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## Drug treatment of personality disorders

SIR: We were surprised that Stein (*Journal*, August 1992, **161**, 167–184) did not review the use of serotonin reuptake inhibitors (SRIs) in the pharmacotherapy of borderline personality disorder (BPD). Three papers investigating the efficacy of fluoxetine in the treatment of BPD (Norden, 1989; Markovitz *et al*, 1991; Cornelius *et al*, 1991) have been published, and all showed this drug to be useful and safe.

Norden (1989) used fluoxetine in doses of 5–40 mg/day in 12 patients. Nine of these patients showed clinically meaningful improvement in the areas of impulsivity, anxiety, and depressive symptoms. The study also noted that many of the patients continued to benefit from fluoxetine six months after the therapy was initially instituted.

Markovitz *et al* (1991) reported on 22 BPD patients treated with 80 mg/day of fluoxetine for 12 weeks. The study showed improvement in all measurements of patient functioning based on changes in the Hopkins Symptom Checklist. These areas of improvement included obsessionality, depression, anxiety, paranoid ideation, hostility, interpersonal sensitivity, somatisation, and psychosis. The data also showed a reduction in self-harm. At the start of the study, 12 patients injured themselves deliberately four times per week on average. At the end of the study only two patients were injuring themselves, and this occurred only once every three weeks. Many of the patients have remained on 80 mg/day of fluoxetine for over two years with continuing benefit. The results of this open trial have been replicated in a double-blind placebo-controlled trial (Markovitz *et al*, unpublished).

Cornelius *et al* (1991) reported on five BPD patients who showed benefit on 20–40 mg/day of fluoxetine. Changes on the Global Assessment Scale pointed to improvement in overall functioning. Changes on the Hamilton Depression Scale and Beck Depression Index indicated a significant decline in the dysphoria accompanying the illness. This study, however, noted that hostility and psychotic symptoms did not decrease in the patients treated with 20–40 mg/day of fluoxetine. These same areas improved in Markovitz *et al*'s (1991) study when patients were treated with 80 mg/day of fluoxetine.

Neurochemical studies indicate decreased serotonergic function in patients with suicidality, aggression, panic, impulsivity, and obsessionality (Coccaro *et al*, 1989). Since these symptom clusters are often present in patients with BPD, agents which increase serotonergic function in the central nervous system should be efficacious.

Stein notes the high risk of overdosing on psychotropic medications in BPD patients. Sertraline and fluoxetine are the two SRIs currently available in the United States, and both are non-lethal when taken in overdose. Similarly, the known acute and longitudinal side effects of SRIs are less than the other psychotropic agents used to treat BPD. The available data suggest that SRIs are potentially important medications in the treatment of BPD.

COCCARO, E. F., SIEVER, L. J., KLAR, H. M., *et al* (1989) Serotonergic studies in patients with affective and personality disorders: correlates with suicidal and impulsive aggressive behavior. *Archives of General Psychiatry*, **46**, 587–599.

CORNELIUS, J. R., SOLOFF, P. H., PEREL, J. M., *et al* (1991) A preliminary trial of fluoxetine in refractory borderline patients. *Journal of Clinical Psychopharmacology*, **11**, 116–120.

MARKOVITZ, P. J., CALABRESE, J. R., SCHULZ, S. C., *et al* (1991*a*) Fluoxetine in borderline and schizotypal personality disorder. *American Journal of Psychiatry*, **148**, 1064–1067.

NORDEN, M. J. (1989) Fluoxetine in borderline personality disorder. *Progress in Neuro-Psychopharmacology and Biological Psychiatry*, **13**, 885–893.

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