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Background

- Consult-liaison psychiatrists frequently run into patients who are admitted to hospitals with complications of their opioid use disorders ranging from simple withdrawal symptoms to endocarditis or HIV
- A lot of these patients have comorbid diagnosis of borderline personality disorder (BPD). As high as 44% of patients seeking treatment at an outpatient buprenorphine maintenance clinic was shown to have BPD (1)
- Based on the opioid deficit theory, the low basal endogenous opioid level in BPD could explain their sense of emptiness and chronic dysphoria and compensatory upregulation of mu-receptors could be reflected in rewarding effects of self-injurious behaviors and opioid use (1)
- The comorbidity results in more severe and persistent course of both disorders with increased negative consequences. Heroin users with BPD present with more risky behaviors such as needle sharing and also have higher likelihood of heroin overdose and up to four times higher risk of suicide attempts (1,2)
- To this date, there is no FDA approved medications for the treatment of BPD. As the opioid partial agonist, buprenorphine may be of therapeutic benefit to BPD as well as opioid use disorder
- Treatment for this patient population may be provided through the coordinated efforts of individual and/or group therapists, a substance abuse counselor, a psychiatrist, and a primary care provider (3)

Method

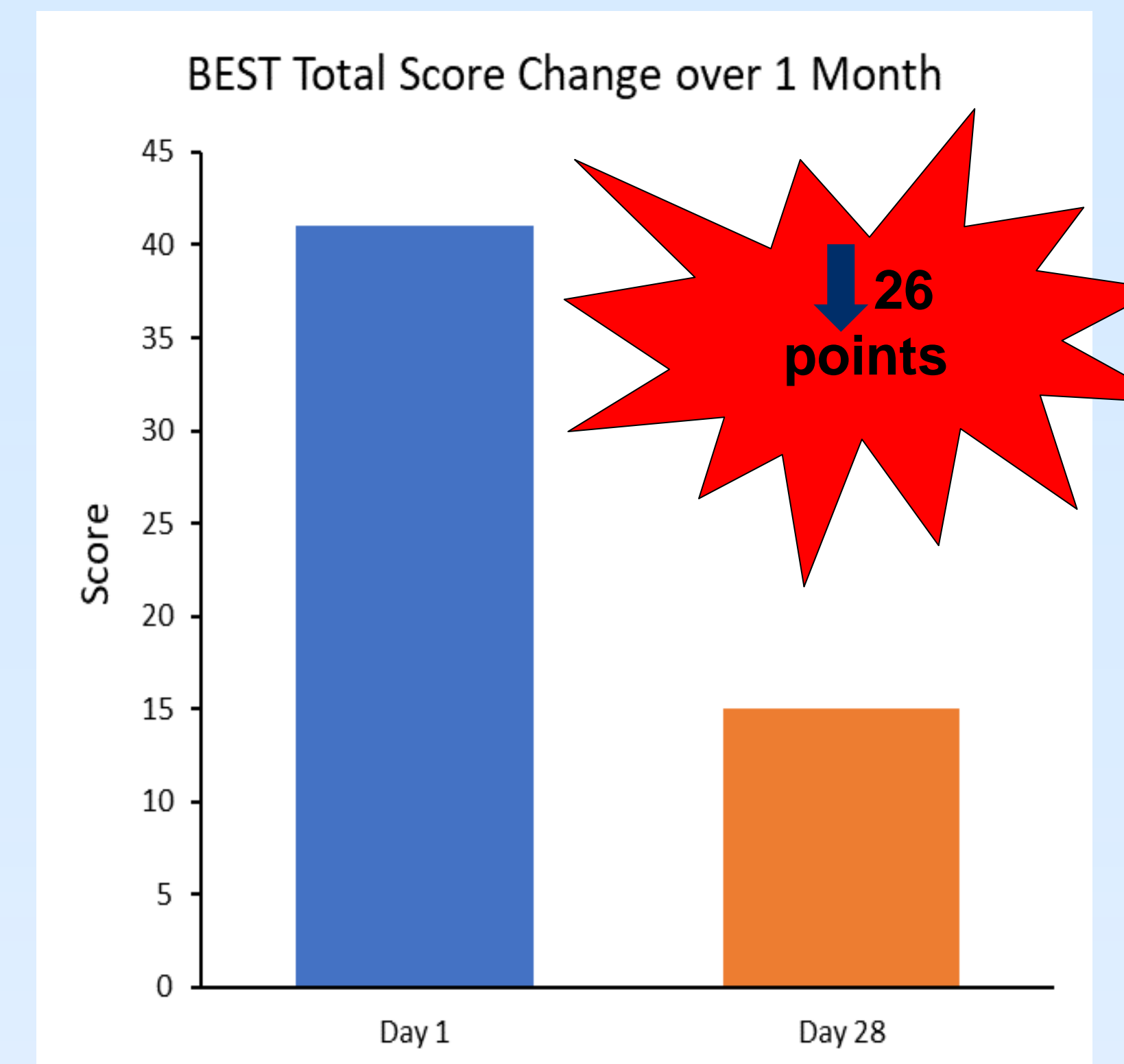
A novel pilot, single-arm, open label, pre-post design study at UVA Office Based Opioid Treatment (OBOT) clinic

Inclusion: comorbid diagnoses of opioid use disorder & borderline personality disorder

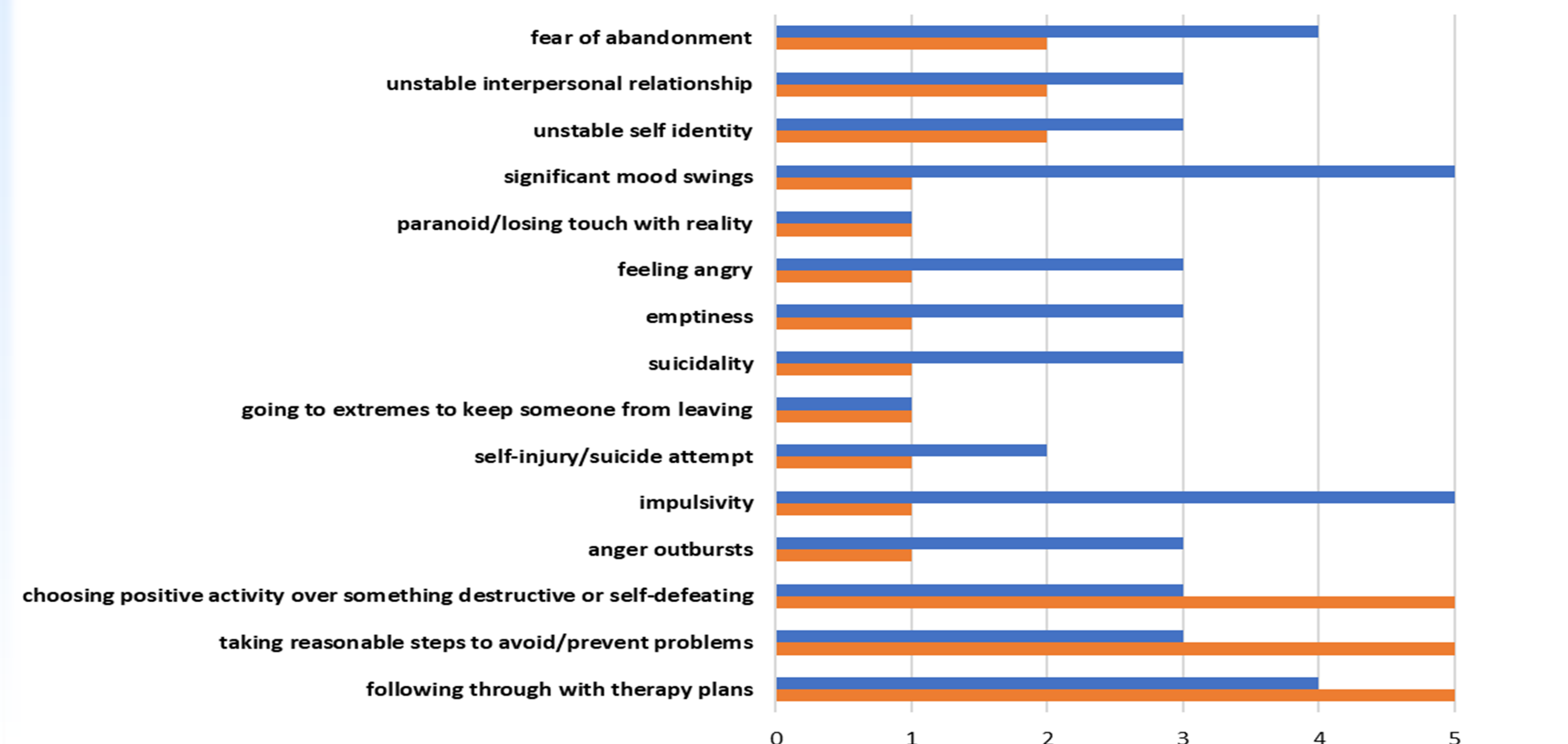
Exclusion: active symptoms of primary psychiatric condition (bipolar, schizophrenia, etc.)

Primary outcome: Borderline Evaluation of Severity over Time (BEST) questionnaire scores at intake and 1-month follow up

Results



Individual Score Change over 1 Month



Discussion

- First participant showed significant improvement in severity of borderline personality symptoms over time
- There have been challenges with recruiting the study participants
- Based on the opioid deficit theory, the low basal endogenous opioid level in borderline personality disorder could explain their sense of emptiness and chronic dysphoria.
- Repletion of opioid with buprenorphine/naloxone may be an effective treatment for patients with borderline personality disorder
- Buprenorphine/naloxone is safer in overdose and naloxone component also decreases the likelihood of diversion and misuse of the combination product
- The positive study will also further underscore the importance of initiating treatment with buprenorphine/naloxone for the patients with comorbid diagnoses and bridging them to the outpatient opioid treatment team

References

1. Bassir Nia, Anahita. "Opioid Addiction and Borderline Personality Disorder." *The American Journal on Addictions*, vol. 27, no. 1, 2017, pp. 54–55., <https://doi.org/10.1111/ajad.12664>.
2. Darke, Shane, et al. "The Impact of Borderline Personality Disorder on 12-Month Outcomes for the Treatment of Heroin Dependence." *Addiction*, vol. 100, no. 8, 2005, pp. 1121–1130., <https://doi.org/10.1111/j.1360-0443.2005.01123.x>.
3. An Introduction to Co-Occurring Borderline Personality ... <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4879.pdf>.

Future research

To assess for the effectiveness of the treatment for the general population without opioid use disorder using low dose of buprenorphine/naloxone in a larger randomized controlled trial