Prospective long-term course of Borderline Personality Disorder in adulthood: A systematic review

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LONG-TERM REMISSION OF BPD

• BPD diagnosis tends towards remission over time.  
  (Biskin, 2015; Zanarini, 2012)

• Main prospective studies (MSAD, CLPS) carried out in US population. Recent studies in other countries provided data for generalization of findings.

• Long-term follow-up data in clinical studies: Treatment response vs. natural remission  (Paris, 2002)


QUESTIONS

• What is the long-term course of BPD diagnostic remission in adulthood?

• Is the initial treatment related to long-term BPD remission rates?

Overall hours of formal therapy

\[
= \text{ Nº of therapy sessions per month} \times \text{ hours per session} \times \text{ months in treatment}
\]
SEARCH STRATEGY & INCLUSION CRITERIA

- Medline, PsycINFO and Scopus
- Between 1990 and 2015.

Inclusion criteria:

1. Adult BPD sample, diagnosed by semi-structured interview
2. BPD diagnosis at baseline and at least at one follow-up assessment
3. 5 years or more of follow-up
Records identified through database searching (n = 1408)

Additional records identified through other sources (n = 37)

Records screened (after duplicated removed) (n = 601)

Records excluded (n = 445)
- No prospective studies (n = 306)
- No adult sample (n = 39)
- No BPD sample (n = 100)

Full-text articles assessed for eligibility (n = 156)

Full-text articles excluded (n = 146)
- No diagnostic interview (n = 4)
- No repeated outcome measure (BPD diagnosis) (n = 50)
- < 5 years of follow-up (n = 92)

Studies included in qualitative synthesis (n = 10)

Studies included in meta-analyses (n = 9)
Cumulative remission rate: % $n$-period of remission over time of follow-up, by cumulative survival analyses (CLPS/MSAD, except at 6y)

Remission rate: % remission at an specific time point
- BPD diagnostic criteria: DSM-III /DSM-III-R/ DSM-IV
- Semistructured interviews: DIB / SCID / IPDE

No publication bias

Egger’s test:
\[ t = 0.61, \, df = 10, \, p = .56 \]
<table>
<thead>
<tr>
<th>Study</th>
<th>Country</th>
<th>Time</th>
<th>% Retention</th>
<th>Treatment Groups</th>
<th>N at FU</th>
<th>Mean Age</th>
<th>% Women</th>
<th>Hours of formal therapy</th>
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<tbody>
<tr>
<td>Conversational Model Therapy Trial</td>
<td>Australia</td>
<td>6y</td>
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<td>Specialized Therapy</td>
<td>30</td>
<td>29.4</td>
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<tr>
<td>MBT Trial</td>
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Total N = 630
Long-term BPD remission

<table>
<thead>
<tr>
<th>Study name</th>
<th>Subgroup within study</th>
<th>Statistics for each study</th>
<th>Event rate</th>
<th>Lower limit</th>
<th>Upper limit</th>
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<td>0.59</td>
<td>0.48</td>
<td>0.69</td>
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</tbody>
</table>

Mean Remission rate: 59% (48% - 69%)

High heterogeneity: $Q = 54.9, p < .001$

$I^2 = 80\%$ (> 75%)
General moderators: Age & Gender

- Mean age: $Q = 5.36, \ p = .02$
- % Remission: $Q = 2.86, \ p = .09$

Mean age vs. % Remission

% Women vs. % Remission

Mixed effects regression (unrestricted maximum likelihood)
General moderators: Time of Follow-up

Q = 1.11, p = .29

Mixed effects regression (unrestricted maximum likelihood)
Differences between treatment groups: $Q = 0.76, \ p = .69$
Treatment moderators: Formal Therapy

Differences between treatment groups: $Q = 2.7, \ p = .10$
Treatment moderators:
Hours of Formal Therapy

Mixed effects regression (unrestricted maximum likelihood)

\[ Q = 0.41 \quad p = .52 \]
CONCLUSIONS: NATURAL COURSE

- Over a half of patients with BPD diagnosis may achieve remission in the long term.
- A diagnosis of BPD at a younger age is associated with higher long-term remission rates.
- Female gender might be related to better clinical outcome.
- Time of follow-up seems not related to remission after 5 years or more of illness.
CONCLUSIONS: TREATMENT

- Specialized therapies seem not to improve the long-term clinical outcome, compared to treatment as usual or the natural course of the disorder.

- Receiving any kind of formal therapy might be associated with higher percentages of remission in the long term.

- The intensity and length of formal therapy received appears not to be crucial in reaching a better outcome in the long term.
LIMITATIONS & RESEARCH SUGGESTIONS

- Limited number of studies and small size of BPD samples in the majority of studies reduce the statistical power and might compromise the study of moderators.

- Further research focused on the long-term outcome of treatment interventions is strongly recommended.

- Longitudinal studies in untreated samples may contribute to describe the natural course of BPD.