

An integrated psychotherapeutic program for severe personality disorder can be effectively applied as well as those with comorbid substance use disorder?

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Background

There is evidence that concurrent substance use disorders (SUD) and personality disorders (PD) seem to influence the course of both disorders in a negative way. However, psychotherapy services tend to exclude patients with PD who also have SUD (PD-SUD). Moreover, in psychotherapy efficacy studies, the criterion leading to the highest exclusion rate is SUD. Meaning that they tend to recruit “pure” rather than “typical” patients and, as a consequence, their results may not be readily generalized to more “ordinary” clinical settings. In a previous pragmatic study, which had few exclusion criteria, we show that an integrated psychotherapeutic program for severe PD was effective in preventing psychiatric readmissions or prolonged hospital stays. This improvement was maintained at a 36-months follow-up.

Objective

This study aims to examine whether an integrated psychotherapeutic program for PD without SUD (PD-nSUD) can be effectively applied as well as in cases of PD-SUD.

Method

Participants were 51 patients admitted to a psychotherapeutic program that integrated several specific interventions: skills training group, based on Dialectical Behavioral Therapy; relational group, based on Mentalization-Based Treatment; individual psychotherapy; telephone consultation and medication review. Patients were diagnosed with PD according to the Spanish version of the Structured Clinical Interview for personality disorders. Twenty-eight of them met DSM-IV diagnostic criteria for SUD. These were compared to PD-nSUD according to a pragmatic design that compared hospitalizations (proportion of hospitalized patients, number of admissions and days of hospitalization) before and during a six-months intervention and 36 months after starting it. Statistical analysis were performed using generalized estimating equations with each of the three outcome measures as dependent variables and time (continuous), SUD and the interaction time*SUD as independent variables. To reduce variances attributed to nonrelevant factors age and gender were included as covariates.

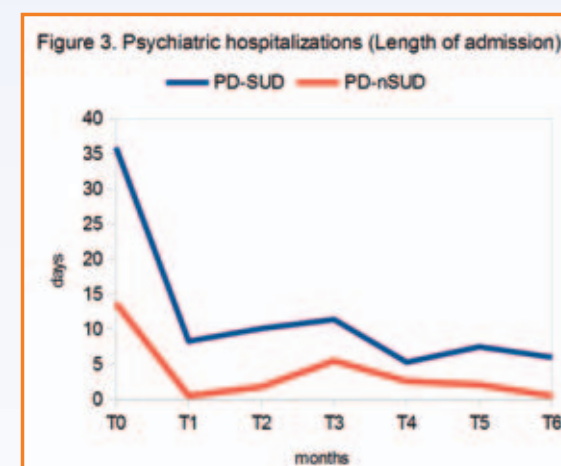
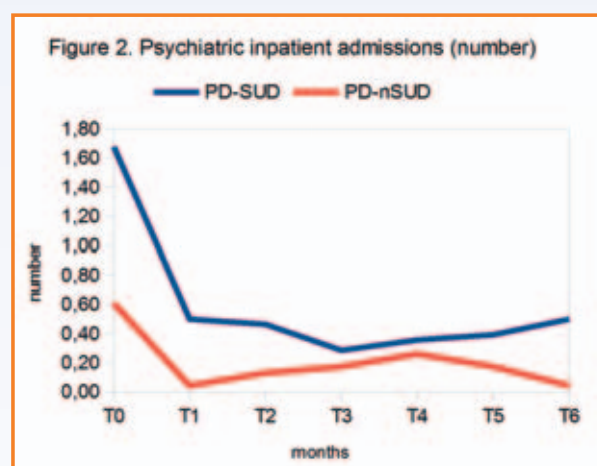
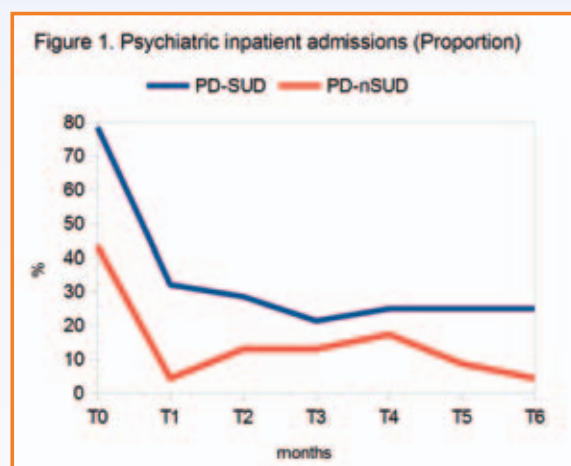
Results

The 6-months attrition rate was 39% (PD-SUD) vs 22% (PD-nSUD) ($p=0.30$). In both groups the percentage of hospitalized patients, the number of admissions as well as the number of days of hospitalization were significantly reduced (table 1) during the intervention and this improvement was maintained throughout ($p=0.001$) (Figure 1-3). Basically there were no differences between both groups. In fact, the interaction time*SUD only was significant in one of three outcome variables -the length of admission- but in this case the effect size was higher in the PD-SUD group ($d=0.94$) than in the PD-nSUD ($d=0.62$).

Table 1. Generalized estimating equation analysis for each outcome measure

	Psychiatric Hospitalization															
	Hospitalized Patients						Number of admissions					Days of hospitalization				
	B (Est)	SE	Wald	p	OR	IC 95% (OR)	B (Est)	SE	Wald	p	IC 95% (Est)	B (Est)	SE	Wald	p	IC 95% (Est)
(Intercept)	-0.57	0.99	0.34	0.56	0.56	0.08/3.91	-1.32	0.75	3.12	0.08	-2.79/0.14	9.62	5.24	3.37	0.07	-0.65/19.90
Time	-0.32	0.07	18.63	0.00	0.73	0.63/0.84	-0.24	0.07	11.96	0.00	-0.38/-0.11	-1.28	0.45	8.08	0.00	-2.16/-0.40
SUD	1.03	0.42	5.91	0.02	2.81	1.22/6.45	1.08	0.33	10.58	0.00	0.43/1.73	14.18	4.28	10.99	0.00	5.79/22.56
Gender	0.83	0.37	4.88	0.03	2.28	1.10/4.75	0.66	0.29	5.25	0.02	0.10/1.22	5.84	2.63	4.92	0.03	0.68/10.99
Age	-0.03	0.03	0.99	0.32	0.97	0.93/1.03	-0.00	0.02	0.03	0.86	-0.04/0.04	-0.16	0.13	1.56	0.21	-0.40/0.09
Time:SUD												-2.15	0.76	8.08	0.00	-3.64/-0.67

B (eta)= estimate T1/T6 compared to baseline (T0). Est= Estimate. SE= Standard Error. CI= Confidence Interval.
Time: SUD= time*SUD interaction. SUD= Substance Use Disorder.



Conclusions

Specialized psychotherapy for severe PD can be effectively applied with PD-SUD patients.

References

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