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Further Considerations on Early Intervention for Borderline Personality Disorder - Reply

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# Letters

## COMMENT & RESPONSE

**In Reply** We thank Allison and colleagues for their letter, comprising 5 key points. First, the authors suggest that the outcomes from the Monitoring Outcomes of Borderline Personality Disorder in Youth (MOBY)<sup>1</sup> study do not represent true treatment effects based on 1 comparison study. Our interpretation is based on 4 pieces of evidence: Headspace data on routine care for young people in Australia,<sup>2</sup> the natural history of the outcome variables, the rapid rate of change on symptom measures, and the consistency of our findings. We never sought to represent Headspace data as a clinical trial comparator. These are the best available data and are highly relevant despite limitations, such as the quality of diagnoses. These data were collected over a similar epoch (2013-2017); have a similar participant mean age (19.7 years), sex distribution (81% female), and geographical distribution (45% collected in the Australian state where MOBY was conducted); and had a similar mix of clinician disciplines. While the follow-up period for Headspace was the last occasion of service, for some participants this took place after 30 treatment sessions.

Second, we disagree that not all groups received active treatment. This was a strength of the MOBY design compared with trials that have used treatment as usual as a comparator. The authors appear to be confusing dose (ie, that some participants attended few therapy sessions) with treatment activity.

Third, the authors state that brief intervention does not alter the trajectory for severe personality disorder. The reference cited<sup>3</sup> includes brief treatments (2.5 months) and does not support the authors' assertion. Similar to the findings in this study,<sup>3</sup> the MOBY findings actually demonstrate changes in borderline personality disorder (BPD) severity and associated features, despite participants in the youth mental health service (YMHS) + befriending arm attending few sessions. There is no single trajectory of personality disorder. It is well established that the diagnostic features of BPD tend to attenuate over the MOBY time period,<sup>4</sup> but impairments in psychosocial functioning (which improved in MOBY) tend to remain poor and stable.<sup>5</sup>

Fourth, Allison and colleagues claim the dose of treatment was unrelated to outcomes. The MOBY study did not investigate a dose-response relationship. The authors erroneously compare the Helping Young People Early (HYPE) service model + befriending with YMHS + befriending. MOBY was not designed to make this comparison. To date, the evidence regarding dose response in randomized clinical trials of psychosocial interventions for BPD has been contradictory.<sup>3,6</sup>

Fifth, the authors claim that the MOBY trial is better interpreted as a null result for cognitive analytic therapy (CAT) compared with minimal intervention. The findings cannot be definitive on this point, as the MOBY design only allowed for planned comparisons of YMHS + befriending vs HYPE, and HYPE + CAT vs befriending, thereby testing the role of psychotherapy over and above the clinical service model. The precise role for individual psychotherapy as a first-line intervention for BPD remains unclear and other youth and adult clinical trial evidence and evaluations suggest that CAT is an effective psychotherapy for individuals with BPD.

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1. Chanen AM, Betts JK, Jackson H, et al. Effect of 3 forms of early intervention for young people with borderline personality disorder: the MOBY randomized clinical trial. *JAMA Psychiatry*. 2022;79(2):109-119. doi:10.1001/jamapsychiatry.2021.3637
2. O'Dwyer N, Rickwood D, Buckmaster D, Watsford C. Therapeutic interventions in Australian primary care, youth mental health settings for young people with borderline personality disorder or borderline traits. *Borderline Personal Disord Emot Dysregul*. 2020;7:23. doi:10.1186/s40479-020-00138-2
3. Cristea IA, Gentili C, Cotet CD, Palomba D, Barbui C, Cuijpers P. Efficacy of psychotherapies for borderline personality disorder: a systematic review and meta-analysis. *JAMA Psychiatry*. 2017;74(4):319-328. doi:10.1001/jamapsychiatry.2016.4287
4. Shea MT, Stout R, Gunderson J, et al. Short-term diagnostic stability of schizotypal, borderline, avoidant, and obsessive-compulsive personality disorders. *Am J Psychiatry*. 2002;159(12):2036-2041. doi:10.1176/appi.ajp.159.12.2036
5. Gunderson JG, Stout RL, McGlashan TH, et al. Ten-year course of borderline personality disorder: psychopathology and function from the Collaborative Longitudinal Personality Disorders study. *Arch Gen Psychiatry*. 2011;68(8):827-837. doi:10.1001/archgenpsychiatry.2011.37
6. Rameckers SA, Verhoef REJ, Grasman RPPP, et al. Effectiveness of psychological treatments for borderline personality disorder and predictors of treatment outcomes: a multivariate multilevel meta-analysis of data from all design types. *J Clin Med*. 2021;10(23):5622. doi:10.3390/jcm10235622