A Comparison of Psychotherapy to No Therapy in the Treatment of Patients with Personality Disorders

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1. Introduction

Personality Disorders have been deemed untreatable by many, including some health care providers. The definition of a personality disorder according to the DSM-IV manual is “an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual’s culture.” Patients with personality disorders use health care resources regularly, so their long standing dysfunctional behavior and personal distress are well documented. These patients suffer repeating patterns of dysfunctional cognitive abilities, affectivity, interpersonal relations and impulse control.

Health care professionals are becoming aware that these conditions are extraordinarily costly in terms of utilization of medical services, violence, suicide and psychiatric hospitalization. Establishing successful relationships with patients who are suffering from personality disorders can be quite challenging for health care providers, yet these patients are common in medical practice. It is estimated that 15% to 25% of outpatients suffer with some form of personality disorder. However, there is little evidence of effective treatments for these patients.

There are a variety of treatments, both drug therapies and behavioral therapies, that providers have recommended in patients with personality disorders. Given current advances in pharmacotherapy and psychotherapy alike, there is reason to examine more closely the details and efficacy of these treatments for personality disorders. A large majority of these patients in outpatient practices go without treatment because there are no recommendations or guidelines for the treatment of personality disorder. This study is going to examine the efficacy of psychotherapy in the treatment of patients with personality disorder and compare it to the untreated personality disorder patient. The study will attempt to determine if there are differences in normal functioning between the treated and untreated patient populations. Since there are only a few randomized controlled treatment studies, we have included comparison and observational studies as well.

2. Methodology

A review of the literature was conducted utilizing Medline, FirstSearch, PubMed and PsychINFO databases. The search was conducted using the keywords personality disorders, treatment, psychotherapy and prognosis. The sources found were researched to ensure that they were from accredited journals, which contain peer-reviewed articles. We included studies that 1) used a systematic method to make personality disorder diagnosis, 2) used valid outcome assessments, and 3) reported data that determined recovery from personality disorder. Thirteen studies met these criteria.

3. Results

Three studies focused on borderline personality disorder, one mainly on borderline personality disorder and schizotypal personality disorder, one on avoidant personality disorder, one on antisocial personality disorder, and seven on non-specific or mixed types of personality disorders from all three clusters of DSM classifications. Eleven of the studies involved outpatients, and two involved hospitalized patients. Largely the subjects were self-referred, and there was no reporting on any possible selection bias.
Regarding therapy, there were five studies that used dynamic psychotherapy, three studies that used cognitive behavior therapy, and three studies that compared these two types of therapy. One study observed supportive psychotherapy, and one study observed interpersonal group therapy.

The controlled randomized studies (Evidence Level I) showed that psychotherapy leads to significant improvement in patients with DSM-III cluster C personality disorders, as well as some patients with cluster B disorders, and improvement was maintained for at least 1.5 years. Also, subjects displayed significantly greater improvement on a variety of dimensions than did untreated control subjects, specifically, less interference due to social anxiety at work and in social situations and greater satisfaction with social activities than did untreated subjects. Their self-monitoring data indicated that they were more comfortable during their daily social encounter than were control subjects. Although treatment was beneficial, individuals did not achieve normative levels of functioning. These psychotherapy subjects rated themselves significantly better on anger scores and overall social adjustment than subjects that did not receive therapy. Overall, psychotherapy is a promising treatment for a broad array of behavioral and emotional dysfunctions in patients with personality disorder.

The randomized comparison study (Evidence Level II-2) showed behavioral approaches of psychotherapy are more effective than insight oriented methods in patients with personality disorders.

The observational studies (Evidence Level III) report that 30% of 30 treated patients no longer met criteria for personality disorder after 12 months of psychotherapy. Other significant changes were also found in the treatment group: Prior to therapy, patients were absent from work an average of 4.7 months per year; following the therapy, the average had declined to 1.37 months per year. Self-harm episodes decreased to one-fourth the level of the pre-treatment rates, and outpatient visits dropped to one-seventh of the pre-treatment rates after psychotherapy. Average time spent as an inpatient decreased by half, and the number of hospital admissions decreased by 59% after therapy. It also showed that marked and statistically significant improvement in behavioral measures over the 12 months following therapy. There were major reductions in the number of personality disorder criteria met when pre- and post-therapy numbers were compared (14.2:10.7). Patients with personality disorders showed more improvement on symptom measures, although they still scored worse than patients without personality disorders on questionnaire measures. It was shown that personality disorders respond better to more structured psychotherapy, such as cognitive and behavioral treatments. Significant and lasting improvement was shown in interpersonal problems in personality disorder subjects treated with psychotherapy especially cluster C personality disorders who obtained substantial and significant symptom reduction and significant increase in global functioning. Borderline and schizotypal patients, however, obtained only fair symptom reduction. This group of studies did show statistically significant and marked changes in the capacity to establish and tolerate intimate relationships, as well as a general increase in socioeconomic status and less use of ordinary health and social services. 76% of the observational sample had reached a level of psychosocial functioning that can be defined as independent. One of the comparison studies concluded that psychotherapy is an effective treatment for personality disorders and may be associated with up to a sevenfold faster rate of recovery in comparison with the natural history of disorders.

4. Conclusions

Analysis of the literature revealed significant improvement in patients with personality disorders following psychotherapy. Based on the review of the literature and the Level I evidence, a Grade A recommendation can be made regarding psychotherapy for patients with personality disorders. The Level II and Level III evidence also supports this recommendation. With further research on psychotherapy and personality disorders, the long-term outcomes on efficacy can be documented and published to encourage medical professionals to recommend psychotherapy to appropriate patients.