

Introduction

- Borderline Personality Disorder (BPD) is characterized by intense emotions, difficulty with personal relationships, and impulsivity.
- BPD can be challenging to treat due to a propensity for co-occurring psychiatric conditions.
- There are no medications FDA-approved for BPD.
- Effective treatments consist of psychotherapy and pharmaceutical treatment of targeted symptoms.
- Preferred medications include aripiprazole, lamotrigine, valproic acid, and topiramate.

Objective

- To compare the general management of patients with BPD at a Federally Qualified Health Center (FQHC) with best practices.

Methods

- Retrospective chart review of the care of patients with BPD at a FQHC in St. Louis, MO:
- Inclusion Criteria:
 - Diagnosis of BPD
- Data Collected (33 patients identified):
 - Participation in psychotherapy
 - Co-occurring psychiatric conditions
 - Psychiatric medication use
 - Number of current psychiatric medications
 - Primary psychiatric care at FQHC vs other organization
 - History of trauma documented in chart

Results

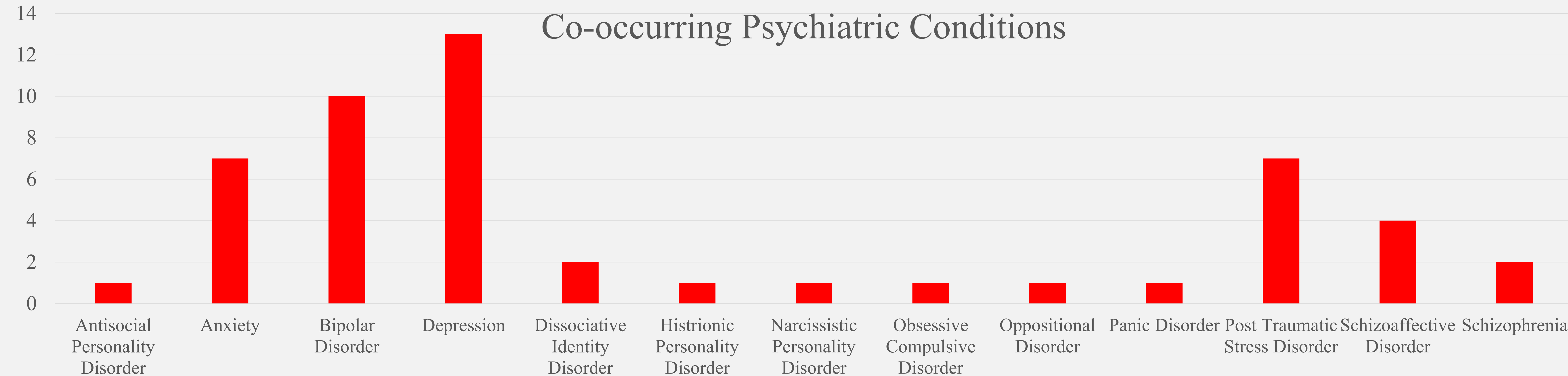
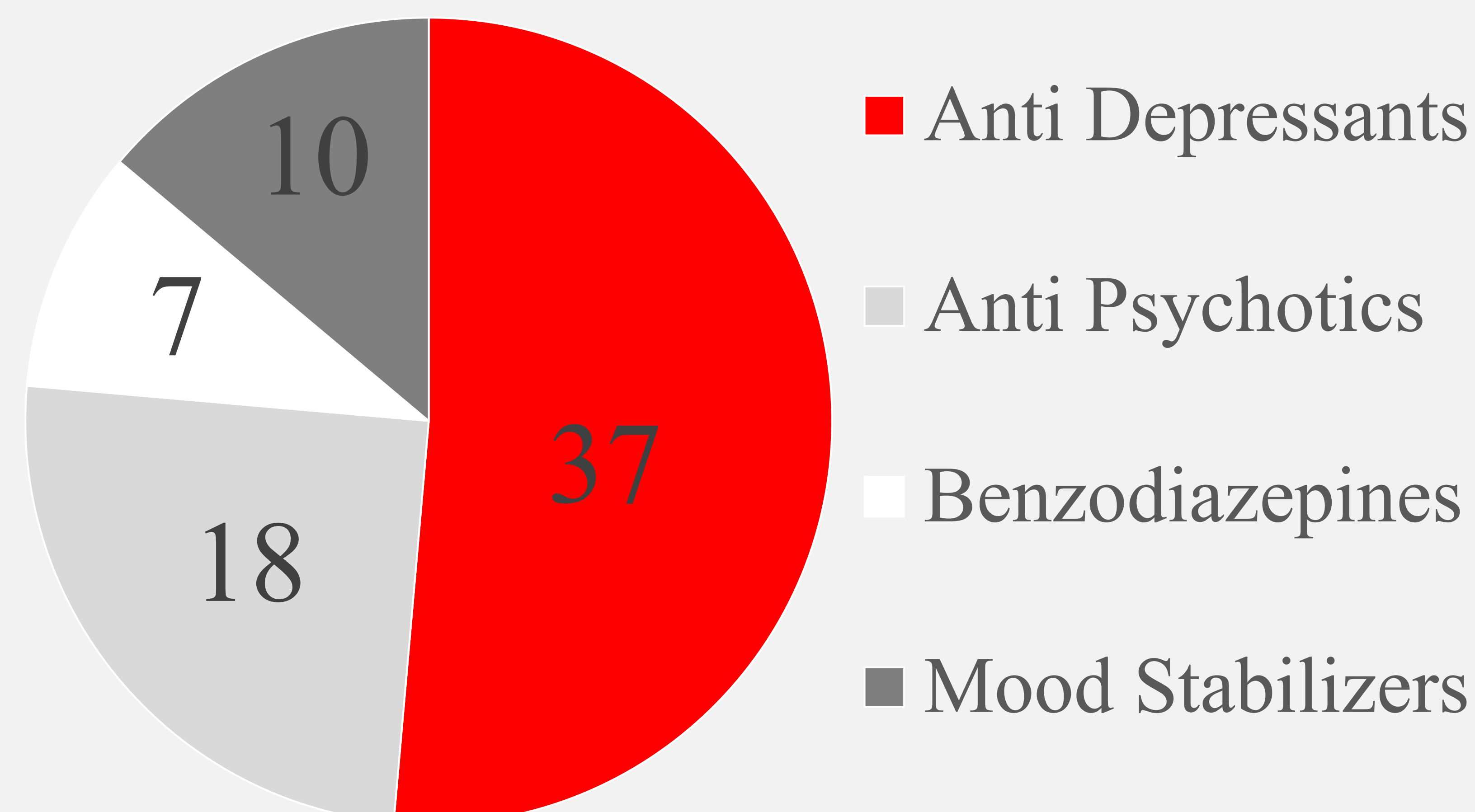


Table 2 Misc. Data

Average number of psychiatric medications per patient	2.21
Patients utilizing FQHC for primary mental health care	13 (39.4%)
Patients participating in psychotherapy	20 (60.6%)
Patients with identified history of trauma	17 (51.5%)
Patients not prescribed any psychiatric medications	3 (9.1%)
Patients with only BPD as a psychiatric diagnosis	2 (6.1%)

Medication Type Prevalence



Discussion

- 20 of 33 patients (60.6%) were participating in a form of psychotherapy (the preferred treatment).
- Prescribing of the preferred pharmacological treatments were low (aripiprazole: 2, lamotrigine: 3, topiramate: 3, valproic acid: 2).
- Benzodiazepines were prescribed to 7 patients, despite recommendations against use in the treatment of BPD.
- The most prescribed medication class was antidepressants, despite newer evidence demonstrating minimal efficacy.
- High antidepressant prescribing may be an effort to treat co-occurring depression and anxiety.
- While there were only 7 patients diagnosed with PTSD, 17 patients (51.5%) identified experiencing trauma in their past, which may be linked to personality disorder development.

Conclusion

- Co-occurring psychiatric conditions are common with BPD, making treatment more complex.
- More extensive training of FQHC providers in how to identify and treat BPD would be valuable in guiding providers to better utilize the most effective non-pharmacological treatment options and de-prescribe unnecessary psychiatric medication.