

Appendix B: Stakeholder consultation comments table

2018 surveillance of
Antisocial personality disorder: prevention and management (2009) NICE guideline CG77
Borderline personality disorder: recognition and management (2009) NICE guideline CG78

Consultation dates: 30 April 2018 to 14 May 2018

CG77 Antisocial personality disorder: prevention and management

Do you agree with the proposal not to update the guideline?

Stakeholder	Overall response	Comments	NICE response
Somerset Partnership NHS Foundation Trust	No	Treatment recommendations seem overly focussed on prison population (group based CBT). Does not take into account people presenting to MH services with ASPD.	Thank you for your comment. Although we do not plan to update the guideline at this time, your comments will be considered at the next review. To address the specific issue you raise – the introduction to the full version of CG77 (p.17) notes ‘...there is more to antisocial personality disorder than criminal behaviour’. However it also notes (p.218) that ‘...the evidence for the treatment of these [antisocial] behaviours outside

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees

Appendix B: stakeholder consultation comments table for 2018 surveillance of CG77 Antisocial personality disorder (2009) and CG78 Borderline personality disorder (2009)

			<p>the criminal justice system is extremely limited' – hence section 1.4 of the short version of CG77 notes that '...the focus of several interventions is offending behaviour'. However, some recommendations do include mental health services settings for example 1.4.2.1 states: 'For people with antisocial personality disorder, including those with substance misuse problems, in community and mental health services, consider offering group-based cognitive and behavioural interventions.' A NICE research recommendation was made to attempt to address the lack of evidence in this area: '4.2 Group-based cognitive and behavioural interventions for populations outside criminal justice settings'</p> <p>The advance preview of version 11 of the International Classification of Diseases introduces substantial changes in the classification of personality disorders which have potential implications for NICE guidelines CG77 and 78. We therefore believe that any decision on whether to update these guidelines will be best made once NICE and the wider community have had chance to review and respond to ICD-11. We will review CG77 and 78 again at the earliest appropriate opportunity.</p> <p>Information obtained through the surveillance review, including feedback from stakeholders through this consultation, along with any further relevant new information, will be considered during the next review of the guidelines.</p>
Association for Family Therapy and Systemic practice UK	No	We consider the construct of personality disorder to be flawed and to cause additional suffering and barriers to effective support for many people. We would like an update to look outside of this lens to be able to provide recommendations to help and support people with the	<p>Thank you for your comment.</p> <p>Although we do not plan to update the guideline at this time, your comments will be considered at the next review. To address the specific issues you raise. The construct and labelling of personality disorder will be more appropriately considered in the context of</p>

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees

Appendix B: stakeholder consultation comments table for 2018 surveillance of CG77 Antisocial personality disorder (2009) and CG78 Borderline personality disorder (2009)

		<p>problems they are experiencing, rather than the label they have been given. There are problems with validity – people meeting criteria for several ‘personality disorders’ and people who appear to meet criteria but not for a specific diagnosis. Guidelines on management of suicidality, support with improving emotional stability, improving control of impulses and behaviour (executive control) could be potentially much more helpful than a disease-based model, and would fit with several of NICE’s existing areas of guidance</p>	<p>ICD-11 (see below for details). Your point about treating aspects of mental health rather than a disease-based model is partially addressed by an editorial amendment we will make to both CG77 and 78. This will add a link from these guidelines to the NICE mental health and behavioural conditions topic page where guidelines addressing some of the issues you mention can be found.</p> <p>The advance preview of version 11 of the International Classification of Diseases introduces substantial changes in the classification of personality disorders which have potential implications for NICE guidelines CG77 and 78. We therefore believe that any decision on whether to update these guidelines will be best made once NICE and the wider community have had chance to review and respond to ICD-11. We will review CG77 and 78 again at the earliest appropriate opportunity.</p> <p>Information obtained through the surveillance review, including feedback from stakeholders through this consultation, along with any further relevant new information, will be considered during the next review of the guidelines.</p>
Greater Manchester Mental Health NHS Foundation Trust	Yes	<p>Both guidelines CG77 and CG78 are badly in need of review. They are out-of-date, unrealistic, and excessively negative in tone. And they have created a rod for the backs of mental health service providers and their partners. However, it is logical to defer a review of these guidelines until the potentially seismic changes that may come with ICD-11 are published and appreciated. However, a review should commence at the earliest date thereafter.</p>	<p>Thank you for your comment.</p> <p>Although we do not plan to update the guideline at this time, your comments will be considered at the next review.</p> <p>As you note, the advance preview of version 11 of the International Classification of Diseases introduces substantial changes in the classification of personality disorders which have potential implications for NICE guidelines CG77 and 78. We therefore believe that any decision on whether to update these guidelines will be best made once NICE and the wider community have had chance to</p>

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees

Appendix B: stakeholder consultation comments table for 2018 surveillance of CG77 Antisocial personality disorder (2009) and CG78 Borderline personality disorder (2009)

			<p>review and respond to ICD-11. We will review CG77 and 78 again at the earliest appropriate opportunity.</p> <p>Information obtained through the surveillance review, including feedback from stakeholders through this consultation, along with any further relevant new information, will be considered during the next review of the guidelines.</p>
The Royal College of Psychiatrists	No answer	<p>We are concerned that the decision not to update the guideline could lead to failures to fund adequately in these areas.</p> <p>Our support of this decision is conditional on the assurance that this decision will not disadvantage people with such diagnoses in respect of getting access to appropriate treatment when they need it.</p>	<p>Thank you for your comment.</p> <p>Although we do not plan to update the guideline at this time, your comments will be considered at the next review. To address the specific issue you raise – the guideline retains the status of NICE guidance whether it is updated or not, and we do not anticipate any reduction in funding as a result of the decision not to update it at this time.</p>
Royal College of Paediatrics and Child Health	No answer	Please note that the RCPCH have no comments to make on either the Antisocial personality disorder: prevention and management or Borderline personality disorder: recognition and management consultations.	Thank you for your response.
Royal College of Nursing	No answer	Nurses caring for people with Borderline personality disorder and Antisocial personality disorder have reviewed the proposal and have no comments to submit at this stage.	Thank you for your response.
Department of Health and Social Care	No answer	I wish to confirm that the Department of Health and Social Care has no substantive comments to make, regarding this consultation.	Thank you for your response.

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees

Appendix B: stakeholder consultation comments table for 2018 surveillance of CG77 Antisocial personality disorder (2009) and CG78 Borderline personality disorder (2009)

Do you have any comments on areas excluded from the scope of the guideline?

Stakeholder	Overall response	Comments	NICE response
Somerset Partnership NHS Foundation Trust	Yes	Limited discussion of interventions	Thank you for your comment. Although we do not plan to update the guideline at this time, your comments will be considered at the next review. To address the specific issue you raise – psychological, psychosocial and pharmacological interventions are within the scope of the guideline. Evidence was examined for these when the guideline was originally developed and recommendations were made where possible. No new evidence was found in this area by the current review that was sufficient to propose an update.
Association for Family Therapy and Systemic practice UK	None other than those contained within our other responses	No comments provided	Thank you for your answer.
Greater Manchester Mental Health NHS Foundation Trust	No	No comments provided	Thank you for your answer.
The Royal College of Psychiatrists	No	No comments provided	Thank you for your answer.

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees

Appendix B: stakeholder consultation comments table for 2018 surveillance of CG77 Antisocial personality disorder (2009) and CG78 Borderline personality disorder (2009)

Royal College of Paediatrics and Child Health	No answer	Please note that the RCPCH have no comments to make on either the Antisocial personality disorder: prevention and management or Borderline personality disorder: recognition and management consultations.	Thank you for your response.
Royal College of Nursing	No answer	Nurses caring for people with Borderline personality disorder and Antisocial personality disorder have reviewed the proposal and have no comments to submit at this stage.	Thank you for your response.
Department of Health and Social Care	No answer	I wish to confirm that the Department of Health and Social Care has no substantive comments to make, regarding this consultation.	Thank you for your response.

Do you have any comments on equalities issues?

Stakeholder	Overall response	Comments	NICE response
Somerset Partnership NHS Foundation Trust	No	No comments provided	Thank you for your answer.
Association for Family Therapy and Systemic practice UK	Yes	<p>'ASPD' also represents and internalised pathological view of people subject to this diagnosis, with little hope for change and the additional barrier to positive interpersonal support of the assumption of violence / hostility and criminality.</p> <p>Context and society-level interventions are important here, too. We consider the label to be stigmatising and unhelpful,</p>	<p>Thank you for your comment.</p> <p>Although we do not plan to update the guideline at this time, your comments will be considered at the next review. To address the specific issue you raise – the diagnosis and label of antisocial personality disorder will be more appropriately considered in the context of ICD-11.</p>

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees

Appendix B: stakeholder consultation comments table for 2018 surveillance of CG77 Antisocial personality disorder (2009) and CG78 Borderline personality disorder (2009)

		creating barriers to access and effective support from services.	<p>The advance preview of version 11 of the International Classification of Diseases introduces substantial changes in the classification of personality disorders which have potential implications for NICE guidelines CG77 and 78. We therefore believe that any decision on whether to update these guidelines will be best made once NICE and the wider community have had chance to review and respond to ICD-11. We will review CG77 and 78 again at the earliest appropriate opportunity.</p> <p>Information obtained through the surveillance review, including feedback from stakeholders through this consultation, along with any further relevant new information, will be considered during the next review of the guidelines.</p>
Greater Manchester Mental Health NHS Foundation Trust	Yes	Both sets of guidance suffer from being focused on one gender – CG77 on men and CG78 on women. Greater attention needs to be given in the reviewed version to the fact that women present with antisocial personality disorder and men with borderline personality disorder. Encouraging the belief that there is a gender split in presentation is to ignore the underlying drivers of these disorders, which are common to both genders, regardless of their superficial expression.	<p>Thank you for your comment.</p> <p>Although we do not plan to update the guideline at this time, your comments will be considered at the next review. To address the specific issues you raise. In the scopes of CG77 and CG78, the section on groups that will and will not be covered do not specify any particular focus on men or women. Neither do the recommendations in these guidelines make any distinction between men and women, other than in CG77 recommendation 1.1.1.6 'When working with women with antisocial personality disorder take into account the higher incidences of common comorbid mental health problems and other personality disorders in such women.' and CG78 recommendation 1.3.4.5 'For women with borderline personality disorder for whom reducing recurrent self-harm is a priority, consider a comprehensive dialectical behaviour therapy programme.'</p>

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees

Appendix B: stakeholder consultation comments table for 2018 surveillance of CG77 Antisocial personality disorder (2009) and CG78 Borderline personality disorder (2009)

			<p>Additionally, the full version of these guidelines discuss nuances in the gender divide among people with the conditions. The full version of CG77 notes (p.22) that 'While the incidence of antisocial personality disorder in women may be lower [...] there is some evidence to suggest that women with antisocial personality disorder have greater severity of problems [...]'. And the full version of CG78 notes (p.20) that 'In community samples the prevalence of the disorder is roughly equal male to female, whereas in services there is a clear preponderance of women, who are more likely to seek treatment. It follows that the majority of people diagnosed with personality disorder, most of whom will have borderline personality disorder, will be women. Borderline personality disorder is particularly common among people who are drug and/or alcohol dependent, and within drug and alcohol services there will be more men with a diagnosis of borderline personality disorder than women.'</p> <p>The advance preview of version 11 of the International Classification of Diseases introduces substantial changes in the classification of personality disorders which have potential implications for NICE guidelines CG77 and 78. We therefore believe that any decision on whether to update these guidelines will be best made once NICE and the wider community have had chance to review and respond to ICD-11. We will review CG77 and 78 again at the earliest appropriate opportunity.</p> <p>Information obtained through the surveillance review, including feedback from stakeholders through this consultation, along with any further relevant new information, will be considered during the next review of the guidelines.</p>
--	--	--	--

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees

Appendix B: stakeholder consultation comments table for 2018 surveillance of CG77 Antisocial personality disorder (2009) and CG78 Borderline personality disorder (2009)

The Royal College of Psychiatrists	No	No comments provided	Thank you for your answer.
Royal College of Paediatrics and Child Health	No answer	Please note that the RCPCH have no comments to make on either the Antisocial personality disorder: prevention and management or Borderline personality disorder: recognition and management consultations.	Thank you for your response.
Royal College of Nursing	No answer	Nurses caring for people with Borderline personality disorder and Antisocial personality disorder have reviewed the proposal and have no comments to submit at this stage.	Thank you for your response.
Department of Health and Social Care	No answer	I wish to confirm that the Department of Health and Social Care has no substantive comments to make, regarding this consultation.	Thank you for your response.

CG78 Borderline personality disorder: recognition and management

Do you agree with the proposal not to update the guideline?

Stakeholder	Overall response	Comments	NICE response
-------------	------------------	----------	---------------

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees

Appendix B: stakeholder consultation comments table for 2018 surveillance of CG77 Antisocial personality disorder (2009) and CG78 Borderline personality disorder (2009)

Somerset Partnership NHS Foundation Trust	Yes	No comments provided	Thank you for your answer.
Association for Family Therapy and Systemic practice UK	No	We consider the construct of personality disorder to be flawed and to cause additional suffering and barriers to effective support for many people. We would like an update to look outside of this lens to be able to provide recommendations to help and support people with the problems they are experiencing, rather than the label they have been given. There are problems with validity – people meeting criteria for several ‘personality disorders’ and people who appear to meet criteria but not for a specific diagnosis. Guidelines on management of suicidality, support with improving emotional stability, improving control of impulses and behaviour (executive control) could be potentially much more helpful than a disease-based model, and would fit with several of NICE’s existing areas of guidance	Thank you for your comment. The same comment was provided in response to the CG77 consultation question ‘Do you agree with the proposal not to update the guideline?’ Please see our response in the table above.
Greater Manchester Mental Health NHS Foundation Trust	Yes	As with the comment on CG77. Both guidelines CG77 and CG78 are badly in need of review. They are out-of-date, unrealistic, and excessively negative in tone. And they have created a rod for the backs of mental health service providers and their partners. However, it is logical to defer a review of these guidelines until the potentially seismic changes that may come with	Thank you for your comment. The same comment was provided in response to the CG77 consultation question ‘Do you agree with the proposal not to update the guideline?’ Please see our response in the table above.

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees

Appendix B: stakeholder consultation comments table for 2018 surveillance of CG77 Antisocial personality disorder (2009) and CG78 Borderline personality disorder (2009)

		ICD-11 are published and appreciated. However, a review should commence at the earliest date thereafter.	
The Royal College of Psychiatrists	Not answered	<p>We are concerned that the decision not to update the guideline could lead to failures to fund adequately in these areas.</p> <p>Our support of this decision is conditional on the assurance that this decision will not disadvantage people with such diagnoses in respect of getting access to appropriate treatment when they need it.</p>	<p>Thank you for your comment.</p> <p>The same comment was provided in response to the CG77 consultation question 'Do you agree with the proposal not to update the guideline?' Please see our response in the table above.</p>
IPRI (Initiatives in Psychology and Research Intervention)	No	<ol style="list-style-type: none"> 1. The recent large RCT on lamotrigine in BPD (<i>*Crawford et al, 2018</i>) confirms lack of utility in BPD. However, the current NICE guideline recommends no pharmacological treatment for BPD, yet vast numbers of patients are taking all manner of psychopharmaceuticals, at financial and human cost. A new update is needed to find ways to emphasise to clinicians NOT to prescribe, and for clients already on medications who want to cease, to support them in obtaining their doctors' co-operation. 2. I also think it is scandalous that, still, after a further ten years, there are still no NICE-recommended, evidence-based treatments or managements for this excruciatingly painful, lethal condition. Perhaps NICE should consider actual lobbying as part of its developing remit, for urgently needed research. 	<p>Thank you for your comment.</p> <p>Although we do not plan to update the guideline at this time, your comments will be considered at the next review. To address the specific issues you raise:</p> <ol style="list-style-type: none"> 1. The RCT by Crawford et al. 2018 to which you refer was examined by the surveillance review (see Appendix A). We concluded that 'Neither lamotrigine nor treatment with specific drugs are recommended by the guideline, and the new evidence identified through surveillance is unlikely to change the conclusion of the previous surveillance that there is no impact on the recommendations.' As you note, CG78 makes an explicit recommendation about drug treatment in 1.3.5.1: 'Drug treatment should not be used specifically for borderline personality disorder or for the individual symptoms or behaviour associated with the disorder'. Implementation of the guideline, which includes the monitoring of 'do not do' recommendations, is outside the remit of

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees

Appendix B: stakeholder consultation comments table for 2018 surveillance of CG77 Antisocial personality disorder (2009) and CG78 Borderline personality disorder (2009)

			<p>surveillance reviews. However we will pass on your concerns about the use of drugs in this population to our implementation team.</p> <p>2. The surveillance review identified several studies on management strategies for borderline personality disorder but it was felt that there was not enough evidence to indicate any need to update the guideline. NICE is able to suggest areas for research through its research recommendations. CG78 has 4 research recommendations about management:</p> <ul style="list-style-type: none"> • 4.2 Psychological therapy programmes for people with borderline personality disorder <ul style="list-style-type: none"> – The surveillance review found new evidence for a variety of psychological therapy programmes. Systematic reviews found that psychotherapy in general was clinically and cost-effective. RCTs examining individual therapies had mixed results and evidence either did not support them, or was insufficient to suggest adding them to the recommendations at this time • 4.3 Outpatient psychosocial interventions <ul style="list-style-type: none"> – No new evidence relevant to the research recommendation was found by the surveillance review and no ongoing studies were identified. • 4.4 Mood stabilisers <ul style="list-style-type: none"> – The surveillance review found new evidence for the mood stabilisers lamotrigine and asenapine. There was no evidence to support the use of lamotrigine for borderline personality disorder. There was evidence that
--	--	--	---

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees

Appendix B: stakeholder consultation comments table for 2018 surveillance of CG77 Antisocial personality disorder (2009) and CG78 Borderline personality disorder (2009)

			<p>asenapine and olanzapine had a similar efficacy, but study limitations prohibited firm conclusions.</p> <ul style="list-style-type: none"> • 4.5 Developing a care pathway <ul style="list-style-type: none"> – No new evidence relevant to the research recommendation was found by the surveillance review and no ongoing studies were identified. <p>The advance preview of version 11 of the International Classification of Diseases introduces substantial changes in the classification of personality disorders which have potential implications for NICE guidelines CG77 and 78. We therefore believe that any decision on whether to update these guidelines will be best made once NICE and the wider community have had chance to review and respond to ICD-11. We will review CG77 and 78 again at the earliest appropriate opportunity.</p> <p>Information obtained through the surveillance review, including feedback from stakeholders through this consultation, along with any further relevant new information, will be considered during the next review of the guidelines.</p>
Royal College of Paediatrics and Child Health	No answer	Please note that the RCPCH have no comments to make on either the Antisocial personality disorder: prevention and management or Borderline personality disorder: recognition and management consultations.	Thank you for your response.
Royal College of Nursing	No answer	Nurses caring for people with Borderline personality disorder and Antisocial personality disorder have reviewed the proposal and have no comments to submit at this stage.	Thank you for your response.

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees

Appendix B: stakeholder consultation comments table for 2018 surveillance of CG77 Antisocial personality disorder (2009) and CG78 Borderline personality disorder (2009)

Department of Health and Social Care	No answer	I wish to confirm that the Department of Health and Social Care has no substantive comments to make, regarding this consultation.	Thank you for your response.
Do you have any comments on areas excluded from the scope of the guideline?			
Stakeholder	Overall response	Comments	NICE response
Somerset Partnership NHS Foundation Trust	No	No comments provided	Thank you for your answer.
Association for Family Therapy and Systemic practice UK	None other than those stated in the rest of the form	No comments provided	Thank you for your answer.
Greater Manchester Mental Health NHS Foundation Trust	No	No comments provided	Thank you for your answer.
The Royal College of Psychiatrists	No answer	No comments provided	Thank you.
IPRI	Yes	See 1 & 2 (in response to 'Do you agree with the proposal not to update the guideline?' above)	Thank you for your comment. Please see our response to your comment on the question 'Do you agree with the proposal not to update the guideline?' above.

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees

Appendix B: stakeholder consultation comments table for 2018 surveillance of CG77 Antisocial personality disorder (2009) and CG78 Borderline personality disorder (2009)

Royal College of Paediatrics and Child Health	No answer	Please note that the RCPCH have no comments to make on either the Antisocial personality disorder: prevention and management or Borderline personality disorder: recognition and management consultations.	Thank you for your response.
Royal College of Nursing	No answer	Nurses caring for people with Borderline personality disorder and Antisocial personality disorder have reviewed the proposal and have no comments to submit at this stage.	Thank you for your response.
Department of Health and Social Care	No answer	I wish to confirm that the Department of Health and Social Care has no substantive comments to make, regarding this consultation.	Thank you for your response.
Do you have any comments on equalities issues?			
Stakeholder	Overall response	Comments	NICE response
Somerset Partnership NHS Foundation Trust	No	No comments provided	Thank you for your answer.
Association for Family Therapy and Systemic practice UK	Yes	'BPD' is a term which represents an internalised, pathological view of people subject to this diagnosis, which implies little hope for change and is stigmatising of the people subject to this label. It does not represent traumatic, unjust or abusive experiences that people have been subject to, and in not representing these it obscures both contextualisation which could be beneficial for people subject to this diagnosis, and valid areas for societal intervention (interventions at the society level to reduce the prevalence, severity and repetition of traumatic, unjust and abusive experiences). The label is stigmatising and in	Thank you for your comment. Although we do not plan to update the guideline at this time, your comments will be considered at the next review. To address the specific issue you raise – the diagnosis and label of borderline personality disorder will be more appropriately considered in the context of ICD-11. The advance preview of version 11 of the International Classification of Diseases introduces substantial changes in the classification of personality disorders which have potential implications for NICE guidelines CG77 and 78. We therefore believe

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees

Appendix B: stakeholder consultation comments table for 2018 surveillance of CG77 Antisocial personality disorder (2009) and CG78 Borderline personality disorder (2009)

		<p>conveying the idea of a ‘lifelong disorder not amenable to change’ it also interferes with the availability of clinicians, society and personal support relationships to bear witness to the often heroic acts of survival and coping, and the steps towards reclaiming their lives that people subject to this diagnosis are making.</p> <p>Some authors have suggested complex PTSD as a better description (e.g. Kulkarni 2017 https://doi.org/10.1177/1039856217700284) though this may possibly serve to position survivors as victims.</p>	<p>that any decision on whether to update these guidelines will be best made once NICE and the wider community have had chance to review and respond to ICD-11. We will review CG77 and 78 again at the earliest appropriate opportunity.</p> <p>Information obtained through the surveillance review, including feedback from stakeholders through this consultation, along with any further relevant new information, will be considered during the next review of the guidelines.</p>
Greater Manchester Mental Health NHS Foundation Trust	Yes	<p>As with the comment on CG77.</p> <p>Both sets of guidance suffer from being focused on one gender – CG77 on men and CG78 on women. Greater attention needs to be given in the reviewed version to the fact that women present with antisocial personality disorder and men with borderline personality disorder. Encouraging the belief that there is a gender split in presentation is to ignore the underlying drivers of these disorders, which are common to both genders, regardless of their superficial expression.</p>	<p>Thank you for your comment.</p> <p>The same comment was provided in response to the CG77 consultation question ‘Do you have any comments on equalities issues?’ Please see our response in the table above.</p>
The Royal College of Psychiatrists	No answer	No comments provided	Thank you.
IPRI	Yes	<p>Personality disorders affect genders & ethnicities differently, and this should be addressed in an update to the guidelines.</p>	<p>Thank you for your comment.</p> <p>Although we do not plan to update the guideline at this time, your comments will be considered at the next review. To address the specific issues you raise. Some acknowledgement of differing</p>

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees

Appendix B: stakeholder consultation comments table for 2018 surveillance of CG77 Antisocial personality disorder (2009) and CG78 Borderline personality disorder (2009)

			<p>approaches to management in men and women is made in CG78 recommendation 1.3.4.5: 'For women with borderline personality disorder for whom reducing recurrent self-harm is a priority, consider a comprehensive dialectical behaviour therapy programme.'</p> <p>Additionally the following recommendations reference ethnicity:</p> <ul style="list-style-type: none"> • 1.1.1.3 Ensure that people with borderline personality disorder from black and minority ethnic groups have equal access to culturally appropriate services based on clinical need. • 1.5.1.1 Mental health trusts should develop multidisciplinary specialist teams and/or services for people with personality disorders. These teams should have specific expertise in the diagnosis and management of borderline personality disorder and should: [...] monitor the provision of services for minority ethnic groups to ensure equality of service delivery. <p>The advance preview of version 11 of the International Classification of Diseases introduces substantial changes in the classification of personality disorders which have potential implications for NICE guidelines CG77 and 78. We therefore believe that any decision on whether to update these guidelines will be best made once NICE and the wider community have had chance to review and respond to ICD-11. We will review CG77 and 78 again at the earliest appropriate opportunity.</p> <p>Information obtained through the surveillance review, including feedback from stakeholders through this consultation, along with any further relevant new information, will be considered during the next review of the guidelines.</p>
--	--	--	---

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees

Appendix B: stakeholder consultation comments table for 2018 surveillance of CG77 Antisocial personality disorder (2009) and CG78 Borderline personality disorder (2009)

Royal College of Paediatrics and Child Health	No answer	Please note that the RCPCH have no comments to make on either the Antisocial personality disorder: prevention and management or Borderline personality disorder: recognition and management consultations.	Thank you for your response.
Royal College of Nursing	No answer	Nurses caring for people with Borderline personality disorder and Antisocial personality disorder have reviewed the proposal and have no comments to submit at this stage.	Thank you for your response.
Department of Health and Social Care	No answer	I wish to confirm that the Department of Health and Social Care has no substantive comments to make, regarding this consultation.	Thank you for your response.

Additional questions relevant to both CG77 and CG78

Do you expect the ICD-11 classification of personality disorders to be adopted in the UK?

Stakeholder	Overall response	Comments	NICE response
Somerset Partnership NHS Foundation Trust	Yes	However, we have deep concerns about a broad heading and trait domains. It is our hope that ICD-11 will adopt an 11th hour compromise as was done in DSM-V and retain	Thank you for your comment. The advance preview of version 11 of the International Classification of Diseases introduces substantial changes in the

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees

Appendix B: stakeholder consultation comments table for 2018 surveillance of CG77 Antisocial personality disorder (2009) and CG78 Borderline personality disorder (2009)

		<p>the individual personality disorders with an additional section on severity and trait domains. It is understandable to include trait domains but by doing this purely and at the expense of losing the individual diagnoses it is likely to lose more than it would gain.</p>	<p>classification of personality disorders which have potential implications for NICE guidelines CG77 and 78. We therefore believe that any decision on whether to update these guidelines will be best made once NICE and the wider community have had chance to review and respond to ICD-11. We will review CG77 and 78 again at the earliest appropriate opportunity.</p> <p>Information obtained through the surveillance review, including feedback from stakeholders through this consultation, along with any further relevant new information, will be considered during the next review of the guidelines.</p>
<p>Association for Family Therapy and Systemic practice UK</p>	<p>Yes</p>	<p>It is likely to be adopted, but the DSM-5 is likely to also continue to be used. The proposed changes are not exactly clear and there have been conflicting reports of whether categories will be collapsed and dimensions of severity used, or whether categories will be retained. Until the ICD 11 is published and responses are received it is not clear what the popular position will be.</p>	<p>Thank you for your comment.</p> <p>The advance preview of version 11 of the International Classification of Diseases introduces substantial changes in the classification of personality disorders which have potential implications for NICE guidelines CG77 and 78. We therefore believe that any decision on whether to update these guidelines will be best made once NICE and the wider community have had chance to review and respond to ICD-11. We will review CG77 and 78 again at the earliest appropriate opportunity.</p> <p>Information obtained through the surveillance review, including feedback from stakeholders through this consultation, along with any further relevant new information, will be considered during the next review of the guidelines.</p>
<p>Greater Manchester Mental Health NHS Foundation Trust</p>	<p>Yes</p>	<p>No Comments provided</p>	<p>Thank you for your answer.</p>

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees

Appendix B: stakeholder consultation comments table for 2018 surveillance of CG77 Antisocial personality disorder (2009) and CG78 Borderline personality disorder (2009)

The Royal College of Psychiatrists	No answer	No comments provided	Thank you.
IPRI	Yes	But only by some clinicians, as they are controversial	<p>Thank you for your comment.</p> <p>The advance preview of version 11 of the International Classification of Diseases introduces substantial changes in the classification of personality disorders which have potential implications for NICE guidelines CG77 and 78. We therefore believe that any decision on whether to update these guidelines will be best made once NICE and the wider community have had chance to review and respond to ICD-11. We will review CG77 and 78 again at the earliest appropriate opportunity.</p> <p>Information obtained through the surveillance review, including feedback from stakeholders through this consultation, along with any further relevant new information, will be considered during the next review of the guidelines.</p>

If adopted, do you anticipate an impact on NICE's personality disorder guidelines CG77 and 78? (For example, would it remain correct to have 2 separate guidelines?)

Stakeholder	Overall response	Comments	NICE response
Somerset Partnership NHS Foundation Trust	No answer	We would anticipate the impact to be catastrophic and far reaching and the ICD-11 system as proposed would present extreme and possibly insurmountable challenges in developing guidelines e.g. combining the guidelines for ASPD and BPD yet alone consideration for developing	<p>Thank you for your comment.</p> <p>As you note, the advance preview of version 11 of the International Classification of Diseases introduces substantial changes in the classification of personality disorders which have potential implications for NICE guidelines CG77 and 78. We therefore believe</p>

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees

Appendix B: stakeholder consultation comments table for 2018 surveillance of CG77 Antisocial personality disorder (2009) and CG78 Borderline personality disorder (2009)

		<p>guidelines for the other well recognised personality disorders.</p>	<p>that any decision on whether to update these guidelines will be best made once NICE and the wider community have had chance to review and respond to ICD-11. We will review CG77 and 78 again at the earliest appropriate opportunity.</p> <p>Information obtained through the surveillance review, including feedback from stakeholders through this consultation, along with any further relevant new information, will be considered during the next review of the guidelines.</p>
<p>Association for Family Therapy and Systemic practice UK</p>	<p>Yes</p>	<p>We dispute the validity, usefulness and equity of the personality disorder construct. It is not clear what decisions the ICD 11 committee will make with regard to the constructs they will adopt. Often the argument made for diagnostic categories is that they enable people to access the 'right' treatment. Whilst this may hold with infectious diseases, systemic diseases, etc. it does not necessarily hold for the emotional and social ways we learn to use as a consequence of, or to deal with, trauma, abuse, discrimination, negative stereotyping, poverty or insufficient resources, nurture or support. Especially where support may be compromised by stigmatising and 'hopeless' labels. Some people have had to endure more than others with fewer sources of support (including from alienating discourses in media and society) and with fewer social and financial opportunities. These people are likely to need more access to support from the health service, which actually is supportive in terms of recognising achievements towards their preferred ways of living. The diagnostic label and the construct of disease / pathology</p>	<p>Thank you for your comment.</p> <p>The advance preview of version 11 of the International Classification of Diseases introduces substantial changes in the classification of personality disorders which have potential implications for NICE guidelines CG77 and 78. We therefore believe that any decision on whether to update these guidelines will be best made once NICE and the wider community have had chance to review and respond to ICD-11. We will review CG77 and 78 again at the earliest appropriate opportunity.</p> <p>Information obtained through the surveillance review, including feedback from stakeholders through this consultation, along with any further relevant new information, will be considered during the next review of the guidelines.</p>

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees

Appendix B: stakeholder consultation comments table for 2018 surveillance of CG77 Antisocial personality disorder (2009) and CG78 Borderline personality disorder (2009)

		<p>may provide more obstacles in the way of the quality of support available than drivers towards receiving support.</p> <p>Your metasynthesis of patient experience studies points to the characteristics of effective and acceptable supports and interventions, and we note that your assessment was that these are mainly contained within the existing guidelines. In this document much of the advice is contextual (i.e. if someone presents with repeated episodes of self-harm...’ or ‘if someone presents in a crisis...’) and the quality of that advice may not gain anything through the addition of a PD label, in other words, ‘symptom’ or situational management pathways may be more beneficial because they exclude the stigmatising label. Instead of referral to a specialist service for possible diagnosis of a PD, it could be referral to a specialist service for additional support for the patient and management advice for the healthcare provider.</p> <p>A reduction in the number of ‘personality disorders’ for which there was specific guidance would be a step towards deconstruction, but we feel a change in approach and / or language should also be considered. As with the positive change in language from ‘very severe and dangerous PD’ a revision could benefit from keeping closer to the context of the problem presented, management of risk and enabling both professional and social support.</p>	
Greater Manchester Mental Health NHS Foundation Trust	Yes	(i) Both sets of clinical guidance will be affected by the publication of ICD-11. However, the guidance is about more than the mere diagnosis of the conditions. Therefore, both sets of guidance are in desperate need of revision to	<p>Thank you for your comment.</p> <p>To address the specific issues you raise:</p>

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees

Appendix B: stakeholder consultation comments table for 2018 surveillance of CG77 Antisocial personality disorder (2009) and CG78 Borderline personality disorder (2009)

	<p>incorporate up-to-date thinking and practice, to reflect something more of the reality of the care and management of people with this condition, to appear less naïve about care provision in this area, and to improve (significantly) on the excessively negative in tone of the current guidance. Both sets of guidance, as they currently stand, create a rod for the backs of mental health service providers and their partners.</p> <p>(ii) It is not appropriate for there to be two sets of guidance, one each on the borderline and antisocial presentations. To maintain two sets of guidance is to pretend a degree of distinction between the conditions that does not exist in reality. Further, ICD-11 is unlikely to use the terms 'borderline' or 'antisocial' and will direct service providers towards engagement with service users at the level of the severity of their presentation rather than its diagnostic label. Also, focus on the borderline and antisocial presentations is to neglect other conditions of relevance – other problematic personality presentations and clinical syndromes (e.g., PTSD, mood disorders, substance use disorders). I would like to suggest that NICE focuses on the preparation of a single set of clinical guidance on personality disorder.</p>	<p>(i) Although you describe the guidance as 'excessively negative in tone', the guidelines make clear that a positive approach is most appropriate:</p> <ul style="list-style-type: none"> • CG77 recommendation 1.1.4.1 'Staff working with people with antisocial personality disorder should recognise that a positive and rewarding approach is more likely to be successful than a punitive approach in engaging and retaining people in treatment. Staff should: explore treatment options in an atmosphere of hope and optimism, explaining that recovery is possible and attainable' • CG78 recommendation 1.1.4.1 'When working with people with borderline personality disorder: explore treatment options in an atmosphere of hope and optimism, explaining that recovery is possible and attainable' <p>(ii) Your point about other conditions of relevance is partially addressed by an editorial amendment we will make to both CG77 and 78. This will add a link from these guidelines to the NICE mental health and behavioural conditions topic page where guidelines addressing the conditions you mention can be found</p> <p>As you note, the advance preview of version 11 of the International Classification of Diseases introduces substantial changes in the classification of personality disorders which have potential implications for NICE guidelines CG77 and 78. We therefore believe that any decision on whether to update these guidelines will be best made once NICE and the wider community have had chance to review and respond to ICD-11. We will review CG77 and 78 again at the earliest appropriate opportunity.</p>
--	---	---

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees

Appendix B: stakeholder consultation comments table for 2018 surveillance of CG77 Antisocial personality disorder (2009) and CG78 Borderline personality disorder (2009)

			Information obtained through the surveillance review, including feedback from stakeholders through this consultation, along with any further relevant new information, will be considered during the next review of the guidelines.
The Royal College of Psychiatrists	No answer	No comments provided	Thank you.
IPRI	Yes	You may end up with multiple guidelines, but not differentiated by category of PD.	<p>Thank you for your comment.</p> <p>As you note, the advance preview of version 11 of the International Classification of Diseases introduces substantial changes in the classification of personality disorders which have potential implications for NICE guidelines CG77 and 78. We therefore believe that any decision on whether to update these guidelines will be best made once NICE and the wider community have had chance to review and respond to ICD-11. We will review CG77 and 78 again at the earliest appropriate opportunity.</p> <p>Information obtained through the surveillance review, including feedback from stakeholders through this consultation, along with any further relevant new information, will be considered during the next review of the guidelines.</p>

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees

Appendix B: stakeholder consultation comments table for 2018 surveillance of CG77 Antisocial personality disorder (2009) and CG78 Borderline personality disorder (2009)