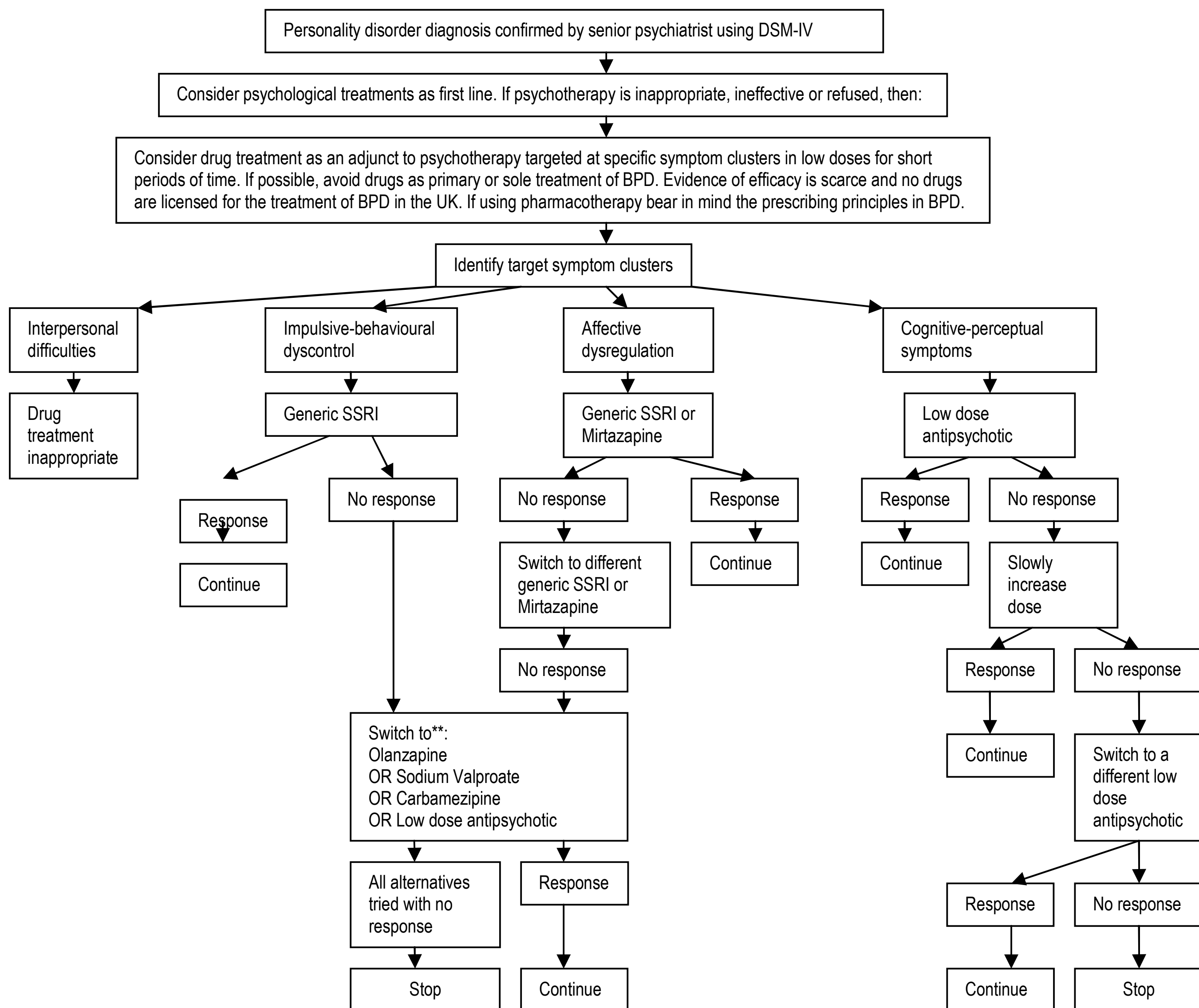
Prescribing Principles in Personality Disorder

Prior to starting treatment:

- *Agree target symptoms with individual.*
- *Discuss treatment options*, side-effects and usual time taken for drugs to exert any effect.*
- *Discuss limits of efficacy and evidence base.*
- *Agree that the decision of which medication to take, and indeed the decision to take medication at all, is the patient's responsibility.*
- *Allow patient to make the choice of drug from the options given, give a clear recommendation if asked, but avoid persuading the individual.*
- *Agree how long trial of drug will last and emphasise that no alternative drug will be prescribed until that period has elapsed. This trial period will typically be the same length of time as for a licensed indication with similar symptoms. For example, an SSRI prescribed off-license in BPD for the symptom of dysphoria should be given a trial of 4-6 weeks, which is the typical trial period for an SSRI in major depressive disorder.*
- *Agree how symptom improvement will be objectively measured. There are no specific tools for this purpose but improvement should be measurable in clearly operationalised terms. For example, if an SSRI is prescribed in an attempt to modify self-cutting behaviour (an impulsive-behavioural dyscontrol symptom), a specific target should be developed in collaboration with the patient before starting treatment. If the target specified is: "a reduction in the number of episodes of self-cutting in one week", then a baseline frequency is required against which to measure change. A diary card or similar would clearly be useful here. Less objectively measurable symptoms such as dysphoria should also be measured. This could be achieved by a simple "1 to 10" self-rating of mood. Formal rating scales for depression are probably of little value for measuring this symptom unless the patient is actually depressed as opposed to dysphoric because they measure the depressive syndrome rather than individual symptoms.*
- *Avoid drugs that are dangerous in overdose or can cause dependence.*

Having started treatment:

- *Prescribe within safety limits; consider weekly scripts.*
- *Meet with individual regularly to discuss response and side effects.*
- *After agreed trial period, stop drug if patient experiences no improvement.*
- *If individual unilaterally stops medication before the agreed trial period ends, no other drug should be prescribed until that period has elapsed. This should be discussed with the patient before starting the drug.*
- *Change doses gradually as individuals with BPD frequently complain of increased sensitivity to side effects and discontinuation effects.*
- *Constantly review prescribed medication and aim to stop any unnecessary or ineffective treatments for BPD or any comorbidity.*
- *Aim to keep drug treatment at the lowest effective dose for the shortest practicable duration.*



*Before prescribing any drug, refer to the relevant guidance within the generic ICP, including prescribing guidance, record of medication guidance, monitoring of adverse effect guidance and pregnancy/ breastfeeding guidance. In particular, be aware of guidance cautioning against the use of Valproate in women of child bearing age.
**Evidence is scarce but what does exist suggests a possible role for mood stabilisers and low dose antipsychotics. There is not enough evidence to recommend particular second or third line drugs but Olanzapine may be a reasonable second line as it has been shown to have both antipsychotic and mood stabilising effects in other

Table 1. Suggested medication for personality disorder by symptom cluster

Symptom Cluster	First line drug choices	Second line drug choices	Third line drug choices
Impulsive-behavioural dyscontrol symptoms	Generic SSRI	Olanzapine Sodium Valproate Carbamazepine Low dose antipsychotic	Olanzapine Sodium Valproate Carbamazepine Low dose antipsychotic
Affective dysregulation	Generic SSRI or Mirtazapine	Different generic SSRI or Mirtazapine	Olanzapine Sodium Valproate Carbamazepine Low dose antipsychotic
Cognitive-perceptual symptoms	Low dose antipsychotic	Different low dose antipsychotic	No third line recommendations
Interpersonal difficulties	*Drug treatment inappropriate for this symptom cluster*		