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Why Patients With Severe Personality Disorders Are Overmedicated

Joel Paris, MD

Emotionally unstable personality disorder (EUPD), more widely known as borderline personality disorder (BPD), has long been considered a clinical challenge.[1] Patients meeting criteria for these diagnoses are emotionally dysregulated, impulsive, and involved in troubled relationships; in clinical settings, they may threaten suicide or attempt it and are frequently seen in emergency departments.[2] Patients with BPD can be treatment resistant, even when clinically depressed, to both pharmacotherapy and standard types of psychotherapy.[3] However, it is now known that specialized treatments such as dialectical behavior therapy[4] and mentalization-based treatment[5] can be helpful for most cases.

Although these more specific psychological treatments are known to be efficacious, they are not readily available. The reason is that therapy takes time and is expensive in human resources. This leaves harried clinicians with an inadequate set of options. The easiest choice is to focus on pharmacologic therapy for target symptoms rather than the personality disorder as a whole. However, as reviewed in the NICE guidelines,[6] this approach is not particularly effective. That is why psychiatrists prescribe drugs outside of licensed indications. Faced with desperate patients, and with limited access to specialized psychotherapy, they do what they know how to do—they prescribe.

The problem may even be worse than the description of prescription practices revealed by Paton and colleagues' data.[7] The survey obtained data from clinics where the personality disorder is recognized (often as the primary diagnosis), but it did not examine clinical settings where personality disorder is either ignored or misdiagnosed. In contemporary practice, many personality disorder patients are given the diagnosis of bipolar disorder[8] and treated accordingly. If more clinicians knew that BPD is treatable and has a better long-term prognosis than mood disorders,[9] this scenario would be less likely.

Clearly, psychiatrists need to receive better education about evidence-based treatments for severe personality disorders. However, much of what they think they know is filtered through a climate of opinion shaped by neurobiological models and psychopharmacologic options.

The current situation, in which patients with severe personality disorders receive almost routine polpharmacy,[10] is unsatisfactory. The only way this situation can change is to make specialized psychotherapy more readily available. If it were, then psychiatrists would be slower to reach for their prescription pad and more likely to make referrals for psychological treatment. This problem requires a different kind of mental health system. In the United States, access to psychotherapy in mental health practice is becoming more difficult.[11] While the National Health Service in the United Kingdom has been making a serious attempt to hire psychologists to provide more psychotherapy,[12] an enormous need that will not be easily met still exists.

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