SAS Journal of Medicine
Abbreviated Key Title: SAS J Med
ISSN 2454-5112
Journal homepage: https://saspublishers.com

OPEN ACCESS

Medicine

Therapeutic Strategies for Borderline Personality Disorder: What's New?

S. Rafi[1*], B. Bourote[1], M. Boubekri[1], M. Sabir[1], F. El Omari[1]

[1]Psychiatric University Hospital Ar-razi of Salé, Faculty of Medicine and Pharmacy, Mohammed V University, Rabat, Morocco

DOI: https://doi.org/10.36347/sasjm.2024.v10i09.020 | **Received:** 14.08.2024 | **Accepted:** 17.09.2024 | **Published:** 20.09.2024

***Corresponding author:** Soukaina Rafi
Psychiatric University Hospital Ar-razi of Salé, Faculty of Medicine and Pharmacy, Mohammed V University, Rabat, Morocco

Abstract | **Original Research Article**

Introduction: Borderline Personality Disorder (BPD) is a frequent and complex condition that leads to significant mortality and psychosocial disability and is associated with numerous comorbidities. Recent international guidelines focus on psychotherapeutic approaches, relegating pharmacotherapy and hospitalization to secondary roles. ***Objective:*** To assess the management attitudes of Borderline Personality Disorder (BPD) among psychiatrists in Morocco, and to provide an update on the new therapeutic strategies described in the literature. ***Methods:*** This is a descriptive cross-sectional study conducted via an anonymous self-administered online questionnaire completed by psychiatry residents and specialists in Morocco. The findings are then contrasted with the latest recommendations described in the literature. ***Results:*** Our study included 86 participants consisting 63 specialists and 23 residents, with years of experience in the field of psychiatry ranging from less than 5 years (31.4%), 5 to 10 years (23.3%), 10 to 20 years (23.3%), to more than 20 years (22.1%). Among these psychiatrists, 97.7% consider the management of patients with BPD to be difficult or very difficult. In our sample, only 39.5% of psychiatrists report adopting psychotherapy as the first therapeutic approach for patients with BPD. Cognitive Behavioral Therapy (CBT) is the most commonly offered (71%), followed by Schema Therapy and Family Therapy (33.7% both). When it comes to pharmacological management: in 54.7% of cases, monotherapy is the standard approach. As a first-line treatment, antidepressants are the most commonly prescribed psychotropic class (69.8%), followed by atypical antipsychotics (44.2%), and then mood stabilizers (34.9%). More than 67.4% of the psychiatrists surveyed recommend hospitalization for patients with BPD, particularly in cases of suicidal crisis (95.3%), self- or other-directed aggression (66.3%), substance use disorders (52.3%), or severe dissociation (15.1%). However, when asked about the long-term benefits of hospitalization for these patients, only 37.2% reported observing any lasting benefit. ***Conclusion:*** The core of treatment of BPD lies in psychotherapy and outpatient follow-up. Hospitalization should be limited and structured. Pharmacological treatments should only be considered as adjunctive and used cautiously.

Keywords: Borderline Personality Disorder (BPD), Psychotherapy, Pharmacological management, Hospitalization, Management attitudes.

INTRODUCTION

Borderline Personality Disorder (BPD) is a frequent and complex condition characterized by a pervasive pattern of instability in affect regulation, impulse control, interpersonal relationships, and self-image, which emerges in early adulthood. This disorder, often underdiagnosed, leads to significant mortality and psychosocial disability and is associated with numerous comorbidities (mood disorders, anxiety disorders, eating disorders, and substance use disorders).

Recent international guidelines focus on psychotherapeutic approaches, relegating pharmacotherapy and hospitalization to secondary roles. Although no pharmacological treatment has received regulatory approval specifically for Borderline Personality Disorder, over 90% of affected patients are prescribed at least one psychotropic medication (antidepressants, antipsychotics, mood stabilizers, benzodiazepines).

Objective

To assess the management attitudes of Borderline Personality Disorder (BPD) among psychiatrists in Morocco, and to provide an update on the new therapeutic strategies described in the literature.

METHODS AND MATERIALS

Study Type:

This is a descriptive cross-sectional study conducted via an anonymous self-administered questionnaire on Google Forms. The questionnaire is completed by psychiatry residents and specialists in Morocco and includes a brief collection of sociodemographic data, as well as an evaluation of their prescription and psychotherapeutic practices for Borderline Personality Disorder. A theoretical component will contrast these management attitudes with the latest recommendations described in the literature, with the aim of proposing potential guidelines and harmonizing the care offered to patients suffering from this disorder.

Criteria:

➔ Inclusion Criteria:
- Psychiatry residents (of all years) and specialists in Morocco.
- Consent to participate.

➔ Exclusion Criteria:
- Questionnaires with missing essential data.
- Refusal to participate.

RESULTS

1) Sociodemographic Data:

The total number of Moroccan psychiatrists surveyed for this study was 86. Our sample consists of 63 specialists (73.3%) and 23 residents (26.7%), with a majority being female (68.6%). The most represented age groups are between 25 and 35 years (37.2%), 35 and 45 years (27.9%), and over 45 years (32.6%). Their years of experience in the field of psychiatry range from less than 5 years (31.4%), 5 to 10 years (23.3%), 10 to 20 years (23.3%), to more than 20 years (22.1%). Among these psychiatrists, 58% work in the public sector, and 42% in the private sector. Most are not in academic settings (61.2%). Nearly half (48.8%) work in hospital settings, while the other half (51.2%) work in outpatient settings. Among our respondents, 97.7% consider the management of patients with Borderline Personality Disorder to be difficult or very difficult.

		Count (N)	%
Gender	Feminine	59	68,6%
	Masculine	27	31,4%
Age	< 25 y/o	2	2,3%
	25-35 y/o	32	37,2%
	36-45 y/o	24	27,9%
	45-55 y/o	12	14%
	> 55 y/o	16	18,6%
Resident or specialist	Resident	23	26,7%
	Specialist	63	73,3%
Years of experience in psychiatry	< 5 years	27	31,4%
	5-10 years	20	23,3%
	10-20 years	20	23,3%
	> 20 years	19	22,1%
Sector of practice	Public	50	58,1%
	Private	36	41,9%
Work in academic setting	Yes	33	38,8%
	No	52	61,2%
Outpatient or hospital	Outpatient	44	51,2%
	Hospital	42	48,8%

2) Psychotherapeutic Management:

In our sample, only 39.5% of psychiatrists report adopting psychotherapy as the first therapeutic approach for patients with Borderline Personality Disorder. 69.8% refer these patients to a psychologist.

Among the psychotherapies offered, Cognitive Behavioral Therapy (CBT) is the most common (71%), followed by Schema Therapy and Family Therapy (33.7% both). Dialectical Behavior Therapy is recommended by 24.4% of our sample, whereas Mentalisation Based Therapy and Transference Focused Psychotherapy are only mentioned by 4.6% of the respondents.

Finally, among the psychiatrists surveyed, 57% report systematically working with the family.

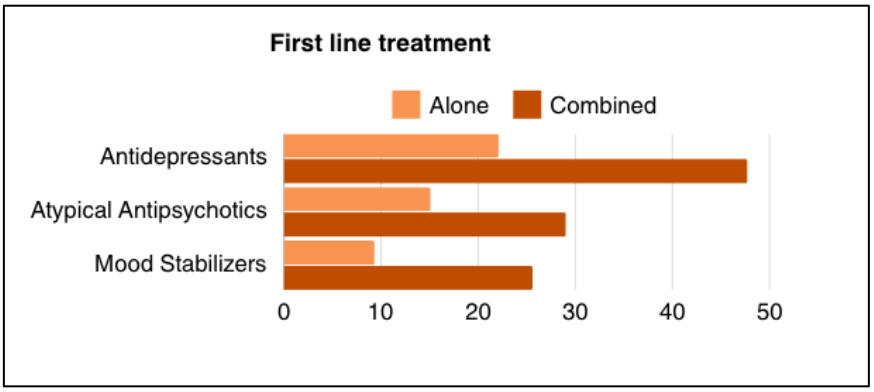
3) Pharmacological Management:

In 54.7% of cases, monotherapy is the standard approach for treating Borderline Personality Disorder.

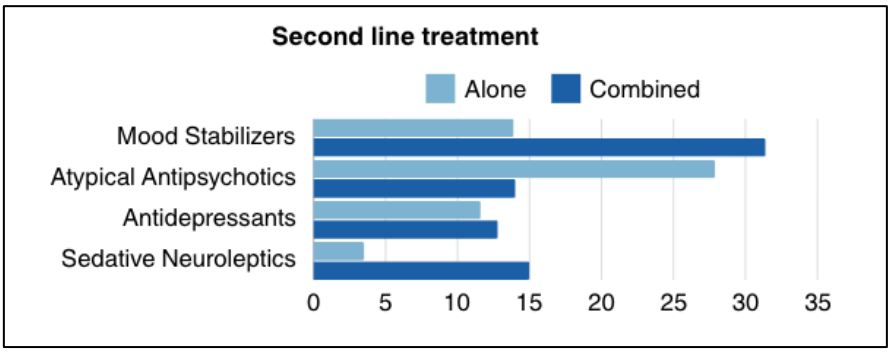
33.7% of the responding psychiatrists opt for combination therapy from the outset, with an antidepressant combined with an atypical antipsychotic in 46.9% of cases and with a mood stabilizer in 34.4% of cases.

Finally, a minority (11.6%) of the psychiatrists in our sample tend to prescribe more than two psychotropic medications for patients with Borderline Personality Disorder.

As a first-line treatment, antidepressants are the most commonly prescribed psychotropic class (69.8%), followed by atypical antipsychotics (44.2%), and then mood stabilizers (34.9%).



For second-line treatment, the therapeutic strategy changes, favoring mood stabilizers (45.3%), then atypical antipsychotics (41.9%), antidepressants (24.4%), and finally sedative neuroleptics (18.6%). Benzodiazepines are rarely prescribed (7%).



The most commonly prescribed psychotropics by therapeutic class are:

- For antidepressants: sertraline (57%), followed by escitalopram (45.3%)
- For atypical antipsychotics: quetiapine (68.6%), followed by olanzapine (55.8%)
- For mood stabilizers: carbamazepine (38.4%), followed by lamotrigine (31.4%)

Most commonly prescribed psychotropics

Antidepressants	Atypical Antipsychotics	Mood Stabilizers
1) Sertraline (57%)	1) Quetiapine (68,6%)	1) Carbamazepine (38,4%)
2) Escitalopram (45,3%)	2) Olanzapine (55,8%)	2) Lamotrigine (31,4%)
3) Fluoxetine (32,6%)	3) Aripirazole (36%)	3) Sodium Valproate (11,6%)
4) Paroxetine (29,1%)	4) Risperidone (27,9%)	4) Lithium (7%)
5) Miansérine (16,3%)	5) Amisulpride (4,7%)	5) Topiramate (4,7%)
6) Venlafaxine (15,1%)		

4) Hospitalization Management:

More than 67.4% of the psychiatrists surveyed recommend hospitalization for patients with Borderline Personality Disorder, particularly in cases of suicidal crisis (95.3%), self- or other-directed aggression (66.3%), substance use disorders (52.3%), or severe dissociation (15.1%).

Regarding the type of hospitalization:

- 80.2% of psychiatrists recommend short-term hospitalization for safety purposes,
- 9.3% recommend long-term hospitalization for therapeutic purposes,
- 53.5% recommend hospitalization in specialized settings (e.g., addiction treatment) for managing substance use disorders.

When asked about the long-term benefits of hospitalization for these patients, only 37.2% reported observing any lasting benefit.

DISCUSSION

Borderline Personality Disorder (BPD) remains a challenging diagnosis due to the heterogeneity of its presentation. Indeed, the presentation of individuals with this disorder is exceptionally varied, including recurrent suicidal ideation, self-mutilation, issues related to eating disorders, aggression, dissociation, substance abuse, mood dysregulation, and intense interpersonal rejection.

All guidelines recommend specific psychotherapy as the first-line treatment, which contrasts with our results. Five psychotherapeutic modalities have shown a good degree of efficacy for the symptoms of Borderline Personality Disorder: Dialectical Behavior Therapy (DBT), Mentalization-Based Therapy (MBT), Schema Therapy, Transference-Focused Psychotherapy (TFP), and Systems Training for Emotional Predictability and Problem-Solving (STEPPS). Cognitive Behavioral Therapy (CBT) is noted for its utility in cases with comorbid anxiety disorders (Pascual *et al.*, 2023). In our context, the lack of practitioners trained in these specific psychotherapeutic modalities might explain the more frequent use of pharmacotherapy as a first-line approach.

Outside of the American Psychiatric Association (APA) guidelines, recent guidelines from NICE, NHMRC, and SSPP are more cautious regarding pharmacotherapy. It should neither be used as a first-line treatment nor as a sole therapy. Polypharmacy is to be avoided whenever possible. Psychiatrists are advised to exercise caution with treatments that carry risks of dependence, lethal overdose, or misuse; thus, benzodiazepines and tricyclic antidepressants should be avoided (Bohus *et al.*, 2021). Pharmacological treatment could, however, play a role in managing active comorbidities (e.g., SSRIs or SNRIs for depressive or anxiety disorders, topiramate for eating disorders, mood stabilizers for mood disorders) or in addressing certain symptoms of BPD (e.g., atypical antipsychotics like quetiapine, aripiprazole, or olanzapine might help with impulsivity, dissociation, or agitation) (Yadav, D., 2020).

Recent guidelines recommend prioritizing outpatient treatment and note that frequent or prolonged hospitalizations could be detrimental, as they may prevent patients from developing their own coping resources and adaptive capacities. Short-term hospitalizations (less than 15 days) might be necessary in cases of uncontrolled suicidality or danger, exacerbation of affective or anxiety disorders, severe dissociative symptoms, major substance use disorders, or a harmful environment that perpetuates symptoms (Elvire S., 2021).

Strengths and limitations:

This study, as far as we know, is the first that provides an overview of the different therapeutic strategies for the management of borderline personality disorder among Moroccan psychiatrists. However, one of the limits inherent to a cross-sectional design is that the snapshot they provide may not be representative,

especially since our sample is limited. Although the use of an anonymous survey provided respondents with confidentiality, our study is still susceptible to response biases.

CONCLUSION

Although the management of borderline patients divides healthcare professionals, several points appear to be consensual. The core of treatment lies in psychotherapy and outpatient follow-up. Hospitalization should be limited and structured, or take place in specialized units when available. Pharmacological treatments should only be considered as adjunctive and used cautiously.

REFERENCES

- Pascual, J. C., Arias, L., & Soler, J. (2023). Pharmacological management of borderline personality disorder and common comorbidities. *CNS drugs*, *37*(6), 489-497.
- Yadav, D. (2020). Prescribing in borderline personality disorder–the clinical guidelines. *Progress in Neurology and Psychiatry*, *24*(2), 25-30.
- Simonet, E. (2021). *La prise en charge des patients souffrant de trouble de la personnalité borderline: une évaluation des pratiques professionnelles à l'établissement public de santé mentale de Caen* (Doctoral dissertation).
- Bohus, M., Stoffers, Winterling, J., … & Sharp, C. (2021). Borderline personality disorder. Lancet 398(10310), 1528- 1540, 2021 34688371