

# **NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE**

## **Centre for Clinical Practice**

### **Review of Clinical Guideline (CG78) – Borderline Personality Disorder**

#### **Background information**

Guideline issue date: 2009

2 year review: 2011 (first review)

National Collaborating Centre: Mental Health

#### **Review recommendation**

- The guideline should not be updated at this time.

#### **Factors influencing the decision**

##### **Literature search**

1. From initial intelligence gathering and a high-level randomised control trial (RCT) search clinical areas were identified to inform the development of clinical questions for focused searches. Through this stage of the process 16 studies were identified relevant to the guideline scope. The identified studies were related to the following clinical areas within the guideline:
  - Psychological interventions
  - Settings for delivery of treatments
  - Pharmacological interventions

1. One clinical question on the pharmacological therapies for patients with borderline personality disorder was developed based on the clinical areas above, qualitative feedback from other NICE departments and the views expressed by the Guideline Development Group, for more focused literature searches. In total, 12 studies were identified through the focused searches. Some new evidence contradicts current guideline recommendations, which stated that drug treatment should not be used specifically for borderline personality disorder or for the individual symptoms or behaviour associated with the disorder but new evidence on the pharmacological therapies for patients with borderline personality disorder show some drugs as being clinically effective. However, the evidence does not appear to be robust enough to completely change the current recommendations in the guideline. The identified trials are all single trials on different pharmacological interventions with very small number of participants, therefore, the results may not be statistically precise and significant.
2. No evidence was identified which directly answered the research recommendations presented in the original guideline.
3. Several ongoing clinical trials (publication dates unknown) were identified focusing on efficacy and safety of olanzapine and quetiapine, the use of lamotrigine in patients with affective instability, efficacy of dialectical behavioural and group schema therapy in patients with borderline personality disorder.

#### **Guideline Development Group and National Collaborating Centre perspective**

4. A questionnaire was distributed to GDG members and the National Collaborating Centre to consult them on the need for an update of the guideline. One response was received with the respondent highlighting that since publication of the guideline more literature has become

available on pharmacological therapies for patients with borderline personality disorder. This feedback contributed towards the development of the clinical question for the focused searches.

5. The respondent agreed that there is insufficient variation in current practice supported by adequate evidence at this time to warrant an update of the current guideline.

### **Implementation and post publication feedback**

6. In total 43 enquiries were received from post-publication feedback, most of which were routine. One theme emerging from post-publication feedback was related to recommendations within the guideline (why does the guideline not recommend the use of drugs for BPD, but does recommend the use of drugs in a crisis). This feedback contributed towards the development of the clinical question as described above.
7. An analysis by the NICE implementation team indicated the issue of drugs for the treatment of BPD which is currently not recommended in the guideline but a Cochrane review shows some evidence of efficacy for certain drugs. This feedback contributed towards the development of the clinical question for the focused searches.

### **Relationship to other NICE guidance**

8. NICE guidance related to CG78 can be viewed in [Appendix 1](#).

### **Summary of Stakeholder Feedback**

**Review proposal put to consultees:**

The guideline should not be updated at this time.

The guideline will be reviewed again according to current processes.

9. In total 9 stakeholders commented on the review proposal recommendation during the 2 week consultation period.  
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10. Six stakeholders agreed with the review proposal recommendation that this guideline should not be updated at this time. One stakeholder did not state a definitive decision. Two stakeholders did not agree and stated that:

- Even though there is not a great deal of new evidence relating to the use of drugs in the treatment of BPD, it is worth updating the guideline because this is a particularly challenging area of clinical practice and therefore one in which as much guidance as possible, as up to date as possible, is very important.

However, no references of evidence were provided to support the need to update current guideline.

- Some recommendations in relation to family or carers would need rewording to be made aware of the diagnosis of the condition.

This editorial query will inform future update of the guideline.

### **Anti-discrimination and equalities considerations**

11. No evidence was identified to indicate that the guideline scope does not comply with anti-discrimination and equalities legislation. The original scope is inclusive of both adults and children with a diagnosis of borderline personality disorder. It also included people with a learning disability.

### **Conclusion**

12. Through the process no areas were identified for this two year update review which would indicate a significant change in clinical practice. From the evidence and intelligence identified through the process, it suggests that some areas of the guideline may need updating at this stage, particularly in relation to:

- Pharmacological therapies for people with borderline personality disorder. But the evidence does not appear to be robust enough to
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completely change the current recommendations in the guideline.  
The identified trials are all single trials on different pharmacological interventions with very small number of participants.

Therefore, it may be pertinent to await further evidence.

13. The Borderline personality disorder guideline should not be considered for an update at this time

### **Relationship to quality standards**

14. This topic is not currently being considered for inclusion in the scope of a quality standard.

15. This topic is currently being considered as a proposed core library topic.

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Centre for Clinical Practice  
December 2011

## Appendix 1

The following NICE guidance is related to CG78:

Guidance	Review date
PH 28- Promoting the quality of life of looked-after children and young people.	October 2013
PH 20- Promoting young people's social and emotional wellbeing in secondary education.	October 2012
CG 38- The management of bipolar disorder in adults, children and adolescents, in primary and secondary care.	July 2011
CG 16- Self-harm: The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care.	February 2012
CG77 Antisocial personality disorder: treatment, management and prevention	January 2015
<b>Related NICE guidance not included in CG78</b>	
None	
<b>Related NICE guidance in progress</b>	
Self-harm: the longer term management of self-harm.	

## Appendix 2

### National Institute for Health and Clinical Excellence

#### Borderline Personality Disorder Guideline Review Consultation Comments Table 10-24 October 2011

Stakeholder	Agree with proposal to not update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	
Lancashire Care NHS Foundation Trust	Agree	There isn't enough evidence to warrant an update of the guideline at this time.			Thank you very much for your comment.
ACAT			<p>ACAT requests that the following additional studies are considered:</p> <p><b>Published:</b></p> <p>Chanen A.M., Jackson H.J., McCutcheon, I.K et al. (2009b) Early intervention for adolescents with borderline personality disorder: quasi-experimental comparison with treatment as usual. <i>Australian and New</i></p>		Thank you very much for your comment. This information will be passed on to the guideline developer during the future update of the guideline..

Stakeholder	Agree with proposal to not update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	
			<p><i>Zealand Journal of Psychiatry</i>, <b>43</b>, 397-408.</p> <p><b>Unpublished but data available</b></p> <p>Cognitive Analytic Therapy for Borderline Personality Disorder: Therapist competence and therapeutic effectiveness in real practice. Corresponding author: Dr. Stephen Kellett, Consultant Clinical Psychologist, Clinical Psychology Unit, Department of Psychology, University of Sheffield, S10 2TN, UK;</p> <p>Prof Sue Clarke's RCT of CAT vs TAU for PD (submitted I believe to <i>B.J.Psych</i>). This has been presented at a recent conference. She has agreed she can be contacted:</p> <p>The Sheffield SPeDi trial (CAT vs CBT) – it may be too early for meaningful</p>		

Stakeholder	Agree with proposal to not update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	
			<p>data at this stage. Web link below:</p> <p><u><a href="#">The SPeDi Trial (Sheffield Personality Disorders) - psychotherapy - Mental Health - Health services research - Sections - ScHARR - The University of Sheffield</a></u></p>		
RCGP	Agree	Agree that the guidelines should not be updated at this present time.			Thank you very much for your comment.
DH	Agree	I think the recommendation not to revise the guideline is reasonable at present but as some new evidence is clearly emerging fairly quickly (the guideline is only 2 years old) it would be sensible to look at it again in no more than another 2 years (I'm not sure what the normal timeframe would be).			Thank you very much for your comment.
NHS Sheffield	Agree	It's probably sensible not to alter the guideline when the contributors are not yet			Thank you very much for your comment.

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Stakeholder	Agree with proposal to not update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	
		certain how to include the new work on interventions, particularly medication.			
	Agree	As many of these patients are managed in primary care, this issue would have to be clear, or there would have to be guidance to refer for advice on treatment, or a proposal for shared care in some way. Some of the medications discussed may have significant longterm side-effects.			Thank you very much for your comment. This information will be passed on to the technical team when the guideline will be updated in the future.
Edinburgh Carers Council		<p>Carer Responses to NICE CG78 Review Consultation</p> <p>As you may be aware carers are often at the front line of having to manage the difficult behaviors associated with this mental health disorder. The impact on their own mental health is often immense. Carers can be a helpful resource to</p>			Thank you very much for your comment. This information will be passed on to the guideline developer during the future update of the guideline.

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		<p>professionals if they are considered and engaged with during the care and treatment process of the service user.</p> <p>1. Living with a person with BPD is highly stressful, and this is made immeasurably worse by being kept in complete ignorance of the diagnosis. Such ignorance is moreover likely to actually hinder improvement in the condition the person with borderline personality disorder as a result of, for example, less appropriate forms of response by the family or carers to the behaviours of the person with borderline personality disorder. Under the existing Guideline, family or carers, who are usually the people with the greatest interest in and concern for, the welfare of the person with borderline personality disorder, are</p>			

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		<p>more likely than not to be kept in ignorance (let alone excluded from any effective supporting involvement), because the very nature of borderline personality disorder makes the person with this condition reluctant to allow disclosure of their condition even to their family or carers. It is therefore recommended that the Guideline be made more supportive of the desirability of at least some involvement of the family or carers. It is proposed that the Guideline should be amended in the following manner:</p> <p>"NICE CG78 1.1.5 Involving families or carers Encourage the person with borderline personality disorder to allow their family or carers to be at least informed of their diagnosis, and, if willing and able, to be involved in their care, and,</p>			

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		<p>subject to the person's consent and rights to confidentiality:</p> <ul style="list-style-type: none"> <li>• encourage family or carers to be involved</li> <li>• ensure that the involvement of families or carers does not lead to withdrawal of, or lack of access to, services</li> <li>• inform families or carers about local support groups for families or carers, if these exist.”</li> </ul> <p>2. Although the various different forms of CG78 all refer to the possibility of involvement of families or carers, it is felt that the usefulness and desirability of this, is given insufficient emphasis.</p> <p>3. The observations in the “review proposal consultation document” are somewhat unclear insofar as the conclusion states that “.. some areas of the guideline may need updating at this</p>			

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		stage, particularly in relation to: Pharmacological therapies for people with borderline personality disorder. But the evidence is not robust enough to completely change the current recommendations in the guideline.”. The recommendation however is that there should be no change at all to the Guideline. Whilst some caution is clearly desirable, this would in effect maintain a wholly negative view of the possible role of pharmacological therapies, at a time when such therapies are in fact beginning to emerge.			
RCPsych	Disagree	Even though there is not thought to be a great deal of new evidence relating to the use of drugs in treatment of BPD, it is worth updating the guideline because this is a particularly challenging area of clinical practice and			Thank you very much for your comment. From the review, only very limited new evidence was identified and this limited new evidence is not likely to change current recommendation in the

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		therefore one in which as much guidance as possible, as up to date as possible, is very important.			guideline. Therefore, it is pertinent to await further evidence before updating the guideline.