: 763–76.
- 31 Rubin DB, Schenker N. Multiple imputation in health-care databases: an overview and some applications. *Stat Med* 1992; **10**: 585–98.
- 32 Sculpher MJ, Claxton K, Drummond M, McCabe C. Whither trial-based economic evaluation for health care decision making? *Health Econ* 2006; **15**: 677–87.
- 33 Barrett B, Byford S, Knapp M. Evidence of cost-effective treatments for depression: a systematic review. *J Affect Disord* 2005; **84**: 1–13.

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words

## Can personality disorder be treated?

Tony Maden

Even worse than asking a silly question is paying lawyers to answer it for you. Treatability was never a yes/no matter and all we have to show for years of medico-legal argument is an expensive 'maybe' and the absurd suggestion that sitting in hospital is treatment. Meanwhile other doctors quietly dropped the notion of 'incurables' long ago. So let the lawyers and independent experts earn their money elsewhere. Personality disorder is a psychological disability. Quick or simple remedies are no more likely than for chronic schizophrenia – and the principles of rehabilitation are also the same. So get on with it.

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