Patients with borderline personality disorder have been stigmatized, not only within the general realm of medicine but also, tragically, within the field of psychiatry. This stigma is born from a sense of helplessness among clinicians who have believed the condition to be pervasive and untreatable.

Seminal work during the past 2 decades has advanced the understanding of the illness course, pathophysiology, and treatment of borderline personality disorder (BPD). As a result, the literature now effectively allows clinicians to conceptualize this disorder as a “good prognosis brain disease” — eliminating the role of stigma that has been carried by these patients for ages.

The CME portion of this issue begins with a discussion of the groundbreaking prospective longitudinal work done by Mary C. Zanarini, EdD, and colleagues at McLean Hospital (see page 53). Dr. Zanarini has written empirically rigorous, NIMH-funded studies producing data to support the idea that patients with BPD actually achieve remission at relatively high rates, with low rates of relapse. Dr. Zanarini’s group has also identified important long-term considerations such as residual deficits in psychosocial functioning, even after remission has been achieved. The importance of this work cannot be overstated, in that it critically alters the perception that BPD is pervasive and unchanging over time. A positive prognosis allows clinicians to better partner with patients in their care and provides a hope for patients and their families.

Treatment of borderline personality disorder still faces significant questions that have yet to be addressed in clinical trials.

The natural course of the disorder may be remission over years; however, present research also supports the use of evidence-based therapies in the treatment of BPD to accelerate the recovery time course. Our paper (see page 59) discusses comprehensive treatment for BPD, including early support for the role of symptom-targeted pharmacotherapy.

Several evidence-based psychotherapies are also described, including dialectical behavioral therapy (DBT) and mentalization-based therapy (MBT). We draw attention to the advancement of clinical trial designs which combine medication with psychotherapy in the treatment of BPD. Although the number of double blind, randomized control trials that use several classes of medication has increased, the field still faces significant questions that have yet to be addressed in clinical trials, such as determining the usual duration of treatment for patients with BPD and how to best manage severely affected individuals.

In addition to illness course and treatment considerations, basic science research in the pathophysiology of BPD is well under way. Advancements in functional neuroimaging techniques, including positron emission tomography (PET) and functional magnetic resonance imaging (fMRI), along with standardized emotion stimulation protocols, allow the exploration of emotional responses in the brains of patients diagnosed with BPD, which provide clues to underlying deficits.

Antonia S. New, MD, and colleagues have conducted and discuss numerous studies providing a pathophysiological basis for our understanding of BPD (see page 65).
Among several important findings, Dr. New has observed reduced medial prefrontal modulation of limbic structures, especially the amygdala, that may underlie domains of BPD.

Two case challenges have been included in this issue to explore the practical aspects associated with caring for the heterogeneous BPD patient population.

The first case illustrates ways to begin considering which evidence-based treatment may suit a particular patient. John G. Gunderson, MD, Professor of Psychiatry at Harvard Medical School, co-authored this case with us, from his perspective of having served a critical role in the validation of criteria for BPD, in addition to his continued and respected leadership in the field of BPD research and treatment (see page 45).

The second case highlights the complexity and potential for comorbidity of severely affected patients, whom clinical trial data have yet to reach (see page 48).

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about the guest editors

S. Charles Schulz, MD, is board certified and serves as Professor and Head of the Department of Psychiatry at the University of Minnesota, where he developed and supported the Borderline Personality Disorder Research Group and Clinical Program. Dr. Schulz is currently conducting a multisite investigator-initiated study assessing the efficacy of quetiapine in patients with borderline personality disorder.

Dr. Schulz started his academic career as a clinical associate at NIMH, where he worked in the Neuropsychopharmacology Section at the Clinical Center. He then moved to the Medical College of Virginia, where he started the Schizophrenia Program. His research focused on neuropsychiatric studies of teenagers suffering from schizophrenia, including computed tomography (CT) scanning research.

Dr. Schulz also worked with Robert Friedel, MD, in the first double blind study of low-dose neuroleptics for the treatment of borderline personality disorder (BPD). In 1983, he became Medical Director of the Schizophrenia Module at University of Pittsburgh, where his research focused on treatment refractory schizophrenia. At Pittsburgh, he collaborated with Paul Soloff, MD, and Jack Cornelius, MD, on the neuroscience underpinnings of BPD.

In 1986, he moved to the NIMH extramural program and contributed to the National Plan on Schizophrenia Research. Along with Carol Tamminga, MD, he started the biennial International Congress on Schizophrenia Research. Dr. Schulz was Professor and Chairman of the Department of Psychiatry at Case Western Reserve University School of Medicine and University Hospitals of Cleveland from 1989 to 1999. Dr. Schulz has participated in several medication trials using antipsychotics and other medications in the treatment of BPD.

Katharine J. Nelson, MD, is board certified and serves as Assistant Professor in the Department of Psychiatry at the University of Minnesota, where she is Medical Director of the Borderline Personality Program. She is trained in dialectical behavior therapy (DBT). Dr. Nelson is the Department of Psychiatry Associate Residency Training Director and has developed a curriculum to educate psychiatry residents about best practices in the assessment and treatment of BPD. She is a member of the Borderline Personality Disorder Research Group and is co-investigator in a clinical trial assessing the efficacy of n-acetylcysteine in the treatment of adolescents with nonsuicidal self-injury. Dr. Nelson is currently participating in the implementation of DBT training for psychiatric inpatient staff on an adult mood disorders unit.