

An RCT of mentalization based therapy in patients with eating disorders & borderline personality disorder traits: baseline data

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Background

There is evidence of high levels of comorbidity between eating disorders and symptoms of borderline personality disorder. Symptoms of borderline personality disorder include high levels of suicidal ideation and increased frequency of self-destructive impulsive behaviours such as shoplifting and substance abuse. Patients with eating disorders and symptoms of borderline personality disorder present particular therapeutic challenges, as related behaviours can interfere with the treatment of their eating disorder.

The Nice Outcomes for Referrals with Impulsivity, Self-Harm and Eating Disorders (NOURISHED) study is a multi-site randomised control trial examining whether mentalization based therapy (MBT) is an effective treatment for patients with an eating disorder and symptoms of borderline personality disorder, in comparison to specialist supportive clinical management (SSCM). MBT is a psychodynamic therapy traditionally used in the field of borderline personality disorder. It aims to help patients understand their own thoughts and feelings, and how these differ from thoughts and feelings of other people.

Randomised controlled trials are an excellent way of assessing the efficacy of treatments and are thus invaluable in developing best practices in healthcare. This poster aims to highlight the baseline data and some of the practical issues involved in setting up a large clinical trial.

Method

Relevant clinicians were informed about the trial and potential participants identified. Research workers were trained and baseline assessments were carried out. Inclusion and exclusion criteria are outlined in Table 1. Those who consented were randomized to either MBT or SSCM and follow up assessments are scheduled. Measures examined patients' eating disorders, as well as symptoms of borderline personality disorder, depression, anxiety, and theory of mind.

MBT consisted of one individual and one group session a week with an additional 5 dietician appointments, whilst SSCM consisted of 20 individual sessions over a year.

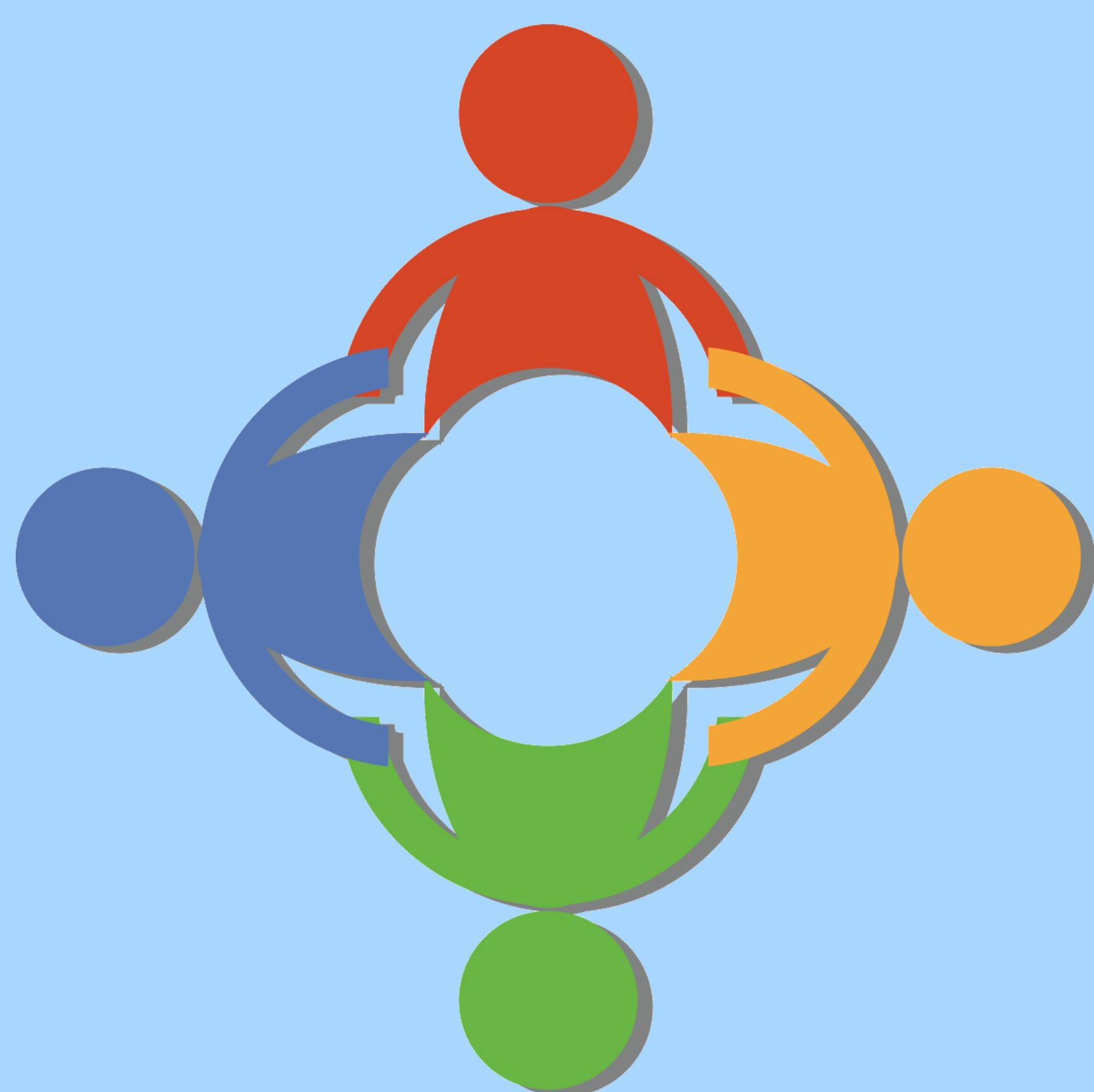


Table 1. Inclusion and exclusion criteria

Inclusion Criteria	Exclusion Criteria
18 years of age or older	BMI < 15
Diagnosis of an eating disorder	Currently receiving psychotherapy, or received MBT in the last 6 months
Diagnosis of borderline personality disorder; or self-harm/suicidal behaviour and two self-destructive impulsive patterns of behaviour in the last 12 months	Current inpatient or discharged from inpatient care in the last 3 months
	Organic brain disease
	Psychotic illness

Results

72 patients were recruited for the trial. 78% of patients met criteria for borderline personality disorder, with average levels of depression and anxiety classed as extremely severe, and levels of stress classed as severe. Baseline data also showed that patients fulfilling all borderline personality disorder criteria displayed higher levels of anxiety and stress than patients with *symptoms* of BPD ($p=.031$ & $p=.036$ respectively), although no difference was found concerning levels of depression or theory of mind. The different eating disorder diagnoses showed no impact upon levels of anxiety, stress, depression or theory of mind.

Conclusion

Baseline data revealed that the presence of borderline personality disorder alongside an eating disorder can increase levels of anxiety and stress. This leaves important questions regarding whether current eating disorder treatments will do enough for patients who have a comorbid diagnosis of borderline personality disorder. The NOURISHED study is on-going and it will be interesting to see if MBT can prove effective for patients with such complexities.

Overall there were many challenges in the study. 9 sites were approached to be involved and of those 5 agreed. Potential MBT therapists all had to attend a short course at the Anna Freud Centre, and then undertake 6 months of supervised MBT work before being ready to see patients for the study. This, combined with the fact that some therapists left their posts after completing training meant that some sites were ready 12-18 months later than expected.

However, the NOURISHED study has led to the development of MBT-Eating Disorders (MBT-ED) and SSCM-Eating Disorders (SSCM-ED; i.e. for all types of eating disorders). The study identified a complex population that clearly require a more tailored approach to address their comorbidities, which is not being tackled by general outpatient eating disorder approaches. Follow-up data for the study is still in the process of being collected.

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