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Transference-focused psychotherapy reduces treatment drop-out and suicide attempters compared with community psychotherapist treatment in borderline personality disorder

QUESTION

Question: How does transference-focused psychotherapy (TFP) compare with treatment by community psychotherapists for borderline personality disorder (BPD)?

Patients: One hundred and four female outpatients aged between 18 and 45 years with Diagnostic and Statistical Manual, Fourth Edition (DSM-IV) BPD. Main exclusions: antisocial personality disorder, schizophrenia, bipolar I or II disorder with an episode in the past 6 months, recent substance dependency, organic pathology or mental retardation.

Setting: Two outpatient units, Germany; recruitment October 2004 to August 2006.

Intervention: TFP or community psychotherapist treatment for a year. TFP was a manualised-modified psychodynamic psychotherapy delivered in two 50 min sessions per week by a specially trained therapist. Community psychotherapists were experienced and particularly interested in people with BPDs; however, none of the therapists had specific training in manualised borderline psychotherapy.

Outcomes: (1) Primary outcomes included drop-out from treatment, suicide attempts (assessed using the Cornell Interview for Suicidal and Self Harming Behaviour – Self Report). (2) Secondary outcomes included DSM-IV BPD diagnosis. Participants were assessed at baseline and 1 year.

Patient follow-up: Sixty-six per cent completed treatment (see Results); 69% completed final assessment and were included in observed case (OC) analysis; 100% included in last observation carried forward (LOCF) analysis.

METHODS

Design: Randomised controlled trial.

Allocation: Not clear.

Blinding: Single blind (outcome assessors blinded).

Follow-up period: One year (treatment period only).

MAIN RESULTS

Drop-out from treatment was significantly higher in the community psychotherapy group than in the TFP group (38.5% with TFP vs 67.3% with community treatment; p=0.003). TFP reduced the proportion of participants making suicide attempts compared with community psychotherapist treatment (AR of a suicide attempt, LOCF analysis: 13.7% with TFP vs 21.2% with community psychotherapy; p=0.009; OC analysis ARs not presented, p=0.001). After 1 year, TFP reduced the proportion of participants who met DSM-IV criteria for BPD compared with community psychotherapist treatment (AR for not meeting DSM-IV criteria for BPD, OC analysis: 51.2% with TFP vs 27.6% with community psychotherapy, p=0.047; LOCF analysis: 42.3% with TFP vs 15.4% with community psychotherapy, p=0.002).

CONCLUSIONS

Among women with BPD, TFP reduces treatment drop-out and the proportion of people making suicide attempts compared with treatment by a community psychotherapist. TFP also reduces the proportion of women continuing to meet diagnostic criteria for BPD at 1 year.

ABSTRACTED FROM

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COMMENTARY

Borderline personality disorder (BPD) is a highly prevalent and debilitating disorder (1–6% in the general population and 9–15% in outpatient samples). BPD is frequently comorbid with a number of Axis I disorders, when comorbid BPD negatively affects the course and outcome of otherwise efficacious treatments for these disorders.[1] Thus, the treatment of BPD is a major public health concern.

The randomised controlled trial by Doering and colleagues further establishes a psychodynamic treatment called transference-focused psychotherapy (TFP) as an efficacious treatment for BPD. The authors compared 1 year of TFP to treatment by experienced community psychotherapists (ECP). While patients improved in both treatments, patients randomly assigned to TFP evidenced significantly lower drop-out, greater reductions in patients attempting suicide, lower number of inpatient admissions, fewer patients experienced BPD symptoms and greater improvements in personality organisation and psychosocial functioning.

Strengths of this study include (1) a large sample with the power to detect differences between the groups; (2) reporting of both completer (internal validity) and intent-to-treat analyses (external validity); (3) comparisons with therapists in the community who were both experienced and committed to treating BPD patients (ecological validity/legitimate control group); and (4) the demonstration of efficacy for TFP by an independent group not affiliated with the original investigators.

One limitation is that those in the TFP condition received significantly more psychotherapy sessions than in the ECP condition (2:1 for completers; 3:1 for Intention to Treat). However, the authors statistically controlled for the sessions and found no effect on the treatment outcome. Additionally, in most other BPD studies the experimental group tends to have more treatment hours than the control (with 60:1[2], 6:1[3] and 2:1[4] in prior studies).

These findings contribute to a growing literature on efficacious approaches available to clinicians treating BPD. There is no credible evidence that any one treatment is significantly better than any other as a function of effect sizes or comparisons with bona fide alternative treatments. Thus, TFP represents one of a number of therapies that may be useful in treating BPD. Additionally, only TFP has been shown to change how patients think about themselves in relationships.[5] Future research is needed on the long-term efficacy of these approaches, identifying mechanisms of change and determining which patients will do best in which specific treatments.

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