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Are treatment gains maintained? Long-term psychological interventions for bordeline personality disorder

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Introduction Many new approaches have been developed to treat borderline personality disorder (BPD) by means of psychotherapy. Though there is a clear research trend towards short-interventions, the evidence from randomised controlled trials (RCT) on longer-term programmes still accumulates. On the one hand, well-established treatments like Dialectical Behavior Therapy (DBT) or Mentalisation-Based Treatment (MBT) are now subject to real-world effectiveness studies; on the other hand, new dynamic approaches have been studied, lasting longer than 6 months.
Objectives We are currently updating the cochrane Collaboration review on psychological interventions for BPD. First findings on the effects of longer-term psychotherapies will be presented.
Methods We conducted a systematic review and meta-analysis of randomized controlled trials (RCTs) according to cochrane collaboration standards. Any randomized comparisons of psychological interventions versus unspecific control interventions, waitlist or specific psychotherapeutic interventions in adult BPD patients were eligible. Primary outcomes were BPD core pathology as depicted by DSM criteria. Secondary outcomes included associated pathology, i.e., depression and anxiety, general psychopathology severity and functioning as well as tolerability and safety. Two researchers selected trials, assessed quality and extracted data independently.
Results The current evidence of longer-term psychological interventions in general, and the types of interventions for which RCT evidence is available will be evaluated and critically discussed.
Disclosure of interest The authors declare that they have no competing interest.

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Do mood stabilizers help in borderline personality disorder?

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Background Despite the relatively weak evidence base, individuals with borderline personality disorder are often treated with pharmacological interventions. Amongst the drugs, which have shown most promise, are mood stabilizers, which were one of the two drug classes with the most beneficial effects in a previous cochrane review though the robustness of findings was described as low (Stoffers et al., 2010). Here we present data on the latest evidence for mood stabilizers based on an updated cochrane review currently underway.
Methods A systematic review and meta-analysis of randomized controlled trials was conducted. All randomized comparisons of drug vs. placebo, drug vs. drug, or drug vs. a combination of drugs in adult BPD patients were eligible for inclusion. Outcomes comprised BPD core pathology as depicted by DSM criteria, associated pathology, i.e., depression and anxiety, general measures of overall psychopathology severity, tolerability, and adverse effects. Two researchers selected trials, assessed quality and extracted data independently.
Results Only a limited number of additional trials using mood stabilizers was identified since the publication of the last cochrane review, mainly utilizing Sodium Valproate. This added to the evidence base for mood stabilizers though the overall evidence remains very limited.
Conclusion Mood stabilizers show some initial evidence for their effectiveness in borderline personality disorder. However, these have to be replicated before wider conclusions can be drawn for clinical practice.
Disclosure of interest The authors declare that they have no competing interest.

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Effectiveness of antipsychotic medication in the treatment of BPD

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Introduction Though prescription is off-lable, "atypical" or "second-generation" antipsychotics (SGAs) are prevalently given to borderline personality disorder (BPD) patients. They have also been the focus of research on pharmacological agents in BPD in recent years, as the previous version of the relating cochrane systematic review shows.
Objectives We are currently updating this cochrane systematic review on pharmacological interventions for BPD. First findings on the up-to-date evidence relating to SGAs will be presented.
Methods We conducted a systematic review and meta-analysis of randomized controlled trials (RCTs) according to cochrane collaboration standards. Any randomized comparisons of drug vs. placebo, drug vs. drug, or drug vs. a combination of drugs in adult BPD patients were eligible. Primary outcomes were BPD core pathology as depicted by DSM criteria. Secondary outcomes included associated pathology, i.e., depression and anxiety, general psychopathology severity and functioning as well as tolerability and safety. Two researchers selected trials, assessed quality and extracted data independently.
Results The current RCT evidence on SGAs in BPD will be presented, and their use in everyday clinical care settings will critically be discussed.

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Symposium: Cognitive remediation and integrated treatments in the psychoses: Clinical effects and biological correlates

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Cognitive dysfunctions in the psychoses and their impact on patients' social functioning

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Introduction Impairment of neurocognitive functions, such as attention, memory or executive functions, as well as of social cognition, particularly of affect recognition and theory of mind, are frequently observed in people with Schizophrenia or other psychotic disorders. These dysfunctions are associated with poor real-life functioning. Social cognition deficits mediate in part the impact of neurocognitive dysfunction on functional outcome.
Aims To review literature findings on prevalence, severity and association with functional outcome of neurocognitive and social cognitive deficits in schizophrenia and other psychotic disorders.
Methods We searched PubMed for English/Italian or French full-text publications with the keywords.
schizophr*/psychosis/psychot*/AND neurocognitive/cognitive/neuropsychological/memory/attention/"executive function"/learning/"social cognition"/"theory of mind"/"affect recognition"/"acial emotion recognition"/"emotional intelligence"/"emot* recognition". Furthermore, we manually searched the reference lists of relevant papers, systematic reviews and meta-analyses.
Results In people with schizophrenia, schizoaffective disorder or bipolar disorder with psychotic features, neurocognitive and social cognition deficits were observed in all phases of the disorders, even after symptom remission. Some of these deficits were observed in subjects at high-risk to develop schizophrenia before psychotic onset. In all these subjects, cognitive deficits are associated with worse psychosocial functioning and poor quality of life. Pharmacological treatments do not alleviate cognitive deficits, which can also limit the benefit of other psychological or psychosocial interventions.
Conclusions Neurocognitive and social cognition deficits need to be targeted by specific interventions to improve real-life functioning and quality of life of people with schizophrenia or psychotic disorders.
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Biological correlates of the effects of cognitive remediation in the psychoses

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Cognitive Remediation Therapy (CRT) deals with the cognitive impairment, which is one of the most disabling symptoms of schizophrenia. Unfortunately, the understanding of its neurobiological correlates is far from complete. Neuroimaging studies have shown that CRT is able to induce neurobiological changes although the results have not always been enough replicated. The most commonly reported changes were those that involved the prefrontal and thalamic regions. Additionally, structural changes were described in both the grey and white matter, suggesting a neuroprotective effect of cognitive remediation. Neuroimaging studies of cognitive remediation in patients with schizophrenia suggest a positive effect on brain functioning in terms of the functional reorganisation of neural networks. From a different perspective, some changes in serum levels of Brain derived neurotrophic factor (BDNF) have been described. However, our replication of this trial has not been able to find any significant differences. So, nowadays the status of BDNF as a biomarker of cognitive recovery is possibly premature. One possible explanation can be the role of genetics and their different polymorphisms. COMT and BDNF polymorphisms could be accounting for the different outcomes of CRT. Moreover, some studies suggested a role of genes affecting dopamine modulation on outcomes of cognitive remediation.
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Impact of Cognitive remediation on the use of psychiatric services and patterns of care of patients with psychoses

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Cognitive remediation (CR) has proved to be effective in improving cognition, symptoms and psychosocial functioning in schizophrenia and other psychoses, but its impact on the use of psychiatric services and patterns of care of patients suffering from these diseases is still scarcely known. In fact, it would be particularly relevant to know if such intervention may have any modifying effect on use of services and costs of treatments. There is preliminary evidence that such an impact does exist, with possible reduction of number and duration of hospitalizations and of long-term residential stays and consequent reduced costs of inpatient treatment. On the other hand, community treatment costs could be increased as an effect of a shift of psychiatric and psychosocial interventions from inpatient to outpatient activities. A critical review of the existing literature on the issue will be provided, together with a discussion of the impact of this shift towards the attainment of increased functional and social recovery in the individual patient.
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