



Evidence Search results	
Search topic:	Evidence for use of medication/ prescribing in managing Emotionally unstable Personality Disorder/ Borderline Personality Disorder (effectiveness AND adverse outcomes in short term and long term). Systemic, interpersonal and individual factors influencing prescribing practices in EUPD/BPD. Health cost of polypharmacy/ overprescribing in BPD/EUPD in the UK. Existing official guidelines on prescribing for EUPD/BPD. Outcomes of relational prescribing or non-pharmacological aspects of prescribing in EUPD/BPD
Date requested:	12 th March 2026
Date completed:	29 th April 2026
Search completed by:	Laetitia Delaleuf
Number of results selected:	28
Time taken:	10 hours

Citing this evidence search

If you reference this search in any paper, publication or presentation, please let us know and use the following format:

Delaleuf, L. (2026). *Evidence summary: Emotionally unstable Personality Disorder/ Borderline Personality Disorder and prescribing practices*. Taunton, UK: Somerset NHS Foundation Trust Knowledge & Library Service.

Content

[GUIDELINES](#)
[SYSTEMATIC REVIEWS AND META-ANALYSIS](#)
[REVIEWS](#)
[STUDIES](#)
[Clinicians and Patients views](#)
[ARTICLES](#)
[AUDIT – OTHER TRUSTS IN THE UK](#)
[BOOK CHAPTER](#)

Summary of results



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-- This evidence search report complements the quick search conducted earlier. --

As mentioned in the quick search, general guidelines advise against prescribing medication for borderline personality disorders (BPD) ([APA, 2025](#)). Nonetheless, clinical evidence indicates that individuals with borderline personality disorder are frequently prescribed medications across diverse countries and healthcare environments ([Berna, F. et al. 2026](#), [Bozzatello, P. et al. 2020](#), [Gartlehner, G. et al. 2021](#), [Magni, L.R. et al. 2021](#), [Pascual, J. C., Arias, L., Soler, J. 2023](#); [Riffer, F. et al. 2019](#), [Romanowicz, M. 2020](#), [Tennant, M. et al. 2023](#))

Systemic, interpersonal and individual factors influencing prescribing practices in EUPD/BPD:

- Sand, P. et al. ([2024](#)) analysed psychiatrists' experiences in a qualitative study and found that professionals weigh potential benefits against risks when making treatment decisions.
- Clinicians may choose not to prescribe medication if they identify potential self-harm behaviours ([Sand, P. et al. 2024](#)). Conversely, a prescription may be considered when it could address specific concerns, such as sleep disturbances. The focus is placed on managing symptoms rather than diagnosis ([Martean, L. and Evans, C. 2014](#)).
- Berna, F. et al. ([2026](#)) explained that the fragility of the concept of borderline personality disorder may explain the very high comorbidity and the use of medication.
- Plus, the authors mentioned the training of the psychiatrists heavily tilted towards psychopharmacology, which may explain the quicker reliance on medication.
- Ambiguous guidelines: because guidelines are not clear, professionals relied on their experience or colleagues ([Sand, P. et al. 2024](#), [Martean, L. and Evans, C. 2014](#))
- There may also be undue reliance on medication by professionals, even when such practices are not supported by evidence-based research ([Berna, F. et al. 2026](#)), [Pascual, J. C., Arias, L., Soler, J. 2023](#))
- Professionals may be influenced by the strong pressure from patients or families to prescribe as they see medication as a solution or a relief ([Berna, F. et al. 2026](#)).
- In certain circumstances, clinicians may carefully consider the advantages of prescribing in order to facilitate ongoing communication with patients ([Sand, P. et al. 2024](#); [Qaiser, J. et al. 2022](#), [Martean, L. and Evans, C. 2014](#))
- Emotional prescribing (or countertransference): due to the different state inherent to BDP patients, professionals may lean towards prescribing as an emotional decision-making ([Sand, P. et al. 2024](#) and [Shapiro-Thompson, R., Fineberg, S. K. 2022](#), [Qaiser, J. et al. 2022](#))

To complement these results, Magni, L.R. et al. ([2021](#)) did a pilot study on 75 borderline personality disorder patients recruited from 5 different centres in Italy (a mix of outpatients and inpatients settings) and looked at the pharmacological treatment given. They found that prescriptions were not in line with comorbidities or with the severity of illness. Another finding is that benzodiazepines were highly prescribed, and this is in line with other findings ([Riffer, F. et al. 2019](#); [Tennant, M. et al. 2023](#)). Timaüs, C. et al. ([2019](#)) also found that prescription strategy changed between 1996 and 2012, there is a decline in tricyclic/tetracyclic antidepressants and low-potency antipsychotics and a high usage of second-generation antipsychotics. This is confirmed by Pascual, J. C.; Martín-Blanco, A. and Soler, J. ([2021](#))

Furthermore, other external factors influences are the difficulty to access psychotherapy due to pressure on the system and the long waiting lists ([Paris, J., 2015](#), and [Magni, L.R. et al. 2021](#)), which leaves professionals with mainly pharmacotherapy as a viable option. The inadequate number of professionals trained in specific psychological interventions to support this population. Due to this, professionals may be reluctant to diagnose or disclose personality disorder patients ([Shapiro-Thompson, R., Fineberg, S. K. 2022](#))



Health cost of polypharmacy/ overprescribing in BPD/EUPD:

Pascual, J. C., Arias, L., Soler, J. (2023) and Berna, F. et al. (2026) mentioned the potential for overdose as they mentioned that a high level of BPD patients receive more than one prescription. We can also mention all the side effects attached to polypharmacy in general: an increase of adverse drug effects, harmful drug-disease interactions or self-harm and impulsivity in the case of borderline patients (Stoffers, J. et al. 2010, Qaiser, J et al. 2022).

Additionally, Wagner, T. et al. (2022) calculated the cost of BDP for 2015 and found the price was €31.130, which is divided by hospital treatment (direct cost): € 17.044 and indirect costs € 14,086. This calculation is part of the “the PROgrams for Borderline Personality Disorder study (Pro*BPD), a randomized controlled trial comparing the clinical effectiveness and cost-effectiveness of outpatient Dialectical Behaviour Therapy (DBT) and Schema Therapy (ST)” in Germany and 167 patients participated to the program.

Outcomes of relational prescribing or non-pharmacological aspects of prescribing in EUPD/BPD:

I haven't clearly found measurable outcomes for relational prescribing with this population. What I have found:

- Sand, P. et al. (2024) mentioned that relational prescribing is used to tie the patient to the clinic to allow the time to build a therapeutical alliance.
- Negotiation is part of the therapeutical relation with the importance to build and taking into consideration patients' emotions and expectations (Sand P. et al. 2024; Qaiser, J et al. 2022, Patel, D. and Konstantinidou, H. 2020). The psychiatrist's role differs from the doctor's role as medication is used to maintain contact with patients or to maintain communication.
- Psychiatrists fear that “medical treatment would be regarded as pointless if the patient did not get the desired medical effects, and that it would eventually make the psychiatrists redundant”. So, as an outcome, psychiatrists declared that they are also trained psychologists.
- Difficulties in managing patients' expectations, particularly when they have very strong beliefs about medications (Martean, L. and Evans, C. 2014; Sand, P. et al. 2024)
- Martean, L. and Evans, C. (2014) emphasis that the act of prescribing cannot be dissociated from the relational aspect, and it can have consequences on the thought and emotional process of the patients.

Complementary to this, Bender, D.S. (2005) analyses and shows the importance of the therapeutic alliance in the treatment of personality disorders.

Guidelines:

In addition to the guidelines found in the quick search, [the American Psychiatric Association](#) has issued a practice guideline for treating patients with borderline personality disorder. This guideline emphasises the importance of thoroughly reviewing and monitoring medication use, making necessary adjustments, and following a structured plan to taper or discontinue medications when appropriate.

In terms of new practice, Cailhol, L. et al. (2025) and Danayan, K. et al. (2023) mentioned research done on ketamine and innovative approaches such as adventure therapy or digital interventions. Additionally, Garcia-Carmona, J. A. et al. (2021) compared oral versus long-acting injectables antipsychotics and found that people with long-acting injectables had fewer visits to the hospital than the other group and a lower dosage.

Schulkens, J. et al. (2021) also found that Selective Serotonin Reuptake Inhibitors for older adults may be beneficial for affective instability and impulsive behaviour.



Regarding reports on prescribing practices in EUPD/BPD across UK NHS Trusts – I have added one done at Clock View Hospital, an inpatient unit in Mersey Care NHS Foundation Trust ([Hyland, D. et al. 2021](#))

I hope this is helpful. Please contact the Library if you would like any further information or would like to revise your search: library@somersetft.nhs.uk.

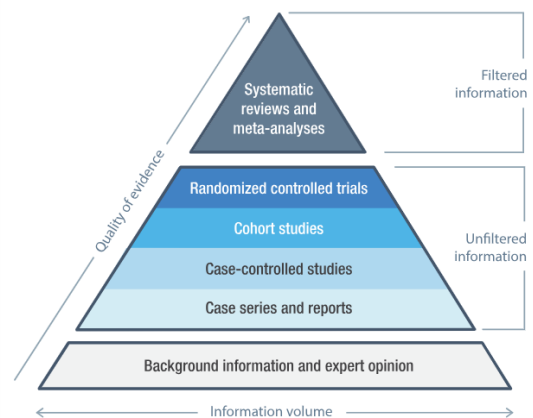
We would like to capture information about the impact this evidence search has had on your practice or decision—making. We can use this to promote this service to others within the Trust and it also ensures this service continues to develop and meet the needs of everyone who uses it. Please take a few moments to complete our short [impact survey](#).

Search results

Full-text access:

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For your information, and to help you assess the quality of the research, here is a [hierarchy of the quality of evidence](#) that you may find useful:



GUIDELINES

Practice Guideline for the Treatment of Patients With Borderline Personality Disorder (E-book)

Authors: The American Psychiatric Association

Copyright: 2025

Abstract: PsychiatryOnline.org is the platform for all American Psychiatric Association Publishing journals, DSM, and bestselling textbooks, as well as APA Practice Guidelines, and continuing medical education.

URL: <https://psychiatryonline.org/doi/epub/10.1176/appi.books.9780890428009>

[Back to top](#)



SYSTEMATIC REVIEWS AND META-ANALYSIS

Pharmacological Treatments for Borderline Personality Disorder: A Systematic Review and Meta-Analysis.

Authors: Gartlehner, Gerald;Crotty, Karen;Kennedy, Sara;Edlund, Mark J.;Ali, Rania;Siddiqui, Mariam;Fortman, Robyn;Wines, Roberta;Persad, Emma and Viswanathan, Meera

Publication Date: 2021

Journal: CNS Drugs 35(10), pp. 1053–1067

Abstract: Background: Borderline personality disorder (BPD) is a debilitating psychiatric disorder that affects 0.4-3.9% of the population in Western countries. Currently, no medications have been approved by regulatory agencies for the treatment of BPD. Nevertheless, up to 96% of patients with BPD receive at least one psychotropic medication. Objectives: The objective of this systematic review was to assess the general efficacy and the comparative effectiveness of different pharmacological treatments for BPD patients. Methods: We conducted systematic literature searches limited to English language in MEDLINE, EMBASE, the Cochrane Library, and PsycINFO up to April 6, 2021, and searched reference lists of pertinent articles and reviews. Inclusion criteria were (i) patients 13 years or older with a diagnosis of BPD, (ii) treatment with anticonvulsive medications, antidepressants, antipsychotic medications, benzodiazepines, melatonin, opioid agonists or antagonists, or sedative or hypnotic medications for at least 8 weeks, (iii) comparison with placebo or an eligible medication, (iv) assessment of health-relevant outcomes, (v) randomized or non-randomized trials or controlled observational studies. Two investigators independently screened abstracts and full-text articles and graded the certainty of evidence based on the GRADE (Grading of Recommendations Assessment, Development and Evaluation) approach. For meta-analyses, we used restricted maximum likelihood random effects models to estimate pooled effects. Results: Of 12,062 unique records, we included 21 randomized controlled trials (RCTs) with data on 1768 participants. Nineteen RCTs compared pharmacotherapies with placebo; two RCTs assessed active treatments head-to-head. Out of 87 medications in use in clinical practice, we found studies on just nine. Overall, the evidence indicates that the efficacy of pharmacotherapies for the treatment of BPD is limited. Second-generation antipsychotics, anticonvulsants, and antidepressants were not able to consistently reduce the severity of BPD. Low-certainty evidence indicates that anticonvulsants can improve specific symptoms associated with BPD such as anger, aggression, and affective lability but the evidence is mostly limited to single studies. Second-generation antipsychotics had little effect on the severity of specific BPD symptoms, but they improved general psychiatric symptoms in patients with BPD. **Conclusions:** Despite the common use of pharmacotherapies for patients with BPD, the available evidence does not support the efficacy of pharmacotherapies alone to reduce the severity of BPD.

Access or request full text: <https://libkey.io/libraries/2838/10.1007/s40263-021-00855-4>

Pharmacological interventions for borderline personality disorder

Authors: Stoffers, Jutta;Völlm, Birgit A.;Rücker, Gerta;Timmer, Antje;Huband, Nick and Lieb, Klaus

Publication Date: -06-16 , 2010

Journal: The Cochrane Database of Systematic Reviews (6), pp. CD005653

Abstract: Background: Drugs are widely used in borderline personality disorder (BPD) treatment, chosen because of properties known from other psychiatric disorders ("off-label use"), mostly targeting affective or impulsive symptom clusters.

Objectives: To assess the effects of drug treatment in BPD patients.

Search strategy: We searched bibliographic databases according to the Cochrane Developmental, Psychosocial and Learning Problems Group strategy up to September 2009, reference lists of articles, and contacted researchers in the field.

Selection criteria: Randomised studies comparing drug versus placebo, or drug versus drug(s) in BPD patients. Outcomes included total BPD severity, distinct BPD symptom facets according to DSM-IV criteria, associated psychopathology not specific to BPD, attrition and adverse effects.

Data collection and analysis: Two authors selected trials, assessed quality and extracted data, independently.

Main results: Twenty-eight trials involving a total of 1742 trial participants were included. First-



generation antipsychotics (flupenthixol decanoate, haloperidol, thiothixene); second-generation antipsychotics (aripirazole, olanzapine, ziprasidone), mood stabilisers (carbamazepine, valproate semisodium, lamotrigine, topiramate), antidepressants (amitriptyline, fluoxetine, fluvoxamine, phenelzine sulfate, mianserin), and dietary supplementation (omega-3 fatty acid) were tested. First-generation antipsychotics were subject to older trials, whereas recent studies focussed on second-generation antipsychotics and mood stabilisers. Data were sparse for individual comparisons, indicating marginal effects for first-generation antipsychotics and antidepressants. The findings were suggestive in supporting the use of second-generation antipsychotics, mood stabilisers, and omega-3 fatty acids, but require replication, since most effect estimates were based on single studies. The long-term use of these drugs has not been assessed. Adverse event data were scarce, except for olanzapine. There was a possible increase in self-harming behaviour, significant weight gain, sedation and changes in haemogram parameters with olanzapine. A significant decrease in body weight was observed with topiramate treatment. All drugs were well tolerated in terms of attrition. Direct drug comparisons comprised two first-generation antipsychotics (loxapine versus chlorpromazine), first-generation antipsychotic against antidepressant (haloperidol versus amitriptyline; haloperidol versus phenelzine sulfate), and second-generation antipsychotic against antidepressant (olanzapine versus fluoxetine). Data indicated better outcomes for phenelzine sulfate but no significant differences in the other comparisons, except olanzapine which showed more weight gain and sedation than fluoxetine. The only trial testing single versus combined drug treatment (olanzapine versus olanzapine plus fluoxetine; fluoxetine versus fluoxetine plus olanzapine) yielded no significant differences in outcomes.

Authors' conclusions: The available evidence indicates some beneficial effects with second-generation antipsychotics, mood stabilisers, and dietary supplementation by omega-3 fatty acids. However, these are mostly based on single study effect estimates. Antidepressants are not widely supported for BPD treatment, but may be helpful in the presence of comorbid conditions. Total BPD severity was not significantly influenced by any drug. No promising results are available for the core BPD symptoms of chronic feelings of emptiness, identity disturbance and abandonment. Conclusions have to be drawn carefully in the light of several limitations of the RCT evidence that constrain applicability to everyday clinical settings (among others, patients' characteristics and duration of interventions and observation periods).

Access or request full

text: <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD005653.pub2/full>

[Back to top](#)

REVIEWS

Reinforcing gaps? A rapid review of innovation in borderline personality disorder (BPD) treatment

Authors: Cailhol, Lionel; StAmour, Samuel; Desilets, Marie; Lariviere, Nadine; Mills, Jillian and Klein, Remy

Publication Date: 2025

Journal: Brain Sciences 15(8), pp. 1–18. ArtID 827; 18

Abstract: Background/Objectives: Borderline Personality Disorder (BPD) involves emotional dysregulation, interpersonal instability and impulsivity. Although treatments have advanced, evaluating the latest innovations remains essential. This rapid review aimed to (1) identify and classify recent therapeutic innovations for BPD, (2) assess their effects on clinical and functional outcomes, and (3) highlight research gaps to inform future priorities.

Methods: Employing a rapid review design, we searched PubMed/MEDLINE, PsycINFO, and Embase for publications from 1 January 2019 to 28 March 2025. Eligible studies addressed adult or adolescent BPD populations and novel interventions-psychotherapies, pharmacological agents, digital tools, and neuromodulation. Two independent reviewers conducted screening, full-text review, and data extraction using a standardised form.

Results: Sixty-nine studies-predominantly from Europe and North America-were included.

Psychotherapeutic programmes dominated, ranging from entirely novel models to adaptations of established treatments (for example, extended or modified Dialectical Behavior Therapy).

Pharmacological research offered fresh insights, particularly into ketamine, while holistic approaches



such as adventure therapy and digital interventions also emerged. Most investigations centred on symptom reduction; far fewer examined psychosocial functioning, mortality, or social inclusion. Conclusions: Recent innovations show promise in BPD treatment but underserve the needs of mortality and societal-level outcomes. Future research should adopt inclusive, equity-focused agendas that align with patient-centred and recovery-oriented goals, supported by a coordinated, integrated research strategy. (PsycInfo Database Record (c) 2026 APA, all rights reserved)

Access or request full text: <https://libkey.io/libraries/2838/10.3390/brainsci15080827>

Pharmacological Management of Borderline Personality Disorder and Common Comorbidities

Authors: Pascual, Juan C.;Arias, Laia and Soler, Joaquim

Publication Date: 2023

Journal: CNS Drugs 37(6), pp. 489–497

Abstract: Comorbidity between borderline personality disorder (BPD) and other mental disorders is common. Although no specific pharmacological treatments have been approved for the treatment of BPD, many drugs, including antidepressants such as selective serotonin reuptake inhibitors (SSRIs), mood stabilizers, second-generation antipsychotics, and even benzodiazepines, are routinely prescribed off label. Nonetheless, recommendations for off-label drugs in these patients are highly varied, with a notable lack of agreement among clinical guidelines. The most common reason for pharmacological treatment and polypharmacy in these patients is comorbidity with other psychiatric disorders. In this context, we reviewed major clinical guidelines and the available data on pharmacotherapy in patients with BPD to develop practical recommendations to facilitate decision-making in routine clinical practice, thus helping clinicians to select the optimal therapeutic approach in patients with BPD who have comorbid disorders. This review confirmed that no clear recommendations for the pharmacological treatment are available in clinical guidelines. Therefore, based on the available evidence, we have developed a series of recommendations for pharmacotherapy in patients with BPD who present the four most common comorbidities (affective, anxiety, eating, and drug use disorders). Here, we discuss the recommended treatment approach for each of these comorbid disorders. The prescription of medications should be considered only as an adjunct to BPD-specific psychotherapy. Polypharmacy and the use of unsafe drugs (i.e., with a risk of overdose) should be avoided. Our review highlights the need for more research to provide more definitive guidance and to develop treatment algorithms.

Access or request full text: <https://libkey.io/libraries/2838/10.1007/s40263-023-01015-6>

The State of Overmedication in Borderline Personality Disorder: Interpersonal and Structural Factors.

Authors: Shapiro-Thompson, Rosa and Fineberg, Sarah K.

Publication Date: Mar , 2022

Journal: Current Treatment Options in Psychiatry 9(1), pp. 1–13

Abstract: Purpose of review: This review paper describes the state of prescribing practice in Borderline Personality Disorder (BPD), wherein medications are prescribed far more than either evidence or practice guideline would recommend. First, we describe the frequencies of medication use and polypharmacy in people with BPD. Recent findings: In subsequent sections, we elaborate two main categories of factors that lead to overmedication of people with BPD: the interpersonally mediated and the structural. We consider interpersonally mediated factors to arise from communications of patients in distress and the well-meaning efforts of their prescribers to provide relief for certain overwhelming affective states. We are particularly focused on patterns of countertransference in prescribing that are directly linked to specific aspects of BPD pathology. We consider structural factors to arise from the complexities of medical and medicolegal systems and the contemporary patterns of financing medical care; we postulate that these complexities often compel prescribers to start medications, with associated disincentives for decreasing or discontinuing those medications over time. Summary: More research is needed to understand how to best use medications in BPD, for example in targeted combination with psychotherapeutic and psychosocial



interventions. However, current practice often departs markedly from the evidence. We recommend the dissemination of accessible, generalist BPD-treatment models in outpatient and inpatient practice; increased early detection of BPD; and increased diagnostic disclosure. We also recommend for individual providers and systems to implement prospective treatment plans that draw from BPD-specific psychosocial models. This approach can employ tiers of interventions to minimize reactive prescribing by anticipating high affect and offering BPD patients steadily empathic evidence-supported care.

Access or request full text: <https://libkey.io/libraries/2838/10.1007/s40501-021-00255-x>

Current and emerging medications for borderline personality disorder: is pharmacotherapy alone enough?

Authors: Bozzatello, Paola; Rocca, Paola; De Rosa, Maria Laura and Bellino, Silvio

Publication Date: Jan , 2020

Journal: Expert Opinion on Pharmacotherapy 21(1), pp. 47–61

Abstract: Introduction: The treatment of borderline personality disorder (BPD) remains an open question for clinicians. There is scarce evidence available and the guidelines' conclusions diverge. Together with these factors, the complexity of BPD generates uncertainty in day-to-day practice. This narrative review aims to provide an overview of advances in BPD treatment and posit a critical opinion based on clinical evidence and practice. Areas covered: The authors review the clinical trials concerning the efficacy of the main classes of drugs in BPD: antidepressants, mood stabilizers, first-, second-, and third-generation antipsychotics, and other agents (opiate antagonists, clonidine, oxytocin, omega-3 fatty acids). They also include in this review studies on combinations of drugs and psychotherapies. Expert opinion: An individualized, tailored pharmacotherapy for BPD that targets the prominent symptom clusters can improve relevant aspects of the clinical picture. However, no medication is indicated to treat the global psychopathology of BPD. Polypharmacy should be avoided or strictly limited. To date, pharmacotherapy alone does not suffice to manage the complexity of BPD. Combining medication with psychotherapy may improve specific BPD symptom dimensions. In particular, it may help those aspects that respond slowly or not at all to monotherapy.

Access or request full text: <https://libkey.io/libraries/2838/10.1080/14656566.2019.1686482>

[Back to top](#)

STUDIES

Psychotropic drugs and borderline personality disorder: Prescribing, not prescribing, deprescribing?

Authors: Berna F.; Musso M.; Weibel S. and Brunn, M.

Publication Date: 2026

Journal: Annales Medico-Psychologiques (pagination), pp. Date of Publication: 2026

Abstract: Context: Therapeutic recommendations for borderline personality disorder emphasize the importance of offering, as first-line treatment, structured psychotherapies aimed at improving emotional regulation skills and reducing self-harming behaviors. Psychopharmacological recommendations suggest limiting psychotropic drugs to short-term use in case of acute situations associated with severe symptoms. However, analysis of psychotropic prescriptions for borderline personality disorder shows widespread use of psychotropic drugs (96% have received at least one psychotropic drug), mostly in combination therapy (50% take three or more psychotropic drugs, 19% to 26% take four or more) and prescribed on a long-term basis. This finding contradicts therapeutic recommendations and contradicts (1) the results of numerous randomized controlled trials that fail to provide solid evidence of clinical efficacy on the main therapeutic goals for borderline personality disorder, (2) population-based studies that show an increased risk of rehospitalization, suicide attempts, and even death associated with use of antidepressants, antipsychotics, and benzodiazepines. This risk was only reduced by the use of certain psychostimulants. Method(s): We analyze some individual (involving patients and prescribers) and structural (psychiatrist training, healthcare system organization) factors of the over-medicalization or over-



medication of borderline personality disorder in France. We discuss the fact that the fragility of the concept of borderline personality disorder could explain its very high comorbidity with mood, anxiety, or psychotic disorders, with a risk of overdiagnosis justifying the overmedication described above. We also discuss how the training of psychiatrists, with its greater emphasis on psychopharmacology and less on psychotherapy, may facilitate easier and quicker reliance on medication despite non-pharmacological interventions that should be offered as first line treatment. More structural aspects in France also explain the lower use of psychotherapy, which is insufficiently reimbursed compared to other countries. We also question some cognitive biases among psychiatrists in their application of the principles of "evidence-based medicine": the confidence they place in prescribing medication may lead them to overestimate its benefits while neglecting the iatrogenic effects of their prescriptions. Finally, we discuss relational issues surrounding the prescription of medication from the patients' perspective, which may contribute to this overuse.

Result(s): We propose ways to limit this overmedication: strengthening psychotherapy training for psychiatrists, improving access to non-pharmacological interventions, deprescribing psychotropic drugs, and the use of open-label placebos. We stress that deprescribing psychotropic drugs requires careful protocols in order to minimizing the withdrawal effects induced by too rapid medication tapering, in particular in patients with long-term use of psychotropics such as patients with borderline personality disorder. Those protocols are insufficiently known from psychiatrists. Regarding open-label placebo, this strategy aims to meet prescription demand while minimizing adverse effects and strengthening the ethical transparency of prescribing. This therapeutic option has shown significant clinical efficacy in distinct somatic and psychic conditions. It may also contribute to the clinical improvement of patients by recognizing and mobilizing the non-specific components of the therapeutic relationship (expectations, trust, alliance, meaning given to treatment).

Conclusion(s): Rethinking the role of medication in the borderline personality disorder does not mean disqualifying psychiatry, but rather strengthening it by anchoring it in a more judicious and ethical use of its tools. If one of the basic principles of medicine is "primum non nocere" (first, do no harm), in the case of BPD, this principle could be rephrased as "primum non prescribere, secundum deprescribere" (first, do not prescribe, second, deprescribe), proposing a more rewarding "skills, no pills" strategy.

Access or request full text: <https://libkey.io/libraries/2838/10.1016/j.amp.2026.03.011>

Real world effectiveness of repeated ketamine infusions for treatment-resistant depression with comorbid borderline personality disorder

Authors: Danayan, Kevork;Chisamore, Noah;Rodrigues, Nelson B.;Di Vincenzo, Joshua D.;Meshkat, Shakila;Doyle, Zoe;Mansur, Rodrigo;Phan, Lee;Fancy, Farhan;Chau, Edmond;Tabassum, Aniq;Kratiuk, Kevin;Arekapudi, Anil;Teopiz, Kayla M.;McIntyre, Roger S. and Rosenblat, Joshua D.

Publication Date: 2023

Journal: Psychiatry Research 323 2023, pp. 1–7; 7

Abstract: Borderline personality disorder (BPD) has high rates of comorbidity with mood disorders, including treatment-resistant depression (TRD). Comorbidity of BPD with depression is associated with poorer response to antidepressants. Intravenous ketamine is a novel treatment for TRD that has not been specifically evaluated in patients with comorbid BPD. In this retrospective analysis of data collected from participants who received care at the Canadian Rapid Treatment Centre of Excellence (CRTCE; Braxia Health; ClinicalTrials.gov: NCT04209296), we evaluated the effectiveness of intravenous ketamine in a TRD population with comorbid BPD (N = 100; n = 50 BPD-positive compared with n = 50 BPD-negative). Participants were administered four doses of intravenous ketamine (0.5-0.75mg/kg over 40 minutes) over two weeks. The primary outcome measures were changes in depressive symptom severity (as measured by Quick Inventory of Depressive Symptomatology-Self Report 16-item (QIDS-SR16)) and borderline symptom severity (as measured by Borderline Symptom List 23-item (BSL-23)). Both BPD-positive and BPD-negative groups improved significantly on the QIDS-SR16, QIDS-SR16 suicide ideation item, anxiety, and functionality scales with large effect sizes. There was no significant difference between groups. The BPD-positive group exhibited significant reduction of 0.64 on BSL-23 scores and a significant reduction of 5.95 on QIDS-SR16 scores. Patients with TRD and comorbid BPD receiving ketamine exhibited a significant reduction in symptoms of depression, borderline personality, suicidality, and anxiety. (PsyInfo



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Access or request full text: <https://libkey.io/libraries/2838/10.1016/j.psychres.2023.115133>

Polypharmacy in the treatment of people diagnosed with borderline personality disorder: repeated cross-sectional study using New Zealand's national databases.

Authors: Tennant M.; Frampton C.; Mulder R. and Beaglehole, B.

Publication Date: 2023

Journal: BJPsych Open 9(6) (pagination), pp. Article Number: e200. Date of Publication: 26 Oct 2023

Abstract: Background There is insufficient evidence to support the pharmacological treatment of borderline personality disorder. However, previous out-patient cohorts have described high rates of polypharmacy in this group. So far, there have been no national studies that have considered polypharmacy in borderline personality disorder. Aims To describe psychotropic polypharmacy in people with borderline personality disorder in New Zealand. Method New Zealand's national databases have been used to link psychotropic medication dispensing data and diagnostic data for borderline personality disorder. Annual dispensing data for 2014 and 2019 have been compared. Results Fifty percent of people with borderline personality disorder who were dispensed medications had three or more psychotropic medications in 2014. This increased to 55.9% in 2019 ($P < 0.001$). Those on seven or more psychotropics increased from 8.4 to 10.7% ($P < 0.023$). Quetiapine was the most dispensed psychotropic medication, being given to 53.8% of people dispensed medication with borderline personality disorder in 2019. Lorazepam dispensing showed the largest increase, going from 15.5 to 26.7% between 2014 and 2019 ($P < 0.001$). Conclusions There is a large burden of psychotropic polypharmacy in people with borderline personality disorder. This is concerning because of the lack of evidence regarding the efficacy of these medications in this group.

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Access or request full text: <https://libkey.io/libraries/2838/10.1192/bjo.2023.592>

The societal cost of treatment-seeking patients with borderline personality disorder in Germany.

Authors: Wagner T.; Assmann N.; Kohne S.; Schaich A.; AlvarezFischer D.; Borgwardt S.; Arntz A.; Schweiger U. and Fassbinder, E.

Publication Date: 2022

Journal: European Archives of Psychiatry and Clinical Neuroscience 272(4), pp. 741–752

Abstract: According to previous research, borderline personality disorder (BPD) is associated with high cost-of-illness. However, there is still a shortage of cost-of-illness-studies assessing costs from a broad societal perspective, including direct and indirect costs. Further, there are considerable differences in the results among the existing studies. In the present study, 167 German men and women seeking specialized outpatient treatment for BPD were included. We assessed societal cost-of-illness bottom-up through structured face-to-face interviews and encompassed a wide range of cost components. All costs were calculated for the 2015 price level. Cost-of-illness amounted to 31,130 per patient and year preceding disorder-specific outpatient treatment. 17,044 (54.8%) were direct costs that were mostly related to hospital treatment. Indirect costs amounted to 14,086 (45.2%). Within indirect costs, costs related to work disability were the most crucial cost driver. The present study underlines the tremendous economic burden of BPD. According to the present study, both the direct and indirect costs are of significant importance for the societal costs associated with BPD. Besides the need for more disorder-specific treatment facilities for men and women with BPD, we assume that education and employment are topics that should be specifically targeted and individually supported at an early stage of treatment. Trial Registration: German Clinical Trial Registration, DRKS00011534, Date of Registration: 11/01/2017, retrospectively registered.

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Access or request full text: <https://libkey.io/libraries/2838/10.1007/s00406-021-01332-1>



Off-label use of second-generation antipsychotics in borderline personality disorder: a comparative real-world study among oral and long-acting injectables in Spain.

Authors: Garcia-Carmona, Juan Antonio; Simal-Aguado, Jorge; Campos-Navarro, Maria Pilar; Valdivia-Munoz, Francisco and Galindo-Tovar, Alejandro

Publication Date: 07 01 , 2021

Journal: International Clinical Psychopharmacology 36(4), pp. 201–207

Abstract: The aim of the present study was to evaluate the use of oral vs. long-acting injectables (LAIs) antipsychotics, as well as, to compare the effectiveness of different LAI antipsychotics [aripiprazole-1-month, paliperidone-1-month (PP1M), paliperidone-3-month (PP3M) and risperidone long-acting injectable (RLAI)] in patients diagnosed with borderline personality disorder (BPD), by evaluating the following clinical outcomes: (1) the number of hospital admissions; (2) the number of documented suicidal behaviour/attempts; and (3) the use of concomitant treatments, including benzodiazepines, oral antipsychotics and biperiden. We included a total of 116 patients diagnosed with BPD and treated with antipsychotic medication: 50 using a LAI antipsychotic formulation and 66 using the equivalent main oral antipsychotic. Patients treated with LAIs showed a decreased ratio of visits to emergency compared with the oral treatment group, and between LAIs, PP3M vs. aripiprazole-1-month group. Furthermore, patients treated with LAIs used lower number and dose of concomitant antipsychotics compared with patients treated with oral antipsychotics. Moreover, PP1M and PP3M used lower daily dose of diazepam equivalents compared with the aripiprazole-1-month and RLAI treatment groups. In conclusion, the use of LAIs may play a role in the management of BPD.

Access or request full text: <https://libkey.io/libraries/2838/10.1097/YIC.0000000000000357>

Psychopharmacological treatment in borderline personality disorder: A pilot observational study in a real-world setting.

Authors: Magni, L. R.; Ferrari, C.; Barlati, S.; Ridolfi, M. E.; Prunetti, E.; Vanni, G.; Bateni, M.; Diaferia, G.; Macis, A.; Meloni, S.; Perna, G.; Occhialini, G.; Vita, A.; Rossi, G. and Rossi, R.

Publication Date: 2021

Journal: Psychiatry Research 295, pp. 113556

Abstract: Psychotherapy is the cornerstone of treatment for borderline personality disorder (BPD) while pharmacotherapy should be considered only as an adjunctive intervention. In clinical practice, however, most of BPD patients only receive medication. The aim of the study is to first describe pharmacological treatment in BPD patients in Italy and secondly to evaluate if comorbidity or illness severity are associated with the prescription of different class compounds. Data on pharmacological treatment and clinical evaluation of 75 BPD patients were collected in 5 clinical settings. The association between comorbidity and medication was assessed. Moreover, we evaluated the association between pharmacotherapy and severity, defined by a cluster analysis aimed at detecting different groups of patients. Most of the participants (82.7%) were characterized by polypharmacy, with a mean of 2.4 medications per person. Interestingly, the prescription didn't seem to depend on/be based on the severity of the disorder and was only partially determined by the presence of comorbidity. In conclusion, our findings are similar to what described in other clinical studies, supporting the idea that medication management for BPD is only partially coherent with international guidelines. This pilot study confirms the need for more rigorous studies to gain greater understanding of this topic and diminish the gap between guidelines and the real clinical world.

Access or request full text: <https://libkey.io/libraries/2838/10.1016/j.psychres.2020.113556>



Twenty-Year Trends in the Psychopharmacological Treatment of Outpatients with Borderline Personality Disorder: A Cross-Sectional Naturalistic Study in Spain

Authors: Pascual, Juan C.;Martín-Blanco, Ana and Soler, Joaquim

Publication Date: Sep , 2021

Journal: CNS Drugs 35(9), pp. 1023–1032

Abstract: **OBJECTIVE:** Although no psychotropic drugs have been officially approved for the treatment of borderline personality disorder (BPD), medications are routinely prescribed for these patients. The primary aim of this study was to evaluate changes in the pharmacological management of patients with BPD treated in an outpatient specific unit in Spain over the past 20 years, while a secondary aim was to identify the factors associated with the prescription. **METHODS:** Observational and cross-sectional study of all patients with a primary diagnosis of BPD (n = 620) consecutively admitted to a BPD outpatient program in Barcelona, Spain, from 2001 through 2020. We examined trends in the prescription of antidepressants, benzodiazepines, mood stabilizers, and antipsychotics. For the analysis, prescription data were grouped into four 5-year periods (2001-2005, 2006-2010, 2011-2015, and 2016-2020). Logistic regression models were performed to identify sociodemographic and clinical variables associated with pharmacological prescription and polypharmacy. **RESULTS:** The percentage of patients receiving pharmacotherapy decreased over time. Antidepressant prescription rates remained high and stable over time (74% of patients), while benzodiazepine use decreased significantly during the study period (from 77 to 36%) and second-generation antipsychotic (SGA) use increased from 15 to 32%. Psychiatric comorbidity was the main factor associated with pharmacological treatment (odds ratio 2.5, 95% confidence interval 1.5-4.2) and polypharmacy, although a high percentage of patients without comorbidity were also taking medications. **CONCLUSIONS:** Over the past 20 years, the pharmacological treatment of BPD outpatients has undergone important changes, most notably the decrease in benzodiazepines and increase in SGAs. The findings of this study demonstrate that pharmacotherapy is much more prevalent in patients with BPD than recommended in most clinical guidelines.

Access or request full text: <https://libkey.io/libraries/2838/10.1007/s40263-021-00852-7>

Selective Serotonin Reuptake-Inhibitors for Symptom-Based Treatment of Borderline Personality Disorders in Older Adults: An International Delphi Study

Authors: Schulkens, Julie;Bergs, Nina;Ingenhoven, Theo;Rosowsky, Erlene;Alphen, Sebastiaan van and Sobczak, Sjacko

Publication Date: Feb 28 , 2021

Journal: Clinical Psychopharmacology and Neuroscience : The Official Scientific Journal of the Korean College of Neuropsychopharmacology 19(1), pp. 53–62

Abstract: **OBJECTIVE:** International guidelines on symptom-based treatment of borderline personality disorders (BPD) in older adults are lacking. The number of older adults (≥ 65 years) with borderline personality disorder is rising. Effectiveness of Selective Serotonin Reuptake Inhibitors (SSRIs) on symptoms of BPD has only been investigated in younger adults and results are ambiguous. During life, serotonergic function changes, which can influence the indication and effectiveness of SSRIs in older adults with BPD. Aim of this study is to reach consensus on the suitability of SSRIs for the treatment of older adults with BPD. **METHODS:** A Delphi study was conducted among eighteen international experts. In three successive rounds, a total of 16 statements addressing the treatment with SSRI's in older adults with BPD were assessed. Consensus on specific statements was reached if at least two-third of these experts agreed. **RESULTS:** Consensus was reached on 11 statements related to the indication and effectiveness of SSRIs in the treatment of older adults with BPD. **CONCLUSION:** The results of this study suggest a valuable role for SSRIs in the treatment of affective instability, and to a lesser extent impulsive behavior, in older adults with BPD. Sertraline or citalopram are suggested to be the first-choice medication but should be prescribed with some caution. Treatment recommendations have been suggested (presented in a flowchart), but still have to be investigated in clinical practice.

Access or request full text: <https://libkey.io/libraries/2838/10.9758/cpn.2021.19.1.53>



Prescribing Practices for Patients With Borderline Personality Disorder During Psychiatric Hospitalizations

Authors: Romanowicz, Magdalena;Schak, Kathryn M.;Vande Voort, Jennifer L.;Leung, Jonathan G.;Larrabee, Beth R. and Palmer, Brian A.

Publication Date: 2020

Journal: Journal of Personality Disorders 34(6), pp. 736–749

Abstract: This study aimed to understand prescribing practices during acute psychiatric hospitalization in a large cohort of patients (N = 569) with borderline personality disorder (BPD) at a tertiary care psychiatry unit from January 1, 2013, through January 1, 2015. The mean number of hospitalizations per patient was 1.5 (range, 1–7). The odds of being prescribed antidepressants, antipsychotics, mood stabilizers, hypnotics, or anxiolytics were higher at discharge than at admission. The rate of psychotropic prescriptions was also higher at discharge than at admission (incidence rate ratio, 1.9). This pattern was true for the combined psychotropic and nonpsychotropic ("medical") prescriptions. Further guidelines are needed regarding optimal psychosocial, medical, and psychopharmacological care of patients with BPD during acute psychiatric hospitalizations.

Access or request full text: https://libkey.io/libraries/2838/10.1521/pedi_2019_33_405

Psychopharmacological treatment of patients with borderline personality disorder: comparing data from routine clinical care with recommended guidelines

Authors: Riffer, Friedrich;Farkas, Marta;Streibl, Lore;Kaiser, Elmar and Sprung, Manuel

Publication Date: 2019

Journal: International Journal of Psychiatry in Clinical Practice 23(3), pp. 178–188

Abstract: Objectives: Borderline personality disorder (BPD) is a life-threatening mental disorder. Guideline recommendations for pharmacological treatment of patients with BPD vary widely. The objective of the present study was to investigate pharmacotherapy of BPD patients in a routine clinical care setting. Methods: Data on the pharmacological treatment of 110 patients (90% female) with BPD (F- 60.3), treated in an inpatient psychiatric-psychosomatic clinic in Austria were assessed. Results: Results show that clinicians frequently prescribe psychotropic medications to patients with BPD, in many cases multiple medications. The most commonly prescribed substance groups were antipsychotics, mood stabilisers and antidepressants. The most commonly prescribed individual drugs were Quetiapine, Lamotrigine and Setraline. There was no significant difference in the different types or overall number of medications prescribed to BPD patients with vs. without comorbid diagnoses. Pharmacotherapy was not related to comorbidity. Conclusions: The present study shows that in routine clinical care settings psychotropic medications are frequently prescribed to patients with BPD, very often resulting in polypharmacy. A positive association between the number of medications and the effectiveness of the inpatient treatment program, as well as the absence of a relationship between number of medications and comorbidity contradicts the often suggested iatrogenic effect of polypharmacy. Guidelines for pharmacotherapy of borderline personality disorders lack consensus Yet, clinicians frequently prescribe psychotropic medications to BPD patients Types/number of medications prescribed to patients with vs. without comorbidities are similar Larger treatment effects are observed for patients with greater numbers of medications Further knowledge is needed about how and why clinicians prescribe medications

Access or request full text: <https://libkey.io/libraries/2838/10.1080/13651501.2019.1576904>



Pharmacotherapy of borderline personality disorder: what has changed over two decades? A retrospective evaluation of clinical practice.

Authors: Timaüs C.;Meiser M.;Bandelow B.;Engel K.R.;Paschke A.M.;Wiltfang J. and Wedekind, D.

Publication Date: 2019

Journal: BMC Psychiatry 19(1) (pagination), pp. Article Number: s12888–z. Date of Publication: 12 Dec 2019

Abstract: Background: The purpose of this study was to assess the pharmacological treatment strategies of inpatients with borderline personality disorder between 2008 and 2012. Additionally, we compared pharmacotherapy during this period to a previous one (1996 to 2004).

Method(s): Charts of 87 patients with the main diagnosis of borderline personality disorder receiving inpatient treatment in the University Medical Center of Goettingen, Germany, between 2008 and 2012 were evaluated retrospectively. For each inpatient treatment, psychotropic drug therapy including admission and discharge medication was documented. We compared the prescription rates of the interval 2008-2012 with the interval 1996-2004.

Result(s): 94% of all inpatients of the interval 2008-2012 were treated with at least one psychotropic drug at time of discharge. All classes of psychotropic drugs were applied. We found high prescription rates of naltrexone (35.6%), quetiapine (19.5%), mirtazapine (18.4%), sertraline (12.6%), and escitalopram (11.5%). Compared to 1996-2004, rates of low-potency antipsychotics, tri-/tetracyclic antidepressants and mood stabilizers significantly decreased while usage of naltrexone significantly increased.

Conclusion(s): In inpatient settings, pharmacotherapy is still highly prevalent in the management of BPD. Prescription strategies changed between 1996 and 2012. Quetiapine was preferred, older antidepressants and low-potency antipsychotics were avoided. Opioid antagonists are increasingly used and should be considered for further investigation.

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Access or request full text: <https://libkey.io/libraries/2838/10.1186/s12888-019-2377-z>

Medication prescribed to people with personality disorder: the influence of patient factors and treatment setting

Authors: Crawford, M. J.;Kakad, S.;Rendel, C.;Mansour, N. A.;Crugel, M.;Liu, K. W.;Paton, C. and Barnes, T. R. E.

Publication Date: Nov , 2011

Journal: Acta Psychiatrica Scandinavica 124(5), pp. 396–402

Abstract: OBJECTIVE: To examine the extent of use and clinical rationale for the prescribing of psychotropic drugs for people with personality disorder (PD) who are in contact with mental health services. METHOD: Clinical records of 278 patients with a primary diagnosis of PD were examined. RESULTS: Just over 80% (N = 225) of patients were being prescribed psychotropic medication. One in five was prescribed three or more drugs. People with comorbid mental disorders were more likely to receive psychotropic medication. Half those prescribed antidepressants had no record of depression in their records. While drug treatments were mostly prescribed for depressive and psychotic symptoms, they were also used to try to manage behavioural problems such as self-harm or given in response to patient requests for treatment. People receiving specialist PD services (OR = 0.35, 95% CI = 0.13-0.95) or other specialist services (OR = 0.24, 95% CI = 0.10-0.60) were less likely to be prescribed drug treatments. CONCLUSION: Drug treatments are widely used for people with PD despite the relatively weak evidence base. Both the type of personality problem and the context in which treatment is delivered appear to have an impact on whether drug treatments are prescribed.

Access or request full text: <https://libkey.io/libraries/2838/10.1111/j.1600-0447.2011.01728.x>

[Back to top](#)



Clinicians and Patients views

Psychiatrists' Perspectives on Prescription Decisions for Patients With Personality Disorders

Authors: Sand, Peter;Dervisoski, Evelina;Kollia, Sofia;Strand, Jennifer and Di Leone, Flavio

Publication Date: 2024

Journal: Journal of Personality Disorders 38(3), pp. 225–240

Abstract: There is currently insufficient evidence for the use of a specific pharmacological treatment for personality disorders (PD). The research literature lacks a systematic exploration of clinicians' experiences of pharmacological treatment of PD. The aim of the qualitative study was to examine how psychiatrists make decisions about pharmacological treatment for patients with PD. The interviews were analyzed using inductive thematic analysis. The results showed that ambiguous guidelines had the effect that the psychiatrists often relied on their own experience, or that of their colleagues. As a basis for decisions concerning drug treatment, an interpersonal component was also identified. Some of the psychiatrists in the current study argued that medications may be part of the alliance-building with the patient and that medications were a way of tying the patient to the clinic. Our findings show that it is important to work on how the clinical guidelines should be implemented in practice.

Access or request full text: <https://libkey.io/libraries/2838/10.1521/pepi.2024.38.3.225>

Prescribing for emotionally unstable personality disorder: clinicians' views

Authors: Javed, Qaiser;Javed, Sarwat;Memon, Beenish and Okopi, Oluwakemi

Publication Date: 2022

Journal: Progress in Neurology and Psychiatry 26(3), pp. 31–36

Abstract: Emotionally unstable personality disorder (EUPD) has become a public health challenge due to its prevalence, cost to health care services and comorbidities. Prescribers are faced with a clinical conundrum when offering medication to patients with EUPD due to the risk of deliberate overdose. Here, the authors analyse clinicians' views and experiences pertaining to prescribing medications for EUPD within the context of the NICE guidelines, with resulting messages to enable positive change in future clinical guidelines and policies.

Access or request full text: <https://libkey.io/libraries/2838/10.1002/pnp.759>

Prescribing in personality disorder: patients' perspectives on their encounters with GPs and psychiatrists

Authors: Patel, Dipen and Konstantinidou, Haroula

Publication Date: Sep , 2020

Journal: Family Medicine and Community Health 8(4), pp. e000458. doi: 10.1136/fmch-000458

Abstract: **OBJECTIVE:** The purpose of this study was to explore the views of patients with personality disorder on their experiences of prescribing practices by general practitioners (GPs) and psychiatrists, and their expectations of primary and secondary mental health services. **DESIGN:** This was a qualitative study involving two focus groups. Discussion in the focus groups was recorded, transcribed verbatim and then analysed by a thematic analysis process to generate the key themes. **SETTING:** The study took place at a specialist outpatient personality disorder service in the UK. **PARTICIPANTS:** A total of seven participants took part in the study. They were purposively sampled from an NHS specialist outpatient personality disorder service. All participants had a primary diagnosis of emotionally unstable personality disorder and their age ranged from 20 to 52 years. **RESULTS:** Five key themes emerged. Participants felt that medication has a powerful impact on their mind and body but expressed confusion and uncertainty on how it is affecting them. Participants had a need for a good relationship with their doctors (GPs or psychiatrists). They described a feeling of being dismissed and not believed, expressing a desire to confront the 'powerful' position of their doctors by showing anger. The nature of the doctor-patient relationship was seen to moderate positively or negatively the experience of doctors' prescribing. Finally, there were key expectations of the primary-secondary care interface, including continuity of care, diagnostic clarity and a desire for different healthcare professionals to communicate with one another. **CONCLUSION:** The doctor-



patient relationship is an important medium for providing validation and seeking negotiation of therapeutic treatment strategies in patients with personality disorder. Given that personality disorder is associated with high rates of physical and mental health comorbidity, it is therefore vital for clinical guidelines and training packages to take more account of the relational aspects of prescribing in consultations for this patient group with a view to improve outcomes.

Access or request full text: <https://libkey.io/libraries/2838/10.1136/fmch-2020-000458>

Exploring General Practitioners' Views and Experiences of Providing Care to People with Borderline Personality Disorder in Primary Care: A Qualitative Study in Australia

Authors: Wlodarczyk, Julian;Lawn, Sharon;Powell, Kathryn;Crawford, Gregory B.;McMahon, Janne;Burke, Judy;Woodforde, Lyn;Kent, Martha;Howell, Cate and Litt, John

Publication Date: Dec 6 , 2018

Journal: International Journal of Environmental Research and Public Health 15(12), pp. 2763. doi: 10.3390/ijerph15122763

Abstract: The prevalence of people seeking care for Borderline Personality Disorder (BPD) in primary care is four to five times higher than in the general population. Therefore, general practitioners (GPs) are important sources of assessment, diagnosis, treatment, and care for these patients, as well as important providers of early intervention and long-term management for mental health and associated comorbidities. A thematic analysis of two focus groups with 12 GPs in South Australia (in discussion with 10 academic, clinical, and lived experience stakeholders) highlighted many challenges faced by GPs providing care to patients with BPD. Major themes were: (1) Challenges Surrounding Diagnosis of BPD; (2) Comorbidities and Clinical Complexity; (3) Difficulties with Patient Behaviour and the GP-Patient Relationship; and (4) Finding and Navigating Systems for Support. Health service pathways for this high-risk/high-need patient group are dependent on the quality of care that GPs provide, which is dependent on GPs' capacity to identify and understand BPD. GPs also need to be supported sufficiently in order to develop the skills that are necessary to provide effective care for BPD patients. Systemic barriers and healthcare policy, to the extent that they dictate the organisation of primary care, are prominent structural factors obstructing GPs' attempts to address multiple comorbidities for patients with BPD. Several strategies are suggested to support GPs supporting patients with BPD.

Access or request full text: <https://libkey.io/libraries/2838/10.3390/ijerph15122763>

Pharmacotherapy in the treatment of patients with borderline personality disorder: results of a survey among psychiatrists in private practices

Authors: Knappich, Moritz;Hörz-Sagstetter, Susanne;Schwerthöffer, Dirk;Leucht, Stefan and Rentrop, Michael

Publication Date: Jul , 2014

Journal: International Clinical Psychopharmacology 29(4), pp. 224–228

Abstract: Pharmacotherapy still seems to play a major role in the treatment of patients suffering from borderline personality disorder (BPD). However, little is known about psychiatrists' detailed perspective on indication and significance of medication. A total of 233 psychiatrists in the city of Munich and in Upper Bavaria were asked by questionnaire about their treatment habits in the medical treatment of patients with BPD. One hundred and forty-one psychiatrists answered the questionnaire (60.5%). In total, 94% of BPD patients were treated with psychotropic medication. Psychiatrists predominantly saw an indication to prescribe antidepressants (98%), followed by antipsychotics, mood stabilizers, and benzodiazepines. Citalopram/escitalopram and quetiapine were mentioned most frequently. The results are discussed in conjunction with the international guidelines for the treatment of BPD.

Access or request full text: <https://libkey.io/libraries/2838/10.1097/YIC.000000000000021>



Prescribing for personality disorder: qualitative study of interviews with general and forensic consultant psychiatrists

Authors: Martean, Lawrence and Evans, Chris

Publication Date: Jun , 2014

Journal: Psychiatric Bulletin (2014) 38(3), pp. 116–121

Abstract: Aims and method To explore experiences of psychiatrists considering medication for patients with personality disorder by analysis of transcribed, semi-structured interviews with consultants. Results Themes show important relational processes in which not prescribing is expected to be experienced as uncaring rejection, and psychiatrists felt helpless and inadequate as doctors when unable to relieve symptoms by prescribing. Discontinuity in doctor-patient relationships compounds these problems. Clinical implications Problems arise from: (a) the psychopathology creating powerful relational effects in consultation; (b) the lack of effective treatments, both actual and secondary to under-resourcing and neglect of non-pharmaceutical interventions; and (c) the professionally constructed role of psychiatrists prioritising healing and cure through provision of technological interventions for specific diagnoses. There is a need for more treatments and services for patients with personality disorder; more support and training for psychiatrists in the relational complexities of prescribing; and a rethink of the trend for psychiatrists to be seen primarily as prescribers.

Access or request full text: <https://libkey.io/libraries/2838/10.1192/pb.bp.113.044081>

[Back to top](#)

ARTICLES

'Why Patients With Severe Personality Disorders Are Overmedicated' (Forum/Blog Discussion)

Authors: Paris, J.

Date of Post: -04-22 2015

Name of Website: Psychiatrist.com

Accessed: Apr 27, 2026

The therapeutic alliance in the treatment of personality disorders.

Authors: Bender, D. S.

Publication Date: 2005

Journal: Journal of Psychiatric Practice 11(2), pp. 73–87

Abstract: Because personality disorders are associated with significant impairment in interpersonal relationships, special issues and problems arise in the formation of a therapeutic alliance in the treatment of patients with these disorders. In particular, patients with narcissistic, borderline, and paranoid personality traits are likely to have troubled interpersonal attitudes and behaviors that will complicate the patient's engagement with the therapist. While a strong positive therapeutic alliance is predictive of more successful treatment outcomes, strains and ruptures in the alliance may lead to premature termination of treatment. Therefore, clinicians need to consider the patient's characteristic way of relating in order to select appropriate interventions to effectively retain and involve the patient in treatment. Research has shown not only the importance of building an alliance but also that this alliance is vital in the earliest phase of treatment. The author first reviews several definitions of the therapeutic alliance with reference to how they apply to the treatment of patients with personality disorders. Issues relevant to forming a therapeutic alliance with patients with personality disorders are then discussed in terms of the three DSSI-IV-TR personality disorder clusters. However, the author notes that these categories do not adequately capture the complexity of character pathology and that clinicians also need to consider which aspects of a patient's personality pathology are dominant at the moment in considering salient elements of the therapeutic alliance. In dealing with Cluster A personality disorders (schizotypal, schizoid, and paranoid personality disorders), what is most relevant for alliance building is the profound impairment in interpersonal relationships. The Cluster B "dramatic" personality disorders (antisocial, borderline, histrionic, and narcissistic) are all associated with pushing the limits. Consequently, clinicians need to exercise great care to avoid crossing inappropriate lines in a quest to build an alliance with patients with one of these disorders. Patients



with Cluster C "anxious/fearful" personality disorders (avoidant, dependent, and obsessive-compulsive personality disorders) are emotionally inhibited and averse to interpersonal conflict. These patients frequently feel guilty and internalize blame for situations even when there is none, a tendency that may facilitate alliance building because the patients are willing to take some responsibility for their dilemma and may engage somewhat more readily with the therapist to sort it out, compared with patients with more severe Cluster A or B diagnoses. The author then reviews considerations relevant to treatment alliance that arise in the different treatment approaches that may be used with patients with personality disorders, including psychodynamic psychotherapy/psychoanalysis, cognitive-behavioral therapies, and psychopharmacology. The author also discusses issues, especially splitting, that arise in the alliance when patients with personality disorders are treated in inpatient psychiatric hospital settings. Copyright © 2005 Lippincott Williams & Wilkins Inc.

Access or request full text: <https://www.psychiatrist.com/jcp/why-patients-severe-personality-disorders-are-overmedicated/>

[Back to top](#)

AUDIT – OTHER TRUSTS IN THE UK

An audit to look at the prescribing of psychotropic medication in the general adult inpatient setting in patients with emotionally unstable personality disorder (Conference Proceeding)

Authors: Hyland D., Daniels C., Ionescu I., Houghton C., Goodier K. and Graham, S.

Publication Date: 2021

Publication Details: BJPsych Open. Conference: Royal College of Psychiatrists International Congress, RCPsych 2021. Virtual. 7(Supplement 1) (pp S31); Cambridge University Press,

Abstract: Aims. To assess the frequency of prescription of psychotropic medication in patients with a primary diagnosis of emotionally unstable personality disorder (EUPD) following admission to Clock View Hospital, an inpatient unit in Mersey Care NHS Foundation Trust. Method. A retrospective analysis of the electronic (RiO) record of 50 patients discharged from Clock View Hospital between 1 January 2020 and 1 November 2020 was performed to assess prescribing practice. Twenty-five patients with a diagnosis of EUPD and no associated psychiatric comorbidities were included in the sample, as well as 25 patients with a diagnosis of EUPD and associated psychiatric comorbidities. Result. 80% of the 25 patients with EUPD and associated psychiatric comorbidities were prescribed psychotropic medication prior to admission to hospital (56% an antidepressant, 24% a mood stabiliser, 60% an antipsychotic and 8% a benzodiazepine). 64% of patients were prescribed two or more psychotropic medications. 28% were initiated on new psychotropic medications following admission. For four of the seven prescriptions commenced on psychotropic medication, prescribing practice was as advised in Mersey Care's EUPD guidelines. Of the 25 patients with EUPD and no associated psychiatric comorbidities, 96% of the patients were prescribed psychotropic medication prior to admission to hospital (56% an antidepressant, 20% a mood stabiliser, 72% an antipsychotic and 12% a benzodiazepine). 68% of patients were prescribed two or more psychotropic medications. Following admission, 28% of patients were initiated on new regular psychotropic medications. For five of the eight prescriptions for new psychotropic medication, prescribing practice was as advised in Mersey Care's EUPD guidelines. 78% of the 50 patients were prescribed as required (PRN) psychotropic medication. In 21 patients, PRN medication was prescribed for longer than one week. Conclusion. There is a higher rate of prescribing of antipsychotic prescription in those EUPD patients with no psychiatric comorbidities compared to associated psychiatric comorbidities (72% vs 60%). Surprisingly, there was a lower rate of psychotropic polypharmacy in those with psychiatric comorbidities. Use of PRN psychotropic medication for longer than a week was higher in those patients with psychiatric comorbidities compared to those without psychiatric comorbidities (58% vs 50%). Benzodiazepines were overwhelmingly the most consistently prescribed PRN medication for patients with EUPD. One action to consider would be highlighting the importance of trialling psychologically-minded interventions and supportive psychotherapy prior to initiation of psychotropic medication. There also needs to be consideration to use of the sedative antihistamine promethazine as a first-line PRN medication for acute agitation.

Access or request full text: <https://libkey.io/10.1192/bjo.2021.136>



[Back to top](#)

BOOK CHAPTER

Chapter: Prescribing in SCM: United Kingdom and Europe

Item Type: Book, Edited Collection

Editors: Nair, R., Bjorling, P., AbdulRahman, M. and Turkington, G. (eds)

Publication Date: 2022 Mitchell, Stuart [Ed], ORCID: Oxford University Press; US. Series number, Edited Collection

Abstract: This chapter provides guidelines on how to integrate pharmacological treatment for service users diagnosed with borderline personality disorder (BPD) in structured clinical management (SCM) treatment. It examines current international and national guidelines on pharmacological treatment, discusses the importance of service user-practitioner alliance, distinguishes between crisis-driven symptoms and co-occurring disorders, setting goals, and evaluating any pharmacological interventions. The chapter also discusses integrating clinical decisions on drug treatment into the SCM team model. BPD is characterized by a pervasive pattern of unstable relationships, marked affective instability, impulsivity, a distorted sense of self, or chronic sense of emptiness, and often presents with a high rate of self-harm and suicide attempts. Substance use, depression, and eating disorders are commonly associated with a diagnosis of BPD. The prescribing practitioner needs to be careful in distinguishing treatable comorbid disorders from variations in core BPD problems. This is achieved by collaboratively exploring whether the service user's problems align with the problems of BPD or relate more to comorbid disorders. The role of medication use is discussed in a way that is planned and integrated into the overall SCM care and safety plan. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

URL: <https://libkey.io/libraries/2838/openurl?genre=article&sid=OVID:psyc23&genre=article&id=pmid:&id=doi:&issn=&volume=&issue=&spage=141&pages=141-156&date=2022&title=&atitle=Prescribing+in+SCM%3A+United+Kingdom+and+Europe.&aulast=Nair>

[Back to top](#)



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Keywords/search strategy	Limits used
<p>Emotionally unstable Personality Disorder/ EUPD/ Borderline Personality Disorder</p> <p><i>Prescri*</i></p> <p>Social Prescribing Relational prescribing Non-pharmaceutical prescribing Psychodynamics of Prescribing pharmacotherapeutic alliance</p> <p>factor/barrier/challeng*/enabler* prescribing practice</p> <p>outcome* / consequence* / effect* / result*/ impact*/ implicati*/ significan* / output / treatment response*</p> <p>overprescribing / inappropriat* or unnecessary* or excessi* prescribe* or polypharmacy*/ potentially inappropriate prescribing (PIP) / overmedication / above guideline*</p> <p>cost / price/ econom* / <i>return* on investment</i></p>	<p>English</p>

Databases/sources used

<input type="checkbox"/> Pubmed	<input type="checkbox"/> HMIC	<input type="checkbox"/> BMJ Best Practice
<input checked="" type="checkbox"/> MEDLINE	<input type="checkbox"/> Social Policy & Practice	<input type="checkbox"/> Trip Pro/AskTrip
<input type="checkbox"/> Emcare	<input checked="" type="checkbox"/> CINAHL	<input type="checkbox"/> Cochrane Library
<input checked="" type="checkbox"/> Embase	<input checked="" type="checkbox"/> PsycINFO	<input type="checkbox"/> Copilot Researcher
<input type="checkbox"/> Knowledge & Library Hub	<input type="checkbox"/> Google Advanced/Scholar	<input type="checkbox"/> Consensus

Other (please list):

inSPIRE repository



The Knowledge & Library Service have a growing archive of completed evidence summaries on [inSPIRE](#) – the organisation’s knowledge, research and evidence repository. You can browse the evidence summaries [here](#).

The (anonymised) results of this search will only be shared in the repository if you have given your permission to do so (we ask this in the evidence search request form).

Has permission to share these results been given?

<input checked="" type="checkbox"/> Yes – share	<input type="checkbox"/> No – do not share
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Contact us

SFT Knowledge & Library Services	Email: library@somersetft.nhs.uk Tel: 01823 342433 (MPH) Tel: 01935 384495/4697 (YDH) Web: https://somersetft-nhs.libguides.com/home
Improvement Team	Email: Jessica.Pawley@somersetft.nhs.uk Web: https://somersetcollaborationhub.org/
Primary Care/ICB	Email: Roxanne.hart3@nhs.net