



Title	Psychological Therapies Including Dialectical Behavior Therapy for Borderline Personality Disorder: A Systematic Review and Preliminary Economic Evaluation
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Aim

To summarize the available evidence on the clinical and cost effectiveness of psychological therapies including dialectical behavior therapy (DBT) for borderline personality disorder (BPD).

Conclusions and results

Nine randomized controlled trials (RCTs) and one non-RCT of moderate to poor quality were identified in the clinical effectiveness review. They provided some evidence that DBT is more effective than treatment as usual (TAU) in treating chronically parasuicidal and drug-dependent borderline women; that DBT-orientated therapy is more effective than client-centered therapy (CCT) in treating BPD; and that DBT is as effective as comprehensive validation therapy plus 12-Step in treating opioid-dependent borderline women. Some evidence also showed that partial hospitalization is more effective than TAU in treating BPD, good evidence that manual-assisted cognitive behavioral therapy (MACT) is no more effective than TAU in treating BPD, and some evidence that interpersonal group therapy is no more effective than individual mentalization-based partial hospitalization (MBT) in treating BPD. However, these results should be interpreted with caution as not all studies were primarily targeted to borderline symptoms, and considerable differences were found between the studies. Assessment of cost effectiveness revealed a mix of results in the 4 trials of DBT, along with high levels of uncertainty and limitations in the analyses. The findings do not support the cost effectiveness of DBT, although they suggest it has the potential to be cost effective. The results for MBT are promising, but again surrounded by a high degree of uncertainty. Analysis of MACT suggests that the intervention is unlikely to be cost effective.

Recommendations

The overall efficacy of psychological therapies is promising, but the evidence is inconclusive. Six RCTs examined the cost effectiveness of the intervention, but did not find

support for the cost effectiveness of DBT although the potential is suggested. Considerable research is needed in this area.

Methods

Relevant studies were assessed using standard checklists. Two reviewers abstracted data by using standardized forms. Separate economic evaluations were undertaken for 6 selected RCTs. Cost effectiveness was assessed in terms of cost per parasuicide event avoided in all 6 trials and cost per quality-adjusted life-year (QALY) in 4 of them. All results reflect 2003–2004 prices and 12 months of followup.

Further research/reviews required

Further research should involve appropriately powered head-to-head RCTs of psychological therapies; a survey of current practice and the use of the full range of services by people with BPD to inform future economic analyses; full resource-use data collected in the context of pragmatic clinical trials; psychometric assessment of the validity of EQ-5D or other generic and condition-specific preference-based measures in BPD; and the development of a more formal cost-effectiveness model using the above data.