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Helen Killaspy

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Topiramate improves psychopathological symptoms and quality of life in women with borderline personality disorder


Q Is topiramate effective for reducing psychological stress and interpersonal problems, and improving quality of life, in women with borderline personality disorder?

METHODS

- **Design**: Randomised controlled trial.
- **Allocation**: Concealed.
- **Blinding**: Double blind.
- **Follow up period**: 10 weeks.
- **Setting**: General population, Germany; May 2004 – May 2005.
- **Patients**: 56 women (mean age 25 years; range 18–35) with borderline personality disorder (DSM-IV). Exclusions: schizophrenia; pregnancy; not using contraception; suicidality; drug or alcohol abuse; other illness; or already using topiramate or other psychotropic drugs.
- **Intervention**: Topiramate (titrated from 25 mg/day in week 1 to 200 mg/day in week 6 and maintained at this dose for the last four weeks of the study); or placebo for 10 weeks.
- **Outcomes**: Psychopathological symptoms (Symptom Checklist (SCL-90-R)), quality of life (SF-36 Health Survey), and interpersonal problems (German Language Version of the Inventory of Interpersonal Problems (IIP-D)).
- **Patient follow up**: Topiramate: 93%; placebo: 95%.

MAIN RESULTS

After 10 weeks of treatment topiramate improved global psychological stress compared with placebo in women with borderline personality disorder (difference in mean improvement in SCL-90-R Global Severity Index: −3.6, 95% CI −6.7 to −2.5, p<0.001). Compared with placebo, topiramate reduced aggressive behaviour, anxiety, phobic anxiety, insecurity in social contact, and somatisation (p<0.001 for each of these SCL-90-R subscales), but not obsessiveness, depression, paranoid thinking, or psychotism (p>0.05 for these SCL-90-R subscales) (see http://www.ebmentalhealth.com/supplemental for table). Topiramate also significantly improved health related quality of life more than placebo (mean difference in SF-36 score change: p<0.01 for all eight subscales).

CONCLUSIONS

In women with borderline personality disorder, topiramate reduces psychological stress and psychopathological symptoms and improves health related quality of life compared with placebo.

For correspondence: Dr Marius Nickel, Inntalklinik, 84359 Simbach am Inn, Germany; m.nickel@inntalklinik.de

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NOTES

Topiramate reduced appetite and was associated with increased weight loss (difference in body weight topiramate v placebo: −4.3 kg, p<0.001).

Commentary

Borderline personality disorder (BPD) affects up to 2% of the general population and up to 20% of psychiatric inpatients. A recent Cochrane review of pharmacological treatments for BPD stated cautious support for the use of newer mood stabilisers in improving mental state but noted the paucity of studies in this area.

Topiramate is a new anticonvulsant drug, originally developed as an oral hypoglycaemic, which is well tolerated and has gained popularity in the treatment of numerous psychiatric conditions. Arnone’s systematic review of its use as a psychotropic medication concluded that topiramate lacks efficacy in the treatment of mania, but that there is increasing evidence for its use in binge eating disorders, bulimia nervosa, alcohol dependence, and bipolar depression. Some lower level (open label and case study) evidence for its use in the treatment of rapid cycling and refractory bipolar disorder, schizophrenia, post-traumatic stress disorder, unipolar depression, emotionally unstable personality disorder, and Gilles de la Tourette’s syndrome was acknowledged.

Loew et al’s double blind, randomised controlled study appears to add to the evidence base for topiramate’s efficacy in the treatment of BPD. However, since their selection criteria excluded participants with key diagnostic features of BPD (those who were “suicidal” or “abusing” alcohol or drugs) the results are only relevant to an unusual subgroup of people with BPD. In addition, as the usual measure of efficacy used in intervention studies for this group (deliberate self-harm) was not included as an outcome measure, their results are impossible to compare with other evidence-based psychological interventions such as dialectical behavioural therapy and psychoanalytically orientated partial hospitalisation.

Further studies with clinically representative participants and relevant outcome measures are needed to assist our understanding of whether topiramate can become a useful treatment for BPD.

Helen Killaspy, MBBBS, MRCPsych, PhD
Department Mental Health Sciences, University College London, London, UK