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BORDERLINE PERSONALITY DISORDER AND FUNCTIONING IN THE LONG TERM: A META-ANALYSIS OF PROSPECTIVE STUDIES

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LONG-TERM FUNCTIONING IN BPD

- MSAD & CLPS studies: *(Biskin, 2015; Zanarini, 2012)*
  - ✓ Modest improvement in psychosocial functioning from baseline to follow-up.
  - ✓ BPD patients maintain low levels of functioning in the long term.

    (MSAD: only 33% with GAF>60 at 6 years; CLPS: only 21% with GAF>70 at 10 years)
- Main prospective studies 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 assessed from a longitudinal perspective *(Paris, 2002)*

Biskin, R. S. (2015). The Lifetime Course of Borderline Personality Disorder. *Canadian Journal of Psychiatry, 60(7),* 303–308.

Paris, J. (2002) Implications of long-term outcome research for the management of patients with borderline personality disorder. *Harv Rev Psychiatry, 10(6),* 315–323.

Zanarini, M. C. (2012). Diagnostic specificity and long-term prospective course of borderline personality disorder. *Psychiatric Annals, 42(2),* 53–58.

QUESTIONS

- WHAT IS THE **LONG-TERM COURSE** OF **FUNCTIONING IN BPD ADULTS**?
- IS **LONG-TERM FUNCTIONING** RELATED TO AGE, GENDER, TIME OF FOLLOW-UP OR INITIAL TREATMENT RECEIVED?

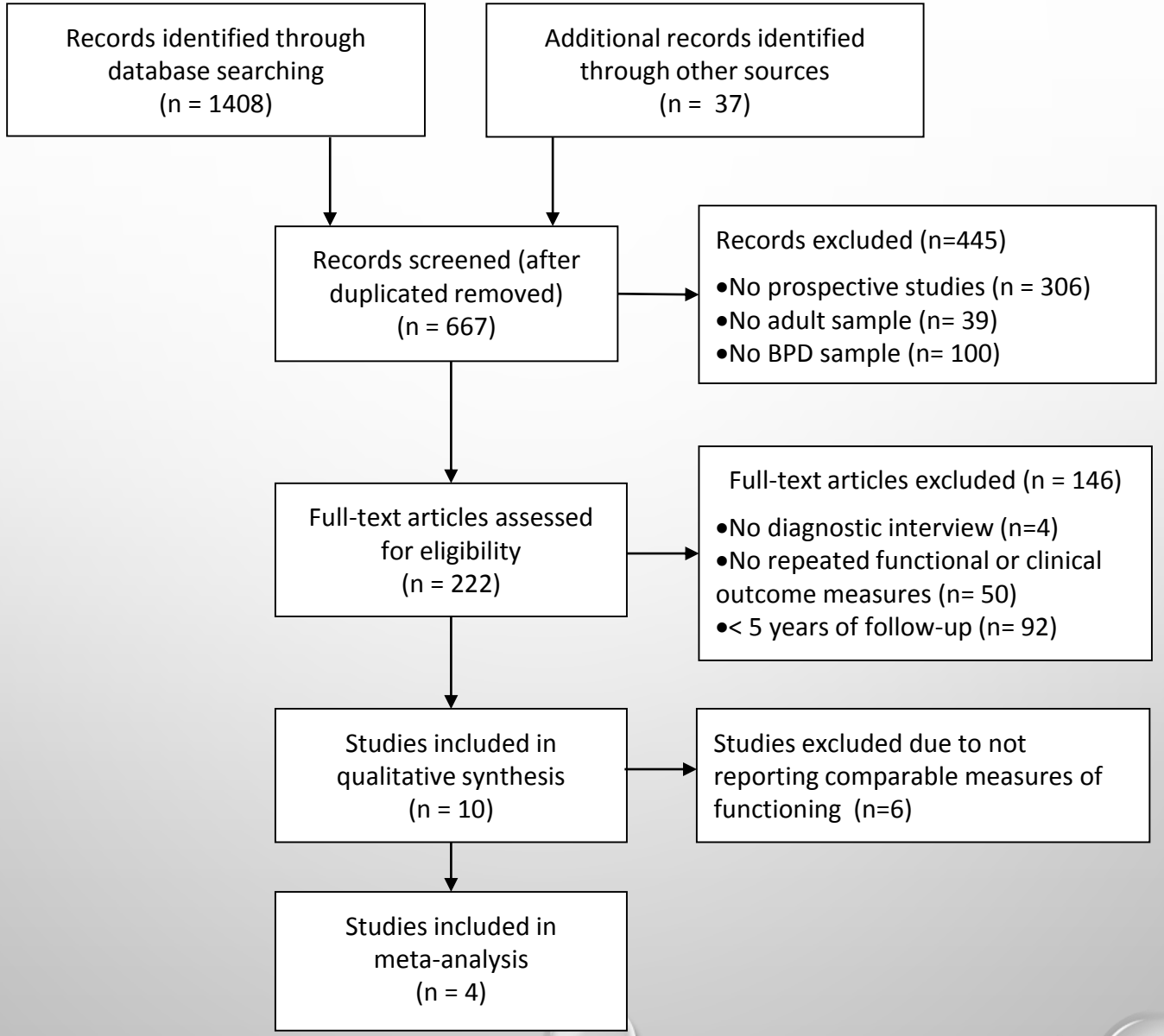
BIBLIOGRAPHIC SEARCHING & INCLUSION CRITERIA

- MEDLINE, PSYCINFO, PSYCARTICLES, PUBMED AND SCOPUS
- BETWEEN 1990 AND 2015

INCLUSION CRITERIA:

1. ADULT BPD SAMPLE, DIAGNOSED BY SEMI-STRUCTURED INTERVIEW (e.g. DIB-R, SCID-II)
2. OUTCOME MEASURES AT BASELINE AND AT LEAST AT ONE FOLLOW-UP ASSESSMENT
3. 5 YEARS OR MORE OF FOLLOW-UP

FLOW CHART


Records identified through database searching (n = 1408)
Additional records identified through other sources (n = 37)
Records screened (after duplicated removed) (n = 667)
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 = 222)
Full-text articles excluded (n = 146)
•No diagnostic interview (n=4)
•No repeated functional or clinical outcome measures (n= 50)
•< 5 years of follow-up (n= 92)
Studies included in qualitative synthesis (n = 10)
Studies excluded due to not reporting comparable measures of functioning (n=6)
Studies included in meta-analysis (n = 4)

SELECTION OF STUDIES

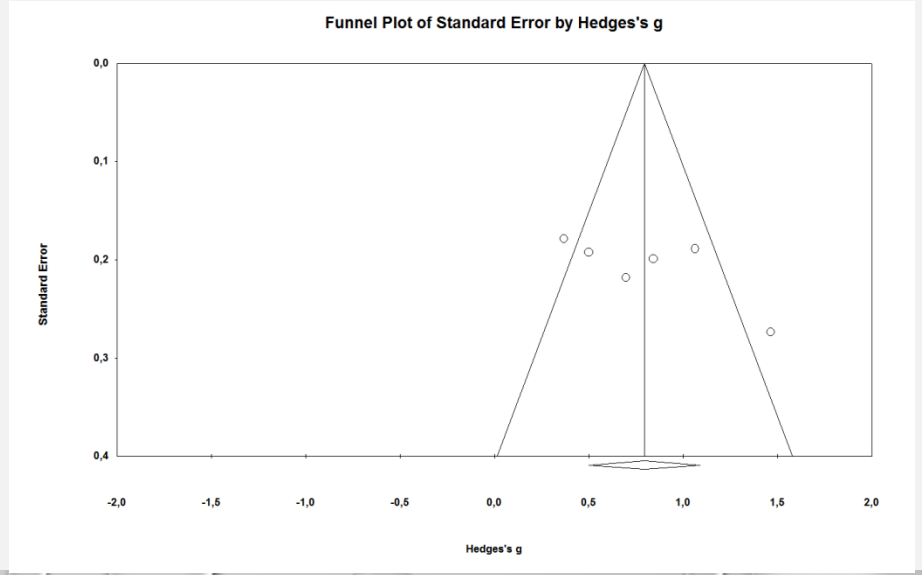
FUNCTIONING:

- SOCIAL & OCCUPATIONAL ADJUSTMENT AND GLOBAL FUNCTIONING:
  - Scales rated by clinicians: GAF / SOFAS
  - Self-report questionnaires: SFQ / WSAS / SASS
- MSAD, CLPS & Bateman (2008), excluded due to reporting specific indexes or partial results.

NO PUBLICATION BIAS

EGGER'S TEST:

$t = 1.99$, $df = 4$, $p = .12$



DESCRIPTION OF STUDIES INCLUDED IN META-ANALYSIS ON FUNCTIONING

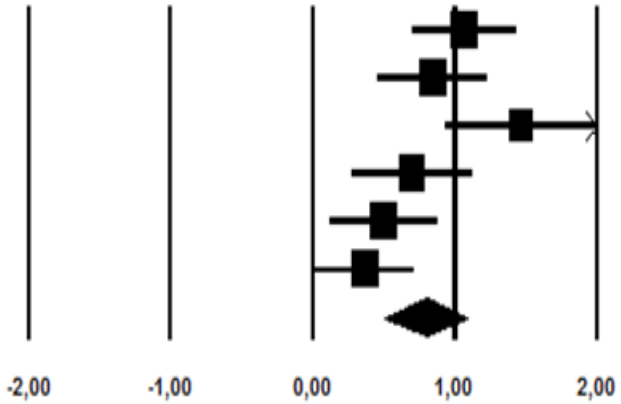
	Study	Country	Time	% Reten-tion	Treatment Groups	*N* at FU	Mean Age	% Women	Length Treat. (months)	Hours of Formal Therapy
Follow-up clinical studies	Boscot Trial (CBT-PD) Davidson (2010)	UK	6y	72	Specialized Therapy	43	32	83	12	192
					TAU	33	31	85	12	--
	Ullevål Trial (CP vs OIT) Antonsen (2015)	Norway	6y	65	Specialized Therapy	19			28	117,5
					TAU	15			24	60
Naturalistic studies	Vaanta Primary Care Depression Study Riihimäki (2014)	Finland	5y	83	No exp treatment	29	32	86		
	Barcelona Study Alvarez-Tomás (2016)	Spain	10y	64	No exp treatment	41	27	93		

Total N= 180

Hours of Formal Therapy = N. Therapy sessions/month * Hours/session * Length in months

LONG-TERM FUNCTIONING

Study name	Subgroup within study	Hedges's g	Lower limit	Upper limit	p-Value	
Boscot Trial	Specialized Therapy	1,06	0,69	1,43	0,00	SFQ
Boscot Trial	TAU	0,84	0,45	1,23	0,00	SFQ
Ullevål Trial	Specialized Therapy	1,47	0,93	2,00	0,00	Combined
Ullevål Trial	TAU	0,70	0,27	1,12	0,00	Combined
Vaanta Primary Care Depression Study	Sp exp treatment	0,50	0,12	0,88	0,01	SOFAS
Barcelona Study	No exp treatment	0,37	0,02	0,72	0,04	SASS
		0,80	0,50	1,09	0,00	

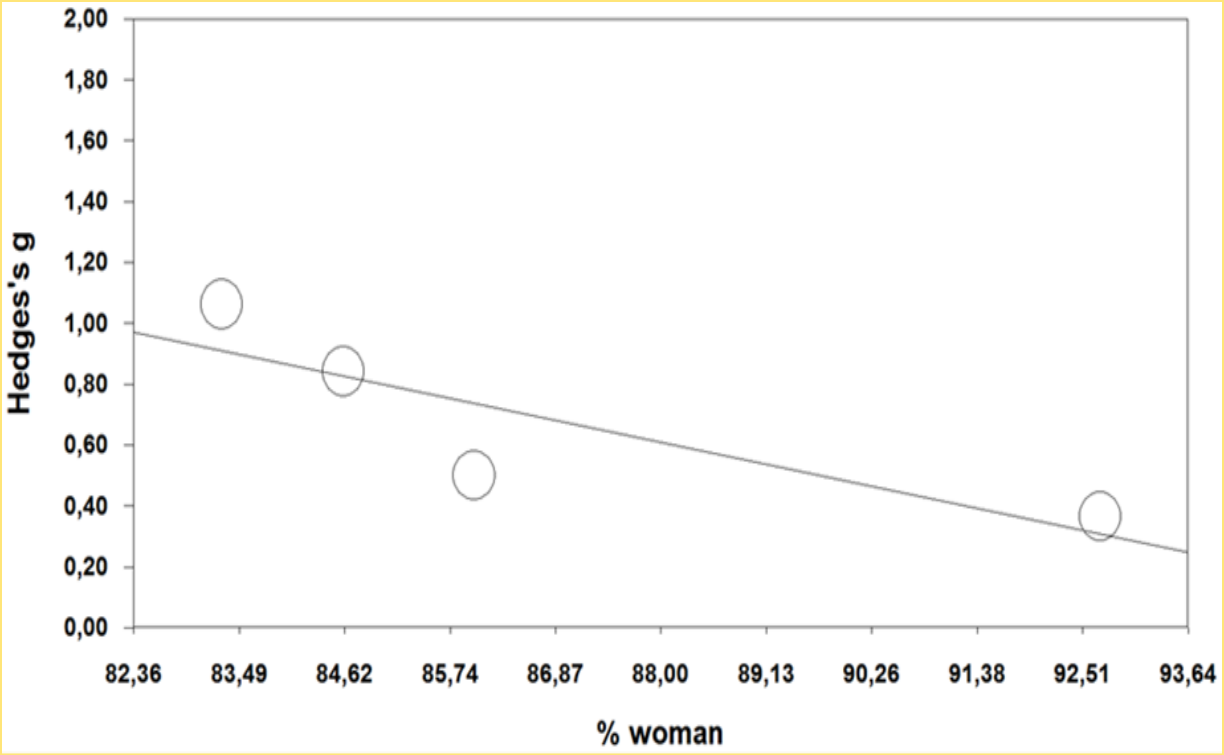


Large mean effect size: 0.80, [0.50, 1.09] 95% IC, ***p* < .001**

Moderate heterogeneity: Q= 16.2, ***p* < .006**

I^2 = 69% **(< 75%)**

Natural moderators: Gender



Mixed effects regression (unrestricted maximum likelihood)

GENDER

% Women
Functioning

Q = 6.45, ***p* = .01**

Effect size: *g* ≤ .20 Small; *g* ≤ .50 Medium; *g* ≤ .80 Large

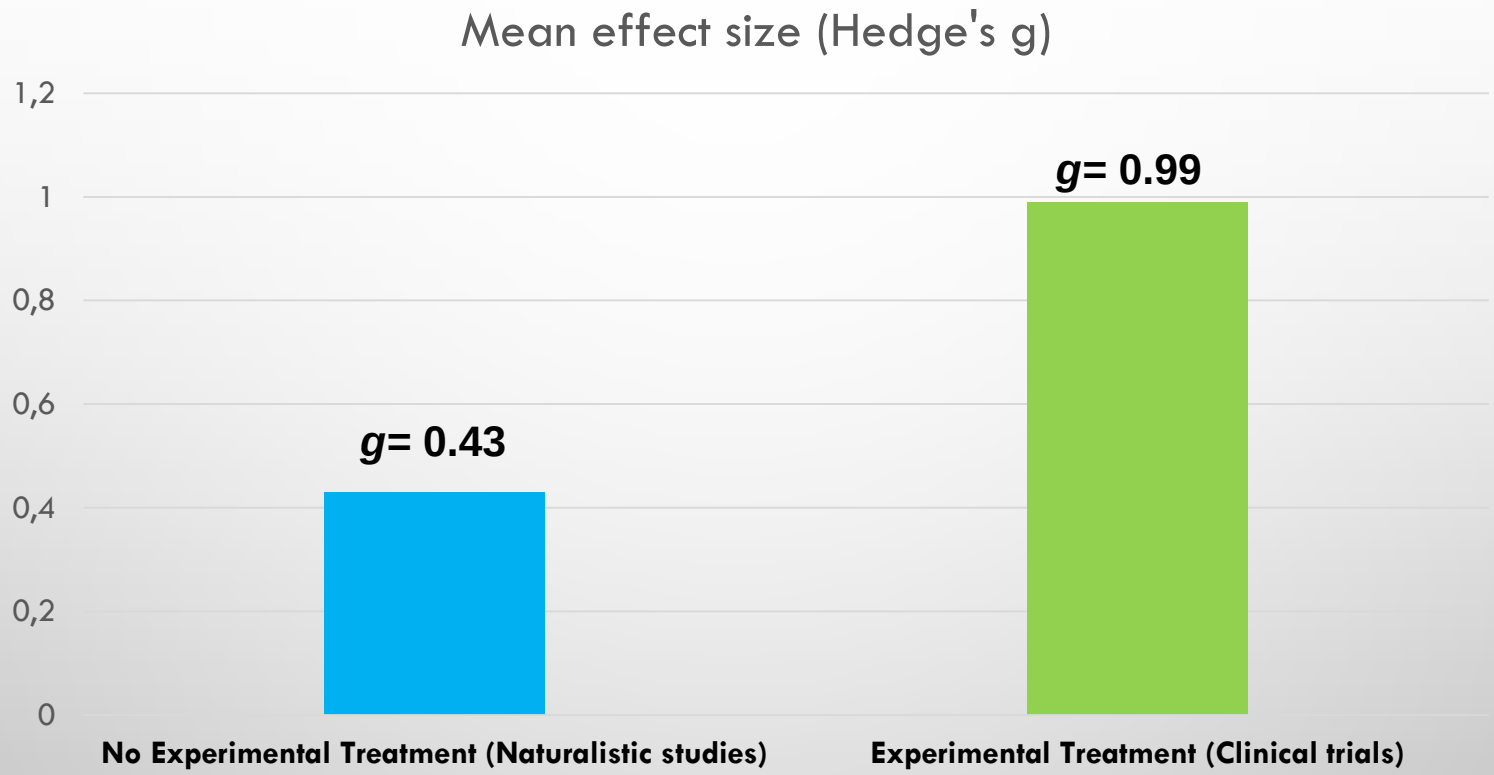
Natural moderators:
Age & Time of Follow-up

NO IMPACT on FUNCTIONAL IMPROVEMENT:

- AGE: $Q = 0.16$ $p = .69$
- TIME OF FOLLOW-UP: $Q = 1.68$ $p = .19$

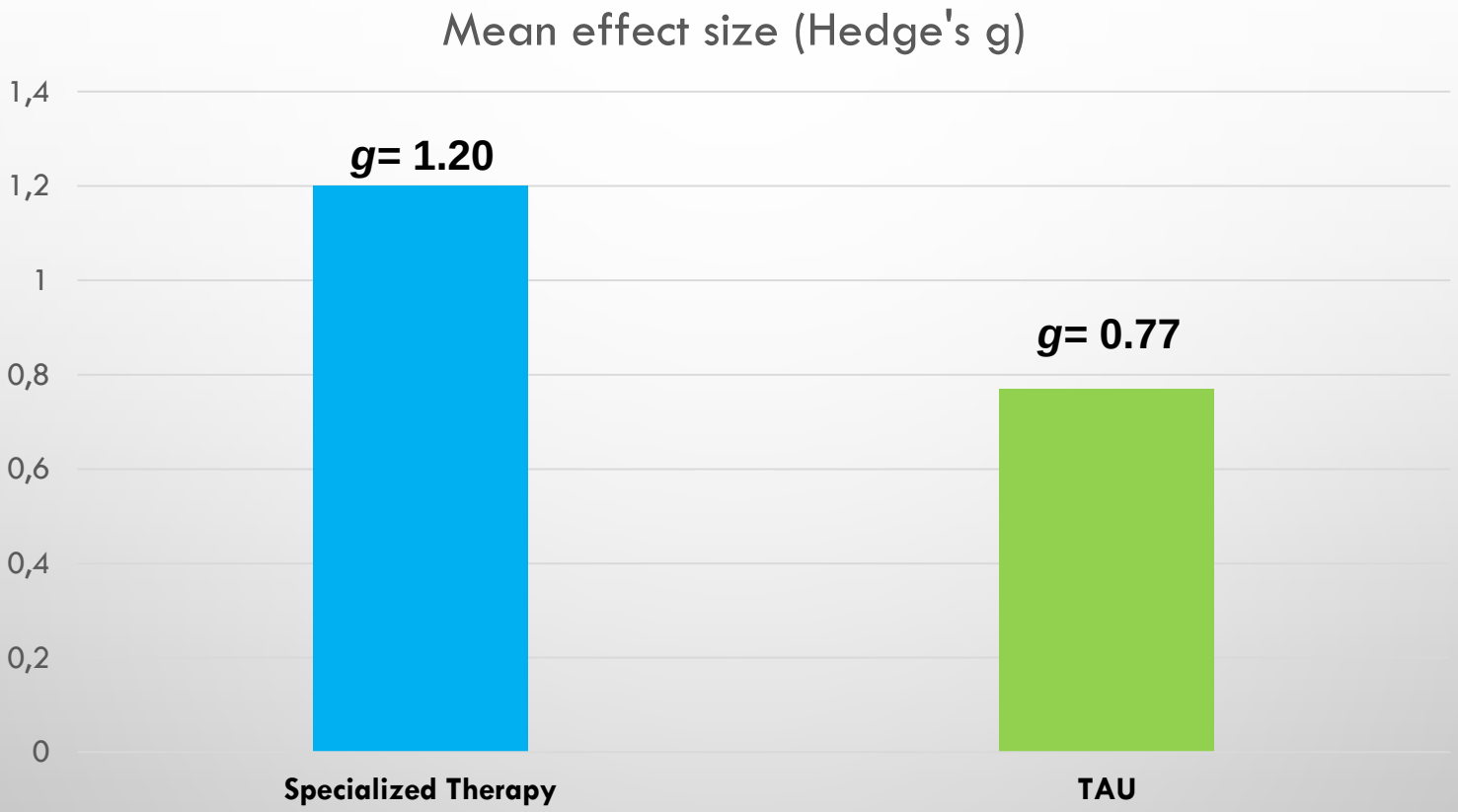
  - Limited range of mean ages (27 to 32 years)
  - Only 1 study at 10 years of follow-up

Treatment moderators: Experimental Treatment



Heterogeneity between treatment groups: Q = 6.66, ***p* = .01**

Treatment moderators: Specialized Therapy vs. TAU



Heterogeneity between treatment groups: Q = 4.2, ***p* = .04**

Treatment moderators: Length & Hours of Formal Therapy

NO IMPACT on FUNCTIONAL IMPROVEMENT:

- LENGTH TREATMENT: Q= 0.38 $p = .54$
- HOURS OF FORMAL THERAPY: Q = 0.92 $p = .34$

CONCLUSIONS: NATURAL LONG-TERM COURSE OF FUNCTIONING IN BPD

- **Functioning in patients with BPD** tend towards **improvement** in the long-term.
- **Women** seem to present **less improvement** in functioning than men. A gender perspective in psychosocial interventions is recommended.
- **Age and time of follow-up** appear **not related** to functional improvement after 5 years or more of illness.

CONCLUSIONS: EFFECTS OF TREATMENT IN LONG-TERM FUNCTIONING

- **Specialized therapies** appear associated to **greater improvement in functioning in the long-term** compared to treatment as usual or the natural course of the disorder.
- The intensity and length of therapy received appears not to be relevant to achieve a better outcome in functioning in the long term.

LIMITATIONS
& RESEARCH SUGGESTIONS

- **Limited number of studies** and **small size of BPD samples** might affect statistical significance and the study of moderators.
- Further research focused on the long-term outcome of treatment interventions is hardly recommended.