Borderline Personality Disorder: a treatable condition?

Sofia Marques1 and Daniel Barrocas1


Abstract

Introduction: Borderline personality disorder (BPD) is characterized by four facets of psychopathological symptoms: affective disturbance, impulsivity, disturbed cognition and intense unstable relationships. It is the most common personality disorder and has a major impact on health services consumption. APA guidelines recommend psychotherapy as the primary treatment for BPD.

Objectives: Evaluation of the efficacy of cognitive-behavioral treatment (CBT) in BPD.

Methods: A systematic review of literature was conducted, using MEDLINE and PUBMED. English-language studies published between 1991 and 2014 were included when a sample of adult patients diagnosed with BPD was present, a clear description of the cognitive behavioral intervention provided and the outcomes reported.

Results: Sixty-seven studies were included, which analyzed the efficacy of several psychotherapeutic interventions, namely dialectical behavioral therapy, cognitive behavioral therapy, schema-focused therapy, manual-assisted cognitive therapy, systems training emotional predictability and problem solving, and emotion regulation group treatment. All treatments showed beneficial effects in terms of reduction of BPD core pathology and associated general psychopathology. Some also showed reduction in the severity and frequency of self-harm behaviors, whereas others documented improvement in social and global adjustment. The effect size of CBT interventions differed among studies, but in some outcomes it was moderate to large. The psychotherapeutic interventions included in this revision have many differences, either in format, total duration, therapy structure or in strategies and techniques applied.

Discussion/Conclusions: Overall, the findings support a substantial role of cognitive-behavioral psychotherapy in the treatment of BPD. This work demystifies the idea that BPD is a chronic and intractable condition. However, none of the interventions has a very robust evidence base, since studies on effectiveness of psychotherapeutic interventions meet some special methodological restrictions inherent to psychotherapy research. In the future, more studies are needed to: 1) replicate the results submitted by independent researchers; 2) include male patients; 3) include patients with defined comorbidities; 4) compare various psychotherapeutic modalities.