Letters to the Editor

Clinical Trials for Treatment of Borderline Personality Disorder

TO THE EDITOR: There are currently no standard treatments for borderline personality disorder. Several psychotherapies have been developed, and a few are now considered evidence-based. Medications have also been explored, yet randomized controlled trials are few in number, leading to a lack of consensus regarding the best approach.

Despite the lack of Food and Drug Administration (FDA)–approved medications for the treatment of borderline personality disorder, most patients cared for in academic and community settings are prescribed medication in addition to psychotherapy—often more than one from different classes, leading to concerns regarding polypharmacy. Meta-analyses have concluded that there is evidence that some medications are effective, but more controlled clinical trials are needed to confirm and extend these observational findings.

To address the potential benefit of quetiapine (approved by the FDA for schizophrenia and bipolar disorder), we conducted a double-blind, placebo-controlled study, which was investigator initiated and sponsored by AstraZeneca. The results showed positive effects of the lower dose tested (150 mg/day), with more than half responding as defined by a 50% decrease in symptom ratings (1). There were fewer such effects at the higher dose, and there were more side effects and patient attrition. The report was accompanied by an editorial appropriately noting the strengths and limitations of the study, including its 8-week duration for an illness that often lasts many years (2).

Two subjects initially enrolled at the University of Minnesota site were immediately dropped from the study when their misuse of the study medication was discovered. The University Internal Review Board reviewed what occurred and concluded that we had acted appropriately. Nonetheless, a member of the Ethics Center alleged to the *New York Times* that the investigators had acted irresponsibly. The newspaper reported this allegation in a recent issue and did not include a statement to the newspaper from the University of Minnesota that no investigator misconduct had occurred.

Many large clinical trials have had issues with behavioral problems and protocol violations by some subjects, and for these reasons all such studies have procedures to dismiss subjects. Such problems are part of both clinical and research care with seriously ill patients. Despite this subject misconduct, the results of the study provide clinicians and patients with new evidence-based guidance on dose, effectiveness, and side effects of quetiapine in borderline personality disorder. The next step is to examine the effect of quetiapine in borderline personality disorder patients in combination with an evidence-based psychotherapy. Our patients deserve no less than the continued investigation of our options for their treatment.

REFERENCES

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2. Tohen M: Pharmacologic treatments for borderline personality disorder. Am J Psychiatry 2014; 171:1139–1141

S. Charles Schulz, M.D.
Donald W. Black, M.D.

From the Department of Psychiatry, University of Minnesota, Minneapolis; and the Department of Psychiatry, University of Iowa, Iowa City, Iowa.

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Editor's Note: *In their letter, Drs. Black and Schulz describe a recent newspaper report that alleged misconduct in this study—the findings from which were published in* The American Journal of Psychiatry*—because two subjects who were enrolled in the study disguised their ineligibility and then misused the study medication. Incidents can occur during clinical trials that address the treatment of patients with mental disorders, including subjects disguising their true identity, an unfortunately common occurrence as discussed in a previous editorial in the* Journal *by the late Dr. Andrew Leon ("Antidepressant Clinical Trials and Subject Recruitment: Just Who Are Symptomatic Volunteers?" Am J Psychiatry 2011; 168:1245-1247). Upon original submission to the* Journal*, the paper underwent full peer review. The* Journal *investigates allegations of investigator malfeasance during the conduct of research that is reported in its pages. Universities, pharmaceutical companies, and governmental research organizations all have responsibilities to ensure that research in their institutions is conducted with appropriate standards. When such allegations arise, they conduct investigations. In this case, the University of Minnesota investigated and verified to the* Journal *that the research indeed met nationally established standards.*

IQ as a Cognitive Marker of Genetic Liability in Relatives of Schizophrenia Patients

TO THE EDITOR: We read with interest the paper by Kendler and colleagues (1), published in the March 2015 issue of the *Journal*, wherein the authors conducted a study to investigate different aspects of the IQ-schizophrenia relationship in a large sample of Swedish males. The authors concluded that, depending on IQ, genetic liability differently influences the risk for schizophrenia.

In particular, we focused on Table S1 in the data supplement that accompanied the online edition of the article.