Pressing need for clinical trial research on dimensional personality disorder

A decade has passed since the introduction of dimensional diagnostic systems for personality disorder.[1] Yet, despite this pass of time, national health guidelines, like UK's NICE, have not been updated since the previous categorical model of personality disorders.

We conducted a scoping review to examine whether there is enough clinical evidence to warrant the development of national guidelines for dimensional personality disorder (PD). We focused on high-quality evidence from randomised controlled trials (RCTs) on the treatment of dimensional PD and, in particular, its recent criterion of severity. We conducted our literature searches from 2013 (introduction of dimensional PD in DSM-5) to October 2024, using search terms informed by the latest Cochrane reviews on PD (see online Supplement for details).

After removing duplicates, we identified 3,320 records, of which 862 were considered relevant. Nearly all (99%) relevant reports were based on categorical PDs. Most of these (k=517) focused on borderline personality disorder (BPD), with over half (k=320, 62%) being RCTs. The second most researched PD was antisocial personality disorder, with 84 reports, of which 28 (33%) were RCTs. There were only a few RCTs on other PDs, including 5 on avoidant PD, 4 on narcissistic PD, 2 on schizotypal PD, and, notably, none on the obsessive-compulsive, dependent, schizoid, histrionic, and paranoid PDs.

Since 2013, we identified only three clinical trials on dimensional PD. One of these trials examined a low-intensity intervention for PD, showing promising results in the reduction of social dysfunction but warranting replication due to its pilot nature.[2] A second study examined the utility of PD severity in predicting treatment discontinuing, revealing that among inpatients with PD, those with the lowest levels of self-functioning were the most likely to discontinue therapy.[3] A final study conducted secondary longitudinal analyses on a six-year RCT of short-term hospital psychotherapy for PD, showing that increases in dimensional personality constructs (like relational skills) predicted improvements in global functioning.[4]

The identification of only three trials on dimensional PD points to a concerning lack of RCT-based evidence on the clinical management of this disorder. This absence of RCT research stands in stark contrast to the extensive body of empirical research validating the dimensional conception of PD, including its internal consistency, inter-rater reliability, construct validity, and acceptability by clinicians and patients alike.[1] Notably, recent work also supports the predictive superiority of dimensional PD over categorical PDs by revealing that dimensional personality difficulties (such as PD severity and traits) increment categorical personality diagnoses in the prediction of various clinical outcomes, including general psychiatric severity, psychosocial functioning, and quality of life.[1]

Despite these empirical advances, it appears that clinical trial research has not progressed in parallel to investigate how these personality difficulties ameliorate within RCTs. There is now more than ever a pressing need to conduct such RCTs, focusing on the treatment of dimensional personality difficulties (like severity, suicidality, and social functioning) as well as whether that treatment is influenced by relevant comorbidities (like autism and post-traumatic stress comorbidities).[5] Only with such rigorous clinical trial research could evidence-based guidelines be created for the management of this serious class of mental health problems.

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Declaration of interests

OZ and PL have no interests to declare.

SP is supported by the University College London Hospitals NIHR Biomedical Research Centre.

PF is a Senior Clinical Advisor of the NHS CYP Mental Health Programme.

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