

Comparative analysis of modern methods of psychotherapy for patients with borderline personality disorder

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Introduction Of all psychiatric disorders, a significant spread in the world population has acquired personality disorders. According to the Ministry of Defense of Great Britain (2008) - 9% of population have personality disorders, among which the borderline personality disorder (BPD) has a rate of 1% (Christmas, 2008). The National Institute of Mental Health in the USA in 2007, notices that approximately 9.1% of adult Americans have a personality disorder, BPD - 1,4-1,6% (Lenzenweger, Lane, Loranger, Kessler, 2007). However, it is believed that the prevalence of BPD amounts to 5.9% due to misdiagnosis. According to WHO studies (2009), the prevalence of personality disorders in the world, according to the criteria of DSM-IV, is 6.1%, and disorders of the cluster B - 1.5% and every year there are tendencies to increase this indicator (Huang, Kotov, de Girolamo, etc, 2009). Unfortunately, there is no reliable data on the prevalence of personality disorders in Ukraine, but we can think that it can reach the average for Western Europe according to the WHO data - 2.4% (Huang, Kotov, de Girolamo, etc, 2009).

It should be noted that individuals with BPD have issues to control their emotions and impulses (Perry, Banon, Ianni, 2009). They have a distorted perception of others or of their own person. In addition, that they have problems in relationships with a society. They are usually stigmatized as "hard people". As a result, they could self-harmed or committed suicide attempts during periods of severe depression or episodes of explosive anger and rage.

People suffering from personality disorders need significant support and psychotherapeutic interventions. Studies indicate a significant improvement after 18 months of therapy in patients with personality disorders (Paris, 2009) Zonarini M.C. currently indicates four main psychotherapeutic approaches: mentalization-based treatment (MBT), transfer-focused psychotherapy (TFP), dialectical behavioral therapy (DBT) and scheme-focused therapy (SFT) (Zonarini, 2009).

Purpose. The aim of the present review is the relevance of researching effective and evidence-based methods for overcome with personality disorders and comparing them with each other. It is hypothesized that for the reduction of diagnostic signs of BPD, to improve the quality of life and influence on the comorbid states, the most evidence-effective is the eclectic approach such as scheme-focused therapy or mentalization-based treatment.

Methods and organization of research. For systematic review, we used the following databases: ScienceDirect, ResearchGate, Cochrane, PsyNet, CrossRef, PubMed. A search was conducted from February 1990 to February 2018. As a result, 33 articles were selected. To optimize the obtained literature data and to better compare them among themselves, we have used the following aspects: reduced severity of diagnostic criteria for BPD; the direction of therapy for suicide / self-harming behavior; orientation to the comorbid states; improving quality of life and social adaptation; possibility to use in an outpatient setting; the duration of therapy to achieve its greatest effectiveness; level of drop-out of therapy.

Results and Discussion. DBT, SFT, and MBT to have better evidence-based efficacy in the context of therapeutic effects on reducing the severity of diagnostic criteria. The focus on personality change influenced the high efficiency of SFT and MBT. These two approaches are integrative, complex, and eclectic. In the scheme-therapy, the goal is to change the internal structure of the person, which occurs due to work with dysfunctional schemes, and in the mentalization-based treatment - through the increase of mentalization, which in turn leads to improved affective regulation, reduction of suicidal and self-harmful behavior, improvement of interpersonal relationships, etc.

In the context of application in the outpatient setting, which is a more promising direction in view of the focus of most medical protocols and standards, DBT demonstrated better evidence. According to the analysis of the studies, the highest positive effect and compliances demonstrated by DBT and SFT.

Most trails of DBT and TFP showed the effectiveness of psychotherapy with a treatment duration of at least 12 months. For all others, this term was at least 18 months. Three trails (Koons, 2001, Bohus, 2004, Carter, 2010) showed the effectiveness of DBT in the third to sixth months, which can significantly affect the choice of therapy for some patients. At the same time, the longest term without recurrence of comorbid states and drop out (36 months) was observed with the use of TFP and SFT, which in the context of the long-term therapeutic effect may give them benefits along with other therapies that did not show such an outcome.

Limitations and strengths of the study. The limitation of the present review is the paucity of articles on the effectiveness of mentalization-based treatment, transfer-focused psychotherapy, scheme-focused therapy and other approaches in comparison with dialectical behavioral therapy.

Practical/Social value. Obtained results of review can be used by psychotherapists and other specialists of mental health services when choosing the direction of therapy for borderline personality disorder.

Conclusions. The present review shows initial evidence that long-term psychotherapy can be a useful and evidence-based intervention for borderline personality disorder. These results provide promising evidence to support people who suffer from a personality disorder.

Keywords: Psychiatry, psychology, mental health, mental illness, personality

Reference:

1. Christmas, D. (2008) Synopsis of Causation: Personality Disorder, Ministry of Defence, 1–24.
2. Huang, Y., Kotov, R., de Girolamo, G., Preti, A., Angermeyer, M., Benjet, C., ... Kessler, R.C. (2009) DSM–IV personality disorders in the WHO World Mental Health Surveys. *The British Journal of Psychiatry*, 195(1), 46–53. <http://doi.org/10.1192/bjp.bp.108.058552>
3. Lenzenweger, M.F., Lane, M.C., Loranger, A.W., & Kessler, R.C. (2007) DSM-IV personality disorders in the National Comorbidity Survey Replication. *Biological Psychiatry*, 62(6), 553–564. <http://doi.org/10.1016/j.biopsych.2006.09.019>
4. Paris, J. (2005) Borderline personality disorder. *CMAJ*, 172(12), 1579–1583. <http://doi.org/10.1503/cmaj.045281>
5. Perry, J.C., Banon, E., & Ianni, F. (1999) Effectiveness of Psychotherapy for Personality Disorders. *The American Journal of Psychiatry*, 156(9), 1312–1321. <http://doi.org/10.1176/ajp.156.9.1312>
6. Zanarini, M.C. (2009) Psychotherapy of Borderline Personality Disorder. PubMed Central. *Acta Psychiatrica Scandinavica*, 120(5), 1–8. <http://doi.org/10.1111/j.1600-0447.2009.01448.x>

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