Correspondence

Treatment of borderline personality disorder

Winston (2000) is to be congratulated on a timely and wide-ranging review. However, in the area of therapeutic community treatment and partial hospitalisation, he has omitted two recent pieces of work which are central to the field.

The first represents the best result currently available from a well-designed trial for patients with borderline personality disorder (BPD) by any treatment method. Bateman and Fonagy (1999) carried out a randomised comparison of 19 patients with BPD treated for 18 months in a psychoanalytically oriented, group-focused day service with a control group of subjects treated as usual. They found improvements in Beck Depression Inventory, Symptom Checklist–90 (global severity), Spielberger State-Trait Anxiety Inventory, Social Adjustment Scale and Inventory of Personal Problems. Self-mutilations, attempted suicides, in-patient days and episodes, and use of medication all significantly decreased. These results are superior to those found with dialectical behaviour therapy, the only other treatment for which a randomised controlled trial has been carried out.

The second piece of work is a meta-analytic review of therapeutic community effectiveness for personality disorder from the NHS Centre for Research and Dissemination in York (Lees *et al*, 1999). This systematic review assessed 29 studies of therapeutic communities. The authors found an overall odds ratio of 0.57 (95% CI 0.52–0.61) for treatment effect on a variety of outcome measures. They conclude, "There is accumulating evidence … of the effectiveness and particular suitability of the therapeutic community model to the treatment of personality disorder, and particularly severe personality disorder". This study provides substantially stronger evidence for the effectiveness of therapeutic community treatment than the studies cited by Winston.

The similarity of the two treatment methods investigated in the studies quoted above point to what is currently the most promising line of investigation for the treatment of BPD.

Bateman, A. & Fonagy, P. (1999) Effectiveness of partial hospitalisation in the treatment of borderline personality disorder: a randomised controlled trial. *American Journal of Psychiatry*, **156**, 1563–1569.

Lees, J., Manning, N. & Rawlings, B. (1999) *Therapeutic Community Effectiveness: A Systematic Interactional Review of Therapeutic Community Treatment for People with Personality Disorders and Mentally Disordered Offenders*. CRD report 17. York: NHS Centre for Reviews and Dissemination.

Winston, A. P. (2000) Recent developments in borderline personality disorder. *Advances in Psychiatric Treatment*, **6**, 211–218.

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Author's reply: I am grateful to Dr Pearce (2000, this issue) for drawing attention to two significant pieces of research. The study by Bateman and Fonagy (1999) was omitted simply because it had not been published at the time of writing. I agree that it is an important study, which demonstrates the effectiveness of an eclectic, but psychoanalytically based treatment approach. Moreover, the model of day treatment for BPD is one that may potentially be replicated in the National Health Service and is already attracting considerable interest.

The study by Lees *et al* (1999) is different in that it is essentially a meta-analysis of studies of the effectiveness of therapeutic communities, rather than the treatment of BPD. Furthermore, the conclusion that Pearce quotes refers to their effectiveness in the treatment of personality disorder in general. The analysis included studies of both concept-based therapeutic communities devoted to the treatment of substance misuse and forensic units where there is likely to be a preponderance of patients with antisocial personality disorder. Furthermore, a wide range of research methods and outcome measures was used in the studies included, many of them not specific for BPD. Although the findings of Lees *et al* are encouraging, their relevance to the treatment of BPD is therefore somewhat uncertain.

However, these studies do form part of an increasing and welcome trend towards the empirical

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evaluation of treatments for personality disorders. It is to be hoped that this trend will continue and will stimulate a debate about the rational provision of services for this important group of patients.

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New Council Reports

CR77 Services for Younger People with Alzheimer's Disease and other Dementias

Young sufferers of dementia often fall through the net. This paper is welcomed within the College and strongly supported by the Alzheimer's Society. An incremental approach is advocated with the appointment of two key players; at the commissioning level (health authority/primary groups or their equivalent) a named person responsible for planning and a clinician to act as a focus for referrals, initially two consultant sessions. An Old Age Psychiatrist is well placed to undertake the clinical role. After these appointments have been made the rudiments of the local service are created. At all stages coordination and networking with people already involved with young sufferers is important while the composition and evolution of the new service will depend on existing local services and facilities.

May 2000, 20pp, £5.00

CR78 Safety for Trainees in Psychiatry

Safety is of paramount importance to all psychiatrists. Just one piece of advice may make all the difference to you or to one of your trainees. This Council Report contains practical advice on maintaining personal safety and sets standards for safety training, interview rooms and on-call accommodation. Recommendations are made about safety training for use on trainees' induction days and for the development of local policies and procedures on safety. Guidance is given about what to do in the event of an assault. This document is essential reading for all educational supervisors, scheme organisers, trainees and anyone interested in personal safety in the field of psychiatry.

August 2000, 20pp, £5.00

CR79 Guidance for the Use of Video Recording in Child Psychiatric Practice

Videotape recording of interviews with patients and their families is now commonly used in child psychiatric practice. Involvement in videotape recording has a unique meaning for each patient and their family, and may potentially have a profound effect. There are several purposes for the making of videotape recordings. The recording is based on a prior negotiation with the patient or a responsible adult, including verbal or written explanation and the gaining of formal consent.
This document outlines the procedures involved in videotaping including ensuring confidentiality and obtaining consent. It provides guidance for all child and adolescent psychiatrists who are involved in the making and subsequent use of videotape recording.

August 2000, 16pp, £5.00

CR80 Good Medical Practice in the Psychiatric Care of Potentially Violent Patients in the Community

This new Council Report updates and replaces CR12, 'Good Medical Practice in the the aftercare of potentially violent or vulnerable patients discharged from in-patient psychiatric treatment', published in 1991. The scope of this new report is somewhat broader than the 1991 document, as it was considered to be important to recognise that the care necessary for such patients is not only applicable following discharge from hospital. The report outlines current statute and common law, and incorporates guidance from the Department of Health, and The General Medical Council, as well as other pertinent documents, including inquiry reports.

August 2000, 16pp, £5.00

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