

# X CONGRESO NACIONAL DE TRASTORNO DE LA PERSONALIDAD

ADAPTÁNDONOS A LOS CAMBIOS:

¿distintos pacientes?  
¿distintos tratamientos?

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## EVOLUCIÓN DEL TRASTORNO LÍMITE DE LA PERSONALIDAD A LARGO PLAZO: ESTUDIO DE SEGUIMIENTO A 10 AÑOS

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## CRITERIOS GENERALES Tr. Personalidad DSM-V:

Es requisito diagnóstico para los Trastornos de Personalidad la **persistencia en el tiempo** de rasgos disfuncionales

Persistencia no es sinónimo  
de Cronicidad a largo plazo

# PRIMEROS ESTUDIOS LONGITUDINALES SOBRE EVOLUCIÓN A LARGO PLAZO DEL TLP

- Años 80: 4 Estudios retrospectivos **15 años** seg.  
(*McGlashan, 1986; Plakun, 1985; Paris, 1987; Stone, 1990*)
- Diagnóstico TLP **25%** (*Paris, 1987*)
- Tasas suicidio **3- 9%** (+ frecuente >30 años)
- Mejoría funcionamiento a largo plazo (GAF  $\approx$  **60**)
  - 52-70% Relación pareja estable
  - 25-59% Con hijos

# PRIMEROS ESTUDIOS LONGITUDINALES SOBRE EVOLUCIÓN A LARGO PLAZO DEL TLP

## A 27-Year Follow-up of Patients With Borderline Personality Disorder

Joel Paris and Hallie Zweig-Frank

Sixty-four patients with borderline personality disorder (BPD) were followed up for a mean of 27 years. Outcome was assessed using the Diagnostic Interview for Borderlines, Revised (DIB-R); the Schedule for DSM-III-R Diagnosis (SCID); Global Assessment of Functioning (GAF); the Symptom Check List-90 (SCL-90); and the Social Adjustment Scale (SAS-SR). Most patients showed significant improvement as compared to a previous 15-year follow-up, with only five

currently meeting criteria for BPD. Mean GAF score was 63.3, mean SCL-90 raw score was 0.7, and mean SAS-SR score was 2.0. Fourteen subjects met SCID criteria for dysthymia, and this subgroup had a significantly poorer outcome on all measures. The total percentage of suicides from the original cohort has reached 10.3%, with 18.2% of all patients now deceased.

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Mortalidad general	18 %
Tasas de suicidio	10.3 %
Diagnóstico TLP	8 %

# ESTUDIOS PROSPECTIVOS LONGITUDINALES A LARGO PLAZO DEL TLP

## *Mc Lean Study of Adult Development*

### Article

#### Attainment and Stability of Sustained Symptomatic Remission and Recovery Among Patients With Borderline Personality Disorder and Axis II Comparison Subjects: A 16-Year Prospective Follow-Up Study

Mary C. Zanarini, Ed.D.

Frances R. Frankenburg, M.D.

D. Bradford Reich, M.D.

Garrett Fitzmaurice, Sc.D.

**Objective:** The purposes of this study were to determine time to attainment of symptom remission and to recovery lasting 2, 4, 6, or 8 years among patients with borderline personality disorder and comparison subjects with other personality disorders and to determine the stability of these outcomes.

**Method:** A total of 290 inpatients with borderline personality disorder and 72 comparison subjects with other axis II disorders were assessed during their index admission using a series of semi-structured interviews, which were administered again at eight successive 2-year follow-up sessions. For inclusion in the study, patients with borderline personality disorder had to meet criteria for both the Revised Diagnostic Interview for Borderlines and DSM-III-R.

**Results:** Borderline patients were significantly slower to achieve remission or recovery (which involved good social and vocational functioning as well as

symptomatic remission) than axis II comparison subjects. However, by the time of the 16-year follow-up assessment, both groups had achieved similarly high rates of remission (range for borderline patients: 78%-99%; range for axis II comparison subjects: 97%-99%) but not recovery (40%-60% compared with 75%-85%). In contrast, symptomatic recurrence and loss of recovery occurred more rapidly and at substantially higher rates among borderline patients than axis II comparison subjects (recurrence: 10%-36% compared with 4%-7%; loss of recovery: 20%-44% compared with 9%-28%).

**Conclusions:** Our results suggest that sustained symptomatic remission is substantially more common than sustained recovery from borderline personality disorder and that sustained remissions and recoveries are substantially more difficult for individuals with borderline personality disorder to attain and maintain than for individuals with other forms of personality disorder.

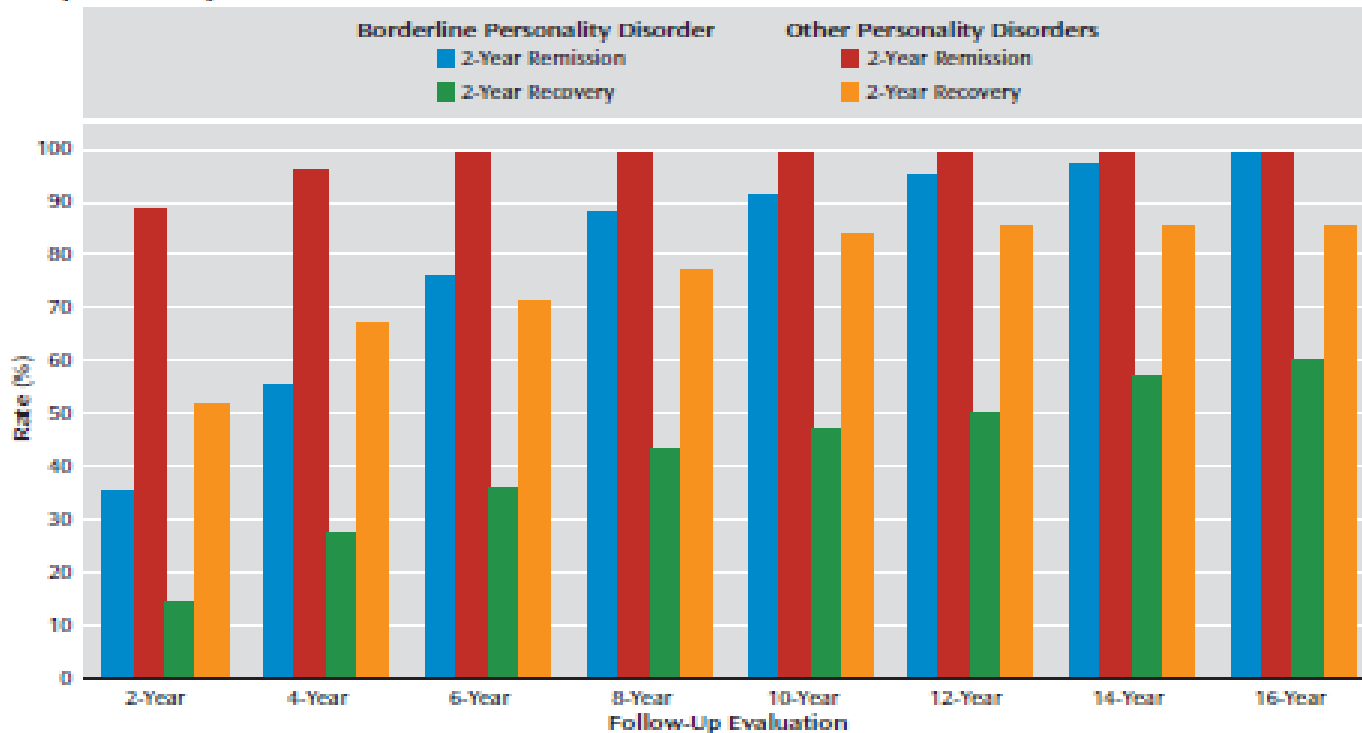
(*Am J Psychiatry* 2012; 169:476-483)

### 362 pacientes

- ✗ 290 TLP y 72 otros TP
- ✗ Edad inicial  $\bar{x} = 27$  (s=6.3)
- ✗ 77% mujeres
- ✗ Entrevista cada 2 años
- ✗ DIB-R diagnóstico y evaluación
- ✗ Comorbilidad Eje I-II
- ✗ Funcionamiento Social
- ✗ Retención: 87.5% a los 16 años

# Mc Lean Study of Adult Development

FIGURE 1. Time to Remissions and Recoveries Lasting at Least 2 Years Among Patients With Borderline Personality Disorder and Comparison Subjects With Other Axis II Disorders



Remisión Clínica: No criterios TLP (DIB-R) 2 años

Recuperación (Recovery): GAF > 61 2 años

# ESTUDIOS PROSPECTIVOS LONGITUDINALES A LARGO PLAZO DEL TLP

## *Collaborative Longitudinal Personality Disorders Study*

### ORIGINAL ARTICLE

#### ONLINE FIRST

### Ten-Year Course of Borderline Personality Disorder

#### *Psychopathology and Function From the Collaborative Longitudinal Personality Disorders Study*

John G. Gunderson, MD; Robert L. Stout, PhD; Thomas H. McGlashan, MD; M. Tracie Shea, PhD; Leslie C. Morey, PhD; Carlos M. Grilo, PhD; Mary C. Zanarini, EdD; Shirley Yen, PhD; John C. Markowitz, MD; Charles Santislow, PhD; Emily Ansell, PhD; Anthony Pinto, PhD; Andrew E. Skodol, MD

**Context:** Borderline personality disorder (BPD) is traditionally considered chronic and intractable.

**Objective:** To compare the course of BPD's psychopathology and social function with that of other personality disorders and with major depressive disorder (MDD) over 10 years.

**Design:** A collaborative study of treatment-seeking, 18- to 45-year-old patients followed up with standardized, reliable, and repeated measures of diagnostic remission and relapse and of both global social functioning and subtypes of social functioning.

**Setting:** Nineteen clinical settings (hospital and outpatient) in 4 northeastern US cities.

**Participants:** Three study groups, including 175 patients with BPD, 312 with cluster C personality disorders, and 95 with MDD but no personality disorder.

**Main Outcome Measures:** The Diagnostic Interview for DSM-IV Personality Disorders and its follow-along version (the Diagnostic Interview for DSM-IV Personality Disorders-Follow-Along Version) were used to diagnose personality disorders and assess changes in them. The Structured Clinical Interview for DSM-IV Axis I Disorders and the Longitudinal Interval Follow-up Evaluation

were used to diagnose MDD and assess changes in MDD and in social function.

**Results:** Eighty-five percent of patients with BPD remitted. Remission of BPD was slower than for MDD ( $P < .001$ ) and minimally slower than for other personality disorders ( $P < .03$ ). Twelve percent of patients with BPD relapsed, a rate less frequent and slower than for patients with MDD ( $P < .001$ ) and other personality disorders ( $P = .008$ ). All BPD criteria declined at similar rates. Social function scores showed severe impairment with only modest albeit statistically significant improvement; patients with BPD remained persistently more dysfunctional than the other 2 groups ( $P < .001$ ). Reductions in criteria predicted subsequent improvements in DSM-IV Axis V Global Assessment of Functioning scores ( $P < .001$ ).

**Conclusions:** The 10-year course of BPD is characterized by high rates of remission, low rates of relapse, and severe and persistent impairment in social functioning. These results inform expectations of patients, families, and clinicians and document the severe public health burden of this disorder.

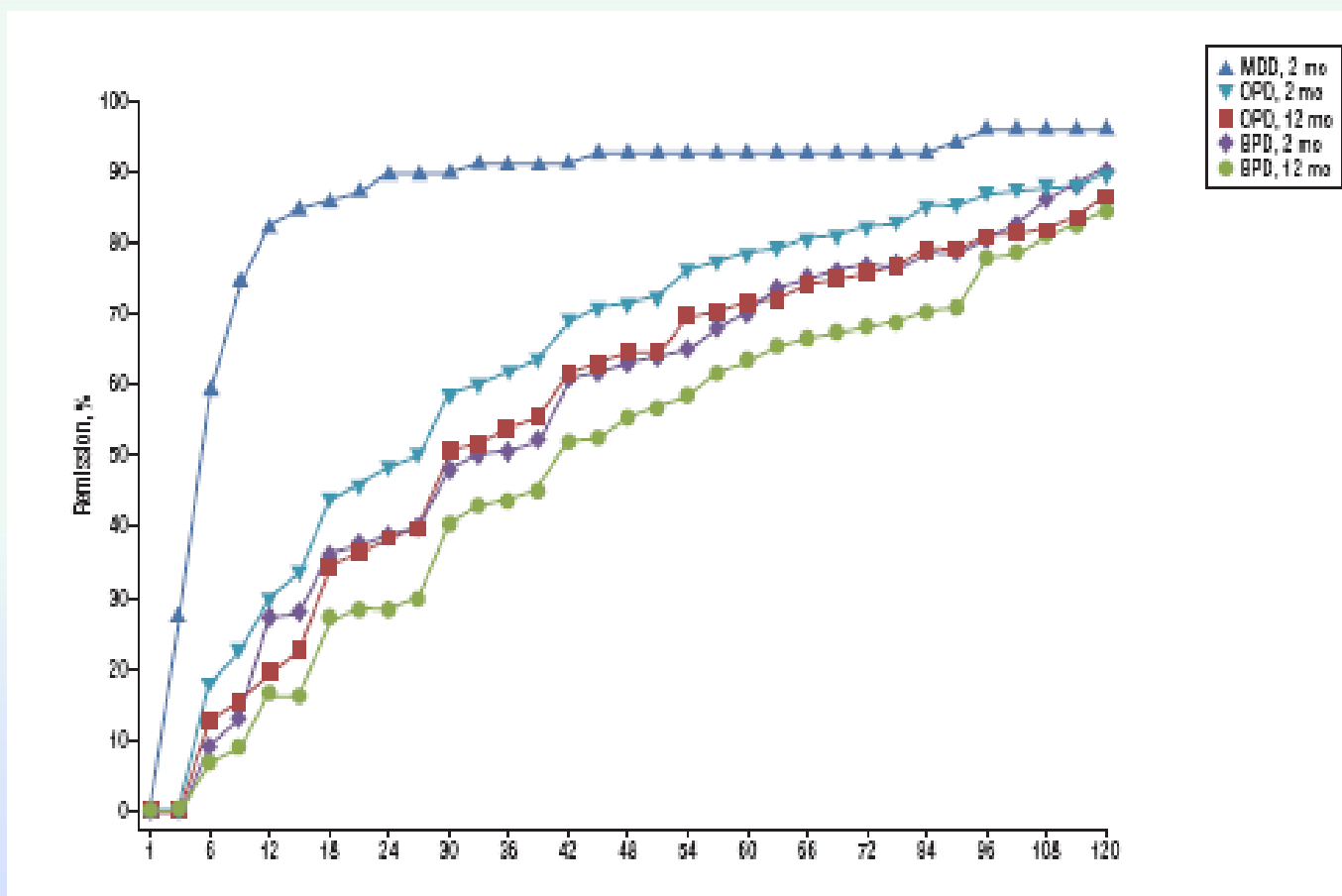
*Arch Gen Psychiatry.*  
Published online April 4, 2011.  
doi:10.1001/archgenpsychiatry.2011.37

**582 pacientes**

- ✗ 175 TLP  
312 TP Clust C / 95 TDM
- ✗ Edad inicial 18-45 años
- ✗ Mujeres 75% TLP  
64% TP 60%TDM
- ✗ Entrevista cada 2 años
- ✗ Diag Interv DSM-IV PD (DIPD-IV)
- ✗ Retención: 66% a los 10 años



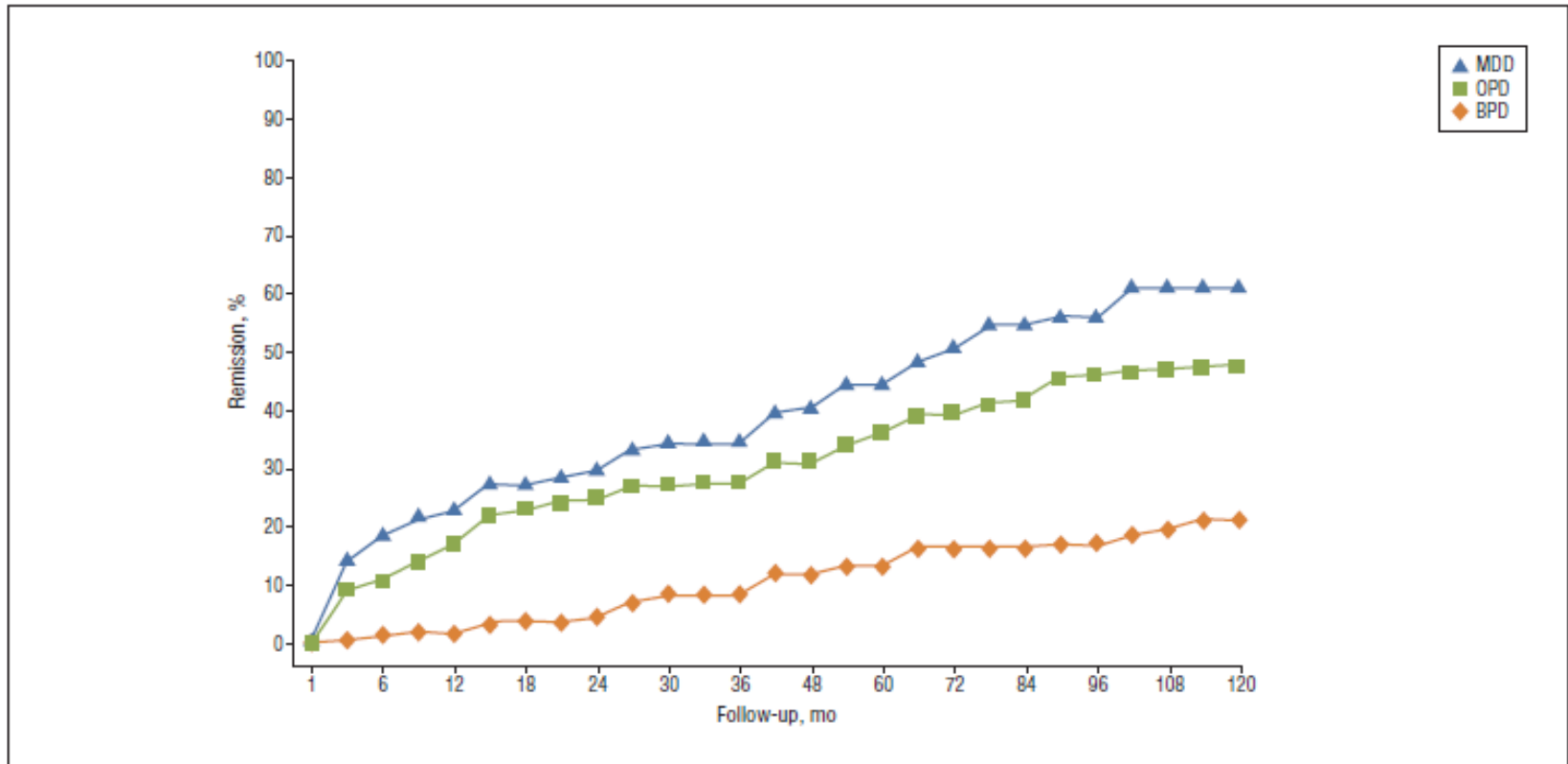
# Collaborative Longitudinal Personality Disorders Study



Remisión TLP:  $\leq 2$  criterios TLP (DIPD-IV) 2-12 meses



# Collaborative Longitudinal Personality Disorders Study



**Figure 4.** Functional remission, defined as a Global Assessment of Functioning score greater than 70 sustained for 2 months. Analyses were conducted using lifetest survival estimates. MDD indicates major depressive disorder; OPD, other personality disorders; and BPD, borderline personality disorder.

Remisión Funcional:  $GAF > 70$  2 meses

# ESTUDIOS PROSPECTIVOS LONGITUDINALES A LARGO PLAZO DEL TLP

MSAD	CLPS
<b>93%</b> Remisión Clínica (2 a) <b>86%</b> Remisión Clínica (4 a)	<b>85%</b> Remisión Clínica (1 a)
<b>30%</b> Recaída Clínica (tras 2 años remisión)	<b>11%</b> Recaída Clínica (tras 1 año remisión)
<b>4,1%</b> Suicidio	<b>3,4%</b> Suicidio
<b>50%</b> Recuperación (2 a)	<b>21%</b> Remisión Funcional (2 m)

# ESTUDIO DE SEGUIMIENTO A 10 AÑOS DEL TLP EN POBLACIÓN ESPAÑOLA

**Objetivo:** Replicar los resultados de evolución del TLP  
a 10 años en población española

## Brief Report

### Double-Blind, Placebo-Controlled Study of Dialectical Behavior Therapy Plus Olanzapine for Borderline Personality Disorder

Joaquim Soler, Psy.D.  
Juan Carlos Pascual, M.D.  
Josefa Campins, Psy.D.  
Judith Barrachina, Psy.D.  
Dolors Puigdemont, M.D.  
Enrique Alvarez, M.D., Ph.D.  
Victor Pérez, M.D., Ph.D.

**Objective:** The aim of this study was to determine the efficacy and safety of dialectical behavior therapy plus olanzapine compared with dialectical behavior therapy plus placebo in patients with borderline personality disorder.

**Method:** Sixty patients with borderline personality disorder were included in a 12-week, double-blind, placebo-controlled study. All patients received dialectical behavior therapy and were randomly assigned to receive either olanzapine or placebo following a 1-month baseline period.

**Results:** Seventy percent of the patients completed the 4-month trial. Combined treatment showed an overall improvement in most symptoms studied in both groups. Olanzapine was associated with a statistically significant improvement over placebo in depression, anxiety, and impulsivity/aggressive behavior. The mean dose of olanzapine was 8.83 mg/day.

**Conclusions:** A combined psychotherapeutic plus pharmacological approach appears to lower dropout rates and constitutes an effective treatment for borderline personality disorder.

*(Am J Psychiatry 2005; 162:1221-1224)*

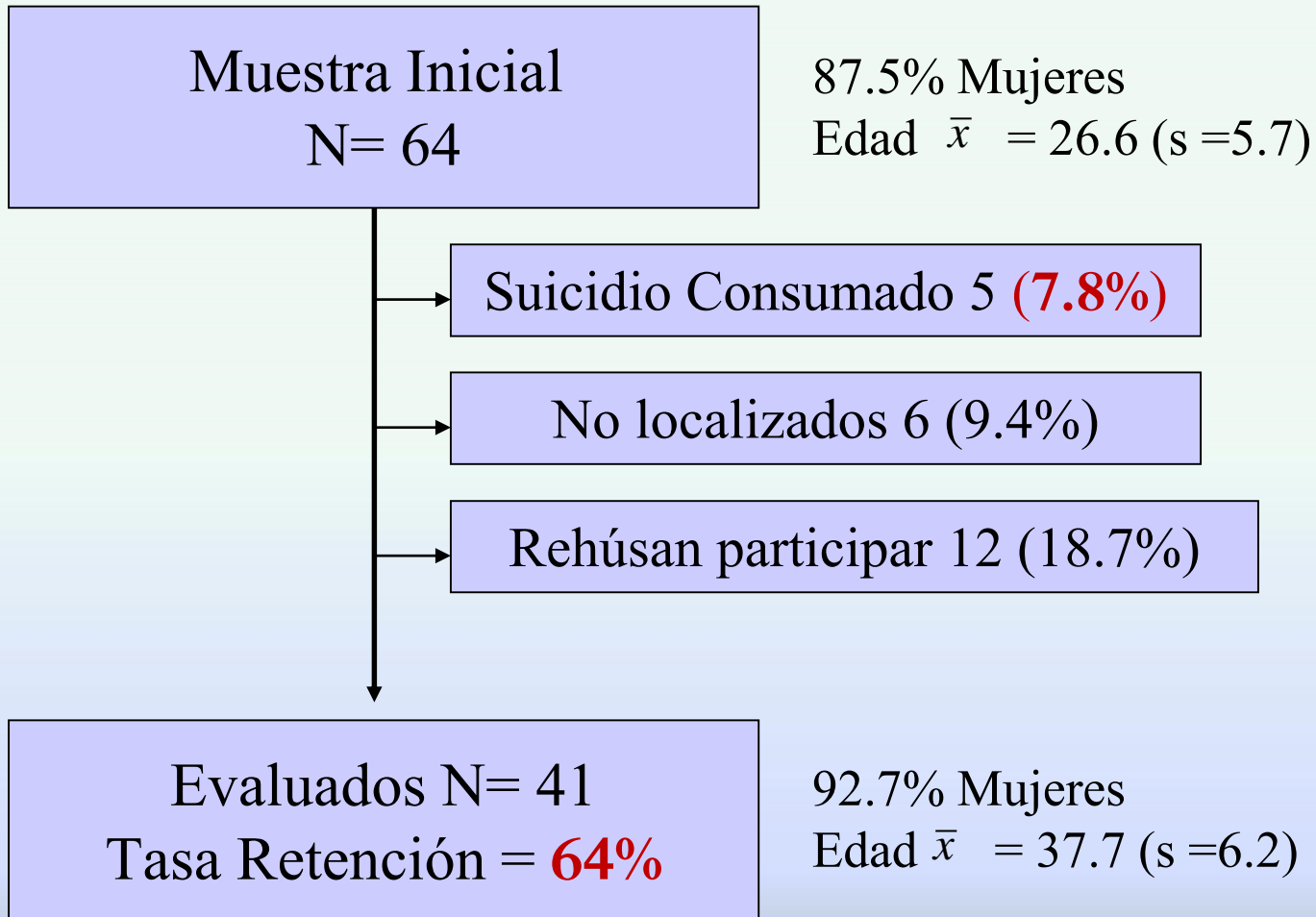
## Criterios selección muestra:

- ✘ Criterios TLP DSM-IV  
(SCID-II/DIB-R)
- ✘ Edad 18-45 años
- ✘ ICG  $\geq 4$
- ✘ No comorbilidad Eje I (D.Princ)

Sin continuidad de tratamiento

**Soler et al, Am J Psychiatry 2005**

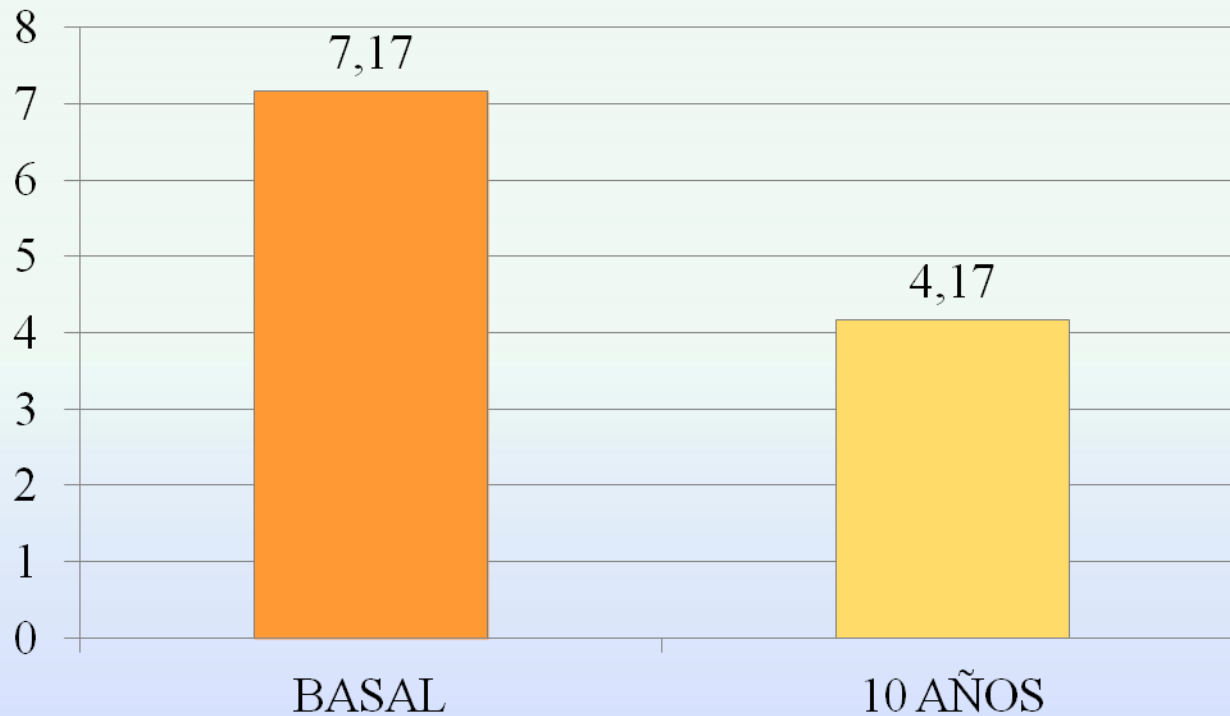
# ESTUDIO DE SEGUIMIENTO A 10 AÑOS DEL TLP EN POBLACIÓN ESPAÑOLA



# RESULTADOS SEGUIMIENTO A 10 AÑOS

## Evolución Clínica

### DIB-R TOTAL



n= 41 p<0.001

Tasa de Remisión: **63.4%**

# RESULTADOS SEGUIMIENTO A 10 AÑOS

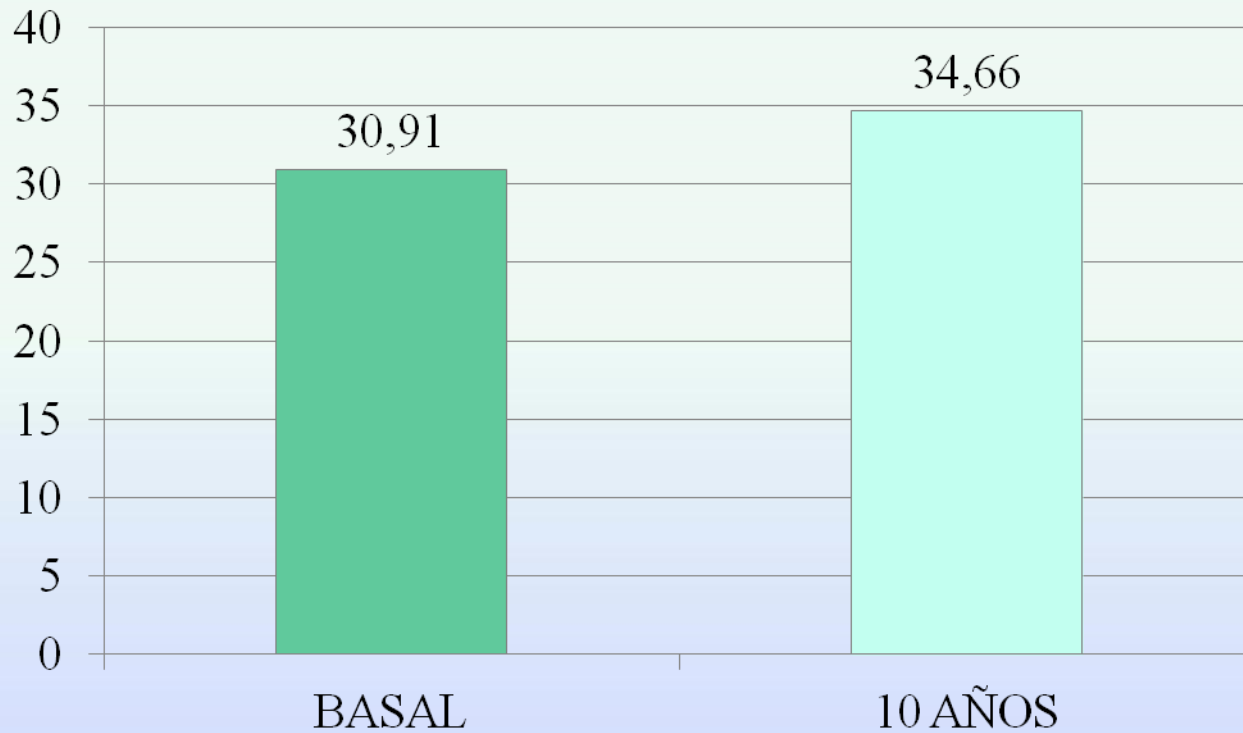
## Evolución Clínica

	Basal	Post 10 a
Intentos Suicidio (2 años previos)	80%	<b>18.4%</b>
Hospitalización (2 años previos)	45.3%	20%
Tratamiento farmacológico	93.4%	<b>72.2%</b>
Seguimiento psiquiátrico	90.3%	65%
Tratamiento psicológico	95.3%	61%

# RESULTADOS SEGUIMIENTO A 10 AÑOS

## Evolución Funcionamiento Social

### SASS TOTAL



n= 32 p= 0.063



# RESULTADOS SEGUIMIENTO A 10 AÑOS

## Evolución Funcionamiento Social

	Basal	Post 10 a
Casado/En pareja	39%	55%
Con Hijos	14.5%	<b>51.2%</b>
Trabajando	35.6%	39.5%
Invalidez permanente	1.7%	<b>28.9%</b>
Servicios de Rehabilitación	0%	<b>7.3%</b>

# CONCLUSIONES

- La evolución clínica del TLP muestra una tendencia favorable a largo plazo, con posibles periodos de recaída:
  - Tasa de Remisión del 63% a 10 años
  - Disminución significativa tentativas suicidio a 10 años, aunque 8% fallecen por suicidio consumado
  - Reducción hospitalizaciones, 2/3 continúan trat. Especializados
- Moderada mejoría funcional a largo plazo, persistiendo dificultades de adaptación social en un % pacientes
- Una línea de investigación futura sería identificar subgrupos de pacientes con diferentes perfiles evolutivos

# Diagrama Evolución Clínica TLP

