

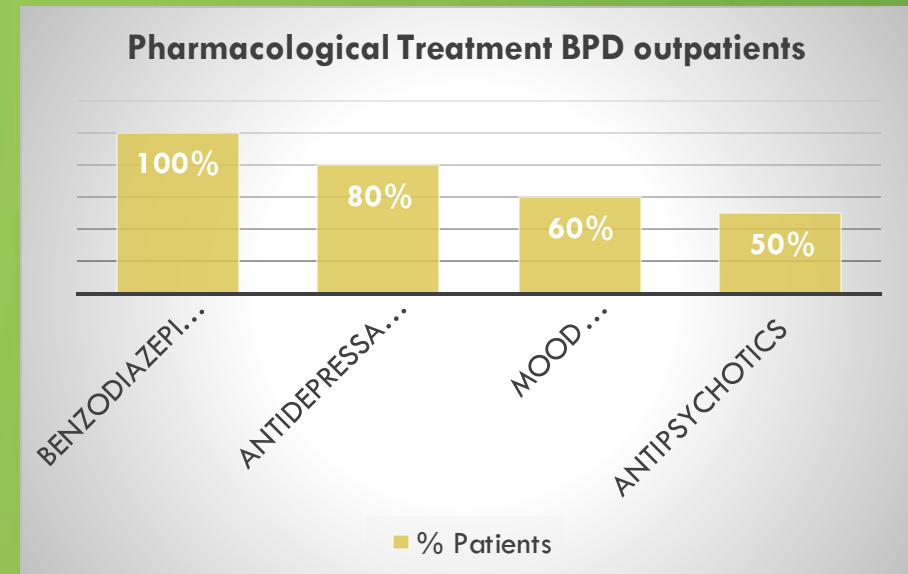
EFFECTS OF PSYCHOPHARMACOLOGICAL TREATMENT VERSUS PSYCHOLOGICAL INTERVENTION, IN PATIENTS WITH BORDERLINE PERSONALITY DISORDER (BPD) DURING A CRISIS OF EMOTIONAL INSTABILITY



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- Patients diagnosed with BPD are complex patients due to their own psychopathology (unstable personality) and a surrounding conflict environment. Emergency consultations, due to "anxiety" or "depression", usually respond to specific situations of daily life ("crisis"), which do not depend on medication to improve. These patients can be treated by several professionals, with a combination and high doses of psychotropic drugs, and the added risks of self-medication, abuse or impulsive intake.



- The OBJECTIVE is to determine whether benzodiazepines effects is comparable to a psychological intervention in emergency care, avoiding changes in the usual treatments during the crisis, for a sample of 20 patients BPD aged between 18 and 45, by using:

- Symptoms-Check-List-90-Revised scale (SCL-90-r)
- Seven symptoms selected for anxiety and depression
- Answer scale 0-4 points, 90 symptoms, 9 dimensions
- Punctuation: (0-9 mild symptoms, 10-19 moderate, 20-28 severe).
- Psychotherapy techniques are applied to all patients.

- 1.-Somatization
- 2.-Obsession
- 3.-Interpersonal sensitivity
- 4.-Depression (13symptoms)
- 5.-Anxiety (10symptoms)
- 6. Hostility
- 7.-Phobic anxiety
- 8.-Paranoid ideas
- 9.-Psychoticism

ANSWER SCALE

- 0=Never;
- 1=Very little;
- 2=Few;
- 3= Quite often;
- 4=Very much

RESULTS

1. Scores from 14 to 28 points (average of 20.9 points).
2. 60% exceeded 20 points in the emergency room; only 10% after the crisis.
3. About 40% of patients required to increase the dose of their usual treatment, or new treatments added to psychological intervention.
4. 61% of women and 57% of men improving with brief psychotherapy.

CONCLUSIONS

- As scores in SCL-90R decrease subjectively after the "crisis", symptoms do not always require a change of treatment in these patients.
- Psychotherapy techniques are considered a useful method in Emergency Psychiatry, relieving the specific symptoms and allowing a more standardized evaluation of the patient by their reference specialist.

SCL-90-R

*Individual application >13 years.

- Application time 12-15 minutes.
- Contents: 9 symptomatic dimensions, 3 global index of discomfort.
- Subjective discomfort. Not valid for diagnosis
- Valid for recent symptomatology (1-2 weeks)

*CONCLUSIONS

- Global Severity(GSI),
- Positive Total Symptomatology (PTS),
- Positive Symptoms Discomfort (PSDI)

*Source: SCL-90-r. NCS Minnesota, EEUU. Spanish validation: G. de Rivera, C. de las Cuevas, M. Rodríguez A. y R. Pulido).

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