

ASSESSMENT OF BORDERLINE PERSONALITY DISORDER IN INTERVENTION PAPERS: A SYSTEMATIC REVIEW

Sánchez, C.^{1,2}, Llanes, M.^{1,2}, Losilla, J.M.³, Lana, F.^{1,2}, Martín, L.M.^{1,2}, Pérez, V.^{1,2}

¹Institute of Neuropsychiatry and Addictions (INAD), Hospital del Mar, Parc de Salut Mar, Barcelona. Mental Health Research Networking Center (CIBERSAM), Department of Psychiatry, Autonomous University of Barcelona, Spain.

²IMIM (Hospital del Mar Medical Research Institute), Barcelona, Spain.

³Department of Psychobiology and Methodology of Health Science. Area of Behavioral Science Methodology. Autonomous University of Barcelona, Spain.

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Introduction

Borderline Personality Disorder (BPD) is a mental illness that affects an important part of the population, entailing suffering and high clinical costs (Zanarini, Frankenburg, Hennen and Silk, 2004). There are specific therapies to treat it with empirical evidence. The intervention papers use different assessment measures and instruments.

Along this line, the main aim of this study is to identify the strategies of evaluation in the treatment of the BPD.

Method

Following the PRISMA standards (Moher, Liberati, Tetzlaff and Altman, 2009), we consulted PsychINFO and MEDLINE PubMed as our databases to obtain 155 studies that used psychological intervention in BPD patients and carried out explicit measures and diagnosis. We extracted the instruments used as well as some descriptive information on the type of intervention and the type of study, among other information. Data obtained was therefore clustered according to what dimension they measure/assess and crossed with the different types of intervention employed.

Results

BPD, personality disorders and general psychopathology are the most assessed dimensions. The interviews SCID-I and SCID-II are the preferred instruments for the diagnostic process evaluating psychopathology, personality and BPD criteria. As regards other BPD nuclear symptoms, as self-injury and suicidal ideation, seems to gain importance measured by medical records and the SASII instrument. Global Functioning was another dimension that a variety of studies took into consideration, using the GAF questionnaire as the standard measure.

Graphic. Dimensions explored in the studies (percentage)

DIMENSIONS	Studies Number	Percentage
BPD	155	100%
Clinical Impression	17	11.00%
Personality Disorders	126	81.30%
Psychopathology	141	91.00%
Hopelessness	10	6.50%
Anger and Hostility	25	16.10%
Impulsiveness	17	11.00%
Dissociation	14	9.00%
Sucidal Intention	61	39.40%
Sucidal Ideation	17	11.00%
Self-injury	74	47.70%
Afectivity	23	14.80%
Symptom Discomfort	20	12.90%
Quality of Life	32	20.60%
Self	10	6.50%
Global Functioning	56	36.10%
Social Functioning	48	31.00%
Therapeutic Alliance	53	34.20%
Therapeutic Satisfaction	26	16.80%

Conclusions

The revision gives a glimpse into how papers assess BPD emphasizing the heterogeneity of the measures. It would be convenient to standardize the evaluation of the BPD and this review can be a contribution, making clinicians and researchers to take into account which techniques are the most utilized when it comes to choosing an option.

References

- Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. G. (2009). Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *Annals of internal medicine*, 151(4), 264-269, W64.
- Zanarini, M. C., Frankenburg, F. R., Hennen, J., & Silk, K. R. (2004). Mental Health Service Utilization by Borderline Personality Disorder Patients and Axis II Comparison Subjects Followed Prospectively for 6 Years. *Journal of Clinical Psychiatry*, 65(1), 28-26.

Figure 1. PRISMA statement flow chart

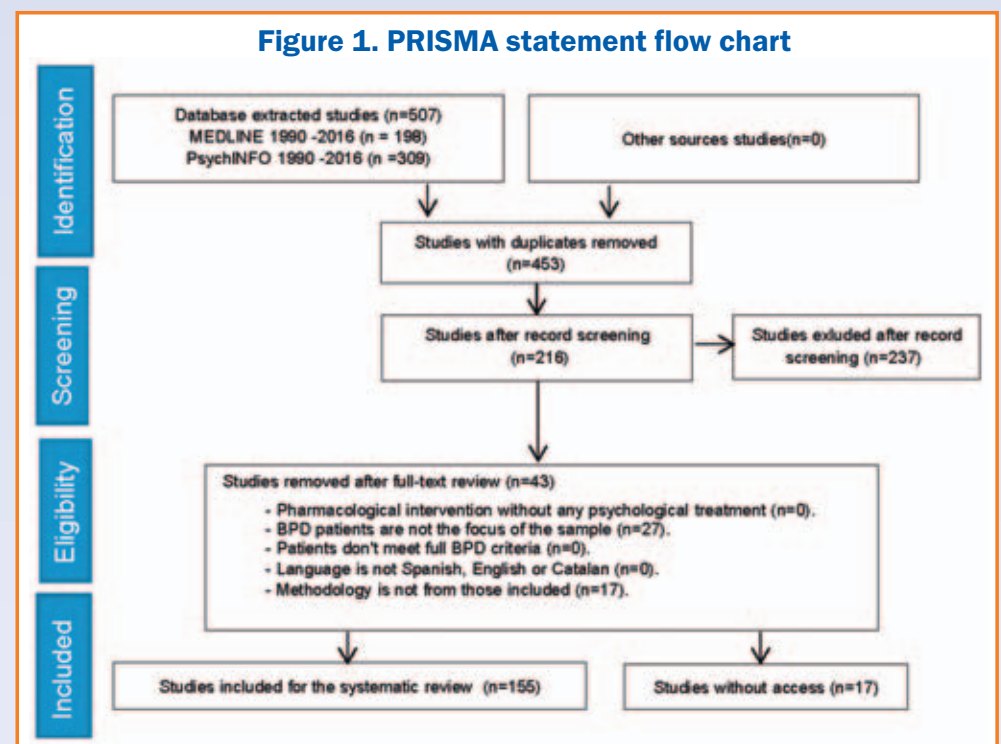


Table 1. Preferred assessment Instruments for each Dimension

Dimensions	Preferred instruments
BPD	SCID-II
Clinical Impression	CGI
Personality Disorders	SCID-II
Psychopathology	SCID-I, BDI, SCL-90
Hopelessness	BHS
Anger and Hostility	STAXI
Impulsiveness	BIS
Dissociation	DES
Suicidal Intention	SASII, Medical Records
Suicidal Ideation	BSIS, SBQ, SSI
Self-injury	Medical Records, SASII
Afectivity	DERS, PANAS
Symptom Discomfort	GSI (SCL-90)
Quality of Life	EQ-5D, WHOQOL-Bref
Self	RSES
Global Functioning	GAF
Social Functioning	IIP, SAS
Therapeutic Alliance	THI, WAI
Therapeutic Satisfaction	THI, CSQ-8