Australian Government
National Health and Medical Research Council

Clinical Practice Guideline for the Management of Borderline Personality Disorder

APPENDICES

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(Note: Appendix H available as a separate document)

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Publication approval

These guidelines were approved by the Chief Executive Officer of the National Health and Medical Research Council (NHMRC) on 25 October 2012, under Section 7(1)(a) of the *National Health and Medical Research Council Act 1992*. In approving these guidelines the NHMRC considers that they meet the NHMRC standard for clinical practice guidelines. This approval is valid for a period of five years.

Suggested citation

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Disclaimer

This document is a general guide to appropriate practice, to be followed subject to the clinician's judgement and patient's preference in each individual case. The guideline is designed to provide information to assist decision-making and is based on the best available evidence at the time of development of this publication.

Contact:

National Health and Medical Research Council
16 Marcus Clarke Street
Canberra ACT 2601

GPO Box 1421
Canberra ACT 2601

Phone: 61 2 6217 9000
Fax: 61 2 6217 9100
Email: nhmrc@nhmrc.gov.au
Web: www.nhmrc.gov.au

Available from: www.nhmrc.gov.au/guidelines/publications/mh25

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Appendices

Appendix A: Overview of the Guideline development process

In June 2010, the Department of Health and Ageing (DoHA) Mental Health System Improvement Branch commissioned the National Health and Medical Research Council (NHMRC) to develop a clinical practice guideline for the management of borderline personality disorder (BPD).

The NHMRC used a structured guideline adaptation methodology known as ADAPTE[1] to translate the United Kingdom's National Institute for Health and Clinical Excellence (NICE) Guideline on the Treatment and Management of Borderline Personality Disorder (2009)[2], for Australian health-care settings with the assistance of a multidisciplinary Guideline Development Committee.

Guideline adaptation is a systematic approach that examines, evaluates and customises existing guidelines to fit local circumstances. ADAPTE comprises three phases: set-up, adaptation and finalisation. Figure 1 outlines the ADAPTE process.

The NHMRC *Levels of evidence and grades for recommendations for developers of guidelines*[3] were used as the standard for formulating and grading of recommendations.

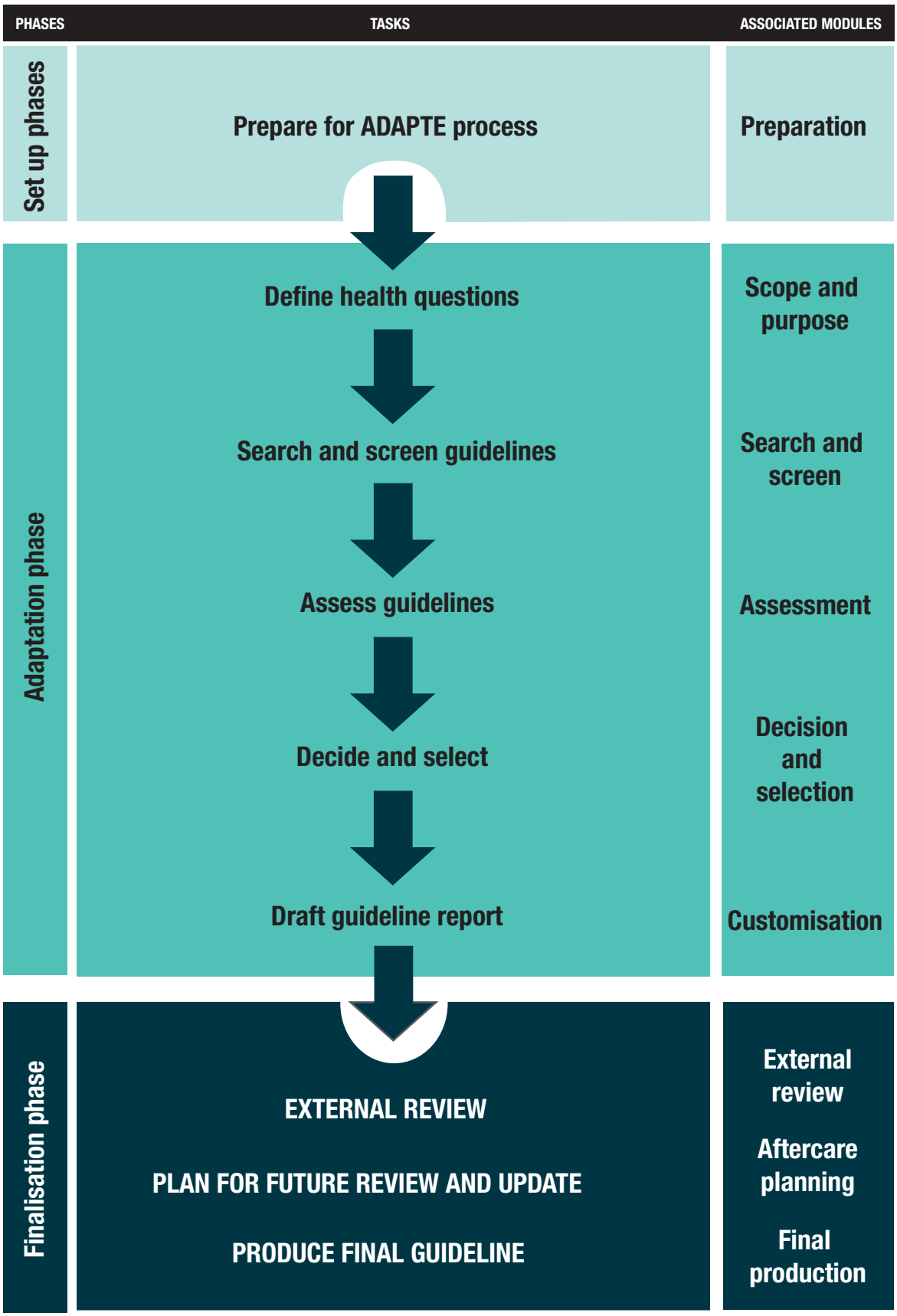
Consultants

Consultants to the process included LeeJenn Health Consultants, who completed the systematic literature review and the meta-analysis. Meducation Australia Pty Ltd provided technical writing services and expertise in developing the guideline text. The methodologists and medical writer did not participate in formulating recommendations.

NHMRC support staff

Staff from the National Health and Medical Research Council managed the guideline development process, but did not participate in formulating recommendations.

Figure 1: Summary of the ADAPTE process



A.1 Organising Committee

The set-up phase involved convening an Organising Committee which assisted with developing the guideline scope, terms of reference, and making recommendations regarding the different disciplines that should be represented on the Guideline Development Committee. For the purpose of this guideline, a ministerial group, the Borderline Personality Disorder Expert Reference Group (ERG), convened by DoHA, constituted the expert membership of the Organising Committee, and was complemented by NHMRC and DoHA staff.

The Organising Committee convened for a one-day meeting in December 2010. At the meeting, a draft scope of the guideline was ratified by the Department of Health and Ageing, and suggestions made about desirable expertise for members of the BPD Guideline Development Committee (the Committee). NHMRC staff developed the Conflict of Interest policy and procedures for the Committee, and the consensus process for decision-making independent to the Organising Committee.

Members of the Organising Committee

Committee member	Title and affiliation	Role on Committee
Chair Professor Louise Newman AM	Professor, Developmental Psychiatry, Monash University Director, Monash University Centre for Developmental Psychiatry and Psychology	Chair and child psychiatrist
Dr Martha Kent	Practising psychiatrist and psychotherapist Chair, SA Clinical Network BPD Working Group	Psychiatrist
Dr Maria Tomasic	Consultant Forensic Psychiatrist, Disability SA President, Australian and New Zealand College of Psychiatrists	Psychiatrist
Associate Professor Andrew Chanen	Orygen Youth Health Research Centre, Centre for Youth Mental Health, The University of Melbourne Acting Director of Clinical Services, Orygen Youth Health Victoria	Adolescent psychiatrist
Dr Chris Lee	Programme Chair in clinical psychology at Murdoch University	Clinical psychologist
Ms Janne McMahon	Founder and Chair of the Private Mental Health Consumer Carer Network (Australia) Consumer representative	Consumer
Ms Eileen McDonald	Carer representative Member, National Mental Health Consumer and Carer Forum, the Mental Health Council of Australia National Register of Mental Health Consumer and Carer Representatives and the Carers NSW Board of Directors Lecturer and supervisor in a Graduate School of Counselling Counsellor and Dance Movement Therapist	Carer

Committee member	Title and affiliation	Role on Committee
Dr Christine McAuliffe	General Practitioner and GP Advisor Primary Mental Health Care, Australian General Practice Network	General practitioner
Ms Merinda Epstein	Founding member and coordinator, Our Consumer Place	Consumer
Associate Professor Lena Sanci	General Practitioner Deputy Head, Department of General Practice, University of Melbourne	General practitioner

Dr Christine McAuliffe resigned from the BPD Expert Reference Group on 14 July 2011. Ms Merinda Epstein was appointed to the group on 4 October 2011, and A/Prof Lena Sanci joined the ERG on 12 October 2011. All members signed a *Deed of Confidentiality* form on appointment to the Expert Reference Group, outlining that the requirement to declare potential or perceived conflicts of interest during the time of their appointment.

A.2 Appointing the Guideline Development Committee

The organising committee suggested a list of professional organisations and individuals to contact in regard to membership. Some members were contacted directly due to their specialised expertise in the area of BPD. Organisations were invited to nominate a representative. The following organisations were contacted:

- Mental Health Council of Australia
- Royal Australian and New Zealand College of Psychiatrists (RANZCP)
- Royal Australian College of Mental Health Nurses

The consumer representative for the Committee was recommended by the Organising Committee. The carer representative was selected through an expression of interest process conducted by the Mental Health Council of Australia to the members of its National Register of Mental Health Consumer and Carer representatives.

The consumer and carer representative attended all committee meetings and were involved in the development of the clinical questions and recommendations. They also participated in discussions that informed the development of the narrative to ensure that the consumer and carer perspective was accurately reflected.

The 11-member Committee was established in January 2011 from the nominations received from the key stakeholder organisations and individual invitations. In total, eight face-to-face committee meetings were held over the duration of the guideline development process to compile the consultation draft of the guideline (February 2011– August 2012).

Although the Guideline Development Committee membership did not include representation from Aboriginal and Torres Strait Islander peoples, the views of this community were canvassed early in the process through consultation with the Department of Health and Ageing's Aboriginal and Torres Strait Islander Committee.

A.3 Managing Declarations of Interest of the BPD Guideline Development Committee

Conflicts of interest can be categorised as potential, perceived or actual, and relate to members' interests as well as the interests of their family related to the guideline topic. Interests may be direct or indirect, pecuniary or non-pecuniary.

Members of the Committee were required to declare their relevant interests in writing prior to consideration for appointment to the committee. The purpose of declaring conflicts of interest was to avoid or manage real or perceived conflicts of interest between the private interests of committee members (including pecuniary interest or the possibility of other advantage) and their duties as part of the committee.

Committee members were required to update their information as soon as they became aware of any changes in their circumstances. There was also a standing agenda item at each meeting where conflicts of interest were solicited and recorded as part of the meeting minutes.

At the Committee meeting in May 2011, one of the committee members, A/Prof Andrew Chanen, noted that his research featured in the evidence available to support the committee's deliberations in formulating recommendations in response to the evidence table for clinical questions 1 and 2. A/Prof Chanen chose to leave the room, but the committee unanimously agreed that his skills and expertise relating to the issue at hand would make a valuable contribution to the committee's deliberations. A/Prof Chanen was invited by the Chair to re-join the meeting and participate in the discussion. A/Prof Chanen chose to abstain from participating in the discussion to formulate recommendations for clinical questions 1 and 2.

At the BPD the Committee meeting in December 2011, in order to manage conflict of interest, A/Prof Chanen did not participate in discussions about section 4.3 of the draft guideline which references one of his papers.

All declarations of interest were added to a register (outlined in section 1.7.1 of the guideline). This register of declarations of interest was viewed by the Chair of the Committee, and NHMRC staff, and made available to the committee. Disclosure of the register to the committee was important as it allowed committee members to take all potential conflicts of interest into consideration during discussions, decision-making and formulation of recommendations. There were no further occasions where this conflict of interest process was applied.

A.4 Public consultation

Public consultation was conducted from 1 April to 14 May 2012. During this period the draft guideline was available on the NHMRC website.

Notification was posted in *The Australian* national newspaper. NHMRC also invited a range of stakeholders to make submissions including consumer groups, professional bodies as well as state and territory health departments.

Forty-nine submissions were received. The committee met on 7 and 8 June 2012 to consider all responses to the public consultation submission. The draft guideline was revised where the committee considered necessary.

A.5 Independent review

The amended draft was reviewed by an independent expert in research and evidence synthesis methodology, to determine whether the committee had properly followed NHMRC procedures and whether the final guideline met the requirements of the NHMRC 2011 standard.

The guideline and recommendations have been assessed by three reviewers independent of the guideline development process using the AGREE II instrument.

The draft was also reviewed by three independent clinicians with expertise in BPD management. The independent clinical reviewers considered whether the appropriate evidence was identified and reviewed in line with the stated scope and clinical questions, whether the risks and potential harms of recommendations were properly considered, and whether any conflicts between the guideline recommendations and those of other current guidance were justified by the evidence and their rationale adequately explained.

The guideline was further amended in response to recommendations from the methodological and independent clinical expert reviewers.

The final guideline was submitted to the NHMRC council for approval on 4 October 2012.

NHMRC approved the guideline on 25 October 2012.

A.6 Implementation of the BPD Guideline

Electronic versions of the guideline and summary document are available on the NHMRC website and the NHMRC clinical practice guidelines portal (www.clinicalguidelines.gov.au).

A mail-out to key stakeholders announcing the release of the guideline and summary document was undertaken and included details of how to access an electronic copy or order a hardcopy version. The release of the guideline will also be communicated to stakeholders through media releases, NHMRC newsletters and industry websites.

A quick reference guide version of this guideline has been created to support implementation.

A.7 Funding

The development and publication of this guideline by NHMRC was funded by the Australian Government Department of Health and Ageing.

The involvement of the Department of Health and Ageing was limited to determining the scope of the guideline, and it had no involvement in the committee process of assessing evidence and formulating recommendations.

Appendix B: Guideline methodology

At the first committee meeting in February 2011, the BPD Guideline Development Committee agreed on the scope and target audience for the guideline, and developed the clinical questions that the guideline would address.

B.1 Developing structured clinical questions

At the meeting in February 2011, the Committee adapted 21 clinical questions from the NICE guideline, and formulated 5 new clinical questions according to the PICO formula (populations, interventions, control, and outcome), with the assistance of the methodologist. The committee also determined the inclusion and exclusion criteria for the systematic search. The full list of clinical questions that the guideline addresses is provided in chapter 11 of the guideline, and Appendix C.

PICO Criteria for new clinical questions

	P	I	C	O
Risk factors and prevention				
What are the risk factors for BPD? (new question 3)	People with BPD	N/A	N/A	Risk factors
What preventative interventions are available to reduce the incidence of BPD? (as a primary or secondary outcome) (new question 4)	People with BPD	Preventative interventions	N/A	Incidence of BPD
Treatment options				
Among people with BPD are multimodal therapies (pharmacological, psychological, team approaches, day programs, inpatient programs, family/systems therapies, therapeutic communities) more effective than single modal therapies in reducing suicide/self-harm, psychopathology and increasing functioning? (new question 10)	People with BPD	Multimodal, pharmacological, psychological, team approaches, day programs, inpatient programs, family/systems therapies, therapeutic communities	Single modal pharmacological, psychological	Suicide/self-harm (suicide, non-suicidal self-injury, deliberate self-harm, parasuicide) Psychopathology (emotional dysregulation, psychological distress, psychopathology, BPD diagnostic criteria) Increasing functioning (social and interpersonal functioning)

	P	I	C	O
Treatment options (continued)				
Among people with BPD and comorbidities (medical [HIV/AIDS, diabetes, chronic pain, obesity, chronic fatigue], other personality disorders, other mental health, alcohol and drug disorders, eating disorders, intellectual disability) what treatments are effective in reducing suicide/self-harm, psychopathology and increasing functioning? (Update NICE Q5 plus new question 11)	People with BPD and HIV/AIDS or diabetes, chronic pain or obesity, chronic fatigue or other personality disorders or other mental health or alcohol and drug disorders or eating disorders or intellectual disability	Any intervention	Treatment as usual or no intervention	Suicide/self-harm (suicide, non-suicidal self-injury, deliberate self-harm, parasuicide) Psychopathology (emotional dysregulation, psychological distress, psychopathology, BPD diagnostic criteria) Increasing functioning (social and interpersonal functioning)
Among people with BPD what treatment modes of delivery are most effective in reducing suicide/self-harm, psychopathology and increasing functioning? (face to face, group, online, self help) (new question 14)	People with BPD	Face to face, online treatment, self help, telephone counselling, any other mode of treatment	Treatment as usual or no intervention	Suicide/self-harm (suicide, non-suicidal self-injury, deliberate self-harm, parasuicide) Psychopathology (emotional dysregulation, psychological distress, psychopathology, BPD diagnostic criteria) Increasing functioning (social and interpersonal functioning)

Inclusion and exclusion criteria

For inclusion in the review, studies needed to be concerned with the treatment of primary or secondary presentations of BPD. These studies had to be of adequate quality, being no lower than Level III-3 in the NHMRC Evidence Hierarchy[3] (included in Appendix H). Level III studies were assessed and considered for eligibility. Additional inclusion criteria outlined that the studies had to be published in English, have human subjects, and be published between January 2008 and April 2011 (for updated clinical questions). For new clinical questions, the inclusion criteria were the same, except that the search dates were January 2001 to April 2011.

The committee developed inclusion and exclusion criteria at their initial meeting in February 2011 (see Table 1).

Table 1: Inclusion and exclusion criteria

Inclusion	Exclusion
Published in English or with English translation	Not meeting level of evidence
2001–2011 for new questions 2008–2011 for updated questions	Out of date range (including newer articles published after the initial search dates)
Level I to III-3: search highest level and if less than 3 papers then include next level	Level 4 studies Non-systematic reviews
Primarily BPD data or specific analysis with BPD	Not primarily BPD

Refer to the complete search strings in Appendix D.

B.2 Searching the literature

The following steps were undertaken to develop the guideline:

1. Selection of high quality source documents to use for adaptation
2. Development of a search strategy and search of the literature
3. Screening, data extraction and critical appraisal of included studies
4. Summary of the relevant data
5. Meta-analysis for clinical questions 6, 7, 8 and 9.

These stages are described in more detail below.

1. Selection of high quality source documents to use for adaptation

In accord with the ADAPTE[1] process, a number of international guideline databases were used to search for guidelines related to the treatment and management of borderline personality disorder. This search revealed two guidelines, one developed by the American Psychiatric Association (APA) in 2001[5], and another more recent guideline developed in the United Kingdom by the National Institute for Health and Clinical Excellence (NICE)[2].

The APA guideline on BPD was not developed using a systematic search of the literature, and did therefore not meet the *Procedures and requirements for meeting the 2011 NHMRC standard for clinical practice guidelines*[6], nor was it suitable for adaption. The NICE guideline systematically reviewed the literature and performed favourably when assessed with the AGREE instrument. Therefore, the guideline funder agreed to adapt the NICE guideline.

The NHMRC was granted permission from the lead authors of the NICE guideline to adapt the UK guideline to Australian circumstances.

2. Development of a search strategy and search of the literature

This guideline is an adaptation of the UK NICE Guideline[2]. Where the committee agreed to update the clinical questions included in the NICE guideline, all papers retrieved by NICE were used as the evidence base from 2001 – 2008. The systematic search was used to update the body of evidence for the NICE questions from 2008 – 2011. The term "updated search" is used throughout this guideline to describe the process of the systematic search of the literature used to update the body of evidence for the NICE questions. For the 5 new clinical questions not previously included in the NICE guideline, a new strategy from 2001 was undertaken.

The updated searches for the NICE questions were based upon new search strings developed using a combination of:

- The searches undertaken in the NICE Guideline
- The aims and scope of the NHMRC guideline
- The clinical questions and inclusion and exclusion criteria developed by the Guideline Development Committee in February 2011, and those of the NICE guideline.

Groups of key terms were searched then systematically combined to explore the various sets of clinical questions across all databases. An overall search was undertaken, followed by specific searches for each question. Terms used were a combination of MeSH (and other database thesaurus) headings, keyword terms and words in the text and titles.

Appendix D contains the string search for each question. Additional searches of the literature were conducted to extract relevant studies related to Aboriginal and Torres Strait Islander peoples, as well as the cost-effectiveness of BPD treatments.

The search strategy was applied to four electronic databases during April – June 2011. The databases searched were: MEDLINE, PsycINFO, Embase and the Cochrane Database of Systematic Reviews. Initially, the search period was 2008 – 2011, as indicated in Table 1. However, for new questions developed by the NHMRC committee, the search period was 2001–2011.

Table 2: Database search

Database	Accessed via:	Search Period*	Number of citations found (duplicates removed)
MEDLINE	Ovid	2008 - 2011	559
PsycINFO	Ovid	2008 - 2011	448
Embase	Embase	2008 - 2011	5430
Cochrane	Wiley	2008 - 2011	208

* Search period for new questions (Q3, Q4, Q10, Q11 and Q14) was 2001 – 2011.

3. Screening, data extraction and critical appraisal of included studies

The literature search, screening process and data extracted at each stage is shown in Figure 2.

a) First screen

A total of 6645 references were initially identified prior to duplicates and incorrect citations being removed. These articles were screened using the article title and abstract and duplicates removed. The first screen resulted in 264 included studies, articles of which were retrieved for the second screen.

b) Second screen

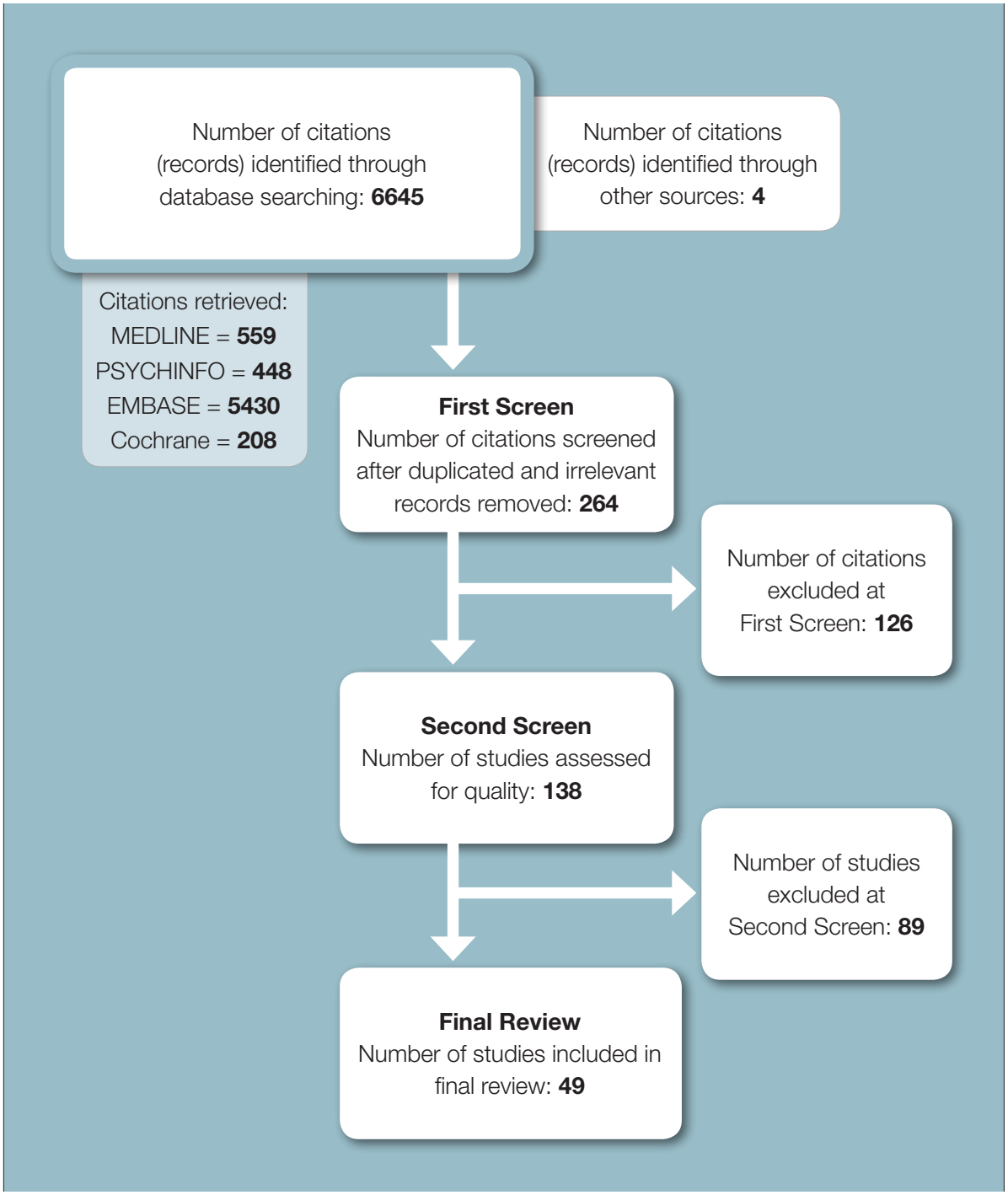
A second screen was undertaken based on the full article. Two reviewers assessed each article for inclusion and a further 126 citations that did not meet the inclusion criteria were removed. This left a total of 138 for extraction.

c) Extraction

The 138 references identified for inclusion in the review were then assessed for their methodological quality and level of evidence using the *NHMRC levels of evidence and grades for recommendations for developers of guideline*[3]. Two reviewers completed the data extraction sheet and quality checklists

before the data was entered into the evidence table. In the case of inconsistencies or ambiguity during the data extraction and appraisal process, articles were re-examined and discussed by both the original and additional reviewers for clear consensus. During extraction, a further 89 references were excluded and 49 included for final review. Each extracted article was reviewed by two reviewers. If a reviewer was unsure about inclusion status, this was resolved by team consensus.

Figure 2: Flowchart of literature search and screening process



4. Summary of the relevant data

A final list of included studies is contained in Appendix E. Based on the extraction forms and quality checklists, evidence tables and summary tables were created for each clinical question (see Appendix H). These tables were presented to the BPD Guideline Development Committee.

5. Meta-analysis for clinical questions 6, 7, 8 and 9

At the Committee meeting in August 2011, the committee discussed whether a meta-analysis of the literature from 1990 to 2011 would contribute to the body of evidence on the effectiveness of psychological and pharmacological treatment options for BPD (clinical questions 6, 7, 8 and 9). Following independent methodological advice, a meta-analysis was conducted for these questions which drew from the studies identified in the NICE guideline for these clinical questions, as well as those identified in the updated search.

a) Meta-analysis search strategy

Data for the meta-analysis was obtained from two sources:

i. The updated search results

ii. Articles identified in the NICE guideline included in the relevant questions.

b) Inclusion and exclusion criteria of the meta-analysis

Studies were included in the systematic review if they met the following criteria:

i. Diagnosis of BPD in at least 70% of the sample

ii. Sample contained primarily adults (18+ years)

iii. Reported outcomes relevant to outcome categories of interest to this review (anger, hostility, irritability, suicidal/self-harm behaviour, anxiety, depression, general functioning, social/interpersonal functioning, BPD symptoms, general psychopathology, hospitalisation, suicidal ideation, weight) (see Appendix G for included and excluded scales)

iv. There was enough information contained in the published article to be able to calculate a study effect size.

See Appendix F for a list of the studies included in the meta-analysis.

c) Coding procedures for the meta-analysis

From each eligible study, information was extracted for all measures relevant to the outcome categories of interest in this review. Information extracted included study identifiers (citation, name/type of treatment, name/type of control, length of treatment, time of follow-up measurement), basic demographics (age, gender, percentage with diagnosed BPD), outcome identifiers (name of the scale, outcome variable the scale measured), and information necessary to calculate study effect size (depending on the availability of the data: sample size, means, standard deviation/standard error, or standardised mean difference and 95% confidence interval or sample size and an exact p value, for both the treatment and control groups). One reviewer entered the information into a form specifically created for this review, which was checked by a second reviewer.

d) Data analysis

Analyses were completed using Comprehensive Meta-Analysis Version 2. Firstly, effect sizes (± 95% CI) were calculated for each relevant outcome measure in the psychological and pharmacological treatment RCTs. These effect sizes were standardised mean differences (Cohen's d) comparing active treatment and control groups on each relevant outcome measure.

A positive effect size indicates that the scores were higher for the treatment than the control group, and a negative effect size indicates scores were lower in the treatment group; whether this represents a better result for the treatment group depends on the measure. For example, for the Hamilton Depression Rating Scale, a lower score in the treatment group than the control group would indicate that the treatment group fared better, with lower levels of depression; this would result in a negative effect size. For a measure of functioning (e.g. Global Assessment of Functioning), a higher score in the treatment group than the control group would represent a better outcome for the treatment group; this would result in a positive effect size.

The study effect sizes were then weighted by variance and pooled in a series of random-effects meta-analyses. Firstly, separate meta-analyses were undertaken for each outcome category of scale used in the studies. Different scales that measured a similarly operationally defined outcome category could be pooled because standardised mean difference was used. As each study may only contribute one measurement to each analysis, the extracted information was reviewed to identify studies, which used more than one scale to measure an outcome category. Measures common to other studies were selectively included to minimise heterogeneity. Secondly, for each outcome category in the psychological treatment studies, a separate meta-analysis was completed for measurements taken immediately after treatment and at the last available follow-up after the end of treatment. Finally, subgroup analyses were completed for each specific type of treatment.

Forest plots were generated for each analysis. When there was only a single study in a particular treatment type, the study effect size was graphed. Due to the number of multiple comparisons, significance was set at $\alpha = .01$ to control type 1 error.

e) Caution in interpretation of the meta-analysis

Ideally in a meta-analysis, similar studies are pooled, e.g. similar in terms of types of treatment groups, types of controls, types of participants (including recruitment source, age, gender), and types of measurement scale used, otherwise sources of heterogeneity are introduced that make it difficult to interpret observed effect sizes.

Heterogeneity within this meta-analysis has been minimised by pooling together studies with similar time-points (immediately following treatment) and similar scales. In this analysis, heterogeneity was reduced by conducting subgroup analyses of specific types of treatment within the broad classes, however this has resulted in a small number of studies in each sub-group.

There is the strong possibility of file-drawer problem, whereby other trials exist that were not recovered in the systematic search that could substantially affect the results. There were also instances where scales relevant to outcomes could not be included in the forest plots because sufficient information was not provided (e.g. it was simply stated that differences between groups on that scale were not significant). This biases the observed effect sizes away from the null.

It was not possible to test for file-drawer graphically or mathematically because there were so few studies in this meta-analysis. As only a small number of studies are included in the meta-analysis, the addition of new studies may substantially alter the observed pooled effect sizes. Therefore, the effect sizes calculated in this review should be regarded simply as a summary of data available at the time of analysis, rather than an accurate reflection of true effects. To more closely approach the true treatment effects, there would need to be more studies and more data to be gathered.

The forest plots and a summary of the meta-analysis are detailed in Appendix H.

B.3 Assess the body of evidence and formulate recommendations

In formulating recommendations, the committee considered the evidence including studies collected from the NICE searches, the updated searches and, where relevant, the meta-analysis.

The following table outlines the consensus process that the committee used to formulate recommendations for the guideline.

Table 3: Consensus Process

Stages of consensus process	Stage in guideline development
Stage One – Review the evidence During committee meetings from May to October 2011, the methodologist guided the committee through the evidence tables (summarised evidence derived from the systematic literature search) and answered any questions the committee had regarding the body of evidence. The methodologist did not participate in formulating recommendations	**Guideline Development Committee Meetings** (May, July, August, October 2011)
Stage Two – Review the evidence The committee used the *NHMRC Evidence Statement Form* (see Appendix I) to grade the body of evidence. This form was used to review the body of evidence with regard to the volume of evidence, its consistency, the clinical impact, generalisability and applicability. These aspects were graded according to the NHMRC grading criteria.	
Stage Three – Open discussion After the committee reviewed the evidence, the Chair opened discussions, ensuring that advice was provided from all committee members. The committee used the results from the *NHMRC Evidence Statement Form* to firstly discuss if the body of evidence could be used to make recommendations. If the committee determined that the evidence could be used to formulate recommendations, they then proceeded to make recommendations based on the summarised body of evidence (evidence-based recommendations). Where evidence was available but considered insufficient to make recommendations, expert opinion was sought from the committee (consensus-based recommendations). This process is detailed in figure 3, and was used by the Chair to guide discussions. The committee also developed practice points for areas where recommendations where made outside of the scope of the search strategy.	
Stage Four – Formulate draft recommendations Through committee discussions, the draft recommendations were formulated and graded using the *NHMRC Evidence Statement Form* and the consensus process.	
Stage Five – First call for agreement In the first instance, the committee assessed the extent of agreement with the recommendation and the Chair called for a discussion on any aspects where there was disagreement.	
Stage Six – Second call for agreement After the second round of discussions the Chair then called for agreement for a second time. If consensus was gained, the committee moved to the next section of the guideline. If consensus was not gained then, depending on the issue, one of the following actions was taken: • A sub-committee (based on the committee members area of expertise), was formed to convene out of session via teleconference. The sub-committee's drafted recommendations were then tabled for discussion at subsequent meetings. • Individual committee members with expertise in the relevant area were nominated to work with NHMRC staff to draft recommendations for the committee to consider. The draft recommendations were tabled for discussion at subsequent meetings.	

Stages of consensus process	Stage in guideline development
Stage Seven – Consultation with absent committee members NHMRC staff and the committee Chair consulted with members that were absent from meetings, outlining the draft recommendations that were formed at those meetings.	**Out of session** November and December 2011
Stage Eight – Draft recommendations circulated to committee The guideline manuscript, containing the draft recommendations, was circulated to the committee for review before each meeting.	**Out of session** Between committee meetings
Stage Nine – Finalise recommendations for public consultation At the committee meeting in December 2011, the draft recommendations were reviewed, discussed and finalised for release for public consultation. Committee members who were unable to attend this meeting submitted their preferences on the draft recommendations prior to the session. For recommendations that required further editing during this meeting, the same consensus process was applied as described in stages 5–8: • Chair made first call for agreement • The recommendation was discussed further and refined • Chair made second call for agreement.	**Guideline Development Committee Meeting** December 2011
Stage 10 – Revision of recommendations after public consultation • At the June 2012 Committee meeting, some consensus recommendations were revised in response to comments received during public consultation. The same consensus process was applied as described in stages 5–8.	**Guideline Development Committee Meeting** June 2012

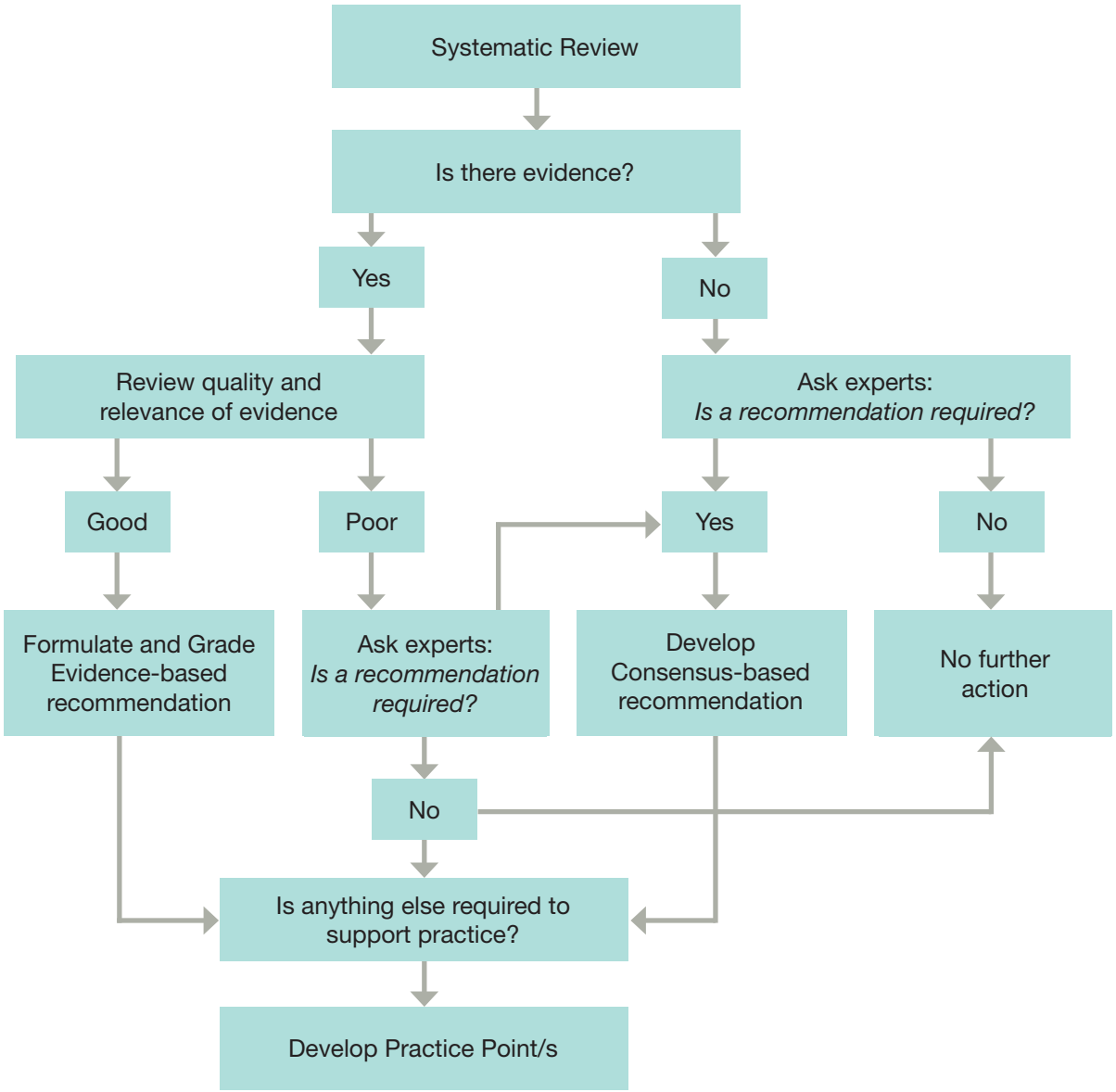
For each evidence-based recommendation (EBR), supporting references are listed and the grade of recommendation is indicated according to National Health and Medical Research Council (NHMRC) *Levels of evidence and grades for recommendations for developers of guidelines*.[3]

Grade	Description
A	Body of evidence can be trusted to guide practice
B	Body of evidence can be trusted to guide practice in most situations
C	Body of evidence provides some support for recommendation(s) but care should be taken in its application
D	Body of evidence is weak and recommendation must be applied with caution

Recommendations made in the absence of quality evidence (where a systematic review of the evidence was conducted as part of the search strategy) are clearly labelled as consensus-based recommendations (CBR). Any further recommendations included in the guideline where the subject matter is outside of the scope of the search strategy are clearly labelled as practice points (PP).

Abbreviation	Type of recommendation	Description
EBR	Evidence-based recommendation	Recommendations formulated by the guideline development committee/group based on high-quality evidence and graded according to an NHMRC-approved method.
CBR	Consensus-based recommendations	Recommendations formulated by the guideline development committee/group, using a consensus-reaching process, in the absence of high-quality evidence (where a systematic review of the evidence was conducted as part of the guideline search strategy).
PP	Practice Point	Point of guidance included in the guideline used to support evidence-based recommendations, where the subject matter is outside of the scope of search strategy, and which were formulated based on expert opinion using a consensus process.

Figure 3: Consensus process for formulating recommendations



B.4 Methodological templates

Evidence Table Template

Full reference Country	Study design Level of eidence	N (n)	Participants Age Gender Diagnosis Other	Intervention	Comparison	Outcomes	Measure/s	Length of follow-up	Effect size	Comments

Data extraction template

Number in endnote	
Author	
Year	
Country	*where research completed*
Pub type	*jrl article, book etc*
Reference	*full ref*
Source	*e.g. psychinfo, medline, pubmed etc*
Setting	*setting where study carried out*
Objective	*objective as stated by author*
Outcome measures	*measures as stated by author*
Study design	*e.g. rct*
Participants	*detailed description*
Intervention	*description of intervention*
Control or comparison group	*description of control tx*
Results (outcomes)	*results as stated by author*
Effect size	*if reported*
Effect size	*if not reported reviewers can calculate*
Comments	*any other details e.g. quality*
Level of evidence	

Quality checklist for a systematic review or meta-analysis

SECTION 1: INTERNAL VALIDITY In a well-conducted systematic review:		
1.1	The study addresses an appropriate and clearly focused question.	A. Well covered B. Adequately addressed C. Poorly addressed D. Not addressed E. Not reported F. Not applicable
1.2	A description of the methodology used is included.	
1.3	The literature search is sufficiently rigorous to identify all the relevant studies.	
1.4	Study quality is assessed and taken into account.	
1.5	There are enough similarities between the studies selected to make combining them reasonable.	
SECTION 2 : OVERALL ASSESSMENT OF THE STUDY		
2.1	How well was the study done to minimise bias? *Code ++, + or –*	

Adapted from: National Collaborating Centre for Mental Health 2009[2]

Quality checklist(s) for an RCT

SECTION 1: INTERNAL VALIDITY In a well-conducted RCT study:		
1.1	The study addresses an appropriate and clearly focused question.	A. Well covered B. Adequately addressed C. Poorly addressed D. Not addressed E. Not reported F. Not applicable 1.8 Where provided % drop out TX and C will be reported.
1.2	The assignment of subjects to treatment groups is randomised.	
1.3	An adequate concealment method is used.	
1.4	Subjects and investigators kept 'blind' about treatment allocation.	
1.5	The treatment and control groups are similar at the start of the trial.	
1.6	The only difference between groups is the treatment under investigation.	
1.7	All relevant outcomes are measures in a standard, valid and reliable way.	
1.8	What percentage of the individuals or clusters recruited into each treatment arm of the study dropped out before the study was completed?	
1.9	All the subjects are analysed in the groups to which they were randomly allocated (often referred to as intention-to-treat analysis).	
1.10	Where the study is carried out at more than one site, results are comparable for all sites.	
SECTION 2 : OVERALL ASSESSMENT OF THE STUDY		
2.1	How well was the study done to minimise bias? *Code ++, + or –*	

Assessing the validity of RCT's using the jadad scale

Date:	
Researcher Initials:	
Author/s:	
Title:	
Year:	
Reference/sources:	
Endnote reference number:	

CHECKLIST ITEM	Yes/No	Comments
Was the study described randomised?		
Was the study described double-blind?		
Was there a description of withdrawals and drop outs?		

Adapted from: Petticrew & Roberts (2006)[7]

Quality checklist for a Cohort study

SECTION 1: INTERNAL VALIDITY In a well-conducted cohort study:			
	1.1	The study addresses an appropriate and clearly focused question.	A. Well covered B. Adequately addressed C. Poorly addressed D. Not addressed E. Not reported F. Not applicable 1.5 Where provided % drop out TX and C will be reported. 1.14 Yes/No
Selection of subjects	1.2	The two groups being studied are selected from a source population that are comparable in all respects other than the factor under investigation.	
	1.3	The study indicates how may of the people asked to take part did so, in each of the groups being studied.	
	1.4	The likelihood that some eligible subjects might have the outcome at the time of enrolment is assessed and taken into account in the analysis.	
	1.5	What percentage of the individuals or clusters recruited into each arm of the study dropped out before the study was completed?	
	1.6	Comparison is made between full participants and those lost to follow-up, by exposure status.	
Assessment	1.7	The outcomes are clearly defined.	
	1.8	The assessment of outcome is made blind to exposure status.	
	1.9	Where blinding was not possible, there is some recognition that knowledge of exposure status could have influenced the assessment of outcome.	
	1.10	The measure of assessment of exposure is reliable.	
	1.11	Evidence from other sources is used to demonstrate that the method of outcome assessment is valid and reliable.	
	1.12	Exposure level or prognostic factor is assessed more than one.	
Confounding	1.13	The main potential confounders are identified and taken into account in the design and analysis.	
Statistical analysis	1.14	Have confidence intervals been provided?	
SECTION 2 : OVERALL ASSESSMENT OF THE STUDY			
	2.1	How well was the study done to minimise bias? *Code ++, + or –*	

Appendix C: Clinical questions

Below is a list of the clinical questions which were addressed within this guideline.

Italics indicates a new question formulated by the Committee. All other clinical questions were previously addressed in the UK national BPD management guideline.

Additional literature searches were conducted to identify studies involving Aboriginal and Torres Strait Islander people with BPD, and for evidence on cost-effectiveness of BPD management strategies.

The evidence retrieved for Question 11 and 13 was considered as one evidence statement form.

Identifying and assessing BPD

1. What can help clinicians identify features of BPD in young people?
2. Are there tools/assessments that could be used?

Managing risk factors and preventing BPD

3. *What are the risk factors for BPD?*
4. *What preventative interventions are available to reduce the incidence of BPD? (as a primary or secondary outcome)*

Managing BPD

5. What interventions and care processes are effective in improving outcomes or altering the developmental course for people aged under 18 years with borderline symptoms or putative BPD? (that is, would meet diagnosis if over 18)
6. For people with BPD, which treatments are associated with improvement in mental state and quality of life, reduction in self-harm, service use, and risk-related behaviour, and/or improved social and personal functioning while minimising harms?
7. Which psychological therapies are most effective? (CBT, mentalisation, behaviour therapy, psychodynamic, CAT, group therapy, family therapy, schema-focused therapy, transference-focused and DBT, miscellaneous)
8. Which psychosocial therapies are most effective?[1]
9. Which pharmacological therapies maximise benefits while minimising harms? (+ comorbidities)
10. *Among people with BPD are multimodal therapies (pharmacological, psychological, team approaches, day programs, inpatient programs, family/systems therapies, therapeutic communities) more effective than single modal therapies in reducing suicide/self-harm, psychopathology and increasing functioning?*

1 The Committee determined to merge questions 7 and 8 into a single question: Which **psychological** or **psychosocial** therapies are most effective?

11. *Among people with BPD and comorbidities (medical [HIV/AIDS, diabetes, chronic pain, obesity, chronic fatigue], other personality disorders, other mental health, alcohol and drug disorders, eating disorders, intellectual disability) what treatments are effective in reducing suicide/self-harm, psychopathology and increasing functioning?*
12. How should complex and severe BPD be managed, including management strategies (over a period of time) and multiple comorbidities?[2]
13. How should the treatment of common comorbidities (depression, psychosis, anxiety disorders, bipolar disorder, substance use disorder, other axis II disorders) be altered in the presence of BPD?
14. *Among people with BPD what treatment modes of delivery are most effective in reducing suicide/self-harm, psychopathology and increasing functioning? (face-to-face, group, online, self-help).*

Organising healthcare services to meet the needs of people with BPD

15. What type of services maximise effectiveness and safety and minimise harm (taking into account long-term outcomes) for the delivery of specific treatments for people with BPD? (for example, day hospitals, inpatient, therapeutic communities, use of enhanced care programming, team-based or individual-based care, partial hospitalisation)
16. What is the role of inpatient (e.g. acute, forensic) care in the management of people with BPD?
17. What is the role of specialist services (including community-based) in the medium and long term management of people with BPD?
18. Is long-term inpatient care in the treatment of BPD effective?
19. Are particular therapies suited for particular service settings?
20. How should healthcare professionals from other healthcare settings care for people with BPD? (primary care, accident and emergency, crisis services, crisis houses, acute care)
21. Which treatment pathways, care processes and clinical principles (case management, care coordination, care programme approach and so on) maximise the effectiveness of care and reduce harm?
22. How can healthcare professionals involved in the care of people with BPD best be supported? (supervision, training, case loads and so on)

Supporting families and carers

23. Do families (including children) and families/carers of people with BPD have specific care needs?
24. If so, what specific interventions should be offered?
25. Do family or carers, through their behaviour, styles of relating and relationships, influence clinical and social outcomes or well-being for people with BPD?
26. If so, what interventions should be offered?

2 Systematic literature review was not undertaken for this question (see Sections 1.7.4 and 6.9).

Appendix D: Systematic Review – completed searches

GENERAL SEARCHES (INCLUDES ALL DATABASES)

A. Medline – Ovid interface

GENERAL SEARCH #1

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (4559)
2. Borderline Personality Disorder/ or borderline personality symptom$.mp. (4121)
3. Personality disorder$.sh. or PD$1.ti. or personaltit$.sh. or Personality.sh. or personality disorder$.sh. or personality disorders.sh. (46924)
4. personality dysfunction.mp. (67)
5. Personality Disorders/ or cluster c personality disorder$.mp. (13188)
6. (Borderline or borderline person$ or borderline state or borderline$).sh. (4116)
7. borderline patient$.mp. (832)
8. or/1-2 (4564)
9. or/3-7 (50121)
10. or/8-9 (50402)
11. RCT or randomized control trials {No Related Terms} (18827)
12. randomised control trials {No Related Terms} (9130)
13. random allocation or random assignment or random sample or random sampling {No Related Terms} (221)
14. random or randomization {No Related Terms} (6302)
15. randomized controlled trial or randomized control trials {No Related Terms} (10299)
16. randomised controlled trial or randomised control trials {No Related Terms} (6433)
17. double blind method or double blind procedure or double blind study or double blind studies or double blind or double {No Related Terms} (4046)
18. single blind procedure or single blind method or single blind study or single blind studies or single or single blind or single blind method {No Related Terms} (28)
19. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (1110)
20. clinical or clinical trial or clinical trials {No Related Terms} (11375)
21. controlled clinical trial or controlled clinical trials {No Related Terms} (1308)
22. review or reviews or systematic review or systematic reviews of meta analysis or meta-analysis {No Related Terms} (9850)
23. or/11-22 (68508)
24. 10 and 23 (151)
25. limit 24 to (english language and humans and yr="2001 - 2011") (118)

B. PsycINFO – Ovid interface

GENERAL SEARCH #2

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (5576)
2. (Borderline or borderline person$ or borderline state or borderline$).sh. (7051)
3. borderline patient$.mp. (1806)
4. Borderline Personality Disorder/ or borderline personality symptom$.mp. (2803)
5. Personality Disorders/ or cluster c personality disorder$.mp. (8416)
6. borderline personality disorder {Including Related Terms} (6518)
7. or/1-6 (16909)
8. randomised control trials {No Related Terms} (3425)
9. RCT {Including Related Terms} (3715)
10. random allocation or random assignment or random sample or random sampling {No Related Terms} (43)
11. random allocation or random assignment or random sample or random sampling {Including Related Terms} (448)
12. randomized control trials {No Related Terms} (4828)
13. random or randomization {No Related Terms} (1898)
14. randomized controlled trial or randomized control trials {Including Related Terms} (3715)
15. randomised controlled trial or randomised control trials {Including Related Terms} (3715)
16. double blind method.mp. (46)
17. double blind procedure.mp. (131)
18. double blind study.mp. (1629)
19. double blind studies.mp. (375)
20. (single blind procedure or single blind method or single blind study or single blind studies or single blind).ab. (903)
21. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (267)
22. clinical or clinical trial or clinical trials {No Related Terms} (3577)
23. controlled clinical trial or controlled clinical trials {No Related Terms} (92)
24. or/8-23 (16944)
25. review or reviews or systematic review or systematic reviews {No Related Terms} (1722)
26. meta analysis or meta -analysis {No Related Terms} (9406)
27. or/25-26 (10738)
28. 24 or 27 (27035)
29. 7 and 28 (169)

GENERAL SEARCH #3

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (5576)
2. (Borderline or borderline person$ or borderline state or borderline$).sh. (7051)
3. borderline patient$.mp. (1806)
4. Borderline Personality Disorder/ or borderline personality symptom$.mp. (2803)
5. Personality Disorders/ or cluster c personality disorder$.mp. (8416)
6. borderline personality disorder {Including Related Terms} (6518)
7. or/1-6 (16909)
8. randomised control trials {No Related Terms} (3425)

9. RCT {Including Related Terms} (3715)
10. random allocation or random assignment or random sample or random sampling {No Related Terms} (43)
11. random allocation or random assignment or random sample or random sampling {Including Related Terms} (448)
12. randomized control trials {No Related Terms} (4828)
13. random or randomization {No Related Terms} (1898)
14. randomized controlled trial or randomized control trials {Including Related Terms} (3715)
15. randomised controlled trial or randomised control trials {Including Related Terms} (3715)
16. double blind method.mp. (46)
17. double blind procedure.mp. (131)
18. double blind study.mp. (1629)
19. double blind studies.mp. (375)
20. (single blind procedure or single blind method or single blind study or single blind studies or single blind).ab. (903)
21. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (267)
22. clinical or clinical trial or clinical trials {No Related Terms} (3577)
23. controlled clinical trial or controlled clinical trials {No Related Terms} (92)
24. or/8-23 (16944)
25. review or reviews or systematic review or systematic reviews {No Related Terms} (1722)
26. meta analysis or meta -analysis {No Related Terms} (9406)
27. or/25-26 (10738)
28. 24 or 27 (27035)
29. 7 and 28 (169)
30. limit 29 to (human and english language and yr="2001 - 2011") (125)

C. EMBASE – Ovid Interface

GENERAL SEARCH #4

1. 'borderline state'/exp/mj (4546)
2. 'randomized controlled trial'/exp/mj OR 'randomization'/exp OR 'random sample'/exp OR 'double blind procedure'/exp AND 'single blind procedure'/exp OR 'crossover procedure'/exp OR 'triple blind procedure'/exp OR 'clinical trial'/exp OR 'controlled clinical trial'/exp OR 'open study'/exp OR 'major clinical study'/exp(2520050)
3. #1 AND #2 (1235)
4. #1 AND #2 AND [humans]/lim AND [english]/lim AND [2001-2011]/py (563)
5. #1 AND #2 AND [humans]/lim AND [english]/lim AND ([cochrane review]/lim OR [controlled clinical trial]/lim OR [meta analysis]/lim OR [randomized controlled trial]/lim OR [systematic review]/lim) AND [2001-2011]/py (129)
6. 'borderline state'/exp/mj AND ('randomized controlled trial'/exp/mj OR 'randomization'/exp OR 'random sample'/exp OR 'double blind procedure'/exp AND 'single blind procedure'/exp OR 'crossover procedure'/exp OR 'triple blind procedure'/exp OR 'clinical trial'/exp OR 'controlled clinical trial'/exp OR 'open study'/exp OR 'major clinical study'/exp) AND [humans]/lim AND [english]/lim AND ([cochrane review]/lim OR [controlled clinical trial]/lim OR [meta analysis]/lim OR [randomized controlled trial]/lim OR [systematic review]/lim) AND [2001-2011]/py (129)

GENERAL SEARCH #5

1. 'borderline state'/exp/mj OR 'borderline state'/exp (7163)
2. 'personality disorder'/exp (39845)
3. #1 OR #2(39845)
4. 'randomised controlled trial'/exp OR 'randomised controlled trial'(286925)
5. 'randomization'/exp AND 'random sample'/exp(25)
6. 'double blind procedure'/exp AND 'single blind procedure'/exp AND 'crossover procedure'/exp(187)
7. 'clinical trial'/exp(855627)
8. 'systematic review'/exp AND 'meta analysis'/exp(19104)
9. #4 OR #5 OR #6 OR #7 OR #8(858628)
10. #3 AND #9(1966)
11. #3 AND #9 AND [humans]/lim AND [english]/lim AND [2001-2011]/py(1254)
12. #3 AND #9 AND [humans]/lim AND [english]/lim AND ([cochrane review]/lim OR [controlled clinical trial]/lim OR [meta analysis]/lim OR [randomized controlled trial]/lim OR [systematic review]/lim) AND [2001-2011]/py(681)
13. #1 AND #9(486)
14. #1 AND #9 AND [humans]/lim AND [english]/lim AND [2001-2011]/py(343)
15. #1 AND #9 AND [humans]/lim AND [english]/lim AND ([cochrane review]/lim OR [controlled clinical trial]/lim OR [meta analysis]/lim OR [randomized controlled trial]/lim OR [systematic review]/lim) AND [2001-2011]/py(198)

GENERAL SEARCH #6

1. 'borderline state'/exp/mj OR 'borderline state'/exp (7163)
2. 'personality disorder'/exp (39845)
3. 'randomised controlled trial'/exp' (284484)
4. 'randomization'/exp OR 'random sample'/exp (55735)
5. 'double blind procedure'/exp OR 'single blind procedure'/exp OR 'crossover procedure'/exp (128943)
6. 'clinical trial'/exp (855627)
7. 'systematic review'/exp OR 'meta analysis'/exp(75841)
8. #3 OR #4 OR #5 OR #6 OR #7 (937982)
9. #1 OR #2 (39845)
10. #8 AND #9 (2145)
11. #8 AND #9 AND [humans]/lim AND [english]/lim AND [2001-2011]/py (1381)
12. #8 AND #9 AND [humans]/lim AND [english]/lim AND ([cochrane review]/lim OR [controlled clinical trial]/lim OR [meta analysis]/lim OR [randomized controlled trial]/lim OR [systematic review]/lim) AND [2001-2011]/py(760)
13. #1 AND #12 (523)
14. #1 AND #12 AND [humans]/lim AND [english]/lim AND [2001-2011]/py (369)
15. #1 AND #12 AND [humans]/lim AND [english]/lim AND ([cochrane review]/lim OR [controlled clinical trial]/lim OR [meta analysis]/lim OR [randomized controlled trial]/lim OR [systematic review]/lim) AND [2001-2011]/py(217)

GENERAL SEARCH #7

1. 'borderline state'/exp OR 'borderline state'/exp/mj OR 'personality disorder'/exp/mj (23777)
2. 'randomized controlled trial'/exp/mj OR 'randomization'/exp OR 'random sample'/exp OR 'double blind procedure'/exp AND 'single blind procedure'/exp OR 'crossover procedure'/exp OR 'triple blind procedure'/exp OR 'clinical trial'/exp OR 'controlled clinical trial'/exp OR 'open study'/exp OR 'major clinical study'/exp (2520050)
3. #1 AND #2 (6669)
4. #1 AND #2 AND [humans]/lim AND [english]/lim AND [2001-2011]/py (2591)
5. #1 AND #2 AND [humans]/lim AND [english]/lim AND ([cochrane review]/lim OR [controlled clinical trial]/lim OR [meta analysis]/lim OR [randomized controlled trial]/lim OR [systematic review]/lim) AND [2001-2011]/py (378)

GENERAL SEARCH #8

1. 'borderline state'/exp OR 'borderline state'/exp/mj OR 'personality disorder'/exp/mj (23759)
2. 'randomized controlled trial'/exp/mj OR 'randomization'/exp OR 'random sample'/exp OR 'double blind procedure'/exp AND 'single blind procedure'/exp OR 'crossover procedure'/exp OR 'triple blind procedure'/exp OR 'clinical trial'/exp OR 'controlled clinical trial'/exp OR 'open study'/exp OR 'major clinical study'/exp (2518245)
3. #1 AND #2 (6666)
4. #1 AND #2 AND [humans]/lim AND [english]/lim AND [2008-2011]/py (914)
5. #1 AND #2 AND [humans]/lim AND [english]/lim AND ([cochrane review]/lim OR [controlled clinical trial]/lim OR [meta analysis]/lim OR [randomized controlled trial]/lim OR [systematic review]/lim) AND [2008-2011]/py (122)
6. 'treatment outcome'/exp OR 'cognitive therapy'/exp/mj OR 'psychotherapy'/exp OR 'group therapy'/exp OR 'therapy'/exp OR 'art therapy'/exp OR 'psychopharmacotherapy'/exp OR 'olanzapine'/exp OR 'haloperidol'/exp OR 'drug therapy'/exp OR 'psychosocial care'/exp (5341333)
7. #1 AND #2 AND #6 (2357)
8. #1 AND #2 AND #6 AND [humans]/lim AND [english]/lim AND [2008-2011]/py (428)

D. Cochrane – Cochrane Database of Systematic Reviews, Database of Abstracts of Reviews of Effects, Cochrane Central Register of Controlled Trials – Wiley Interscience Interface

GENERAL SEARCH #9

1. Borderline Personality Disorder* in Title, Abstract or Keywords in Cochrane Database of Systematic Reviews
2. MeSH descriptor Borderline Personality Disorder OR BPD, this term only
3. (borderline*)
4. MeSH descriptor Personality Disorders
5. (borderline* near/3 (disorder* or person* or PD* or state*)) or (borderline* and personalit*)

CLINICAL QUESTION 1

A. Medline – Ovid interface

SEARCH 1.2 (ADDITIONAL STRING SEARCH Q1 AND Q2)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (4578)
2. Borderline Personality Disorder/ or borderline personality symptom$.mp. (4140)
3. Personality disorder$.sh. or PD$1.ti. or personaltit$.sh. or Personality.sh. or personality disorder$.sh. or personality disorders.sh. (47068)
4. personality dysfunction.mp. (67)
5. Personality Disorders/ or cluster c personality disorder$.mp. (13213)
6. (Borderline or borderline person$ or borderline state or borderline$).sh. (4135)
7. borderline patient$.mp. (834)
8. or/1-7 (50564)
9. young people.m_titl. (2913)
10. young adults.m_titl. (8224)
11. young people.mp. (11650)
12. or/9-11 (19625)
13. risk factors.mp. or Risk Factors/ (520233)
14. 8 and 12 and 13 (30)
15. limit 14 to yr="2008 - 2011" (4)

B. PsycINFO – Ovid interface

SEARCH (ADDITIONAL STRING SEARCH Q1 AND Q2)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (5582)
2. (Borderline or borderline person$ or borderline state or borderline$).sh. (7058)
3. borderline patient$.mp. (1808)
4. Borderline Personality Disorder/ or borderline personality symptom$.mp. (2809)
5. Personality Disorders/ or cluster c personality disorder$.mp. (8421)
6. borderline personality disorder {Including Related Terms} (6524)
7. or/1-6 (16922)
8. young people.m_titl. (2488)
9. young adults.m_titl. (4275)
10. young people.mp. (12792)
11. or/8-10 (16855)
12. assessment.m_titl. (42301)
13. assessment.mp. (207343)
14. or/12-13 (207343)
15. 7 and 11 and 14 (15)
16. limit 15 to yr="2008 - 2011" (6)

CLINICAL QUESTION 2

A. Medline – Ovid interface

SEARCH (BPD AND RISK FACTORS Q2A REPEAT SEARCH)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (4621)
2. Borderline Personality Disorder/ or borderline personality symptom$.mp. (4174)
3. Personality disorder$.sh. or PD$1.ti. or personaltit$.sh. or Personality.sh. or personality disorder$.sh. or personality disorders.sh. (47397)
4. personality dysfunction.mp. (67)
5. Personality Disorders/ or cluster c personality disorder$.mp. (13289)
6. (Borderline or borderline person$ or borderline state or borderline$).sh. (4169)
7. borderline patient$.mp. (838)
8. or/1-7 (50925)
9. RCT or randomized control trials {No Related Terms} (19634)
10. randomised control trials {No Related Terms} (9108)
11. random allocation or random assignment or random sample or random sampling {No Related Terms} (223)
12. random or randomization {No Related Terms} (6394)
13. randomized controlled trial or randomized control trials {No Related Terms} (10626)
14. randomised controlled trial or randomised control trials {No Related Terms} (6561)
15. double blind method or double blind procedure or double blind study or double blind studies or doubleblind or double {No Related Terms} (4070)
16. single blind procure or single blind method or single blind study or single blind studies or single or single blind or single blind method {No Related Terms} (29)
17. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (1129)
18. clinical or clinical trial or clinical trials {No Related Terms} (11478)
19. controlled clinical trial or controlled clinical trials {No Related Terms} (1318)
20. or/9-19 (60953)
21. "assessment*".m_titl. (138271)
22. assessment*.mp. (680904)
23. (assessment adj3 screening).m_titl. (392)
24. (assessment adj3 screening).mp. [mp=protocol supplementary concept, rare disease supplementary concept, title, original title, abstract, name of substance word, subject heading word, unique identifier] (1571)
25. (assessment adj6 mental health).m_titl. (262)
26. (assessment adj6 mental health).mp. [mp=protocol supplementary concept, rare disease supplementary concept, title, original title, abstract, name of substance word, subject heading word, unique identifier] (1109)
27. (assessment adj6 tools).mp. [mp=protocol supplementary concept, rare disease supplementary concept, title, original title, abstract, name of substance word, subject heading word, unique identifier] (4118)
28. (assessment adj6 tools).m_titl. (461)
29. or/21-28 (680904)
30. 8 and 20 and 29 (37)
31. limit 30 to yr="2008 - 2011" (19)

B. PsycINFO – Ovid interface

SEARCH (BPD AND RISK FACTORS Q2A REPEAT SEARCH)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (5624)
2. (Borderline or borderline person$ or borderline state or borderline$).sh. (7093)
3. borderline patient$.mp. (1813)
4. Borderline Personality Disorder/ or borderline personality symptom$.mp. (2837)
5. Personality Disorders/ or cluster c personality disorder$.mp. (8472)
6. borderline personality disorder {Including Related Terms} (6567)
7. or/1-6 (17024)
8. randomised control trials {No Related Terms} (3465)
9. RCT {Including Related Terms} (3759)
10. random allocation or random assignment or random sample or random sampling {No Related Terms} (43)
11. random allocation or random assignment or random sample or random sampling {Including Related Terms} (452)
12. randomized control trials {No Related Terms} (4888)
13. random or randomization {No Related Terms} (1907)
14. randomized controlled trial or randomized control trials {Including Related Terms} (3759)
15. randomised controlled trial or randomised control trials {Including Related Terms} (3759)
16. double blind method.mp. (46)
17. double blind procedure.mp. (131)
18. double blind study.mp. (1639)
19. double blind studies.mp. (376)
20. (single blind procedure or single blind method or single blind study or single blind studies or single blind).ab. (907)
21. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (268)
22. clinical or clinical trial or clinical trials {No Related Terms} (3625)
23. controlled clinical trial or controlled clinical trials {No Related Terms} (94)
24. or/8-23 (17117)
25. “assessment*”.m_titl. (44953)
26. Psychological Assessment/ or assessment*.mp. or Cognitive Assessment/ (227459)
27. (assessment adj3 screening).m_titl. (139)
28. (assessment adj3 screening).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (1165)
29. (assessment adj6 mental health).m_titl. (396)
30. (assessment adj6 mental health).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (2308)
31. (assessment adj6 tools).m_titl. (207)
32. (assessment adj6 tools).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (3130)
33. or/25-32 (227459)
34. 7 and 24 and 33 (40)
35. limit 34 to yr=”2008 - 2011” (26)

C. EMBASE – Ovid Interface

SEARCH (BPD AND RISK FACTORS Q2A REPEAT SEARCH)

1. 'borderline state'/exp/mj OR 'borderline state'/exp OR 'personality disorder'/exp (40443)
2. 'randomised controlled trial'/exp OR 'systematic review'/exp OR 'meta analysis'/exp OR 'randomization'/exp OR 'random sample'/exp OR 'double blind procedure'/exp OR 'single blind procedure'/exp OR 'crossover procedure'/exp OR 'clinical trial'/exp (942465)
3. 'psychologic assessment'/exp OR 'clinical assessment tool'/exp OR 'clinical assessment'/ (57363)
4. exp #1 AND #2 AND #3 (97)
5. #1 AND #2 AND #3 AND [2008-2011]/py (43)

CLINICAL QUESTION 3

A. Medline – Ovid interface

SEARCH (ADDITIONAL STRING SEARCH Q3)

1. RCT or randomized control trials {No Related Terms} (19044)
2. randomised control trials {No Related Terms} (8992)
3. random allocation or random assignment or random sample or random sampling {No Related Terms} (221)
4. random or randomization {No Related Terms} (6325)
5. randomized controlled trial or randomized control trials {No Related Terms} (10385)
6. randomised controlled trial or randomised control trials {No Related Terms} (6477)
7. double blind method or double blind procedure or double blind study or double blind studies or doubleblind or double {No Related Terms} (4054)
8. single blind procedure or single blind method or single blind study or single blind studies or single or single blind or single blind method {No Related Terms} (28)
9. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (1115)
10. clinical or clinical trial or clinical trials {No Related Terms} (11402)
11. controlled clinical trial or controlled clinical trials {No Related Terms} (1310)
12. or/1-11 (59980)
13. borderline personality disorder.mp. or Borderline Personality Disorder/ (4578)
14. Borderline Personality Disorder/ or borderline personality symptom$.mp. (4140)
15. Personality disorder$.sh. or PD$1.ti. or personaltit$.sh. or Personality.sh. or personality disorder$.sh. or personality disorders.sh. (47068)
16. personality dysfunction.mp. (67)
17. Personality Disorders/ or cluster c personality disorder$.mp. (13213)
18. (Borderline or borderline person$ or borderline state or borderline$).sh. (4135)
19. borderline patient$.mp. (834)
20. or/13-19 (50564)
21. risk factors.mp. or Risk Factors/ (520233)
22. prevention.mp. (288000)
23. 12 and 20 and 21 (3)

SEARCH (BPD AND RISK FACTORS Q3 REPEAT SEARCH)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (4621)
2. Borderline Personality Disorder/ or borderline personality symptom$.mp. (4174)
3. Personality disorder$.sh. or PD$1.ti. or personaltit$.sh. or Personality.sh. or personality disorder$.sh. or personality disorders.sh. (47397)
4. personality dysfunction.mp. (67)
5. Personality Disorders/ or cluster c personality disorder$.mp. (13289)
6. (Borderline or borderline person$ or borderline state or borderline$).sh. (4169)
7. borderline patient$.mp. (838)
8. or/1-7 (50925)
9. RCT or randomized control trials {No Related Terms} (19634)
10. randomised control trials {No Related Terms} (9108)
11. random allocation or random assignment or random sample or random sampling {No Related Terms} (223)
12. random or randomization {No Related Terms} (6394)
13. randomized controlled trial or randomized control trials {No Related Terms} (10626)
14. randomised controlled trial or randomised control trials {No Related Terms} (6561)
15. double blind method or double blind procedure or double blind study or double blind studies or double blind or double {No Related Terms} (4070)
16. single blind procedure or single blind method or single blind study or single blind studies or single or single blind or single blind method {No Related Terms} (29)
17. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (1129)
18. clinical or clinical trial or clinical trials {No Related Terms} (11478)
19. controlled clinical trial or controlled clinical trials {No Related Terms} (1318)
20. or/9-19 (60953)
21. Risk Factors/ or risk factor*.mp. (561748)
22. “risk factor*”.m_titl. (54714)
23. or/21-22 (561748)
24. Prospective Studies {No Related Terms} (19546)
25. cohort studies {No Related Terms} (18826)
26. case control studies {No Related Terms} (14181)
27. prospective cohort study {No Related Terms} (7059)
28. retrospective cohort study {No Related Terms} (8453)
29. case-control study.m_titl. (11094)
30. correlational study {No Related Terms} (911)
31. comparative study {No Related Terms} (25932)
32. or/24-31 (99800)
33. 8 and 23 and 32 (56)

B. PsycINFO – Ovid interface

SEARCH (ADDITIONAL STRING SEARCH Q3)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (5582)
2. (Borderline or borderline person$ or borderline state or borderline$).sh. (7058)
3. borderline patient$.mp. (1808)
4. Borderline Personality Disorder/ or borderline personality symptom$.mp. (2809)
5. Personality Disorders/ or cluster c personality disorder$.mp. (8421)
6. borderline personality disorder {Including Related Terms} (6524)
7. or/1-6 (16922)
8. risk factors.mp. or Risk Factors/ (44546)
9. prevention.m_titl. (16459)
10. Prevention/ (17624)
11. or/8-10 (69420)
12. 7 and 11 (453)
13. randomised control trials {No Related Terms} (3438)
14. RCT {Including Related Terms} (3724)
15. random allocation or random assignment or random sample or random sampling {No Related Terms} (43)
16. random allocation or random assignment or random sample or random sampling {Including Related Terms} (448)
17. randomized control trials {No Related Terms} (4837)
18. random or randomization {No Related Terms} (1899)
19. randomized controlled trial or randomized control trials {Including Related Terms} (3724)
20. randomised controlled trial or randomised control trials {Including Related Terms} (3724)
21. double blind method.mp. (46)
22. double blind procedure.mp. (131)
23. double blind study.mp. (1631)
24. double blind studies.mp. (376)
25. (single blind procedure or single blind method or single blind study or single blind studies or single blind).ab. (903)
26. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (268)
27. clinical or clinical trial or clinical trials {No Related Terms} (3590)
28. controlled clinical trial or controlled clinical trials {No Related Terms} (92)
29. or/13-28 (16985)
30. 12 and 29 (2)

SEARCH (BPD AND RISK FACTORS Q3 REPEAT SEARCH)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (5624)
2. (Borderline or borderline person$ or borderline state or borderline$).sh. (7093)
3. borderline patient$.mp. (1813)
4. Borderline Personality Disorder/ or borderline personality symptom$.mp. (2837)
5. Personality Disorders/ or cluster c personality disorder$.mp. (8472)
6. borderline personality disorder {Including Related Terms} (6567)
7. or/1-6 (17024)
8. randomised control trials {No Related Terms} (3465)
9. RCT {Including Related Terms} (3759)
10. random allocation or random assignment or random sample or random sampling {No Related Terms} (43)
11. random allocation or random assignment or random sample or random sampling {Including Related Terms} (452)
12. randomized control trials {No Related Terms} (4888)
13. random or randomization {No Related Terms} (1907)
14. randomized controlled trial or randomized control trials {Including Related Terms} (3759)
15. randomised controlled trial or randomised control trials {Including Related Terms} (3759)
16. double blind method.mp. (46)
17. double blind procedure.mp. (131)
18. double blind study.mp. (1639)
19. double blind studies.mp. (376)
20. (single blind procedure or single blind method or single blind study or single blind studies or single blind).ab. (907)
21. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (268)
22. clinical or clinical trial or clinical trials {No Related Terms} (3625)
23. controlled clinical trial or controlled clinical trials {No Related Terms} (94)
24. or/8-23 (17117)
25. (risk factors or Risk Factors).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (45044)
26. (risk adj6 factor*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (55673)
27. Risk Factors/ (27817)
28. At Risk Populations/ or risk.mp. or Risk Factors/ or Risk Taking/ (167933)
29. or/25-28 (167933)
30. 7 and 24 and 29 (9)
31. from 30 keep 1-9 (9)
32. Prospective Studies/ (389)
33. cohort studies.mp. (635)
34. case control studies.mp. (448)
35. prospective cohort study.mp. (1602)
36. retrospective cohort study.mp. (571)
37. case-control study.m_titl. (1002)
38. correlational study.mp. (1421)
39. comparative study.mp. (8456)
40. or/32-39 (14384)
41. 7 and 29 and 40 (14)

C. EMBASE – Ovid Interface

SEARCH (BPD AND RISK FACTORS Q3 REPEAT SEARCH)

1. 'borderline state'/exp/mj OR 'borderline state'/exp OR 'personality disorder'/exp (40443)
2. 'randomised controlled trial'/exp OR 'systematic review'/exp OR 'meta analysis'/exp OR 'randomization'/exp OR 'random sample'/exp OR 'double blind procedure'/exp OR 'single blind procedure'/exp OR 'crossover procedure'/exp OR 'clinical trial'/exp (942465)
3. 'risk factor'/exp (452096)
4. 'case control study'/exp OR 'prospective study'/exp OR 'cohort analysis'/exp OR 'comparative study'/exp OR 'retrospective study'/exp OR 'correlational study'/exp (1350252)
5. #1 AND #3 AND #4 (239)
6. #1 AND #3 AND #4 AND [2008-2011]/py (91)

CLINICAL QUESTION 4

A. Medline – Ovid interface

SEARCH (BPD, RCT AND PREVENTION INTERVENTION Q4 REPEAT SEARCH)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (4621)
2. Borderline Personality Disorder/ or borderline personality symptom$.mp. (4174)
3. Personality disorder$.sh. or PD$1.ti. or personaltit$.sh. or Personality.sh. or personality disorder$.sh. or personality disorders.sh. (47397)
4. personality dysfunction.mp. (67)
5. Personality Disorders/ or cluster c personality disorder$.mp. (13289)
6. (Borderline or borderline person$ or borderline state or borderline$).sh. (4169)
7. borderline patient$.mp. (838)
8. or/1-7 (50925)
9. RCT or randomized control trials {No Related Terms} (19634)
10. randomised control trials {No Related Terms} (9108)
11. random allocation or random assignment or random sample or random sampling {No Related Terms} (223)
12. random or randomization {No Related Terms} (6394)
13. randomized controlled trial or randomized control trials {No Related Terms} (10626)
14. randomised controlled trial or randomised control trials {No Related Terms} (6561)
15. double blind method or double blind procedure or double blind study or double blind studies or doubleblind or double {No Related Terms} (4070)
16. single blind procedure or single blind method or single blind study or single blind studies or single or single blind or single blind method {No Related Terms} (29)
17. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (1129)
18. clinical or clinical trial or clinical trials {No Related Terms} (11478)
19. controlled clinical trial or controlled clinical trials {No Related Terms} (1318)
20. or/9-19 (60953)
21. Prospective Studies {No Related Terms} (19546)
22. cohort studies {No Related Terms} (18826)
23. case control studies {No Related Terms} (14181)

24. prospective cohort study {No Related Terms} (7059)
25. retrospective cohort study {No Related Terms} (8453)
26. case-control study.m_titl. (11094)
27. correlational study {No Related Terms} (911)
28. comparative study {No Related Terms} (25932)
29. or/21-28 (99800)
30. (prevent* adj6 intervention*).m_titl. (2685)
31. (prevent* adj6 intervention*).mp. [mp=protocol supplementary concept, rare disease supplementary concept, title, original title, abstract, name of substance word, subject heading word, unique identifier] (20058)
32. or/30-31 (20058)
33. 8 and 20 and 32 (1)

B. PsycINFO – Ovid interface

SEARCH (BPD, RCT AND PREVENTION INTERVENTION Q4 REPEAT SEARCH)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (5624)
2. (Borderline or borderline person$ or borderline state or borderline$).sh. (7093)
3. borderline patient$.mp. (1813)
4. Borderline Personality Disorder/ or borderline personality symptom$.mp. (2837)
5. Personality Disorders/ or cluster c personality disorder$.mp. (8472)
6. borderline personality disorder {Including Related Terms} (6567)
7. or/1-6 (17024)
8. randomised control trials {No Related Terms} (3465)
9. RCT {Including Related Terms} (3759)
10. random allocation or random assignment or random sample or random sampling {No Related Terms} (43)
11. random allocation or random assignment or random sample or random sampling {Including Related Terms} (452)
12. randomized control trials {No Related Terms} (4888)
13. random or randomization {No Related Terms} (1907)
14. randomized controlled trial or randomized control trials {Including Related Terms} (3759)
15. randomised controlled trial or randomised control trials {Including Related Terms} (3759)
16. double blind method.mp. (46)
17. double blind procedure.mp. (131)
18. double blind study.mp. (1639)
19. double blind studies.mp. (376)
20. (single blind procedure or single blind method or single blind study or single blind studies or single blind).ab. (907)
21. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (268)
22. clinical or clinical trial or clinical trials {No Related Terms} (3625)
23. controlled clinical trial or controlled clinical trials {No Related Terms} (94)
24. or/8-23 (17117)
25. Prospective Studies/ (389)

26. cohort studies.mp. (635)
27. case control studies.mp. (448)
28. prospective cohort study.mp. (1602)
29. retrospective cohort study.mp. (571)
30. case-control study.m_titl. (1002)
31. correlational study.mp. (1421)
32. comparative study.mp. (8456)
33. or/25-32 (14384)
34. (prevent* adj6 intervention*).m_titl. (2090)
35. (prevent* adj6 intervention*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (15164)
36. Intervention/ or prevention intervention*.mp. (22341)
37. prevention.mp. or Prevention/ (72284)
38. or/34-37 (92332)
39. 7 and 24 and 38 (8)

C. EMBASE – Ovid Interface

SEARCH (BPD, RCT AND PREVENTION INTERVENTION Q4 REPEAT SEARCH)

1. 'borderline state'/exp/mj OR 'borderline state'/exp OR 'personality disorder'/exp (40443)
2. 'randomised controlled trial'/exp OR 'systematic review'/exp OR 'meta analysis'/exp OR 'randomization'/exp OR 'random sample'/exp OR 'double blind procedure'/exp OR 'single blind procedure'/exp OR 'crossover procedure'/exp OR 'clinical trial'/exp (942465)
3. 'prevention study'/exp OR 'intervention study'/exp (11864)
4. 'borderline state'/exp/mj OR 'borderline state'/exp OR 'personality disorder'/exp AND ('randomised controlled trial'/exp OR 'systematic review'/exp OR 'meta analysis'/exp OR 'randomization'/exp OR 'random sample'/exp OR 'double blind procedure'/exp OR 'single blind procedure'/exp OR 'crossover procedure'/exp OR 'clinical trial'/exp) AND ('prevention study'/exp OR 'intervention study'/exp) (14)

CLINICAL QUESTION 5

A. Medline – Ovid interface

SEARCH (BPD, YP AND INTERVENTIONS WITH YEAR LIMIT Q5)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (4594)
2. Borderline Personality Disorder/ or borderline personality symptom$.mp. (4154)
3. Personality disorder$.sh. or PD$1.ti. or personaltit$.sh. or Personality.sh. or personality disorder$.sh. or personality disorders.sh. (47161)
4. personality dysfunction.mp. (67)
5. Personality Disorders/ or cluster c personality disorder$.mp. (13237)
6. (Borderline or borderline person$ or borderline state or borderline$).sh. (4149)
7. borderline patient$.mp. (836)
8. or/1-7 (50670)
9. young people.m_titl. (2921)

10. young adults.m_titl. (8255)
11. young people.mp. (11681)
12. or/9-11 (19685)
13. Intervention Studies/ or intervention*.mp. (401648)
14. "intervention*".m_titl. (56005)
15. or/13-14 (401648)
16. and 12 and 15 (19)
17. limit 16 to yr="2008 - 2011" (5)
18. "care process*".m_titl. (242)
19. and 12 and 18 (0)
20. and 12 (194)
21. limit 20 to yr="2008 - 2011" (27)

B. PsycINFO – Ovid interface

SEARCH BPD, YP AND INTERVENTIONS WITH YEAR LIMIT Q5)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (4594)
2. (Borderline or borderline person$ or borderline state or borderline$).sh. (4149)
3. borderline patient$.mp. (836)
4. Borderline Personality Disorder/ or borderline personality symptom$.mp. (4154)
5. Personality Disorders/ or cluster c personality disorder$.mp. (13237)
6. borderline personality disorder {Including Related Terms} (6076)
7. or/1-6 (19741)
8. young people.m_titl. (2921)
9. young adults.m_titl. (8255)
10. young people.mp. (11681)
11. or/8-10 (19685)
12. putative borderline personality disorder.mp. (0)
13. intervention*.mp. (401648)
14. "intervention*".m_titl. (56005)
15. or/13-14 (401648)
16. 7 and 11 and 15 (11)
17. (care adj2 process$).mp. [mp=protocol supplementary concept, rare disease supplementary concept, title, original title, abstract, name of substance word, subject heading word, unique identifier] (4244)
18. 7 and 11 and 17 (0)
19. limit 16 to yr="2008 - 2011" (5)
20. 7 and 11 (80)
21. limit 20 to yr="2008 - 2011" (16)

C. EMBASE – Ovid Interface

SEARCH (BPD, YP AND INTERVENTIONS WITH YEAR LIMIT Q5)

1. 'borderline state'/exp/mj OR 'borderline state'/exp OR 'personality disorder'/exp (40358)
2. 'randomised controlled trial'/exp OR 'systematic review'/exp OR 'meta analysis'/exp OR 'randomization'/exp OR 'random sample'/exp OR 'double blind procedure'/exp OR 'single blind procedure'/exp OR 'crossover procedure'/exp OR 'clinical trial'/exp (940333)
3. 'youth'/exp OR young NEAR/2 people OR young NEAR/2 adults OR 'adolescent'/exp (1128620)
4. #1 AND #2 AND #3 (213)
5. #1 AND #2 AND #3 AND [2008-2011]/py (50)
6. intervention OR interventions (5214991)
7. #5 AND #6 (12)

CLINICAL QUESTION 6

A. Medline – Ovid interface

SEARCH (BPD, RCT AND TREATMENT WITH YEAR LIMITS Q6)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (4594)
2. Borderline Personality Disorder/ or borderline personality symptom$.mp. (4154)
3. Personality disorder$.sh. or PD$1.ti. or personaltit$.sh. or Personality.sh. or personality disorder$.sh. or personality disorders.sh. (47161)
4. personality dysfunction.mp. (67)
5. Personality Disorders/ or cluster c personality disorder$.mp. (13237)
6. (Borderline or borderline person$ or borderline state or borderline$).sh. (4149)
7. borderline patient$.mp. (836)
8. or/1-7 (50670)
9. RCT or randomized control trials {No Related Terms} (19228)
10. randomised control trials {No Related Terms} (9036)
11. random allocation or random assignment or random sample or random sampling {No Related Terms} (221)
12. random or randomization {No Related Terms} (6342)
13. randomized controlled trial or randomized control trials {No Related Terms} (10446)
14. randomised controlled trial or randomised control trials {No Related Terms} (6508)
15. double blind method or double blind procedure or double blind study or double blind studies or doubleblind or double {No Related Terms} (4060)
16. single blind procedure or single blind method or single blind study or single blind studies or single or single blind or single blind method {No Related Terms} (29)
17. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (1119)
18. clinical or clinical trial or clinical trials {No Related Terms} (11414)
19. controlled clinical trial or controlled clinical trials {No Related Terms} (1311)
20. or/9-19 (60265)
21. Treatment Outcome/ or treatment*.mp. (2649488)
22. "treatment*".m_titl. (721397)
23. or/21-22 (2649488)
24. 8 and 20 and 23 (88)
25. limit 24 to yr="2008 - 2011" (47)

SEARCH (BPD, RCT AND TERMS WITH YEAR LIMITS Q6A TO Q6F)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (4594)
2. Borderline Personality Disorder/ or borderline personality symptom$.mp. (4154)
3. Personality disorder$.sh. or PD$1.ti. or personaltit$.sh. or Personality.sh. or personality disorder$.sh. or personality disorders.sh. (47161)
4. personality dysfunction.mp. (67)
5. Personality Disorders/ or cluster c personality disorder$.mp. (13237)
6. (Borderline or borderline person$ or borderline state or borderline$).sh. (4149)
7. borderline patient$.mp. (836)
8. or/1-7 (50670)
9. RCT or randomized control trials {No Related Terms} (19228)
10. randomised control trials {No Related Terms} (9036)
11. random allocation or random assignment or random sample or random sampling {No Related Terms} (221)
12. random or randomization {No Related Terms} (6342)
13. randomized controlled trial or randomized control trials {No Related Terms} (10446)
14. randomised controlled trial or randomised control trials {No Related Terms} (6508)
15. double blind method or double blind procedure or double blind study or double blind studies or doubleblind or double {No Related Terms} (4060)
16. single blind procedure or single blind method or single blind study or single blind studies or single or single blind or single blind method {No Related Terms} (29)
17. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (1119)
18. clinical or clinical trial or clinical trials {No Related Terms} (11414)
19. controlled clinical trial or controlled clinical trials {No Related Terms} (1311)
20. or/9-19 (60265)
21. quality of life.mp. or “Quality of Life”/ (137036)
22. 8 and 20 and 21 (13)
23. limit 22 to yr=”2008 - 2011” (8)
24. from 23 keep 1-8 (8)
25. self-harm.mp. (1647)
26. 8 and 20 and 25 (6)
27. limit 26 to yr=”2008 - 2011” (4)
28. “service*”.m_titl. (86882)
29. 8 and 20 and 28 (1)
30. (risk adj6 behavio$r).m_titl. (1696)
31. 8 and 20 and 30 (0)
32. Risk-Taking/ or risk-related behavio$r.mp. (14894)
33. 8 and 20 and 32 (0)
34. (social adj6 function*).mp. [mp=protocol supplementary concept, rare disease supplementary concept, title, original title, abstract, name of substance word, subject heading word, unique identifier] (13043)
35. 8 and 20 and 34 (8)
36. limit 35 to yr=”2008 - 2011” (5)
37. (personal adj6 function*).mp. [mp=protocol supplementary concept, rare disease supplementary concept, title, original title, abstract, name of substance word, subject heading word, unique identifier] (1000)

38. 8 and 20 and 37 (0)
39. (harm* adj6 minimis*).mp. [mp=protocol supplementary concept, rare disease supplementary concept, title, original title, abstract, name of substance word, subject heading word, unique identifier] (156)
40. 8 and 20 and 39 (0)
41. 23 or 27 or 36 (14)

B. PsycINFO – Ovid interface

SEARCH (BPD, RCT AND TREATMENT WITH YEAR LIMITS Q6)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (5613)
2. (Borderline or borderline person$ or borderline state or borderline$).sh. (7084)
3. borderline patient$.mp. (1813)
4. Borderline Personality Disorder/ or borderline personality symptom$.mp. (2829)
5. Personality Disorders/ or cluster c personality disorder$.mp. (8456)
6. borderline personality disorder {Including Related Terms} (6555)
7. or/1-6 (16995)
8. randomised control trials {No Related Terms} (3457)
9. RCT {Including Related Terms} (3747)
10. random allocation or random assignment or random sample or random sampling {No Related Terms} (43)
11. random allocation or random assignment or random sample or random sampling {Including Related Terms} (450)
12. randomized control trials {No Related Terms} (4874)
13. random or randomization {No Related Terms} (1903)
14. randomized controlled trial or randomized control trials {Including Related Terms} (3747)
15. randomised controlled trial or randomised control trials {Including Related Terms} (3747)
16. double blind method.mp. (46)
17. double blind procedure.mp. (131)
18. double blind study.mp. (1636)
19. double blind studies.mp. (376)
20. (single blind procedure or single blind method or single blind study or single blind studies or single blind).ab. (907)
21. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (268)
22. clinical or clinical trial or clinical trials {No Related Terms} (3614)
23. controlled clinical trial or controlled clinical trials {No Related Terms} (94)
24. or/8-23 (17074)
25. treatment*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (419871)
26. “treatment*”.m_titl. (92507)
27. or/25-26 (419871)
28. 7 and 24 and 27 (103)
29. limit 28 to yr=”2008 - 2011” (49)

SEARCH (BPD, RCT AND TERMS WITH YEAR LIMITS Q6A TO Q6F)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (5613)
2. (Borderline or borderline person$ or borderline state or borderline$).sh. (7084)
3. borderline patient$.mp. (1813)
4. Borderline Personality Disorder/ or borderline personality symptom$.mp. (2829)
5. Personality Disorders/ or cluster c personality disorder$.mp. (8456)
6. borderline personality disorder {Including Related Terms} (6555)
7. or/1-6 (16995)
8. randomised control trials {No Related Terms} (3457)
9. RCT {Including Related Terms} (3747)
10. random allocation or random assignment or random sample or random sampling {No Related Terms} (43)
11. random allocation or random assignment or random sample or random sampling {Including Related Terms} (450)
12. randomized control trials {No Related Terms} (4874)
13. random or randomization {No Related Terms} (1903)
14. randomized controlled trial or randomized control trials {Including Related Terms} (3747)
15. randomised controlled trial or randomised control trials {Including Related Terms} (3747)
16. double blind method.mp. (46)
17. double blind procedure.mp. (131)
18. double blind study.mp. (1636)
19. double blind studies.mp. (376)
20. (single blind procedure or single blind method or single blind study or single blind studies or single blind).ab. (907)
21. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (268)
22. clinical or clinical trial or clinical trials {No Related Terms} (3614)
23. controlled clinical trial or controlled clinical trials {No Related Terms} (94)
24. or/8-23 (17074)
25. quality of life.mp. or “Quality of Life”/ (31873)
26. 7 and 24 and 25 (10)
27. limit 26 to yr=”2008 - 2011” (7)
28. self-harm.mp. (2227)
29. service*.mp. (187237)
30. 7 and 24 and 29 (18)
31. limit 30 to yr=”2008 - 2011” (10)
32. (risk adj6 behavio$r).m_titl. (2023)
33. 7 and 24 and 32 (0)
34. Risk-Taking/ or risk-related behavio$r.mp. (7543)
35. 7 and 24 and 34 (0)
36. (social adj6 function*).m_titl. (2429)
37. 7 and 24 and 36 (1)
38. limit 37 to yr=”2008 - 2011” (0)
39. (personal adj6 function*).m_titl. (198)
40. 7 and 24 and 39 (0)
41. (harm* adj6 minimis*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (97)
42. 7 and 24 and 41 (0)
43. 27 or 31 (15)

C. EMBASE – Ovid Interface

SEARCH (BPD, RCT AND TREATMENT WITH YEAR LIMITS Q6)

1. 'borderline state'/exp/mj OR 'borderline state'/exp OR 'personality disorder'/exp (40358)
2. 'randomised controlled trial'/exp OR 'systematic review'/exp OR 'meta analysis'/exp OR 'randomization'/exp OR 'random sample'/exp OR 'double blind procedure'/exp OR 'single blind procedure'/exp OR 'crossover procedure'/exp OR 'clinical trial'/exp (940333)
3. 'therapy'/exp OR 'quality of life'/exp OR 'health care utilization'/exp OR 'high risk behavior'/exp OR 'social interaction'/exp (5110205)
4. #1 AND #2 AND #3 (1148)
5. #1 AND #2 AND #3 AND [2008-2011]/py (371)

CLINICAL QUESTION 7

A. Medline – Ovid interface

SEARCH (BPD, RCT AND PSYCHOLOGICAL THERAPIES Q7)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (4594)
2. Borderline Personality Disorder/ or borderline personality symptom$.mp. (4154)
3. Personality disorder$.sh. or PD$1.ti. or personaltit$.sh. or Personality.sh. or personality disorder$.sh. or personality disorders.sh. (47164)
4. personality dysfunction.mp. (67)
5. Personality Disorders/ or cluster c personality disorder$.mp. (13237)
6. (Borderline or borderline person$ or borderline state or borderline$).sh. (4149)
7. borderline patient$.mp. (836)
8. or/1-7 (50673)
9. RCT or randomized control trials {No Related Terms} (19246)
10. randomised control trials {No Related Terms} (9040)
11. random allocation or random assignment or random sample or random sampling {No Related Terms} (221)
12. random or randomization {No Related Terms} (6343)
13. randomized controlled trial or randomized control trials {No Related Terms} (10447)
14. randomised controlled trial or randomised control trials {No Related Terms} (6511)
15. double blind method or double blind procedure or double blind study or double blind studies or doubleblind or double {No Related Terms} (4060)
16. single blind procedure or single blind method or single blind study or single blind studies or single or single blind or single blind method {No Related Terms} (29)
17. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (1119)
18. clinical or clinical trial or clinical trials {No Related Terms} (11415)
19. controlled clinical trial or controlled clinical trials {No Related Terms} (1311)
20. or/9-19 (60291)
21. "psychological therap*".m_titl. (144)
22. (psychological adj6 therap*).mp. [mp=protocol supplementary concept, rare disease supplementary concept, title, original title, abstract, name of substance word, subject heading word, unique identifier] (4117)

23. CBT.m_titl. (197)
24. cognit* behavio?r therapy.mp. (1422)
25. mentalisation.mp. (22)
26. mentalisation.m_titl. (5)
27. (behavio?r adj3 therap*).mp. [mp=protocol supplementary concept, rare disease supplementary concept, title, original title, abstract, name of substance word, subject heading word, unique identifier] (24305)
28. (behavio?r adj3 therap*).m_titl. (2138)
29. psychodynamic.mp. (3401)
30. Psychodynamic interpersonal therapy.m_titl. (7)
31. Psychodynamic psychotherapy.m_titl. (179)
32. Cognitive analytic therapy.m_titl. (27)
33. Cognitive analytic therapy.mp. (43)
34. (group adj6 therapy).mp. [mp=protocol supplementary concept, rare disease supplementary concept, title, original title, abstract, name of substance word, subject heading word, unique identifier] (22241)
35. family therapy.m_titl. (1185)
36. (family adj3 therapy).mp. [mp=protocol supplementary concept, rare disease supplementary concept, title, original title, abstract, name of substance word, subject heading word, unique identifier] (7943)
37. schema-focused therapy.m_titl. (5)
38. schema-focused therapy.mp. (18)
39. transference-focused.m_titl. (16)
40. (transference adj3 therapy).mp. [mp=protocol supplementary concept, rare disease supplementary concept, title, original title, abstract, name of substance word, subject heading word, unique identifier] (44)
41. DBT.m_titl. (48)
42. Dialectical Behavior Therapy.mp. (142)
43. or/21-42 (59166)
44. 8 and 20 and 43 (30)
45. limit 44 to yr="2008 - 2011" (17)

B. PsycINFO – Ovid interface

SEARCH (BPD, RCT AND PSYCHOLOGICAL THERAPIES Q7)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (5622)
2. (Borderline or borderline person$ or borderline state or borderline$).sh. (7090)
3. borderline patient$.mp. (1813)
4. Borderline Personality Disorder/ or borderline personality symptom$.mp. (2835)
5. Personality Disorders/ or cluster c personality disorder$.mp. (8467)
6. borderline personality disorder {Including Related Terms} (6564)
7. or/1-6 (17016)
8. randomised control trials {No Related Terms} (3463)
9. RCT {Including Related Terms} (3753)
10. random allocation or random assignment or random sample or random sampling {No Related Terms} (43)

11. random allocation or random assignment or random sample or random sampling {Including Related Terms} (451)
12. randomized control trials {No Related Terms} (4879)
13. random or randomization {No Related Terms} (1905)
14. randomized controlled trial or randomized control trials {Including Related Terms} (3753)
15. randomised controlled trial or randomised control trials {Including Related Terms} (3753)
16. double blind method.mp. (46)
17. double blind procedure.mp. (131)
18. double blind study.mp. (1638)
19. double blind studies.mp. (376)
20. (single blind procedure or single blind method or single blind study or single blind studies or single blind).ab. (907)
21. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (268)
22. clinical or clinical trial or clinical trials {No Related Terms} (3616)
23. controlled clinical trial or controlled clinical trials {No Related Terms} (94)
24. or/8-23 (17094)
25. (psychological adj6 therap*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (5251)
26. "psychological therap*".m_titl. (252)
27. CBT.m_titl. (436)
28. cognit* behavio?r therapy.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (9448)
29. mentalisation.m_titl. (11)
30. mentalisation.mp. (87)
31. behavio?r therapy.mp. or Behavior Therapy/ (23812)
32. Psychodynamic psychotherapy.m_titl. (470)
33. psychodynamic.mp. or Psychodynamics/ (20610)
34. (group adj6 therapy).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (16858)
35. schema-focused therapy.m_titl. (18)
36. schema-focused therapy.mp. (65)
37. Cognitive analytic therapy.m_titl. (93)
38. Cognitive analytic therapy.mp. (201)
39. family therapy.m_titl. (4781)
40. family therapy.mp. or Family Therapy/ (19790)
41. transference-focused.m_titl. (34)
42. (transference adj3 therapy).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (306)
43. DBT.m_titl. (54)
44. Dialectical Behavior Therapy/ or DBT.mp. (607)
45. or/25-44 (79436)
46. 7 and 24 and 45 (45)
47. limit 46 to yr="2001 - 2007" (20)

C. EMBASE – Ovid Interface

SEARCH (BPD, RCT AND PSYCHOLOGICAL THERAPIES Q7)

1. 'borderline state'/exp/mj OR 'borderline state'/exp OR 'personality disorder'/exp (40387)
2. 'randomised controlled trial'/exp OR 'systematic review'/exp OR 'meta analysis'/exp OR 'randomization'/exp OR 'random sample'/exp OR 'double blind procedure'/exp OR 'single blind procedure'/exp OR 'crossover procedure'/exp OR 'clinical trial'/exp (941471)
3. 'cognitive therapy'/exp OR 'behavior therapy'/exp OR 'group therapy'/exp OR 'family therapy'/exp OR 'transference'/exp OR 'psychotherapy'/exp (165641)
4. #1 AND #2 AND #4 (611)
5. #1 AND #2 AND #4 AND [2001-2007]/py (293)
6. SEARCH (BPD, RCT AND PSYCHOLOGICAL THERAPIES Q7)
7. 'borderline state'/exp/mj OR 'borderline state'/exp OR 'personality disorder'/exp (40358)
8. 'randomised controlled trial'/exp OR 'systematic review'/exp OR 'meta analysis'/exp OR 'randomization'/exp OR 'random sample'/exp OR 'double blind procedure'/exp OR 'single blind procedure'/exp OR 'crossover procedure'/exp OR 'clinical trial'/exp (940333)
9. 'cognitive therapy'/exp OR 'behavior therapy'/exp OR 'group therapy'/exp OR 'family therapy'/exp OR 'transference'/exp OR 'psychotherapy'/exp (165523)
10. #1 AND #2 AND #3 (612)
11. #1 AND #2 AND #3 AND [2008-2011]/py (206)

CLINICAL QUESTION 8

A. Medline – Ovid interface

SEARCH (BPD, RCT AND PSYCHOSOCIAL THERAPIES Q8)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (4594)
2. Borderline Personality Disorder/ or borderline personality symptom$.mp. (4154)
3. Personality disorder$.sh. or PD$1.ti. or personaltit$.sh. or Personality.sh. or personality disorder$.sh. or personality disorders.sh. (47164)
4. personality dysfunction.mp. (67)
5. Personality Disorders/ or cluster c personality disorder$.mp. (13237)
6. (Borderline or borderline person$ or borderline state or borderline$).sh. (4149)
7. borderline patient$.mp. (836)
8. or/1-7 (50673)
9. RCT or randomized control trials {No Related Terms} (19246)
10. randomised control trials {No Related Terms} (9040)
11. random allocation or random assignment or random sample or random sampling {No Related Terms} (221)
12. random or randomization {No Related Terms} (6343)
13. randomized controlled trial or randomized control trials {No Related Terms} (10447)
14. randomised controlled trial or randomised control trials {No Related Terms} (6511)
15. double blind method or double blind procedure or double blind study or double blind studies or doubleblind or double {No Related Terms} (4060)
16. single blind procedure or single blind method or single blind study or single blind studies or single or single blind or single blind method {No Related Terms} (29)

17. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (1119)
18. clinical or clinical trial or clinical trials {No Related Terms} (11415)
19. controlled clinical trial or controlled clinical trials {No Related Terms} (1311)
20. or/9-19 (60291)
21. "psychosocial treatment*".m_titl. (267)
22. psychosocial treatment*.mp. (995)
23. psychosocial therapy.m_titl. (23)
24. psychosocial therapy.mp. (116)
25. (psychosocial adj6 therap*).mp. [mp=protocol supplementary concept, rare disease supplementary concept, title, original title, abstract, name of substance word, subject heading word, unique identifier] (1000)
26. psychosocial.mp. (46053)
27. or/21-26 (46053)
28. 8 and 20 and 27 (10)
29. limit 28 to yr="2008 - 2011" (6)

B. PsycINFO – Ovid interface

SEARCH 2.5 (BPD, RCT AND PSYCHOSOCIAL THERAPIES Q8)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (5622)
2. (Borderline or borderline person$ or borderline state or borderline$).sh. (7090)
3. borderline patient$.mp. (1813)
4. Borderline Personality Disorder/ or borderline personality symptom$.mp. (2835)
5. Personality Disorders/ or cluster c personality disorder$.mp. (8467)
6. borderline personality disorder {Including Related Terms} (6564)
7. or/1-6 (17016)
8. randomised control trials {No Related Terms} (3463)
9. RCT {Including Related Terms} (3753)
10. random allocation or random assignment or random sample or random sampling {No Related Terms} (43)
11. random allocation or random assignment or random sample or random sampling {Including Related Terms} (451)
12. randomized control trials {No Related Terms} (4879)
13. random or randomization {No Related Terms} (1905)
14. randomized controlled trial or randomized control trials {Including Related Terms} (3753)
15. randomised controlled trial or randomised control trials {Including Related Terms} (3753)
16. double blind method.mp. (46)
17. double blind procedure.mp. (131)
18. double blind study.mp. (1638)
19. double blind studies.mp. (376)
20. (single blind procedure or single blind method or single blind study or single blind studies or single blind).ab. (907)
21. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (268)
22. clinical or clinical trial or clinical trials {No Related Terms} (3616)

23. controlled clinical trial or controlled clinical trials {No Related Terms} (94)
24. or/8-23 (17094)
25. "psychosocial treatment*".m_titl. (393)
26. Psychosocial Factors/ or psychosocial treatment.mp. (24747)
27. psychosocial therapy.m_titl. (19)
28. Psychosocial Rehabilitation/ (3036)
29. psychosocial therapy.mp. (142)
30. (psychosocial adj6 therap*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (1817)
31. psychosocial.mp. (72207)
32. or/25-31 (72207)
33. 7 and 24 and 32 (12)
34. limit 33 to yr="2001 - 2007" (4)

C. EMBASE – Ovid Interface

SEARCH (BPD, RCT AND PSYCHOSOCIAL THERAPIES Q8)

1. 'borderline state'/exp/mj OR 'borderline state'/exp OR 'personality disorder'/exp (40358)
2. 'randomised controlled trial'/exp OR 'systematic review'/exp OR 'meta analysis'/exp OR 'randomization'/exp OR 'random sample'/exp OR 'double blind procedure'/exp OR 'single blind procedure'/exp OR 'crossover procedure'/exp OR 'clinical trial'/exp (940333)
3. 'psychosocial care'/exp (8178)
4. #1 AND #2 AND #3 (36)
5. #1 AND #2 AND #3 AND [2008-2011]/py (12)

CLINICAL QUESTION 9

A. Medline – Ovid interface

SEARCH (BPD, RCT AND PHARMACOLOGICAL THERAPIES Q9)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (4594)
2. Borderline Personality Disorder/ or borderline personality symptom$.mp. (4154)
3. Personality disorder$.sh. or PD$1.ti. or personaltit$.sh. or Personality.sh. or personality disorder$.sh. or personality disorders.sh. (47164)
4. personality dysfunction.mp. (67)
5. Personality Disorders/ or cluster c personality disorder$.mp. (13237)
6. (Borderline or borderline person$ or borderline state or borderline$).sh. (4149)
7. borderline patient$.mp. (836)
8. or/1-7 (50673)
9. RCT or randomized control trials {No Related Terms} (19246)
10. randomised control trials {No Related Terms} (9040)
11. random allocation or random assignment or random sample or random sampling {No Related Terms} (221)
12. random or randomization {No Related Terms} (6343)
13. randomized controlled trial or randomized control trials {No Related Terms} (10447)

14. randomised controlled trial or randomised control trials {No Related Terms} (6511)
15. double blind method or double blind procedure or double blind study or double blind studies or doubleblind or double {No Related Terms} (4060)
16. single blind procedure or single blind method or single blind study or single blind studies or single or single blind or single blind method {No Related Terms} (29)
17. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (1119)
18. clinical or clinical trial or clinical trials {No Related Terms} (11415)
19. controlled clinical trial or controlled clinical trials {No Related Terms} (1311)
20. or/9-19 (60291)
21. "pharmacological intervention*".m_titl. (395)
22. pharmacological intervention*.mp. (4293)
23. Pharmacology/ or pharmacological intervention*.mp. (30949)
24. pharmacological treatment.m_titl. (1263)
25. "pharmacological treatment*".m_titl. (1461)
26. pharmacological treatment*.mp. (8659)
27. (pharmacological adj6 therap*).m_titl. (1149)
28. (pharmacological adj6 therap*).mp. [mp=protocol supplementary concept, rare disease supplementary concept, title, original title, abstract, name of substance word, subject heading word, unique identifier] (6689)
29. pharmacology.mp. or Pharmacology/ (54881)
30. or/21-29 (73180)
31. 8 and 20 and 30 (5)
32. limit 31 to yr="2008 - 2011" (2)

B. PsycINFO – Ovid interface

SEARCH 2.6 (BPD, RCT AND PHARMACOLOGICAL THERAPIES Q9)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (5622)
2. (Borderline or borderline person$ or borderline state or borderline$).sh. (7090)
3. borderline patient$.mp. (1813)
4. Borderline Personality Disorder/ or borderline personality symptom$.mp. (2835)
5. Personality Disorders/ or cluster c personality disorder$.mp. (8467)
6. borderline personality disorder {Including Related Terms} (6564)
7. or/1-6 (17016)
8. randomised control trials {No Related Terms} (3463)
9. RCT {Including Related Terms} (3753)
10. random allocation or random assignment or random sample or random sampling {No Related Terms} (43)
11. random allocation or random assignment or random sample or random sampling {Including Related Terms} (451)
12. randomized control trials {No Related Terms} (4879)
13. random or randomization {No Related Terms} (1905)
14. randomized controlled trial or randomized control trials {Including Related Terms} (3753)
15. randomised controlled trial or randomised control trials {Including Related Terms} (3753)
16. double blind method.mp. (46)

17. double blind procedure.mp. (131)
18. double blind study.mp. (1638)
19. double blind studies.mp. (376)
20. (single blind procedure or single blind method or single blind study or single blind studies or single blind).ab. (907)
21. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (268)
22. clinical or clinical trial or clinical trials {No Related Terms} (3616)
23. controlled clinical trial or controlled clinical trials {No Related Terms} (94)
24. or/8-23 (17094)
25. "pharmacological intervention*".m_titl. (107)
26. Pharmacology/ or pharmacological intervention*.mp. (7470)
27. pharmacological treatment.m_titl. (545)
28. "pharmacological treatment*".m_titl. (681)
29. (pharmacological adj6 therap*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (1300)
30. (pharmacological adj6 therap*).m_titl. (95)
31. pharmacology.mp. or Pharmacology/ (9358)
32. or/25-31 (12053)
33. 7 and 24 and 32 (5)
34. limit 33 to yr="2001 - 2007" (3)

C. EMBASE – Ovid Interface

SEARCH (BPD, RCT AND PHARMACOLOGICAL THERAPIES Q9)

1. 'borderline state'/exp/mj OR 'borderline state'/exp OR 'personality disorder'/exp (40387)
2. 'meta analysis'/exp OR 'randomization'/exp OR 'random sample'/exp OR 'double blind procedure'/exp OR 'single blind procedure'/exp OR 'crossover procedure'/exp OR 'clinical tr
3. 'randomised controlled trial'/exp OR 'systematic review'/exp OR ial'/exp (941471)
4. 'pharmacology'/exp OR 'clinical pharmacology'/exp OR 'drug therapy'/exp (3766409)
5. #1 AND #2 AND #3 (938)
6. #1 AND #2 AND #3 AND [2001-2007]/py (469)
7. SEARCH (BPD, RCT AND PHARMACOLOGICAL THERAPIES Q9)
8. 'borderline state'/exp/mj OR 'borderline state'/exp OR 'personality disorder'/exp (40358)
9. 'randomised controlled trial'/exp OR 'systematic review'/exp OR 'meta analysis'/exp OR 'randomization'/exp OR 'random sample'/exp OR 'double blind procedure'/exp OR 'single blind procedure'/exp OR 'crossover procedure'/exp OR 'clinical trial'/exp (940333)
10. 'pharmacology'/exp OR 'clinical pharmacology'/exp OR 'drug therapy'/exp (3761450)
11. #1 AND #2 AND #3 (938)
12. #1 AND #2 AND #3 AND [embase]/lim AND [2008-2011]/py (236)

CLINICAL QUESTION 10

A. Medline – Ovid interface

SEARCH (BPD AND MULTIMODAL THERAPY Q10)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (4602)
2. Borderline Personality Disorder/ or borderline personality symptom$.mp. (4159)
3. Personality disorder$.sh. or PD$1.ti. or personaltit$.sh. or Personality.sh. or personality disorder$.sh. or personality disorders.sh. (47206)
4. personality dysfunction.mp. (67)
5. Personality Disorders/ or cluster c personality disorder$.mp. (13252)
6. (Borderline or borderline person$ or borderline state or borderline$).sh. (4154)
7. borderline patient$.mp. (836)
8. or/1-7 (50720)
9. RCT or randomized control trials {No Related Terms} (19360)
10. randomised control trials {No Related Terms} (9058)
11. random allocation or random assignment or random sample or random sampling {No Related Terms} (223)
12. random or randomization {No Related Terms} (6356)
13. randomized controlled trial or randomized control trials {No Related Terms} (10491)
14. randomised controlled trial or randomised control trials {No Related Terms} (6525)
15. double blind method or double blind procedure or double blind study or double blind studies or doubleblind or double {No Related Terms} (4063)
16. single blind procedure or single blind method or single blind study or single blind studies or single or single blind or single blind method {No Related Terms} (29)
17. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (1123)
18. clinical or clinical trial or clinical trials {No Related Terms} (11432)
19. controlled clinical trial or controlled clinical trials {No Related Terms} (1313)
20. or/9-19 (60479)
21. “multimodal therap*”.m_titl. (232)
22. multimodal therapy.mp. (895)
23. (multimodal adj6 therapy).mp. [mp=protocol supplementary concept, rare disease supplementary concept, title, original title, abstract, name of substance word, subject heading word, unique identifier] (1278)
24. or/21-23 (1288)
25. 8 and 20 and 24 (0)
26. 8 and 24 (7)

B. PsycINFO – Ovid interface

SEARCH 2.7 (BPD AND MULTIMODAL THERAPY Q10)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (5622)
2. (Borderline or borderline person$ or borderline state or borderline$).sh. (7090)
3. borderline patient$.mp. (1813)
4. Borderline Personality Disorder/ or borderline personality symptom$.mp. (2835)
5. Personality Disorders/ or cluster c personality disorder$.mp. (8467)
6. borderline personality disorder {Including Related Terms} (6564)
7. or/1-6 (17016)
8. randomised control trials {No Related Terms} (3463)
9. RCT {Including Related Terms} (3753)
10. random allocation or random assignment or random sample or random sampling {No Related Terms} (43)
11. random allocation or random assignment or random sample or random sampling {Including Related Terms} (451)
12. randomized control trials {No Related Terms} (4879)
13. random or randomization {No Related Terms} (1905)
14. randomized controlled trial or randomized control trials {Including Related Terms} (3753)
15. randomised controlled trial or randomised control trials {Including Related Terms} (3753)
16. double blind method.mp. (46)
17. double blind procedure.mp. (131)
18. double blind study.mp. (1638)
19. double blind studies.mp. (376)
20. (single blind procedure or single blind method or single blind study or single blind studies or single blind).ab. (907)
21. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (268)
22. clinical or clinical trial or clinical trials {No Related Terms} (3616)
23. controlled clinical trial or controlled clinical trials {No Related Terms} (94)
24. or/8-23 (17094)
25. “multimodal therap* “.m_titl. (57)
26. (multimodal adj6 therapy).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (625)
27. or/25-26 (629)
28. 7 and 24 and 27 (0)
29. 7 and 27 (22)
30. limit 29 to yr=”2001 - 2011” (6)

C. EMBASE – Ovid Interface

No search completed on Embase as multimodal term not accepted.

CLINICAL QUESTION 11

A. Medline – Ovid interface

SEARCH (BPD, RCT AND OTHER COMORBIDITIES Q11)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (4602)
2. Borderline Personality Disorder/ or borderline personality symptom$.mp. (4159)
3. Personality disorder$.sh. or PD$1.ti. or personaltit$.sh. or Personality.sh. or personality disorder$.sh. or personality disorders.sh. (47206)
4. personality dysfunction.mp. (67)
5. Personality Disorders/ or cluster c personality disorder$.mp. (13252)
6. (Borderline or borderline person$ or borderline state or borderline$).sh. (4154)
7. borderline patient$.mp. (836)
8. or/1-7 (50720)
9. RCT or randomized control trials {No Related Terms} (19360)
10. randomised control trials {No Related Terms} (9058)
11. random allocation or random assignment or random sample or random sampling {No Related Terms} (223)
12. random or randomization {No Related Terms} (6356)
13. randomized controlled trial or randomized control trials {No Related Terms} (10491)
14. randomised controlled trial or randomised control trials {No Related Terms} (6525)
15. double blind method or double blind procedure or double blind study or double blind studies or doubleblind or double {No Related Terms} (4063)
16. single blind procedure or single blind method or single blind study or single blind studies or single or single blind or single blind method {No Related Terms} (29)
17. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (1123)
18. clinical or clinical trial or clinical trials {No Related Terms} (11432)
19. controlled clinical trial or controlled clinical trials {No Related Terms} (1313)
20. or/9-19 (60479)
21. AIDS.mp. or Acquired Immunodeficiency Syndrome/ (158448)
22. diabetes.mp. (318826)
23. Pain/ or chronic pain.mp. (108055)
24. Obesity/ or obesity.mp. (138565)
25. Fatigue Syndrome, Chronic/ or chronic fatigue.mp. (4775)
26. eating disorders.mp. or Eating Disorders/ (12190)
27. intellectual disability.mp. or Mental Retardation/ (44249)
28. or/21-27 (744602)
29. 8 and 20 and 28 (5)
30. limit 29 to yr="2001 - 2011" (5)

B. PsycINFO – Ovid interface

SEARCH (BPD, RCT AND OTHER COMORBIDITIES Q11)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (5622)
2. (Borderline or borderline person$ or borderline state or borderline$).sh. (7090)
3. borderline patient$.mp. (1813)
4. Borderline Personality Disorder/ or borderline personality symptom$.mp. (2835)
5. Personality Disorders/ or cluster c personality disorder$.mp. (8467)
6. borderline personality disorder {Including Related Terms} (6564)
7. or/1-6 (17016)
8. randomised control trials {No Related Terms} (3463)
9. RCT {Including Related Terms} (3753)
10. random allocation or random assignment or random sample or random sampling {No Related Terms} (43)
11. random allocation or random assignment or random sample or random sampling {Including Related Terms} (451)
12. randomized control trials {No Related Terms} (4879)
13. random or randomization {No Related Terms} (1905)
14. randomized controlled trial or randomized control trials {Including Related Terms} (3753)
15. randomised controlled trial or randomised control trials {Including Related Terms} (3753)
16. double blind method.mp. (46)
17. double blind procedure.mp. (131)
18. double blind study.mp. (1638)
19. double blind studies.mp. (376)
20. (single blind procedure or single blind method or single blind study or single blind studies or single blind).ab. (907)
21. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (268)
22. clinical or clinical trial or clinical trials {No Related Terms} (3616)
23. controlled clinical trial or controlled clinical trials {No Related Terms} (94)
24. or/8-23 (17094)
25. AIDS.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (30115)
26. AIDS.mp. or AIDS/ (30115)
27. diabetes.mp. or Diabetes/ (13115)
28. Chronic Pain/ or Pain/ or Pain.mp. (54930)
29. Obesity/ or obesity.mp. (15913)
30. Chronic Fatigue Syndrome/ or chronic fatigue.mp. (1903)
31. eating disorders.mp. or Eating Disorders/ (14339)
32. Mental Retardation/ or intellectual disability.mp. (24144)
33. Learning Disabilities/ (17657)
34. or/25-33 (165406)
35. 7 and 24 and 34 (2)
36. limit 35 to yr="2001 - 2011" (2)

CLINICAL QUESTION 12

A. Medline – Ovid interface

SEARCH (BPD, RCT AND MANAGEMENT STRATEGIES Q12)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (4602)
2. Borderline Personality Disorder/ or borderline personality symptom$.mp. (4159)
3. Personality disorder$.sh. or PD$1.ti. or personaltit$.sh. or Personality.sh. or personality disorder$.sh. or personality disorders.sh. (47206)
4. personality dysfunction.mp. (67)
5. Personality Disorders/ or cluster c personality disorder$.mp. (13252)
6. (Borderline or borderline person$ or borderline state or borderline$).sh. (4154)
7. borderline patient$.mp. (836)
8. or/1-7 (50720)
9. RCT or randomized control trials {No Related Terms} (19360)
10. randomised control trials {No Related Terms} (9058)
11. random allocation or random assignment or random sample or random sampling {No Related Terms} (223)
12. random or randomization {No Related Terms} (6356)
13. randomized controlled trial or randomized control trials {No Related Terms} (10491)
14. randomised controlled trial or randomised control trials {No Related Terms} (6525)
15. double blind method or double blind procedure or double blind study or double blind studies or doubleblind or double {No Related Terms} (4063)
16. single blind procedure or single blind method or single blind study or single blind studies or single or single blind or single blind method {No Related Terms} (29)
17. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (1123)
18. clinical or clinical trial or clinical trials {No Related Terms} (11432)
19. controlled clinical trial or controlled clinical trials {No Related Terms} (1313)
20. or/9-19 (60479)
21. (manage* adj6 BPD).m_titl. (1)
22. (manage* adj6 BPD).mp. [mp=protocol supplementary concept, rare disease supplementary concept, title, original title, abstract, name of substance word, subject heading word, unique identifier] (62)
23. (managing adj10 borderline personality disorder*).mp. [mp=protocol supplementary concept, rare disease supplementary concept, title, original title, abstract, name of substance word, subject heading word, unique identifier] (4)
24. (manag* adj10 borderline personality disorder*).mp. [mp=protocol supplementary concept, rare disease supplementary concept, title, original title, abstract, name of substance word, subject heading word, unique identifier] (57)
25. (manag* adj10 borderline personality disorder*).m_titl. (32)
26. mangement of BPD {No Related Terms} (66)
27. manage* of borderline personalit* disorder* {No Related Terms} (2317)
28. or/21-27 (2436)
29. 8 and 20 and 28 (42)
30. limit 29 to yr="2008 - 2011" (27)

B. PsycINFO – Ovid interface

SEARCH (BPD, RCT AND MANAGEMENT STRATEGIES Q12)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (5622)
2. (Borderline or borderline person$ or borderline state or borderline$).sh. (7090)
3. borderline patient$.mp. (1813)
4. Borderline Personality Disorder/ or borderline personality symptom$.mp. (2835)
5. Personality Disorders/ or cluster c personality disorder$.mp. (8467)
6. borderline personality disorder {Including Related Terms} (6564)
7. or/1-6 (17016)
8. randomised control trials {No Related Terms} (3463)
9. RCT {Including Related Terms} (3753)
10. random allocation or random assignment or random sample or random sampling {No Related Terms} (43)
11. random allocation or random assignment or random sample or random sampling {Including Related Terms} (451)
12. randomized control trials {No Related Terms} (4879)
13. random or randomization {No Related Terms} (1905)
14. randomized controlled trial or randomized control trials {Including Related Terms} (3753)
15. randomised controlled trial or randomised control trials {Including Related Terms} (3753)
16. double blind method.mp. (46)
17. double blind procedure.mp. (131)
18. double blind study.mp. (1638)
19. double blind studies.mp. (376)
20. (single blind procedure or single blind method or single blind study or single blind studies or single blind).ab. (907)
21. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (268)
22. clinical or clinical trial or clinical trials {No Related Terms} (3616)
23. controlled clinical trial or controlled clinical trials {No Related Terms} (94)
24. or/8-23 (17094)
25. (manage* adj6 BPD).m_titl. (0)
26. (manage* adj6 BPD).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (41)
27. (managing adj10 borderline personality disorder*).m_titl. (3)
28. (managing adj10 borderline personality disorder*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (10)
29. (manag* adj10 borderline personality disorder*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (103)
30. (manag* adj10 borderline personality disorder*).m_titl. (35)
31. mangement of BPD {No Related Terms} (42)
32. manage* of borderline personalit* disorder* {No Related Terms} (3909)
33. or/25-32 (3958)
34. 7 and 24 and 33 (57)
35. limit 34 to yr="2008 - 2011" (27)
36. from 35 keep 1-27 (27)

C. EMBASE – Ovid Interface

SEARCH (BPD, RCT AND MANAGEMENT STRATEGIES Q12)

1. 'borderline state'/exp/mj OR 'borderline state'/exp OR 'personality disorder'/exp (40387)
2. 'randomised controlled trial'/exp OR 'systematic review'/exp OR 'meta analysis'/exp OR 'randomization'/exp OR 'random sample'/exp OR 'double blind procedure'/exp OR 'single blind procedure'/exp OR 'crossover procedure'/exp OR 'clinical trial'/exp (941471)
3. 'management'/exp (538234)
4. #1 AND #2 AND #3 (143)
5. #1 AND #2 AND #3 AND [2008-2011]/py (41)

CLINICAL QUESTION 13

A. Medline – Ovid interface

SEARCH (BPD, RCT AND COMORBID TX Q13)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (4602)
2. Borderline Personality Disorder/ or borderline personality symptom$.mp. (4159)
3. Personality disorder$.sh. or PD$1.ti. or personaltit$.sh. or Personality.sh. or personality disorder$.sh. or personality disorders.sh. (47206)
4. personality dysfunction.mp. (67)
5. Personality Disorders/ or cluster c personality disorder$.mp. (13252)
6. (Borderline or borderline person$ or borderline state or borderline$).sh. (4154)
7. borderline patient$.mp. (836)
8. or/1-7 (50720)
9. RCT or randomized control trials {No Related Terms} (19360)
10. randomised control trials {No Related Terms} (9058)
11. random allocation or random assignment or random sample or random sampling {No Related Terms} (223)
12. random or randomization {No Related Terms} (6356)
13. randomized controlled trial or randomized control trials {No Related Terms} (10491)
14. randomised controlled trial or randomised control trials {No Related Terms} (6525)
15. double blind method or double blind procedure or double blind study or double blind studies or doubleblind or double {No Related Terms} (4063)
16. single blind procedure or single blind method or single blind study or single blind studies or single or single blind or single blind method {No Related Terms} (29)
17. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (1123)
18. clinical or clinical trial or clinical trials {No Related Terms} (11432)
19. controlled clinical trial or controlled clinical trials {No Related Terms} (1313)
20. or/9-19 (60479)
21. axis II disorder*.mp. (441)
22. "axis II disorder*".m_titl. (33)
23. Depression/ or depression.mp. (219619)
24. anxiety.mp. or Anxiety/ or Anxiety Disorders/ (115526)

25. Bipolar Disorder/ or bipolar.mp. (46068)
26. Substance-Related Disorders/ or Substance-Related Disorder*.mp. (69055)
27. comorbidity.mp. or Comorbidity/ (60775)
28. or/21-27 (439830)
29. treatment*.mp. (2654292)
30. "treatment*".m_titl. (722193)
31. or/29-30 (2654292)
32. 20 and 28 and 31 (3021)
33. 8 and 32 (33)
34. limit 33 to yr="2008 - 2011" (20)

B. PsycINFO – Ovid interface

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (5622)
2. (Borderline or borderline person$ or borderline state or borderline$).sh. (7090)
3. borderline patient$.mp. (1813)
4. Borderline Personality Disorder/ or borderline personality symptom$.mp. (2835)
5. Personality Disorders/ or cluster c personality disorder$.mp. (8467)
6. borderline personality disorder {Including Related Terms} (6564)
7. or/1-6 (17016)
8. randomised control trials {No Related Terms} (3463)
9. RCT {Including Related Terms} (3753)
10. random allocation or random assignment or random sample or random sampling {No Related Terms} (43)
11. random allocation or random assignment or random sample or random sampling {Including Related Terms} (451)
12. randomized control trials {No Related Terms} (4879)
13. random or randomization {No Related Terms} (1905)
14. randomized controlled trial or randomized control trials {Including Related Terms} (3753)
15. randomised controlled trial or randomised control trials {Including Related Terms} (3753)
16. double blind method.mp. (46)
17. double blind procedure.mp. (131)
18. double blind study.mp. (1638)
19. double blind studies.mp. (376)
20. (single blind procedure or single blind method or single blind study or single blind studies or single blind).ab. (907)
21. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (268)
22. clinical or clinical trial or clinical trials {No Related Terms} (3616)
23. controlled clinical trial or controlled clinical trials {No Related Terms} (94)
24. or/8-23 (17094)
25. "axis II disorder*".m_titl. (54)
26. axis II disorder*.mp. (790)
27. depression.m_titl. (45482)
28. Major Depression/ or depression.mp. (170815)
29. "anxiety disorder*".m_titl. (5106)

30. Anxiety Disorders/ or Anxiety/ or anxiety disorder*.mp. (55549)
31. Psychosis/ or psychosis.mp. (35501)
32. bipolar.m_titl. (9208)
33. Bipolar Disorder/ or bipolar disorder*.mp. (18526)
34. Substance-Related Disorder*.mp. (497)
35. "Substance-Related Disorder*".m_titl. (67)
36. Comorbidity/ or comorbidit*.mp. (24166)
37. or/25-36 (259426)
38. treatment*.mp. or Treatment/ (420350)
39. "treatment*".m_titl. (92583)
40. or/38-39 (420350)
41. 24 and 37 and 40 (3484)
42. 7 and 41 (45)
43. limit 42 to yr="2008 - 2011" (17)

C. EMBASE – Ovid Interface

SEARCH (BPD, RCT AND COMORBID TX Q13)

1. 'borderline state'/exp/mj OR 'borderline state'/exp OR 'personality disorder'/exp (40387)
2. 'randomised controlled trial'/exp OR 'systematic review'/exp OR 'meta analysis'/exp OR 'randomization'/exp OR 'random sample'/exp OR 'double blind procedure'/exp OR 'single blind procedure'/exp OR 'crossover procedure'/exp OR 'clinical trial'/exp (941471)
3. 'depression'/exp OR 'generalized anxiety disorder'/exp OR 'psychosis'/exp OR 'bipolar disorder'/exp OR 'substance abuse'/exp (420007)
4. #1 AND #2 (2155)
5. #3 AND #4 (1228)
6. #3 AND #4 AND [2008-2011]/py (319)
7. 'treatment' AND [2008-2011]/py (921447)
8. #6 AND #7 (255)
9. 'comorbidity'/exp OR comorbidity AND [2008-2011]/py (35398)
10. #2 AND #7 AND #9 (3412)
11. #1 AND #10 (91)
12. #1 AND #10 AND [2008-2011]/py (91)

SEARCH (BPD, RCT AND COMORBID TX Q13)

1. 'borderline state'/exp/mj OR 'borderline state'/exp OR 'personality disorder'/exp (40381)
2. 'randomised controlled trial'/exp OR 'systematic review'/exp OR 'meta analysis'/exp OR 'randomization'/exp OR 'random sample'/exp OR 'double blind procedure'/exp OR 'single blind procedure'/exp OR 'crossover procedure'/exp OR 'clinical trial'/exp (921447)
3. 'depression'/exp OR 'generalized anxiety disorder'/exp OR 'psychosis'/exp OR 'bipolar disorder'/exp OR 'substance abuse'/exp (420007)
4. #1 AND #2 (2155)
5. #3 AND #4 (1228)
6. #3 AND #4 AND [2008-2011]/py (319)
7. 'treatment' AND [2008-2011]/py (921447)
8. #6 AND #7 (255)

CLNIICAL QUESTION 14

A. Medline – Ovid interface

SEARCH (BPD, RCT AND TREATMENT DELIVERY Q14)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (4602)
2. Borderline Personality Disorder/ or borderline personality symptom$.mp. (4159)
3. Personality disorder$.sh. or PD$1.ti. or personaltit$.sh. or Personality.sh. or personality disorder$.sh. or personality disorders.sh. (47206)
4. personality dysfunction.mp. (67)
5. Personality Disorders/ or cluster c personality disorder$.mp. (13252)
6. (Borderline or borderline person$ or borderline state or borderline$).sh. (4154)
7. borderline patient$.mp. (836)
8. or/1-7 (50720)
9. RCT or randomized control trials {No Related Terms} (19360)
10. randomised control trials {No Related Terms} (9058)
11. random allocation or random assignment or random sample or random sampling {No Related Terms} (223)
12. random or randomization {No Related Terms} (6356)
13. randomized controlled trial or randomized control trials {No Related Terms} (10491)
14. randomised controlled trial or randomised control trials {No Related Terms} (6525)
15. double blind method or double blind procedure or double blind study or double blind studies or doubleblind or double {No Related Terms} (4063)
16. single blind procedure or single blind method or single blind study or single blind studies or single or single blind or single blind method {No Related Terms} (29)
17. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (1123)
18. clinical or clinical trial or clinical trials {No Related Terms} (11432)
19. controlled clinical trial or controlled clinical trials {No Related Terms} (1313)
20. or/9-19 (60479)
21. treatment delivery.mp. (856)
22. (group adj6 therapy).mp. [mp=protocol supplementary concept, rare disease supplementary concept, title, original title, abstract, name of substance word, subject heading word, unique identifier] (22261)
23. (online adj6 therapy).mp. [mp=protocol supplementary concept, rare disease supplementary concept, title, original title, abstract, name of substance word, subject heading word, unique identifier] (111)
24. self-help.m_titl. (1447)
25. face to face treatment.m_titl. (2)
26. face-to-face treatment.mp. (38)
27. Internet/ or internet.mp. (45455)
28. (online adj6 therapy).mp. [mp=protocol supplementary concept, rare disease supplementary concept, title, original title, abstract, name of substance word, subject heading word, unique identifier] (111)
29. (online adj6 therapy).m_titl. (40)

30. (group adj6 therapy).mp. [mp=protocol supplementary concept, rare disease supplementary concept, title, original title, abstract, name of substance word, subject heading word, unique identifier] (22261)
31. (group adj6 therapy).m_titl. (3132)
32. Self-Help Groups/ or self-help.mp. (12435)
33. self-help.m_titl. (1447)
34. (stepped adj6 care).mp. [mp=protocol supplementary concept, rare disease supplementary concept, title, original title, abstract, name of substance word, subject heading word, unique identifier] (570)
35. or/21-34 (80733)
36. 8 and 20 and 35 (13)
37. limit 36 to yr="2001 - 2011" (10)
38. from 37 keep 1-10 (10)

B. PsycINFO – Ovid interface

SEARCH (BPD, RCT AND TREATMENT DELIVERY Q14)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (5622)
2. (Borderline or borderline person$ or borderline state or borderline$).sh. (7090)
3. borderline patient$.mp. (1813)
4. Borderline Personality Disorder/ or borderline personality symptom$.mp. (2835)
5. Personality Disorders/ or cluster c personality disorder$.mp. (8467)
6. borderline personality disorder {Including Related Terms} (6564)
7. or/1-6 (17016)
8. randomised control trials {No Related Terms} (3463)
9. RCT {Including Related Terms} (3753)
10. random allocation or random assignment or random sample or random sampling {No Related Terms} (43)
11. random allocation or random assignment or random sample or random sampling {Including Related Terms} (451)
12. randomized control trials {No Related Terms} (4879)
13. random or randomization {No Related Terms} (1905)
14. randomized controlled trial or randomized control trials {Including Related Terms} (3753)
15. randomised controlled trial or randomised control trials {Including Related Terms} (3753)
16. double blind method.mp. (46)
17. double blind procedure.mp. (131)
18. double blind study.mp. (1638)
19. double blind studies.mp. (376)
20. (single blind procedure or single blind method or single blind study or single blind studies or single blind).ab. (907)
21. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (268)
22. clinical or clinical trial or clinical trials {No Related Terms} (3616)
23. controlled clinical trial or controlled clinical trials {No Related Terms} (94)
24. or/8-23 (17094)
25. Treatment/ or treatment delivery.mp. (50454)

26. (group adj6 therapy).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (16858)
27. (group adj6 therapy).m_titl. (4130)
28. face-to-face.mp. (9214)
29. face-to-face.m_titl. (783)
30. self-help.m_titl. (1637)
31. self-help.mp. (6966)
32. Internet/ or Online Therapy/ (16215)
33. (online adj6 therapy).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (842)
34. (online adj6 therapy).m_titl. (44)
35. or/24-34 (112303)
36. 7 and 24 and 35 (123)
37. limit 36 to yr="2001 - 2011" (107)

CLINICAL QUESTION 15

A. Medline – Ovid interface

SEARCH (ADDITIONAL STRING SEARCH Q15 AND 17)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (4587)
2. Borderline Personality Disorder/ or borderline personality symptom$.mp. (4148)
3. Personality disorder$.sh. or PD$1.ti. or personaltit$.sh. or Personality.sh. or personality disorder$.sh. or personality disorders.sh. (47100)
4. personality dysfunction.mp. (67)
5. Personality Disorders/ or cluster c personality disorder$.mp. (13222)
6. (Borderline or borderline person$ or borderline state or borderline$).sh. (4143)
7. borderline patient$.mp. (835)
8. or/1-7 (50604)
9. RCT or randomized control trials {No Related Terms} (19104)
10. randomised control trials {No Related Terms} (9010)
11. random allocation or random assignment or random sample or random sampling {No Related Terms} (221)
12. random or randomization {No Related Terms} (6328)
13. randomized controlled trial or randomized control trials {No Related Terms} (10401)
14. randomised controlled trial or randomised control trials {No Related Terms} (6488)
15. double blind method or double blind procedure or double blind study or double blind studies or doubleblind or double {No Related Terms} (4056)
16. single blind procedure or single blind method or single blind study or single blind studies or single or single blind or single blind method {No Related Terms} (28)
17. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (1117)
18. clinical or clinical trial or clinical trials {No Related Terms} (11404)
19. controlled clinical trial or controlled clinical trials {No Related Terms} (1310)
20. or/9-19 (60073)

21. day hospital.mp. (1867)
22. inpatient.m_titl. (6700)
23. therapeutic community.mp. or Therapeutic Community/ (2254)
24. enhanced care progam$.m_titl. (0)
25. enhanced care.m_titl. (7)
26. enhanced care programming.mp. (0)
27. team-based care.mp. (46)
28. individual-based care.mp. (0)
29. individual-based care.m_titl. (0)
30. (partial hospitlisation or partial hospitilization).m_titl. (0)
31. or/21-30 (10739)
32. 8 and 20 and 31 (3)

B. PsycINFO – Ovid interface

SEARCH (ADDITIONAL STRING SEARCH Q15 AND Q17)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (5583)
2. (Borderline or borderline person$ or borderline state or borderline$).sh. (7059)
3. borderline patient$.mp. (1808)
4. Borderline Personality Disorder/ or borderline personality symptom$.mp. (2810)
5. Personality Disorders/ or cluster c personality disorder$.mp. (8426)
6. borderline personality disorder {Including Related Terms} (6528)
7. or/1-6 (16929)
8. randomised control trials {No Related Terms} (3447)
9. RCT {Including Related Terms} (3728)
10. random allocation or random assignment or random sample or random sampling {No Related Terms} (43)
11. random allocation or random assignment or random sample or random sampling {Including Related Terms} (448)
12. randomized control trials {No Related Terms} (4843)
13. random or randomization {No Related Terms} (1900)
14. randomized controlled trial or randomized control trials {Including Related Terms} (3728)
15. randomised controlled trial or randomised control trials {Including Related Terms} (3728)
16. double blind method.mp. (46)
17. double blind procedure.mp. (131)
18. double blind study.mp. (1633)
19. double blind studies.mp. (376)
20. (single blind procedure or single blind method or single blind study or single blind studies or single blind).ab. (904)
21. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (268)
22. clinical or clinical trial or clinical trials {No Related Terms} (3593)
23. controlled clinical trial or controlled clinical trials {No Related Terms} (92)
24. or/8-23 (17007)
25. day hospital.mp. or Partial Hospitalization/ (2312)

26. day hospital or day hospitlization or day hospitlisation).m_titl. (503)
27. inpatient care.mp. (1246)
28. therapeutic community.mp. or Therapeutic Community/ (3166)
29. enhanced care programming.mp. (0)
30. enhanced care programming.m_titl. (0)
31. (team-based care or team based care).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (14)
32. (team based care or team-based care).m_titl. (1)
33. (individual -based care or individual based care).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (0)
34. (individual -based care or individual based care).m_titl. (0)
35. (partial hospitlisation or partial hospitilization).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (0)
36. (partial hospitlisation or partial hospitilization).m_titl. (0)
37. or/25-36 (6589)
38. 7 and 24 and 37 (10)
39. limit 38 to yr="2008 - 2011" (3)
40. from 39 keep 1-3 (3)

C. EMBASE – Ovid Interface

SEARCH (ADDITIONAL STRING SEARCH Q15 AND Q17)

1. 'randomised controlled trial'/exp (284231)
2. 'randomised controlled trial'/exp OR 'randomization'/exp OR 'random sample'/exp OR 'double blind procedure'/exp OR 'single blind procedure'/exp OR 'crossover procedure'/exp OR 'clinical trial'/exp OR 'systematic review'/exp OR 'meta analysis'/exp (937938)
3. 'randomization'/exp OR 'random sample'/exp(55817)
4. 'double blind procedure'/exp OR 'single blind procedure'/exp OR 'crossover procedure'/exp (129034)
5. 'clinical trial'/exp (855042)
6. #1 OR #2 OR #3 OR #4 OR #5 (937938)
7. 'borderline state'/exp/mj OR 'borderline state'/exp OR 'personality disorder'/exp(40155)
8. 'therapeutic community'/exp(2629)
9. team AND 'based'/exp AND care(12)
10. individual AND 'based'/exp AND care(34)
11. day AND 'hospital'/exp(26885)
12. 'inpatient'/exp(41221)
13. partial AND 'hospitalization'/exp(2786)
14. enhanced AND care AND programming(157)
15. #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13(71913)
16. #6 AND #7 AND #15(62)
17. #6 AND #7 AND #15 AND [2008-2011]/py(26)

CLINICAL QUESTION 16

A. Medline – Ovid interface

SEARCH (ADDITIONAL STRING SEARCH Q16 AND Q18 RCT)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (4587)
2. Borderline Personality Disorder/ or borderline personality symptom$.mp. (4148)
3. Personality disorder$.sh. or PD$1.ti. or personaltit$.sh. or Personality.sh. or personality disorder$.sh. or personality disorders.sh. (47100)
4. personality dysfunction.mp. (67)
5. Personality Disorders/ or cluster c personality disorder$.mp. (13222)
6. (Borderline or borderline person$ or borderline state or borderline$).sh. (4143)
7. borderline patient$.mp. (835)
8. or/1-7 (50604)
9. RCT or randomized control trials {No Related Terms} (19104)
10. randomised control trials {No Related Terms} (9010)
11. random allocation or random assignment or random sample or random sampling {No Related Terms} (221)
12. random or randomization {No Related Terms} (6328)
13. randomized controlled trial or randomized control trials {No Related Terms} (10401)
14. randomised controlled trial or randomised control trials {No Related Terms} (6488)
15. double blind method or double blind procedure or double blind study or double blind studies or doubleblind or double {No Related Terms} (4056)
16. single blind procedure or single blind method or single blind study or single blind studies or single or single blind or single blind method {No Related Terms} (28)
17. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (1117)
18. clinical or clinical trial or clinical trials {No Related Terms} (11404)
19. controlled clinical trial or controlled clinical trials {No Related Terms} (1310)
20. or/9-19 (60073)
21. Hospitalization/ or Inpatients/ or inpatient care.mp. (70246)
22. inpatient care.m_titl. (485)
23. acute care.mp. (9598)
24. acute care.m_titl. (2303)
25. forensic care.mp. (21)
26. or/21-25 (78663)
27. 8 and 20 and 26 (10)

SEARCH (ADDITIONAL STRING SEARCH Q16 AND 18 ANY STUDY)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (4587)
2. Borderline Personality Disorder/ or borderline personality symptom$.mp. (4148)
3. Personality disorder$.sh. or PD$1.ti. or personaltit$.sh. or Personality.sh. or personality disorder$.sh. or personality disorders.sh. (47100)
4. personality dysfunction.mp. (67)
5. Personality Disorders/ or cluster c personality disorder$.mp. (13222)
6. (Borderline or borderline person$ or borderline state or borderline$).sh. (4143)
7. borderline patient$.mp. (835)
8. or/1-7 (50604)
9. RCT or randomized control trials {No Related Terms} (19104)
10. randomised control trials {No Related Terms} (9010)
11. random allocation or random assignment or random sample or random sampling {No Related Terms} (221)
12. random or randomization {No Related Terms} (6328)
13. randomized controlled trial or randomized control trials {No Related Terms} (10401)
14. randomised controlled trial or randomised control trials {No Related Terms} (6488)
15. double blind method or double blind procedure or double blind study or double blind studies or doubleblind or double {No Related Terms} (4056)
16. single blind procedure or single blind method or single blind study or single blind studies or single or single blind or single blind method {No Related Terms} (28)
17. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (1117)
18. clinical or clinical trial or clinical trials {No Related Terms} (11404)
19. controlled clinical trial or controlled clinical trials {No Related Terms} (1310)
20. or/9-19 (60073)
21. Hospitalization/ or Inpatients/ or inpatient care.mp. (70246)
22. inpatient care.m_titl. (485)
23. acute care.mp. (9598)
24. acute care.m_titl. (2303)
25. forensic care.mp. (21)
26. or/21-25 (78663)
27. 8 and 20 and 26 (10)
28. limit 27 to yr=”2008 - 2011” (6)
29. from 27 keep 1-10 (10)
30. 8 and 26 (1265)
31. limit 30 to yr=”2008 - 2011” (104)

B. PsycINFO – Ovid interface

SEARCH (ADDITIONAL STRING SEARCH Q16 AND Q18)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (5583)
2. (Borderline or borderline person$ or borderline state or borderline$).sh. (7059)
3. borderline patient$.mp. (1808)
4. Borderline Personality Disorder/ or borderline personality symptom$.mp. (2810)
5. Personality Disorders/ or cluster c personality disorder$.mp. (8426)
6. borderline personality disorder {Including Related Terms} (6528)
7. or/1-6 (16929)
8. randomised control trials {No Related Terms} (3447)
9. RCT {Including Related Terms} (3728)
10. random allocation or random assignment or random sample or random sampling {No Related Terms} (43)
11. random allocation or random assignment or random sample or random sampling {Including Related Terms} (448)
12. randomized control trials {No Related Terms} (4843)
13. random or randomization {No Related Terms} (1900)
14. randomized controlled trial or randomized control trials {Including Related Terms} (3728)
15. randomised controlled trial or randomised control trials {Including Related Terms} (3728)
16. double blind method.mp. (46)
17. double blind procedure.mp. (131)
18. double blind study.mp. (1633)
19. double blind studies.mp. (376)
20. (single blind procedure or single blind method or single blind study or single blind studies or single blind).ab. (904)
21. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (268)
22. clinical or clinical trial or clinical trials {No Related Terms} (3593)
23. controlled clinical trial or controlled clinical trials {No Related Terms} (92)
24. or/8-23 (17007)
25. Hospitalization/ or Hospitalized Patients/ or inpatient care.mp. (13807)
26. acute care.mp. (2023)
27. acute care.m_titl. (416)
28. forensic care.mp. (31)
29. forensic care.m_titl. (6)
30. inpatient care.m_titl. (186)
31. or/25-30 (15470)
32. 7 and 24 and 31 (8)
33. limit 32 to yr="2008 - 2011" (4)

C. EMBASE – Ovid Interface

SEARCH (ADDITIONAL STRING SEARCH Q16)

1. 'randomised controlled trial'/exp (284231)
2. 'randomised controlled trial'/exp OR 'randomization'/exp OR 'random sample'/exp OR 'double blind procedure'/exp OR 'single blind procedure'/exp OR 'crossover procedure'/exp OR 'clinical trial'/exp OR 'systematic review'/exp OR 'meta analysis'/exp(937938)
3. 'randomization'/exp OR 'random sample'/exp(55817)
4. 'double blind procedure'/exp OR 'single blind procedure'/exp OR 'crossover procedure'/exp(129034)
5. 'clinical trial'/exp(855042)
6. #1 OR #2 OR #3 OR #4 OR #5(937938)
7. 'borderline state'/exp/mj OR 'borderline state'/exp OR 'personality disorder'/exp(40155)
8. 'hospitalization'/exp AND care OR 'inpatients'/exp OR 'inpatient'/exp AND care OR acute AND care OR forensic AND care(575654)
9. #6 AND #7 AND #8(238)
10. #6 AND #7 AND #8 AND [2008-2011]/py(72)

CLINICAL QUESTION 17

A. Medline – Ovid interface

See Q15

B. PsycINFO – Ovid interface

See Q15

C. Embase – Ovid Interface

See Q15

CLINICAL QUESTION 18

A. Medline – Ovid interface

See Q16

B. PsycINFO – Ovid interface

See Q16

C. Embase – Ovid Interface

See Q16

CLINICAL QUESTION 19

A. Medline – Ovid interface

See Q16

B. PsycINFO – Ovid interface

See Q16

C. Embase – Ovid Interface

See Q16

CLINICAL QUESTION 20

A. Medline – Ovid interface

SEARCH (ADDITIONAL STRING SEARCH Q20)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (4587)
2. Borderline Personality Disorder/ or borderline personality symptom$.mp. (4148)
3. Personality disorder$.sh. or PD$1.ti. or personaltit$.sh. or Personality.sh. or personality disorder$.sh. or personality disorders.sh. (47100)
4. personality dysfunction.mp. (67)
5. Personality Disorders/ or cluster c personality disorder$.mp. (13222)
6. (Borderline or borderline person$ or borderline state or borderline$).sh. (4143)
7. borderline patient$.mp. (835)
8. or/1-7 (50604)
9. RCT or randomized control trials {No Related Terms} (19104)
10. randomised control trials {No Related Terms} (9010)
11. random allocation or random assignment or random sample or random sampling {No Related Terms} (221)
12. random or randomization {No Related Terms} (6328)
13. randomized controlled trial or randomized control trials {No Related Terms} (10401)
14. randomised controlled trial or randomised control trials {No Related Terms} (6488)
15. double blind method or double blind procedure or double blind study or double blind studies or doubleblind or double {No Related Terms} (4056)
16. single blind procedure or single blind method or single blind study or single blind studies or single or single blind or single blind method {No Related Terms} (28)
17. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (1117)
18. clinical or clinical trial or clinical trials {No Related Terms} (11404)
19. controlled clinical trial or controlled clinical trials {No Related Terms} (1310)
20. or/9-19 (60073)
21. primary care.mp. or Primary Health Care/ (73793)
22. (accident and emergency).m_titl. (1580)
23. emergency.mp. or Emergencies/ (168263)
24. crisis intervention.m_titl. (571)
25. crisis intervention.mp. or Crisis Intervention/ (5221)
26. crisis service.m_titl. (14)
27. crisis service$.mp. (106)
28. crisis housing.mp. (1)
29. crisis housing.m_titl. (1)
30. acute care.m_titl. (2303)
31. or/21-30 (244670)
32. 8 and 20 and 31 (8)
33. limit 32 to yr="2008 - 2011" (5)

SEARCH (BPD, RCT AND HEALTH CARE Q20A REPEAT SEARCH)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (4621)
2. Borderline Personality Disorder/ or borderline personality symptom$.mp. (4174)
3. Personality disorder$.sh. or PD$1.ti. or personaltit$.sh. or Personality.sh. or personality disorder$.sh. or personality disorders.sh. (47397)
4. personality dysfunction.mp. (67)
5. Personality Disorders/ or cluster c personality disorder$.mp. (13289)
6. (Borderline or borderline person$ or borderline state or borderline$).sh. (4169)
7. borderline patient$.mp. (838)
8. or/1-7 (50925)
9. RCT or randomized control trials {No Related Terms} (19634)
10. randomised control trials {No Related Terms} (9108)
11. random allocation or random assignment or random sample or random sampling {No Related Terms} (223)
12. random or randomization {No Related Terms} (6394)
13. randomized controlled trial or randomized control trials {No Related Terms} (10626)
14. randomised controlled trial or randomised control trials {No Related Terms} (6561)
15. double blind method or double blind procedure or double blind study or double blind studies or doubleblind or double {No Related Terms} (4070)
16. single blind procedure or single blind method or single blind study or single blind studies or single or single blind or single blind method {No Related Terms} (29)
17. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (1129)
18. clinical or clinical trial or clinical trials {No Related Terms} (11478)
19. controlled clinical trial or controlled clinical trials {No Related Terms} (1318)
20. or/9-19 (60953)
21. (alcohol adj6 drug service*).m_titl. (8)
22. (alcohol adj6 drug service*).mp. [mp=protocol supplementary concept, rare disease supplementary concept, title, original title, abstract, name of substance word, subject heading word, unique identifier] (50)
23. primary care.m_titl. (20728)
24. emergency care.m_titl. (1785)
25. (emergency adj6 care).mp. [mp=protocol supplementary concept, rare disease supplementary concept, title, original title, abstract, name of substance word, subject heading word, unique identifier] (13791)
26. “crisis service*”.m_titl. (33)
27. (crisis adj6 service*).mp. [mp=protocol supplementary concept, rare disease supplementary concept, title, original title, abstract, name of substance word, subject heading word, unique identifier] (1012)
28. (refugee* adj6 service*).m_titl. (66)
29. (refugee* adj6 service*).mp. [mp=protocol supplementary concept, rare disease supplementary concept, title, original title, abstract, name of substance word, subject heading word, unique identifier] (255)
30. (Aboriginal adj6 health).m_titl. (435)
31. (Aboriginal adj6 health).mp. [mp=protocol supplementary concept, rare disease supplementary concept, title, original title, abstract, name of substance word, subject heading word, unique identifier] (888)

32. "aboriginal health service*".m_titl. (15)
33. aboriginal health service*.mp. (38)
34. Health Services, Indigenous/ or aboriginal health service*.mp. (1809)
35. supported accomodation.m_titl. (0)
36. supported accomodation.mp. (0)
37. Eating Disorders/ or eating disorder*.mp. (13798)
38. disability.mp. (79844)
39. (disability adj6 service*).mp. [mp=protocol supplementary concept, rare disease supplementary concept, title, original title, abstract, name of substance word, subject heading word, unique identifier] (1086)
40. or/21-39 (130708)
41. 8 and 20 and 40 (14)
42. limit 41 to yr="2008 - 2011" (10)

B. PsycINFO – Ovid interface

SEARCH (ADDITIONAL STRING SEARCH Q20)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (4587)
2. (Borderline or borderline person$ or borderline state or borderline$).sh. (4143)
3. borderline patient$.mp. (835)
4. Borderline Personality Disorder/ or borderline personality symptom$.mp. (4148)
5. Personality Disorders/ or cluster c personality disorder$.mp. (13222)
6. borderline personality disorder {Including Related Terms} (6069)
7. or/1-6 (19717)
8. randomised control trials {No Related Terms} (9010)
9. RCT {Including Related Terms} (11590)
10. random allocation or random assignment or random sample or random sampling {No Related Terms} (221)
11. random allocation or random assignment or random sample or random sampling {Including Related Terms} (6781)
12. randomized control trials {No Related Terms} (17019)
13. random or randomization {No Related Terms} (6328)
14. randomized controlled trial or randomized control trials {Including Related Terms} (11590)
15. randomised controlled trial or randomised control trials {Including Related Terms} (11590)
16. double blind method.mp. (109906)
17. double blind procedure.mp. (177)
18. double blind study.mp. (13326)
19. double blind studies.mp. (1265)
20. (single blind procedure or single blind method or single blind study or single blind studies or single blind).ab. (7083)
21. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (1117)
22. clinical or clinical trial or clinical trials {No Related Terms} (11404)
23. controlled clinical trial or controlled clinical trials {No Related Terms} (1310)
24. or/8-23 (164275)

25. primary care.mp. or Primary Health Care/ (73793)
26. (accident and emergency).m_titl. (1580)
27. emergency.mp. or Emergencies/ (168263)
28. Crisis Intervention/ or crisis.mp. (32677)
29. "crisis service*".m_titl. (33)
30. crisis housing.m_titl. (1)
31. acute care.m_titl. (2303)
32. or/25-31 (269973)
33. 7 and 24 and 32 (9)
34. limit 33 to yr="2008 - 2011" (5)

SEARCH (BPD, RCT AND HEALTH CARE Q20A REPEAT SEARCH)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (5624)
2. (Borderline or borderline person$ or borderline state or borderline$).sh. (7093)
3. borderline patient$.mp. (1813)
4. Borderline Personality Disorder/ or borderline personality symptom$.mp. (2837)
5. Personality Disorders/ or cluster c personality disorder$.mp. (8472)
6. borderline personality disorder {Including Related Terms} (6567)
7. or/1-6 (17024)
8. randomised control trials {No Related Terms} (3465)
9. RCT {Including Related Terms} (3759)
10. random allocation or random assignment or random sample or random sampling {No Related Terms} (43)
11. random allocation or random assignment or random sample or random sampling {Including Related Terms} (452)
12. randomized control trials {No Related Terms} (4888)
13. random or randomization {No Related Terms} (1907)
14. randomized controlled trial or randomized control trials {Including Related Terms} (3759)
15. randomised controlled trial or randomised control trials {Including Related Terms} (3759)
16. double blind method.mp. (46)
17. double blind procedure.mp. (131)
18. double blind study.mp. (1639)
19. double blind studies.mp. (376)
20. (single blind procedure or single blind method or single blind study or single blind studies or single blind).ab. (907)
21. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (268)
22. clinical or clinical trial or clinical trials {No Related Terms} (3625)
23. controlled clinical trial or controlled clinical trials {No Related Terms} (94)
24. or/8-23 (17117)
25. Primary Health Care/ or primary care.mp. (17137)
26. (alcohol adj6 drug service*).m_titl. (8)
27. (alcohol adj6 drug service*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (77)
28. emergency care.m_titl. (70)
29. (emergency adj6 care).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (1420)

30. Crisis Intervention Services/ or crisis service*.mp. (1329)
31. (refugee* adj6 service*).m_titl. (54)
32. (refugee* adj6 service*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (319)
33. (Aboriginal adj6 health).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (248)
34. "aboriginal health service*".m_titl. (0)
35. aboriginal health service*.mp. (7)
36. Indigenous Populations/ or Indigenous Australian*.mp. (2150)
37. "Indigenous Health Service*".m_titl. (0)
38. Indigenous Populations/ or Indigenous Health Service*.mp. (2086)
39. supported accomodation.m_titl. (0)
40. supported accomodation.mp. (0)
41. Eating Disorders/ or Eating Disorder*.mp. (16458)
42. (disability adj6 service*).m_titl. (320)
43. (disability adj6 service*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (1528)
44. or/25-43 (39928)
45. 7 and 24 and 44 (3)

C. EMBASE – Ovid Interface

SEARCH (ADDITIONAL STRING SEARCH – Q20)

1. 'borderline state'/exp/mj OR 'borderline state'/exp OR 'personality disorder'/exp(40155)
2. 'randomised controlled trial'/exp OR 'systematic review'/exp OR 'meta analysis'/exp OR 'randomization'/exp OR 'random sample'/exp OR 'double blind procedure'/exp OR 'single blind procedure'/exp OR 'crossover procedure'/exp OR 'clinical trial'/exp(937938)
3. 'primary health care'/exp OR 'primary medical care'/exp(81775)
4. 'emergency health service'/exp OR 'emergency care'/exp OR 'emergency'/exp(85583)
5. 'emergency care'/exp(11035)
6. crisis AND ('housing'/exp OR housing)(197)
7. crisis AND services(15429)
8. crisis AND care(23269)
9. #3 OR #4 OR #5 OR #6 OR #7 OR #8(187415)
10. #1 AND #2 AND #9(58)
11. #1 AND #2 AND #9 AND [2008-2011]/py(25)

SEARCH (BPD, RCT AND HEALTH CARE Q20A REPEAT SEARCH)

1. 'borderline state'/exp/mj OR 'borderline state'/exp OR 'personality disorder'/exp (40443)
2. 'randomised controlled trial'/exp OR 'systematic review'/exp OR 'meta analysis'/exp OR 'randomization'/exp OR 'random sample'/exp OR 'double blind procedure'/exp OR 'single blind procedure'/exp OR 'crossover procedure'/exp OR 'clinical trial'/exp(942465)
3. 'drug dependence treatment'/exp OR 'primary health care'/exp OR 'emergency care'/exp OR 'refugee'/exp OR 'health service'/exp OR 'binge eating disorder'/exp OR 'disability'/exp (2745052)
4. #1 AND #2 AND #3 (823)
5. #1 AND #2 AND #3 AND [2008-2011]/py (244)

CLINICAL QUESTION 21

A. Medline – Ovid interface

SEARCH (BPD, RCT AND HEALTH CARE Q21A REPEAT SEARCH)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (4621)
2. Borderline Personality Disorder/ or borderline personality symptom$.mp. (4174)
3. Personality disorder$.sh. or PD$1.ti. or personaltit$.sh. or Personality.sh. or personality disorder$.sh. or personality disorders.sh. (47397)
4. personality dysfunction.mp. (67)
5. Personality Disorders/ or cluster c personality disorder$.mp. (13289)
6. (Borderline or borderline person$ or borderline state or borderline$).sh. (4169)
7. borderline patient$.mp. (838)
8. or/1-7 (50925)
9. RCT or randomized control trials {No Related Terms} (19634)
10. randomised control trials {No Related Terms} (9108)
11. random allocation or random assignment or random sample or random sampling {No Related Terms} (223)
12. random or randomization {No Related Terms} (6394)
13. randomized controlled trial or randomized control trials {No Related Terms} (10626)
14. randomised controlled trial or randomised control trials {No Related Terms} (6561)
15. double blind method or double blind procedure or double blind study or double blind studies or doubleblind or double {No Related Terms} (4070)
16. single blind procedure or single blind method or single blind study or single blind studies or single or single blind or single blind method {No Related Terms} (29)
17. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (1129)
18. clinical or clinical trial or clinical trials {No Related Terms} (11478)
19. controlled clinical trial or controlled clinical trials {No Related Terms} (1318)
20. or/9-19 (60953)
21. (stepped adj6 care).mp. [mp=protocol supplementary concept, rare disease supplementary concept, title, original title, abstract, name of substance word, subject heading word, unique identifier] (573)
22. Patient Care Planning/ or care plan*.mp. (36331)
23. care pathway*.mp. (828)
24. "care pathway*".m_titl. (295)
25. coordinated care.m_titl. (108)
26. "Continuity of Patient Care"/ or coordinated care.mp. (12275)
27. continuity of care.m_titl. (744)
28. "clinical pathway*".m_titl. (666)
29. (clinical adj6 pathway*).mp. [mp=protocol supplementary concept, rare disease supplementary concept, title, original title, abstract, name of substance word, subject heading word, unique identifier] (3653)
30. (continuity adj6 care).mp. [mp=protocol supplementary concept, rare disease supplementary concept, title, original title, abstract, name of substance word, subject heading word, unique identifier] (14100)
31. or/21-30 (54305)
32. 8 and 20 and 31 (2)
33. limit 32 to yr="2008 - 2011" (2)

B. PsycINFO – Ovid interface

SEARCH (BPD, RCT AND HEALTH CARE Q21A REPEAT SEARCH)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (5624)
2. (Borderline or borderline person$ or borderline state or borderline$).sh. (7093)
3. borderline patient$.mp. (1813)
4. Borderline Personality Disorder/ or borderline personality symptom$.mp. (2837)
5. Personality Disorders/ or cluster c personality disorder$.mp. (8472)
6. borderline personality disorder {Including Related Terms} (6567)
7. or/1-6 (17024)
8. randomised control trials {No Related Terms} (3465)
9. RCT {Including Related Terms} (3759)
10. random allocation or random assignment or random sample or random sampling {No Related Terms} (43)
11. random allocation or random assignment or random sample or random sampling {Including Related Terms} (452)
12. randomized control trials {No Related Terms} (4888)
13. random or randomization {No Related Terms} (1907)
14. randomized controlled trial or randomized control trials {Including Related Terms} (3759)
15. randomised controlled trial or randomised control trials {Including Related Terms} (3759)
16. double blind method.mp. (46)
17. double blind procedure.mp. (131)
18. double blind study.mp. (1639)
19. double blind studies.mp. (376)
20. (single blind procedure or single blind method or single blind study or single blind studies or single blind).ab. (907)
21. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (268)
22. clinical or clinical trial or clinical trials {No Related Terms} (3625)
23. controlled clinical trial or controlled clinical trials {No Related Terms} (94)
24. or/8-23 (17117)
25. (stepped adj6 care).m_titl. (65)
26. (stepped adj6 care).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (317)
27. “care plan*”.m_titl. (301)
28. Treatment Planning/ or care plan*.mp. (4636)
29. “care pathway*”.m_titl. (62)
30. care pathway*.mp. (210)
31. coordinated care.m_titl. (12)
32. (coordinated adj6 care).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (329)
33. (clinical adj6 pathway*).m_titl. (73)
34. (clinical adj6 pathway*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (361)
35. continuity of care.m_titl. (183)
36. (continuity adj6 care).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (1366)
37. or/25-36 (7095)
38. 7 and 24 and 37 (2)

C. EMBASE – Ovid Interface

SEARCH (BPD, RCT AND HEALTH CARE Q21A REPEAT SEARCH)

1. 'borderline state'/exp/mj OR 'borderline state'/exp OR 'personality disorder'/exp (40443)
2. 'randomised controlled trial'/exp OR 'systematic review'/exp OR 'meta analysis'/exp OR 'randomization'/exp OR 'random sample'/exp OR 'double blind procedure'/exp OR 'single blind procedure'/exp OR 'crossover procedure'/exp OR 'clinical trial'/exp (942465)
3. 'patient care planning'/exp OR 'patient care'/exp OR 'clinical pathway'/exp (413071)
4. #1 AND #2 AND #3 (129)
5. #1 AND #2 AND #3 AND [2008-2011]/py (36)

CLINICAL QUESTION 22

A. Medline – Ovid interface

SEARCH (ADDITIONAL STRING SEARCH Q22)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (4587)
2. Borderline Personality Disorder/ or borderline personality symptom$.mp. (4148)
3. Personality disorder$.sh. or PD$1.ti. or personaltit$.sh. or Personality.sh. or personality disorder$.sh. or personality disorders.sh. (47100)
4. personality dysfunction.mp. (67)
5. Personality Disorders/ or cluster c personality disorder$.mp. (13222)
6. (Borderline or borderline person$ or borderline state or borderline$).sh. (4143)
7. borderline patient$.mp. (835)
8. or/1-7 (50604)
9. RCT or randomized control trials {No Related Terms} (19104)
10. randomised control trials {No Related Terms} (9010)
11. random allocation or random assignment or random sample or random sampling {No Related Terms} (221)
12. random or randomization {No Related Terms} (6328)
13. randomized controlled trial or randomized control trials {No Related Terms} (10401)
14. randomised controlled trial or randomised control trials {No Related Terms} (6488)
15. double blind method or double blind procedure or double blind study or double blind studies or double blind or double {No Related Terms} (4056)
16. single blind procedure or single blind method or single blind study or single blind studies or single or single blind or single blind method {No Related Terms} (28)
17. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (1117)
18. clinical or clinical trial or clinical trials {No Related Terms} (11404)
19. controlled clinical trial or controlled clinical trials {No Related Terms} (1310)
20. or/9-19 (60073)
21. health care professional$.m_titl. (994)
22. (clinical supervision or supervison).m_titl. (392)
23. clinical supervision.mp. (752)
24. clinical training.mp. (2171)
25. clinical training.m_titl. (1025)

26. clinical case load.mp. (6)
27. case load.m_titl. (143)
28. or/21-27 (4047)
29. 8 and 20 and 28 (0)
30. 8 and 21 (4)
31. or/22-23 (753)
32. 8 and 31 (10)
33. or/24-25 (2171)
34. 8 and 33 (10)
35. 8 and 27 (0)
36. 30 or 32 or 34 (24)
37. limit 36 to yr="2008 - 2011" (7)

B. PsycINFO – Ovid interface

SEARCH (ADDITIONAL STRING SEARCH Q22)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (4587)
2. (Borderline or borderline person$ or borderline state or borderline$).sh. (4143)
3. borderline patient$.mp. (835)
4. Borderline Personality Disorder/ or borderline personality symptom$.mp. (4148)
5. Personality Disorders/ or cluster c personality disorder$.mp. (13222)
6. borderline personality disorder {Including Related Terms} (6069)
7. or/1-6 (19717)
8. randomised control trials {No Related Terms} (9010)
9. RCT {Including Related Terms} (11590)
10. random allocation or random assignment or random sample or random sampling {No Related Terms} (221)
11. random allocation or random assignment or random sample or random sampling {Including Related Terms} (6781)
12. randomized control trials {No Related Terms} (17019)
13. random or randomization {No Related Terms} (6328)
14. randomized controlled trial or randomized control trials {Including Related Terms} (11590)
15. randomised controlled trial or randomised control trials {Including Related Terms} (11590)
16. double blind method.mp. (109906)
17. double blind procedure.mp. (177)
18. double blind study.mp. (13326)
19. double blind studies.mp. (1265)
20. (single blind procedure or single blind method or single blind study or single blind studies or single blind).ab. (7083)
21. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (1117)
22. clinical or clinical trial or clinical trials {No Related Terms} (11404)
23. controlled clinical trial or controlled clinical trials {No Related Terms} (1310)
24. or/8-23 (164275)
25. health care professional.m_titl. (124)

26. "health care professional*".m_titl. (994)
27. or/25-26 (994)
28. clinical supervision.m_titl. (391)
29. clinical training.m_titl. (1025)
30. clinical case load.m_titl. (2)
31. or/28-30 (1418)
32. 7 and 24 and 27 (0)
33. 7 and 27 (1)
34. 7 and 24 and 31 (0)
35. 7 and 31 (2)
36. 33 or 35 (3)
37. from 36 keep 1-3 (3)

C. EMBASE – Ovid Interface

SEARCH (ADDITIONAL STRING SEARCH Q22)

1. 'borderline state'/exp/mj OR 'borderline state'/exp OR 'personality disorder'/exp(40155)
2. 'randomised controlled trial'/exp OR 'systematic review'/exp OR 'meta analysis'/exp OR 'randomization'/exp OR 'random sample'/exp OR 'double blind procedure'/exp OR 'single blind procedure'/exp OR 'crossover procedure'/exp OR 'clinical trial'/exp(937938)
3. 'health care personnel'/exp(652279)
4. clinical AND supervision OR clinical AND 'training'/exp OR clinical AND case AND load(7695)
5. #3 OR #4(659747)
6. #1 AND #2 AND #5(98)
7. #1 AND #2 AND #5 AND [2008-2011]/py(29)

CLINICAL QUESTION 23

A. Medline – Ovid interface

SEARCH (ADDITIONAL STRING SEARCH Q23 AND Q24)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (4587)
2. Borderline Personality Disorder/ or borderline personality symptom$.mp. (4148)
3. Personality disorder$.sh. or PD$1.ti. or personaltit$.sh. or Personality.sh. or personality disorder$.sh. or personality disorders.sh. (47100)
4. personality dysfunction.mp. (67)
5. Personality Disorders/ or cluster c personality disorder$.mp. (13222)
6. (Borderline or borderline person$ or borderline state or borderline$).sh. (4143)
7. borderline patient$.mp. (835)
8. or/1-7 (50604)
9. RCT or randomized control trials {No Related Terms} (19104)
10. randomised control trials {No Related Terms} (9010)
11. random allocation or random assignment or random sample or random sampling {No Related Terms} (221)

12. random or randomization {No Related Terms} (6328)
13. randomized controlled trial or randomized control trials {No Related Terms} (10401)
14. randomised controlled trial or randomised control trials {No Related Terms} (6488)
15. double blind method or double blind procedure or double blind study or double blind studies or doubleblind or double {No Related Terms} (4056)
16. single blind procedure or single blind method or single blind study or single blind studies or single or single blind or single blind method {No Related Terms} (28)
17. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (1117)
18. clinical or clinical trial or clinical trials {No Related Terms} (11404)
19. controlled clinical trial or controlled clinical trials {No Related Terms} (1310)
20. or/9-19 (60073)
21. family care needs.mp. (2)
22. family care needs.m_titl. (1)
23. (burden or stigma).m_titl. (10066)
24. depression.m_titl. (52026)
25. general mental health.m_titl. (7)
26. family interventions.mp. (338)
27. carers.m_titl. (1178)
28. or/21-27 (63367)
29. 8 and 20 and 28 (4)
30. limit 29 to yr="2008 - 2011" (3)

B. PsycINFO – Ovid interface

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (4587)
2. (Borderline or borderline person$ or borderline state or borderline$).sh. (4143)
3. borderline patient$.mp. (835)
4. Borderline Personality Disorder/ or borderline personality symptom$.mp. (4148)
5. Personality Disorders/ or cluster c personality disorder$.mp. (13222)
6. borderline personality disorder {Including Related Terms} (6069)
7. or/1-6 (19717)
8. randomised control trials {No Related Terms} (9010)
9. RCT {Including Related Terms} (11590)
10. random allocation or random assignment or random sample or random sampling {No Related Terms} (221)
11. random allocation or random assignment or random sample or random sampling {Including Related Terms} (6781)
12. randomized control trials {No Related Terms} (17019)
13. random or randomization {No Related Terms} (6328)
14. randomized controlled trial or randomized control trials {Including Related Terms} (11590)
15. randomised controlled trial or randomised control trials {Including Related Terms} (11590)
16. double blind method.mp. (109906)
17. double blind procedure.mp. (177)
18. double blind study.mp. (13326)
19. double blind studies.mp. (1265)

20. (single blind procedure or single blind method or single blind study or single blind studies or single blind).ab. (7083)
21. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (1117)
22. clinical or clinical trial or clinical trials {No Related Terms} (11404)
23. controlled clinical trial or controlled clinical trials {No Related Terms} (1310)
24. or/8-23 (164275)
25. health care professional.m_titl. (124)
26. "health care professional*".m_titl. (994)
27. or/25-26 (994)
28. clinical supervision.m_titl. (391)
29. clinical training.m_titl. (1025)
30. clinical case load.m_titl. (2)
31. or/28-30 (1418)
32. 7 and 24 and 27 (0)
33. 7 and 27 (1)
34. 7 and 24 and 31 (0)
35. 7 and 31 (2)
36. 33 or 35 (3)
37. from 36 keep 1-3 (3)

C. EMBASE – Ovid Interface

SEARCH (ADDITIONAL STRING SEARCH SEARCH STRING Q23-25)

1. 'borderline state'/exp/mj OR 'borderline state'/exp OR 'personality disorder'/exp(40155)
2. 'family'/exp AND care AND needs(9237)
3. burden OR 'stigma'/exp(83263)
4. 'depression'/exp(249289)
5. general AND mental AND 'health'/exp(92280)
6. 'family'/exp AND intervention OR 'family'/exp AND interventions(9981)
7. carer OR carers(7723)
8. #2 OR #3 OR #4 OR #5 OR #6 OR #7(423997)
9. 'randomised controlled trial'/exp(284231)
10. #1 AND #8 AND #10(194)
11. #1 AND #8 AND #10 AND [2008-2011]/py(66)

CLINICAL QUESTION 24

A. Medline – Ovid interface

See Q23

B. PsycINFO – Ovid interface

See Q23

C. EMBASE – Ovid Interface

See Q23

CLINICAL QUESTION 25

A. Medline – Ovid interface

SEARCH (ADDITIONAL STRING SEARCH Q25 AND Q26)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (4587)
2. Borderline Personality Disorder/ or borderline personality symptom$.mp. (4148)
3. Personality disorder$.sh. or PD$1.ti. or personaltit$.sh. or Personality.sh. or personality disorder$.sh. or personality disorders.sh. (47100)
4. personality dysfunction.mp. (67)
5. Personality Disorders/ or cluster c personality disorder$.mp. (13222)
6. (Borderline or borderline person$ or borderline state or borderline$).sh. (4143)
7. borderline patient$.mp. (835)
8. or/1-7 (50604)
9. RCT or randomized control trials {No Related Terms} (19104)
10. randomised control trials {No Related Terms} (9010)
11. random allocation or random assignment or random sample or random sampling {No Related Terms} (221)
12. random or randomization {No Related Terms} (6328)
13. randomized controlled trial or randomized control trials {No Related Terms} (10401)
14. randomised controlled trial or randomised control trials {No Related Terms} (6488)
15. double blind method or double blind procedure or double blind study or double blind studies or doubleblind or double {No Related Terms} (4056)
16. single blind procedure or single blind method or single blind study or single blind studies or single or single blind or single blind method {No Related Terms} (28)
17. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (1117)
18. clinical or clinical trial or clinical trials {No Related Terms} (11404)
19. controlled clinical trial or controlled clinical trials {No Related Terms} (1310)
20. or/9-19 (60073)
21. family intervention.mp. (452)
22. Family/ or family.mp. (574382)
23. families.mp. or Family/ (172955)
24. or/21-23 (645792)
25. expressed emotion.m_titl. (429)
26. 24 and 25 (349)
27. 8 and 26 (4)
28. limit 27 to yr="2008 - 2011" (0)

B. PsycINFO – Ovid interface

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (5583)
2. (Borderline or borderline person$ or borderline state or borderline$).sh. (7059)
3. borderline patient$.mp. (1808)
4. Borderline Personality Disorder/ or borderline personality symptom$.mp. (2810)
5. Personality Disorders/ or cluster c personality disorder$.mp. (8426)

6. borderline personality disorder {Including Related Terms} (6528)
7. or/1-6 (16929)
8. randomised control trials {No Related Terms} (3447)
9. RCT {Including Related Terms} (3728)
10. random allocation or random assignment or random sample or random sampling {No Related Terms} (43)
11. random allocation or random assignment or random sample or random sampling {Including Related Terms} (448)
12. randomized control trials {No Related Terms} (4843)
13. random or randomization {No Related Terms} (1900)
14. randomized controlled trial or randomized control trials {Including Related Terms} (3728)
15. randomised controlled trial or randomised control trials {Including Related Terms} (3728)
16. double blind method.mp. (46)
17. double blind procedure.mp. (131)
18. double blind study.mp. (1633)
19. double blind studies.mp. (376)
20. (single blind procedure or single blind method or single blind study or single blind studies or single blind).ab. (904)
21. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (268)
22. clinical or clinical trial or clinical trials {No Related Terms} (3593)
23. controlled clinical trial or controlled clinical trials {No Related Terms} (92)
24. or/8-23 (17007)
25. family intervention$.mp. or Family Intervention/ (2683)
26. famil$.mp. (277783)
27. or/25-26 (277783)
28. expressed emotion.mp. or Expressed Emotion/ (1578)
29. 27 and 28 (961)
30. 7 and 29 (15)
31. limit 30 to yr="2008 - 2011" (1)

CLINICAL QUESTION 26

A. Medline – Ovid interface

See Q25

B. PsycINFO – Ovid interface

See Q25

C. EMBASE – Ovid Interface

See Q25

OTHER SEARCHES (Aboriginal and Torres Strait Islander Peoples)

A. Medline – Ovid interface

SEARCH (BPD, RCT AND ATSI ONLY REPEAT SEARCH)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (4594)
2. Borderline Personality Disorder/ or borderline personality symptom$.mp. (4154)
3. Personality disorder$.sh. or PD$1.ti. or personaltit$.sh. or Personality.sh. or personality disorder$.sh. or personality disorders.sh. (47164)
4. personality dysfunction.mp. (67)
5. Personality Disorders/ or cluster c personality disorder$.mp. (13237)
6. (Borderline or borderline person$ or borderline state or borderline$).sh. (4149)
7. borderline patient$.mp. (836)
8. or/1-7 (50673)
9. RCT or randomized control trials {No Related Terms} (19246)
10. randomised control trials {No Related Terms} (9040)
11. random allocation or random assignment or random sample or random sampling {No Related Terms} (221)
12. random or randomization {No Related Terms} (6343)
13. randomized controlled trial or randomized control trials {No Related Terms} (10447)
14. randomised controlled trial or randomised control trials {No Related Terms} (6511)
15. double blind method or double blind procedure or double blind study or double blind studies or doubleblind or double {No Related Terms} (4060)
16. single blind procedure or single blind method or single blind study or single blind studies or single or single blind or single blind method {No Related Terms} (29)
17. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (1119)
18. clinical or clinical trial or clinical trials {No Related Terms} (11415)
19. controlled clinical trial or controlled clinical trials {No Related Terms} (1311)
20. or/9-19 (60291)
21. Indigenous Australian*.mp. (453)
22. Torres Strait Islander*.mp. (364)
23. Aboriginal Australian*.mp. (225)
24. Aboriginal*.mp. (4405)
25. "Aboriginal*".m_titl. (2326)
26. (Aboriginal adj6 people).mp. [mp=protocol supplementary concept, rare disease supplementary concept, title, original title, abstract, name of substance word, subject heading word, unique identifier] (658)
27. (Aboriginal adj6 people).m_titl. (169)
28. (Aboriginal adj6 Torres Strait Islander*).m_titl. (125)
29. or/21-28 (4768)
30. 8 and 20 and 29 (0)

B. PsycINFO – Ovid interface

SEARCH (BPD, RCT AND ATSI ONLY REPEAT SEARCH)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (5613)
2. (Borderline or borderline person$ or borderline state or borderline$).sh. (7084)
3. borderline patient$.mp. (1813)
4. Borderline Personality Disorder/ or borderline personality symptom$.mp. (2829)
5. Personality Disorders/ or cluster c personality disorder$.mp. (8456)
6. borderline personality disorder {Including Related Terms} (6555)
7. or/1-6 (16995)
8. randomised control trials {No Related Terms} (3457)
9. RCT {Including Related Terms} (3747)
10. random allocation or random assignment or random sample or random sampling {No Related Terms} (43)
11. random allocation or random assignment or random sample or random sampling {Including Related Terms} (450)
12. randomized control trials {No Related Terms} (4874)
13. random or randomization {No Related Terms} (1903)
14. randomized controlled trial or randomized control trials {Including Related Terms} (3747)
15. randomised controlled trial or randomised control trials {Including Related Terms} (3747)
16. double blind method.mp. (46)
17. double blind procedure.mp. (131)
18. double blind study.mp. (1636)
19. double blind studies.mp. (376)
20. (single blind procedure or single blind method or single blind study or single blind studies or single blind).ab. (907)
21. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (268)
22. clinical or clinical trial or clinical trials {No Related Terms} (3614)
23. controlled clinical trial or controlled clinical trials {No Related Terms} (94)
24. or/8-23 (17074)
25. Indigenous Australian*.mp. (189)
26. Torres Strait Islander*.mp. (101)
27. Aboriginal Australian*.mp. (99)
28. Aboriginal*.mp. (1782)
29. "Aboriginal*".m_titl. (738)
30. (Aboriginal adj6 people).mp. (310)
31. (Aboriginal adj6 people).m_titl. (45)
32. (Aboriginal adj6 Torres Strait Islander*).m_titl. (22)
33. or/25-32 (1919)
34. 7 and 24 and 33 (0)

C. EMBASE – Ovid Interface

SEARCH (BPD, RCT AND ATSI ONLY REPEAT SEARCH)

1. 'borderline state'/exp/mj OR 'borderline state'/exp OR 'personality disorder'/exp (40358)
2. 'randomised controlled trial'/exp OR 'systematic review'/exp OR 'meta analysis'/exp OR 'randomization'/exp OR 'random sample'/exp OR 'double blind procedure'/exp OR 'single blind procedure'/exp OR 'crossover procedure'/exp OR 'clinical trial'/exp (940333)
3. 'indigenous people'/exp AND 'australia'/exp (490)
4. 'aborigine'/exp (5614)
5. #3 OR #4 (5973)
6. #1 AND #2 AND #5 (0)

OTHER SEARCHES (Cost-Effectiveness)

A. Medline – Ovid interface

SEARCH (BPD, RCT AND COST ONLY REPEAT SEARCH)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (4594)
2. Borderline Personality Disorder/ or borderline personality symptom$.mp. (4154)
3. Personality disorder$.sh. or PD$1.ti. or personaltit$.sh. or Personality.sh. or personality disorder$.sh. or personality disorders.sh. (47164)
4. personality dysfunction.mp. (67)
5. Personality Disorders/ or cluster c personality disorder$.mp. (13237)
6. (Borderline or borderline person$ or borderline state or borderline$).sh. (4149)
7. borderline patient$.mp. (836)
8. or/1-7 (50673)
9. RCT or randomized control trials {No Related Terms} (19246)
10. randomised control trials {No Related Terms} (9040)
11. random allocation or random assignment or random sample or random sampling {No Related Terms} (221)
12. random or randomization {No Related Terms} (6343)
13. randomized controlled trial or randomized control trials {No Related Terms} (10447)
14. randomised controlled trial or randomised control trials {No Related Terms} (6511)
15. double blind method or double blind procedure or double blind study or double blind studies or doubleblind or double {No Related Terms} (4060)
16. single blind procedure or single blind method or single blind study or single blind studies or single or single blind or single blind method {No Related Terms} (29)
17. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (1119)
18. clinical or clinical trial or clinical trials {No Related Terms} (11415)
19. controlled clinical trial or controlled clinical trials {No Related Terms} (1311)
20. or/9-19 (60291)
21. "cost effective*".m_titl. (12543)
22. Cost-Benefit Analysis/ or cost effective*.mp. (84000)
23. cost effectiveness.mp. or Cost-Benefit Analysis/ (60319)
24. or/21-23 (84000)
25. 8 and 20 and 24 (9)
26. limit 25 to yr="2008 - 2011" (7)

B. PsycINFO – Ovid interface

SEARCH (BPD, RCT AND COST ONLY REPEAT SEARCH)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (5613)
2. (Borderline or borderline person$ or borderline state or borderline$).sh. (7084)
3. borderline patient$.mp. (1813)
4. Borderline Personality Disorder/ or borderline personality symptom$.mp. (2829)
5. Personality Disorders/ or cluster c personality disorder$.mp. (8456)
6. borderline personality disorder {Including Related Terms} (6555)
7. or/1-6 (16995)
8. randomised control trials {No Related Terms} (3457)
9. RCT {Including Related Terms} (3747)
10. random allocation or random assignment or random sample or random sampling {No Related Terms} (43)
11. random allocation or random assignment or random sample or random sampling {Including Related Terms} (450)
12. randomized control trials {No Related Terms} (4874)
13. random or randomization {No Related Terms} (1903)
14. randomized controlled trial or randomized control trials {Including Related Terms} (3747)
15. randomised controlled trial or randomised control trials {Including Related Terms} (3747)
16. double blind method.mp. (46)
17. double blind procedure.mp. (131)
18. double blind study.mp. (1636)
19. double blind studies.mp. (376)
20. (single blind procedure or single blind method or single blind study or single blind studies or single blind).ab. (907)
21. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (268)
22. clinical or clinical trial or clinical trials {No Related Terms} (3614)
23. controlled clinical trial or controlled clinical trials {No Related Terms} (94)
24. or/8-23 (17074)
25. “cost effective*”.m_titl. (1231)
26. Cost-Benefit Analysis/ or cost effective*.mp. (7533)
27. cost effectiveness.mp. or Cost-Benefit Analysis/ (4162)
28. cost effectiveness.mp. or “Costs and Cost Analysis”/ (11757)
29. or/25-28 (14879)
30. 7 and 24 and 29 (6)
31. limit 30 to yr=”2008 - 2011” (6)

C. EMBASE – Ovid Interface

SEARCH (BPD, RCT AND COST ONLY REPEAT SEARCH)

1. 'borderline state'/exp/mj OR 'borderline state'/exp OR 'personality disorder'/exp (40358)
2. 'randomised controlled trial'/exp OR 'systematic review'/exp OR 'meta analysis'/exp OR 'randomization'/exp OR 'random sample'/exp OR 'double blind procedure'/exp OR 'single blind procedure'/exp OR 'crossover procedure'/exp OR 'clinical trial'/exp (940333)
3. 'cost effectiveness analysis'/exp (72532)
4. #1 AND #2 AND #3 (48)
5. #1 AND #2 AND #3 AND [2008-2011]/py (20)

OTHER SEARCHES (NICE Search)

A. Medline – Ovid interface

SEARCH (ADDITIONAL STRING SEARCH NICE TERMS PAGE 307)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (4578)
2. Personality Disorder/ or borderline personality symptom$.mp. (4140)
3. Personality disorder$.sh. or PD$1.ti. or personaltit$.sh. or Personality.sh. or personality disorder$.sh. or personality disorders.sh. (47068)
4. personality dysfunction.mp. (67)
5. Personality Disorders/ or cluster c personality disorder$.mp. (13213)
6. (Borderline or borderline person$ or borderline state or borderline$).sh. (4135)
7. borderline patient$.mp. (834)
8. Assertive community treatment.mp. (413)
9. case management.m_titl. (2555)
10. case management.mp. or Case Management/ (10643)
11. hospital-based rehabilitation.mp. (59)
12. hospital-based rehabilitation.m_titl. (15)
13. standard care.mp. (2534)
14. standard care.m_titl. (143)
15. Community mental health teams.m_titl. (37)
16. home based care.m_titl. (80)
17. day hospital.m_titl. (797)
18. (Crisis resolution and home treatment teams).m_titl. (2)
19. hospital care.m_titl. (1747)
20. outpatient care.m_titl. (610)
21. RCT or randomized control trials {No Related Terms} (19044)
22. randomised control trials {No Related Terms} (8992)
23. random allocation or random assignment or random sample or random sampling {No Related Terms} (221)
24. random or randomization {No Related Terms} (6325)
25. randomized controlled trial or randomized control trials {No Related Terms} (10385)
26. randomised controlled trial or randomised control trials {No Related Terms} (6477)

27. double blind method or double blind procedure or double blind study or double blind studies or doubleblind or double {No Related Terms} (4054)
28. single blind procedure or single blind method or single blind study or single blind studies or single or single blind or single blind method {No Related Terms} (28)
29. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (1115)
30. clinical or clinical trial or clinical trials {No Related Terms} (11402)
31. controlled clinical trial or controlled clinical trials {No Related Terms} (1310)
32. or/1-7 (50564)
33. or/8-20 (16666)
34. or/21-31 (59980)
35. 32 and 33 and 34 (7)
36. limit 35 to yr="2008 - 2011" (3)

B. PsycINFO – Ovid interface

SEARCH 2.5 (ADDITIONAL STRING SEARCH NICE TERMS PAGE 307)

1. borderline personality disorder.mp. or Borderline Personality Disorder/ (5582)
2. (Borderline or borderline person$ or borderline state or borderline$).sh. (7058)
3. borderline patient$.mp. (1808)
4. Borderline Personality Disorder/ or borderline personality symptom$.mp. (2809)
5. Personality Disorders/ or cluster c personality disorder$.mp. (8421)
6. borderline personality disorder {Including Related Terms} (6524)
7. or/1-6 (16922)
8. Assertive community treatment.m_titl. (256)
9. case management.mp. or Case Management/ (4287)
10. hospital-based rehabilitation.mp. (25)
11. hospital-based rehabilitation.m_titl. (4)
12. standard care.mp. (686)
13. standard care.m_titl. (21)
14. standard care.mp. (686)
15. standard care.m_titl. (21)
16. home based care.mp. (143)
17. home based care.m_titl. (24)
18. home based care.mp. (143)
19. (Crisis resolution and home treatment teams).m_titl. (7)
20. hospital care.mp. (1145)
21. outpatient care.mp. (872)
22. outpatient care.m_titl. (111)
23. or/8-22 (7232)
24. randomised control trials {No Related Terms} (3438)
25. RCT {Including Related Terms} (3724)
26. random allocation or random assignment or random sample or random sampling {No Related Terms} (43)

27. random allocation or random assignment or random sample or random sampling {Including Related Terms} (448)
28. randomized control trials {No Related Terms} (4837)
29. random or randomization {No Related Terms} (1899)
30. randomized controlled trial or randomized control trials {Including Related Terms} (3724)
31. randomised controlled trial or randomised control trials {Including Related Terms} (3724)
32. double blind method.mp. (46)
33. double blind procedure.mp. (131)
34. double blind study.mp. (1631)
35. double blind studies.mp. (376)
36. (single blind procedure or single blind method or single blind study or single blind studies or single blind).ab. (903)
37. crossover or crossover design or crossover procedure or cross over studies {No Related Terms} (268)
38. clinical or clinical trial or clinical trials {No Related Terms} (3590)
39. controlled clinical trial or controlled clinical trials {No Related Terms} (92)
40. or/24-39 (16985)
41. 7 and 23 and 40 (3)

C. EMBASE – Ovid Interface

SEARCH (ADDITIONAL STRING SEARCH NICE PAGE 307)

1. 'randomised controlled trial'/exp(284231)
2. 'randomised controlled trial'/exp OR 'randomization'/exp OR 'random sample'/exp OR 'double blind procedure'/exp OR 'single blind procedure'/exp OR 'crossover procedure'/exp OR 'clinical trial'/exp OR 'systematic review'/exp OR 'meta analysis'/exp(937938)
3. 'randomization'/exp OR 'random sample'/exp(55817)
4. 'double blind procedure'/exp OR 'single blind procedure'/exp OR 'crossover procedure'/exp(129034)
5. 'clinical trial'/exp(855042)
6. #1 OR #2 OR #3 OR #4 OR #5(937938)
7. 'borderline state'/exp/mj OR 'borderline state'/exp OR 'personality disorder'/exp(40155)
8. 'assertive community treatment' AND [2008-2011]/py(177)
9. 'assertive community treatment'(562)
10. 'case management'/exp OR 'case management'(11319)
11. 'hospital'/exp OR hospital AND ('based'/exp OR based) AND ('rehabilitation'/exp OR rehabilitation)(26962)
12. 'standard'/exp OR standard AND care(620254)
13. 'community'/exp OR community AND mental AND ('health'/exp OR health) AND teams(1750)
14. 'home'/exp OR home AND ('based'/exp OR based) AND care(29057)
15. day AND ('hospital'/exp OR hospital)(214472)
16. crisis AND resolution AND ('home'/exp OR home) AND treatment AND teams(44)
17. 'outpatient'/exp OR outpatient AND care(108835)
18. assertive AND outreach(270)
19. 'partial hospitalization'(511)

20. residential AND ('psychotherapy'/exp OR psychotherapy)(1605)
21. 'inpatient'/exp OR inpatient AND ('psychotherapy'/exp OR psychotherapy)(3886)
22. care AND ('planning'/exp OR planning)(302048)
23. service AND ('organization'/exp OR organization)(860595)
24. service AND ('planning'/exp OR planning)(217743)
25. 'health'/exp OR health AND care AND ('delivery'/exp OR delivery)(1491807)
26. #8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23 OR #24 OR #25(2675695)
27. #6 AND #7 AND #26(745)
28. #6 AND #7 AND #26 AND [2008-2011]/py(210)

Appendix E: Systematic Review – included studies

Ball, S. A., MacCarelli, L. M., Lapaglia, D. M., & Ostrowski, M. J. (2011). Randomized trial of dual-focused Vs. Single-focused individual therapy for personality disorders and substance dependence. *Journal of Nervous and Mental Disease, 199*(5), 319-328.

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Appendix F: Meta-analysis – included studies and study characteristics

F.1: Psychological studies

Included psychological treatment papers				Characteristics of total sample			
Author, date	Treatment	Control	Treatment length (weeks)	N	Av. age	Males (%)	BPD (%)
Bateman et al. 1999	Mentalisation-based treatment	Standard psychiatric care	78	38	32	42	100
Bateman et al. 2009	Mentalisation-based treatment	TAU	78	134	40	20	100
Blum et al. 2008	STEPPS	TAU	20	137	32	19	100
Bohus et al. 2004	DBT	TAU/waitlist	16	50	29	0	100
Bos et al. 2010	STEPPS	Individual therapy	18	52	32	14	100
Carter et al. 2010	DBT	Waitlist/TAU	24	73	25	0	100
Davidson et al. 2006	CBT	TAU	52	99	32	16	100
Doering et al. 2010	Transference-focused psychotherapy	Treatment by community psychotherapists	52	104	27	0	100
Farrell et al. 2009	SFT	Individual therapy	30	28	36	0	100
Gregory et al. 2010	Dynamic deconstructive psychotherapy	Optimized community care	52	19	29	20	100
Koons et al. 2001	DBT	Individual therapy	26	20	35	0	100
Kramer et al. 2011	Motive orientated therapeutic relationship	TAU	10	25	31	32	100
Linehan et al. 1991	DBT	TAU	52	26	27	0	100
Linehan et al 1994	DBT	TAU	52	26	27	0	100
Linehan et al. 2006	DBT	TAU	52	89	29	0	100
Soler et al. 2009	DBT skills training	Standard group therapy	13	60	29	17	100
Turner 2000	DBT	Community client-centred therapy	52	24	22	21	100
Weinberg et al. 2006	MACT	TAU	6	30	28	0	100

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F.2: Pharmacological studies

Included pharmacotherapy papers				Characteristics of total sample			
Author, date	Treatment	Control	Treatment length (weeks)	N	Av. age	Males (%)	BPD (%)
Bogenschutz et al. 2004	Olanzapine	Placebo	12	34	33	38	100
Cornelius et al. 1993	Phenelzine	Placebo	16	40	28	26	100
de la Fuente et al. 1994	Cabamazepine	Placebo	5	20	32	30	100
Eli Lilly #6253	Olanzapine	Placebo	12	274	33	26	100
Frankenburg et al. 2002	Divalproex	Placebo	26	30	27	0	100
Hollander et al. 2001	Divalproex	Placebo	10	16	39	48	100
Loew et al. 2006	Topiramate	Placebo	10	56	25	0	100
Nickel et al. 2004	Topiramate	Placebo	8	29	26	0	100
Nickel et al. 2005	Topiramate	Placebo	8	42	29	100	100
Nickel et al. 2006	Aripiprazole	Placebo	8	52	22	17	100
Pascual et al. 2008	Ziprasidone	Placebo	12	60	29	18	100
Reich et al. 2009	Lamotrigine	Placebo	12	27	32	11	100
Rinne et al. 2002	Fluvoxamine	Placebo	6	38	29	0	100
Schulz et al. 2008	Olanzapine	Placebo	12	283	32	29	100
Soloff et al. 1993	Haloperidol	Placebo	5	58	27	24	100
Tritt et al. 2005	Lamotrigine	Placebo	8	27	29	0	100
Zanarini et al. 2001	Olanzapine	Placebo	36	28	27	0100	100

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Appendix G: Meta-analysis – included/excluded scales in included studies

G.1 Psychological studies

Anger – INCLUDED:

Study name	Scale name
Bohus et al. 2004, DBT vs. TAU/waitlist	State-Trait Anger Expression Inventory
Koons et al. 2001, DBT vs. individual therapy	Spielberger Anger Expression Scale – anger out
Linehan et al. 1994, DBT vs. TAU	State-Trait Anger Expression Inventory – trait anger
Soler et al. 2009, DBT skills training vs. standard group therapy	Clinical Global Impression of Severity – BPD Anger
Turner 2000, DBT vs. community client-centred therapy	Target Behavior Rating – anger

Anger – EXCLUDED:

Study name	Scale name
Koons et al. 2001, DBT vs. individual therapy	Spielberger Anger Expression Scale – anger in

Anxiety (defined as state anxiety, rather than trait anxiety) – INCLUDED:

Study name	Scale name
Bateman et al. 1999, Mentalisation-based treatment vs. standard psychiatric care	State-Trait-Anxiety Inventory – state subscale
Bohus et al. 2004, DBT vs. TAU/waitlist	Hamilton Anxiety Rating Scale
Davidson et al. 2006, CBT vs. TAU	State-Trait-Anxiety Inventory – state subscale
Doering et al. 2010, Transference-focused psychotherapy vs. treatment by community psychotherapists	State-Trait-Anxiety Inventory – state subscale
Koons et al. 2001, DBT vs. individual therapy	Hamilton Anxiety Rating Scale
Soler et al. 2009, DBT skills training vs. standard group therapy	Hamilton Anxiety Rating Scale
Turner 2000, DBT vs. community client-centred therapy	Beck Anxiety Inventory

Anxiety (defined as state anxiety, rather than trait anxiety) – EXCLUDED:

Study name	Scale name
Bohus et al. 2004, DBT vs. TAU/waitlist	State-Trait-Anxiety Inventory
Bateman et al. 1999, Mentalisation-based treatment vs. standard psychiatric care	State-Trait-Anxiety Inventory – trait subscale
Davidson et al. 2006, CBT vs. TAU	State-Trait-Anxiety Inventory – trait subscale
Doering et al. 2010, Transference-focused psychotherapy vs. treatment by community psychotherapists	State-Trait-Anxiety Inventory – trait subscale

BPD specific symptoms – INCLUDED:

Study name	Scale name
Blum et al. 2008, STEPPS vs. TAU	Zanarini Rating Scale for BPD
Bos et al. 2010, STEPPS vs. individual therapy	Borderline Personality Disorder checklist–40
Doering et al. 2010, Transference-focused psychotherapy vs. treatment by community psychotherapists	No. of DSM-IV diagnostic criteria for BPD
Farrell et al. 2009, SFT vs. individual therapy	Borderline Syndrome Index
Gregory et al. 2010, Dynamic deconstructive psychotherapy vs. optimized community care	Borderline Evaluation of Severity Over Time
Koons et al. 2001, DBT vs. individual therapy	DSM – no. of BPD criteria
Soler et al. 2009, DBT skills training vs. standard group therapy	CGI–BPD Global

BPD specific symptoms – EXCLUDED:

Study name	Scale name
Blum et al. 2008, STEPPS vs. TAU	Borderline Evaluation of Severity Over Time Scale
Farrell et al. 2009, SFT vs. individual therapy	Diagnostic Interview for BPD-R – affect
Farrell et al. 2009, SFT vs. individual therapy	Diagnostic Interview for BPD-R – cognition
Farrell et al. 2009, SFT vs. individual therapy	Diagnostic Interview for BPD-R – impulses
Soler et al. 2009, DBT skills training vs. standard group therapy	Clinical Global Impression of Severity – Global Improv-Patient

Depression (self-report used if available due to majority of BDI) – INCLUDED:

Study name	Scale name
Bateman et al. 1999, Mentalisation-based treatment vs. standard psychiatric care	Beck Depression Inventory
Bateman et al 2009, Mentalisation-based treatment vs. Structured Clinical Management	Beck depression inventory
Blum et al. 2008, STEPPS vs. TAU	Beck Depression Inventory
Davidson et al. 2006, CBT vs. TAU	Beck Depression Inventory

Study name	Scale name
Doering et al. 2010, Transference-focused psychotherapy vs. treatment by community psychotherapists	Beck Depression Inventory
Gregory et al. 2010, Dynamic deconstructive psychotherapy vs. optimized community care	Beck Depression Inventory
Koons et al. 2001, DBT vs. individual therapy	Beck Depression Inventory
Linehan et al. 2006, DBT vs. TAU	Hamilton Depression Rating Scale
Soler et al. 2009, DBT skills training vs. standard group therapy	Hamilton Depression Rating Scale
Turner 2000, DBT vs. community client-centred therapy	Beck Depression Inventory

Depression (self-report used if available due to majority of BDI) – EXCLUDED:

Study name	Scale name
Koons et al. 2001, DBT vs. individual therapy	Hamilton Depression Rating Scale
Turner 2000, DBT vs. community client-centred therapy	Hamilton Depression Rating Scale

General functioning – INCLUDED:

Study name	Scale name
Blum et al. 2008, STEPPS vs. TAU	Global Assessment Scale
Bohus et al. 2004, DBT vs. TAU/waitlist	Global Assessment of Functioning
Bos et al. 2010, STEPPS vs. individual therapy	WHOQoL overall and general health
Carter et al. 2010, DBT vs. waitlist/TAU	Brief Disability Questionnaire days out of role
Davidson et al. 2006, CBT vs. TAU	EuroQoL
Doering et al. 2010, Transference-focused psychotherapy vs. treatment by community psychotherapists	Global Assessment of Functioning
Farrell et al. 2009, SFT vs. individual therapy	Global Assessment of Functioning
Gregory et al. 2010, Dynamic deconstructive psychotherapy vs. optimized community care	Days employed prior month
Linehan et al. 1994, DBT vs. TAU	Global Assessment Scale

General functioning – EXCLUDED:

Study name	Scale name
Carter et al. 2010, DBT vs. waitlist/TAU	Brief Disability Questionnaire days in bed
Linehan et al. 1991, DBT vs. TAU	Social Adjustment Scale – Longitudinal Interval Follow-up Evaluation global life satisfaction

General psychopathology (SCL-90-R if available) – INCLUDED:

Study name	Scale name
Bateman et al. 1999, Mentalisation-based treatment vs. standard psychiatric care	Symptom Checklist 90–R GSI
Bateman et al. 2009, Mentalization-based treatment vs. TAU	Symptom Checklist 90–R GSI
Blum et al. 2008, STEPPS vs. TAU	Symptom Checklist 90–R GSI
Bohus et al. 2004, DBT vs. TAU/waitlist	Symptom Checklist 90–R GSI
Bos et al. 2010, STEPPS vs. individual therapy	Symptom Checklist 90–R GSI
Carter et al. 2010, DBT vs. waitlist/TAU	WHOQoL-BREF Psychological domain
Davidson et al. 2006, CBT vs. TAU	Brief Symptom Inventory – GSI
Doering et al. 2010, Transference-focused psychotherapy vs. treatment by community psychotherapists	Brief Symptom Inventory – GSI
Farrell et al. 2009, SFT vs. individual therapy	Symptom Checklist 90–R GSI
Kramer et al. 2011, TAU +/- motive orientated therapeutic relationship	Outcome Questionnaire–45
Soler et al. 2009, DBT skills training vs. standard group therapy	Symptom Checklist 90–R

General psychopathology (SCL-90-R if available) – EXCLUDED:

Study name	Scale name
Bateman et al. 1999, Mentalisation-based treatment vs. standard psychiatric care	Symptom Checklist 90–R – positive symptoms
Blum et al. 2008, STEPPS vs. TAU	CGI improvement rating
Blum et al. 2008, STEPPS vs. TAU	CGI patient self-rating
Blum et al. 2008, STEPPS vs. TAU	CGI severity rating
Blum et al. 2008, STEPPS vs. TAU	PANAS negative affectivity
Blum et al. 2008, STEPPS vs. TAU	PANAS positive affectivity
Bos et al. 2010, STEPPS vs. individual therapy	WHOQoL Psychological Health
Davidson et al. 2006, CBT vs. TAU	Brief Symptom Inventory – Positive Symptom Distress Index
Davidson et al. 2006, CBT vs. TAU	Brief Symptom Inventory – Positive Symptom Total
Kramer et al. 2011, TAU +/- motive orientated therapeutic relationship	OQ– symptoms
Soler et al. 2009, DBT skills training vs. standard group therapy	BPRS

Hospitalisation (days in hospital if available) – INCLUDED:

Study name	Scale name
Bateman et al. 2009, Mentalization-based treatment vs. TAU	Days in hospital
Carter et al. 2010, DBT vs. waitlist/TAU	Days in hospital
Davidson et al. 2006, CBT vs. TAU	self-report – number of psych admissions
Doering et al. 2010, Transference-focused psychotherapy vs. treatment by community psychotherapists	Days in psychiatric hospital
Turner 2000, DBT vs. community client-centred therapy	self-report – days hospitalised

Hospitalisation (days in hospital if available) – EXCLUDED:

Study name	Scale name
Bateman et al. 2009, Mentalization-based treatment vs. TAU	Psychiatric hospitalisation
Carter et al. 2010, DBT vs. waitlist/TAU	No. hospital presentations without admission
Carter et al. 2010, DBT vs. waitlist/TAU	No. hospital admissions
Davidson et al. 2006, CBT vs. TAU	self-report – number A&E contacts
Doering et al. 2010, Transference-focused psychotherapy vs. treatment by community psychotherapists	No. of psychiatric inpatient admissions during psychotherapy

Self-harm and suicide attempt – INCLUDED:

Note: these two were not distinguished, according to EuroWHO definitions. Measures of frequency included preferentially; if suicide attempts and self-harm distinguished then self-harm was included preferentially.

Study name	Scale name
Bateman et al. 2009, Mentalization-based treatment vs. TAU	Hospital admissions, suicidal and self-injurious episodes
Carter et al. 2010, DBT vs. waitlist/TAU	No. self-harm episodes in previous 3 months
Davidson et al. 2006, CBT vs. TAU	No. of suicidal acts
Doering et al. 2010, Transference-focused psychotherapy vs. treatment by community psychotherapists	Self-harming during psychotherapy
Gregory et al. 2010, Dynamic deconstructive psychotherapy vs. optimized community care	Parasuicides per month
Koons et al. 2001, DBT vs. individual therapy	Parasuicide History Interview
Linehan et al. 2006, DBT vs. TAU	Medical risk – suicide attempt + self-injury
Linehan et al. 1991, DBT vs. TAU	Parasuicidal history interview
Soler et al. 2009, DBT skills training vs. standard group therapy	Clinical Global Impression of Severity-BPD Suicide
Turner 2000, DBT vs. community client-centred therapy	No. self-harm or suicidal acts – self-report
Weinberg et al. 2006, MACT vs. TAU	Parasuicide History Interview – self-harm frequency

Self-harm and suicide attempt – EXCLUDED:

Note: these two were not distinguished, according to EuroWHO definitions. Measures of frequency included preferentially; if suicide attempts and self-harm distinguished then self-harm was included preferentially.

Study name	Scale name
Bateman et al. 2009, Mentalization-based treatment vs. TAU	Severe self-harm attempts
Bateman et al. 2009, Mentalization-based treatment vs. TAU	Life-threatening suicide attempts
Doering et al. 2010, Transference-focused psychotherapy vs. treatment by community psychotherapists	Suicide attempts during psychotherapy
Turner 2000, DBT vs. community client-centred therapy	Target Behavior Rating – parasuicide frequency
Weinberg et al. 2006, MACT vs. TAU	Parasuicide History Interview – self-harm severity

Social and interpersonal functioning – Inventory of Interpersonal Problems included preferentially as most common – INCLUDED:

Study name	Scale name
Bateman et al. 1999, Mentalisation-based treatment vs. standard psychiatric care	Inventory of Interpersonal Problems
Bateman et al. 2009, Mentalization-based treatment vs. TAU	Inventory of Interpersonal Problems
Blum et al. 2008, STEPPS vs. TAU	Social Adjustment Scale
Bohus et al. 2004, DBT vs. TAU/waitlist	Inventory of Interpersonal Problems
Bos et al. 2010, STEPPS vs. individual therapy	WHOQoL Social relationships
Carter et al. 2010, DBT vs. waitlist/TAU	WHOQoL-BREF Social domain
Davidson et al. 2006, CBT vs. TAU	Inventory of Interpersonal Problems 32
Farrell et al. 2009, SFT vs. individual therapy	Diagnostic Interview for BPD-R – interpersonal
Gregory et al. 2010, Dynamic deconstructive psychotherapy vs. optimized community care	Perceived social support
Kramer et al. 2011, TAU +/- motive orientated therapeutic relationship	Outcome Questionnaire-45 – interpersonal problems
Linehan et al. 1994, DBT vs. TAU	Social Adjustment Scale – Self-report social adjustment
Soler et al. 2009, DBT skills training vs. standard group therapy	Clinical Global Impression of Severity – BPD Unstable Relations

Social and interpersonal functioning – Inventory of Interpersonal Problems included preferentially as most common – EXCLUDED:

Study name	Scale name
Bateman et al. 2009, Mentalization-based treatment vs. TAU	Social adjustment problems
Bateman et al. 2009, Mentalization-based treatment vs. TAU	Social Adjustment Scale – self-report
Davidson et al. 2006, CBT vs. TAU	Social Functioning Questionnaire

Study name	Scale name
Kramer et al. 2011, TAU +/- motive orientated therapeutic relationship	Outcome Questionnaire-45 – social role
Linehan et al. 1991, DBT vs. TAU	Social Adjustment Scale – Longitudinal Interval Follow-up Evaluation social adjustment
Soler et al. 2009, DBT skills training vs. standard group therapy	SCL-90-R Interpersonal Sensitivity

Suicidal ideation – INCLUDED:

Study name	Scale name
Koons et al. 2001, DBT vs. individual therapy	Beck Scale for Suicidal Ideation
Turner 2000, DBT vs. community client-centred therapy	Beck Suicide Ideation Scale
Linehan et al. 2006, DBT vs. TAU	Suicide Behaviours Questionnaire (ideation)
Weinberg et al. 2006, MACT vs. TAU	Suicide Behaviours Questionnaire (ideation)

Suicidal ideation – EXCLUDED:

Study name	Scale name	
Linehan et al. 2006, DBT vs. TAU	Reasons for Living Inventory (total item score)	104 week follow-up

G.2 Pharmacological studies

Anger – INCLUDED:

Study name	Scale name
Bogenschultz et al. 2004, Olanzapine vs. placebo	Overt Aggression Scale
Eli Lilly #6253, Olanzapine vs. placebo	Overt Aggression Scale – Modified aggression
Frankenburg et al. 2002, Divalproex vs. placebo	Overt Aggression Scale – Modified aggression
Hollander et al. 2001, Divalproex vs. placebo	Overt Aggression Scale – Modified aggression
Nickel et al. 2004, Topiramate vs. placebo	STAXI – trait anger subscale
Nickel et al. 2005, Topiramate vs. placebo	STAXI – trait anger subscale
Nickel et al. 2006, Aripiprazole vs. placebo	STAXI – trait anger subscale
Pascual et al. 2008, Ziprasidone vs. placebo	Clinical Global Impressions – BPD – anger subscale
Rinne et al. 2002, Fluvoxamine vs. placebo	BPD severity index – anger subscale
Schulz et al. 2008, Olanzapine vs. placebo	Overt Aggression Scale Scale – Modified aggression
Tritt et al. 2005, Lamotrigine vs. placebo	STAXI – trait anger subscale

Anger – EXCLUDED:

Study name	Scale name
Hollander et al. 2001, Divalproex vs. placebo	Aggression Questionnaire
Nickel et al. 2004, Topiramate vs. placebo	STAXI – state anger subscale
Nickel et al. 2004, Topiramate vs. placebo	STAXI – anger in
Nickel et al. 2004, Topiramate vs. placebo	STAXI – anger out
Nickel et al. 2004, Topiramate vs. placebo	STAXI – anger control
Nickel et al. 2005, Topiramate vs. placebo	STAXI – state anger subscale
Nickel et al. 2005, Topiramate vs. placebo	STAXI – anger in
Nickel et al. 2005, Topiramate vs. placebo	STAXI – anger out
Nickel et al. 2005, Topiramate vs. placebo	STAXI – anger control
Nickel et al. 2006, Aripiprazole vs. placebo	STAXI – state anger subscale
Nickel et al. 2006, Aripiprazole vs. placebo	STAXI – anger in
Nickel et al. 2006, Aripiprazole vs. placebo	STAXI – anger out
Nickel et al. 2006, Aripiprazole vs. placebo	STAXI – anger control
Nickel et al. 2008, Topiramate vs. placebo	STAXI – state anger subscale
Nickel et al. 2008, Topiramate vs. placebo	STAXI – trait anger subscale
Nickel et al. 2008, Topiramate vs. placebo	STAXI – anger in
Nickel et al. 2008, Topiramate vs. placebo	STAXI – anger out
Nickel et al. 2008, Topiramate vs. placebo	STAXI – anger control
Nickel et al. 2008, Topiramate vs. placebo	STAXI – state anger subscale
Nickel et al. 2008, Topiramate vs. placebo	STAXI – trait anger subscale
Nickel et al. 2008, Topiramate vs. placebo	STAXI – anger in
Nickel et al. 2008, Topiramate vs. placebo	STAXI – anger out
Nickel et al. 2008, Topiramate vs. placebo	STAXI – anger control
Nickel et al. 2008, Topiramate vs. placebo	STAXI – state anger subscale
Nickel et al. 2008, Topiramate vs. placebo	STAXI – anger in
Nickel et al. 2008, Topiramate vs. placebo	STAXI – anger out
Nickel et al. 2008, Topiramate vs. placebo	STAXI – anger control
Schulz et al. 2008, Olanzapine vs. placebo	ZAN-BPD Intense anger subscale
Tritt et al. 2005, Lamotrigine vs. placebo	STAXI – state anger subscale
Tritt et al. 2005, Lamotrigine vs. placebo	STAXI – anger in
Tritt et al. 2005, Lamotrigine vs. placebo	STAXI – anger out
Tritt et al. 2005, Lamotrigine vs. placebo	STAXI – anger control
Leiberich et al. 2008, Lamotrigine vs. placebo	Anger-in
Leiberich et al. 2008, Lamotrigine vs. placebo	Anger-out
Leiberich et al. 2008, Lamotrigine vs. placebo	State Anger

Anxiety – INCLUDED:

Study name	Scale name
Bogenschutz et al. 2004, Olanzapine vs. placebo	SCL-90 anxiety subscale
de la Fuente et al. 1994, Cabamazepine vs. placebo	SCL-90 general anxiety
Loew et al. 2006, Topiramate vs. placebo	SCL-90 anxiety subscale
Nickel et al. 2006, Aripiprazole vs. placebo	SCL-90-R anxiety subscale
Pascual et al. 2008, Ziprasidone vs. placebo	Hamilton Anxiety Rating Scale
Soloff et al. 1993, Haloperidol vs. placebo	SCL-90 anxiety
Soloff et al. 1993, Phenelzine vs. placebo	SCL-90 anxiety

Anxiety – EXCLUDED:

Study name	Scale name
de la Fuente et al. 1994, Cabamazepine vs. placebo	SCL-90 phobic anxiety
Nickel et al. 2006, Aripiprazole vs. placebo	Hamilton Anxiety Rating Scale

BPD specific symptoms – INCLUDED:

Study name	Scale name
Cornelius et al. 1993, Haloperidol vs. placebo	Schizotypal Symptom Inventory
Cornelius et al. 1993, Phenelzine vs. placebo	Schizotypal Symptom Inventory
Eli Lilly #6253, Olanzapine vs placebo	ZAN BPD
Pascual et al. 2008, Ziprasidone vs. placebo	Clinical Global Impressions – BPD
Reich et al. 2009, Lamotrigine vs. placebo	ZAN-BPD
Rinne et al. 2002, Fluvoxamine vs. placebo	BPD severity index – rapid mood shifts
Schulz et al. 2008, Olanzapine vs. placebo	ZAN-BPD
Soloff et al. 1993, Haloperidol vs. placebo	Borderline Syndrome Index
Soloff et al. 1993, Phenelzine vs. placebo	Borderline Syndrome Index

BPD specific psychopathology – EXCLUDED:

Study name	Scale name
Reich et al. 2009, Lamotrigine vs. placebo	Affective Labiality Scale

Depression – INCLUDED:

Study name	Scale name
Bogenschutz et al. 2004, Olanzapine vs. placebo	SCL-90 depression subscale
Cornelius et al. 1993, Haloperidol vs. placebo	Beck Depression Inventory
Cornelius et al. 1993, Phenelzine vs. placebo	Beck Depression Inventory

Study name	Scale name
de la Fuente et al. 1994, Cabamazepine vs. placebo	Hamilton Depression Rating Scale
Frankenburg et al. 2002, Divalproex vs. placebo	SCL-90 depression
Hollander et al. 2001, Divalproex vs. placebo	Beck Depression Inventory
Loew et al. 2006, Topiramate vs. placebo	SCL-90 depression subscale
Nickel et al. 2006, Aripiprazole vs. placebo	Hamilton Depression Rating Scale
Pascual et al. 2008, Ziprasidone vs. placebo	Hamilton Depression Rating Scale
Schulz et al. 2008, Olanzapine vs. placebo	Montgomery–Asberg Depression Rating Scale
Soloff et al. 1993, Haloperidol vs. placebo	Beck Depression Inventory
Soloff et al. 1993, Phenelzine vs. placebo	Beck Depression Inventory

Depression – EXCLUDED:

Study name	Scale name
Cornelius et al. 1993, Haloperidol vs. placebo	Hamilton Depression Rating Scale
Cornelius et al. 1993, Haloperidol vs. placebo	Atypical Depression Inventory
Cornelius et al. 1993, Phenelzine vs. placebo	Hamilton Depression Rating Scale
Cornelius et al. 1993, Phenelzine vs. placebo	Atypical Depression Inventory
de la Fuente et al. 1994, Cabamazepine vs. placebo	SCL-90 depression
Nickel et al. 2006, Aripiprazole vs. placebo	SCL-90 depression subscale
Soloff et al. 1993, Haloperidol vs. placebo	Hamilton Depression Rating Scale
Soloff et al. 1993, Haloperidol vs. placebo	SCL-90 depression
Soloff et al. 1993, Haloperidol vs. placebo	Atypical Depression Inventory – total
Soloff et al. 1993, Phenelzine vs. placebo	Hamilton Depression Rating Scale
Soloff et al. 1993, Phenelzine vs. placebo	SCL-90 depression
Soloff et al. 1993, Phenelzine vs. placebo	Atypical Depression Inventory – total

General functioning – INCLUDED:

Study name	Scale name
Cornelius et al. 1993, Haloperidol vs. placebo	Global Assessment Scale
Cornelius et al. 1993, Phenelzine vs. placebo	Global Assessment Scale
de la Fuente et al. 1994, Cabamazepine vs. placebo	Global Assessment Scale
Eli Lilly #6253, Olanzapine vs. placebo	Sheehan Disability Scale total score
Schulz et al. 2008, Olanzapine vs. placebo	Sheehan Disability Scale total score
Soloff et al. 1993, Haloperidol vs. placebo	Global Assessment Scale
Soloff et al. 1993, Phenelzine vs. placebo	Global Assessment Scale

NB: There were no excluded studies for general functioning.

General psychopathology – INCLUDED:

Study name	Scale name
Cornelius et al. 1993, Haloperidol vs. placebo	Inpatient Multidimensional Psychiatric Scale
Cornelius et al. 1993, Phenelzine vs. placebo	Inpatient Multidimensional Psychiatric Scale
de la Fuente et al. 1994, Cabamazepine vs. placebo	Symptom Checklist 90-R GSI
Eli Lilly #6253, Olanzapine vs placebo	Symptom Checklist 90-R GSI
Loew et al. 2006, Topiramate vs. placebo	Symptom Checklist 90-R GSI
Nickel et al. 2006, Aripiprazole vs. placebo	Symptom Checklist 90-R GSI
Pascual et al. 2008, Ziprasidone vs. placebo	Symptom Checklist 90-R GSI
Schulz et al. 2008, Olanzapine vs. placebo	Symptom Checklist 90-R GSI
Soloff et al. 1993, Haloperidol vs. placebo	Symptom Checklist 90-R GSI
Soloff et al. 1993, Phenelzine vs. placebo	Symptom Checklist 90-R GSI

General psychopathology – EXCLUDED:

Study name	Scale name
de la Fuente et al. 1994, Cabamazepine vs. placebo	Brief Psychiatric Rating Scale
Pascual et al. 2008, Ziprasidone vs. placebo	Brief Psychiatric Rating Scale

Hostility – INCLUDED:

Study name	Scale name
Cornelius et al. 1993, Haloperidol vs. placebo	Buss-Durkee Hostility Inventory
Cornelius et al. 1993, Phenelzine vs. placebo	Buss-Durkee Hostility Inventory
de la Fuente et al. 1994, Cabamazepine vs. placebo	SCL-90 anger & hostility
Frankenburg et al. 2002, Divalproex vs. placebo	SCL-90 hostility
Loew et al. 2006, Topiramate vs. placebo	SCL-90 hostility subscale
Nickel et al. 2006, Aripiprazole vs. placebo	SCL-90 hostility subscale
Pascual et al. 2008, Ziprasidone vs. placebo	Buss-Durkee Inventory
Schulz et al. 2008, Olanzapine vs. placebo	SCL-90 hostility subscale
Soloff et al. 1993, Haloperidol vs. placebo	SCL-90 hostility
Soloff et al. 1993, Phenelzine vs. placebo	SCL-90 hostility

Hostility – EXCLUDED:

Study name	Scale name
Soloff et al. 1993, Haloperidol vs. placebo	IMPS hostility
Soloff et al. 1993, Haloperidol vs. placebo	Buss-Durkee hostility inventory
Soloff et al. 1993, Phenelzine vs. placebo	IMPS hostility
Soloff et al. 1993, Phenelzine vs. placebo	Buss-Durkee hostility inventory

Irritability – INCLUDED:

Study name	Scale name
Eli Lilly #6253, Olanzapine vs. placebo	Overt Aggression Scale – Modified irritability
Hollander et al. 2001, Divalproex vs. placebo	Overt Aggression Scale – Modified irritability
Schulz et al. 2008, Olanzapine vs. placebo	Overt Aggression Scale irritability

NB: There were no excluded studies for irritability.

Self-harm and suicide – INCLUDED:

Study name	Scale name
Eli Lilly #6253, Olanzapine vs. placebo	Overt Aggression Scale – Modified suicidality
Hollander et al. 2001, Divalproex vs. placebo	Overt Aggression Scale – Modified suicidality
Pascual et al. 2008, Ziprasidone vs. placebo	Clinical Global Impressions – BPD – suicide subscale
Schulz et al. 2008, Olanzapine vs. placebo	Overt Aggression Scale – Modified suicidality

Self-harm and suicide – EXCLUDED:

Study name	Scale name
Schulz et al. 2008, Olanzapine vs. placebo	ZAN-BPD suicidal/self-mutilating

Social and interpersonal functioning – INCLUDED:

Study name	Scale name
Bogenschutz et al. 2004, Olanzapine vs. placebo	Modified clinical global impressions scale
de la Fuente et al. 1994, Cabamazepine vs. placebo	SCL-90 interpersonal relationships
Eli Lilly #6253, Olanzapine vs. placebo	Sheehan disability scale – Effect
Frankenburg et al. 2002, Divalproex vs. placebo	SCL-90 interpersonal relationships
Loew et al. 2006, Topiramate vs. placebo	SCL-90 insecurity in social contact
Nickel et al. 2006, Aripiprazole vs. placebo	SCL-90-R insecurity in social contacts

Social and interpersonal functioning – EXCLUDED:

Study name	Scale name
Loew et al. 2006, Topiramate vs. placebo	SF-36 social functioning

Weight – INCLUDED:

Study name	Scale name
Bogenschultz et al. 2004, Olanzapine vs placebo	Weight (kg)
Eli Lilly #6253, Olanzapine vs. placebo	Weight (kg)
Frankenburg et al. 2002, Divalproex vs placebo	Weight (kg)
Loew et al. 2006, Topiramate vs. placebo	Weight (kg)
Nickel et al. 2004, Topiramate vs. placebo	Weight (kg)
Nickel et al. 2005, Topiramate vs. placebo	Weight (kg)
Schulz et al. 2008, Olanzapine vs. placebo	Weight (kg)
Soloff et al. 1993, Haloperidol vs. placebo	Atypical Depression Inventory – weight gain
Soloff et al. 1993, Phenelzine vs. placebo	Atypical Depression Inventory – weight gain
Tritt et al. 2005, Lamotrigine vs. placebo	Weight (kg)
Zanarini et al. 2001, Olanzapine vs. placebo	Weight Gain (kg)

NB: There were no excluded studies for weight.

Appendix H: Evidence Tables *(seperate companion document)*

Full evidence tables available in a separate companion document to these appendices.

Appendix I: NHMRC Evidence Statement Forms

NHMRC Evidence Statement Form for Clinical Question 1

Key question: What can help clinicians identify features of BPD in young people?		**Evidence table ref: 1**
1. Evidence base *(number of studies, level of evidence and risk of bias in the included studies)*		
i) NICE findings ii) Updated search: No further studies were identified in the systematic review.	A	**One or more level I studies with a low risk of bias or several level II studies with a low risk of bias**
	B	**One or two Level II studies with a low risk of bias or SR/several Level III studies with a low risk of bias**
	C	**One or two Level III studies with a low risk of bias or Level I or II studies with a moderate risk of bias**
	D	**Level IV studies or Level I to III studies/SRs with a high risk of bias**
2. Consistency *(if only one study was available, rank this component as 'not applicable')*		
N/A	A	**All studies consistent**
	B	**Most studies consistent and inconsistency can be explained**
	C	**Some inconsistency, reflecting genuine uncertainty around question**
	D	**Evidence is inconsistent**
	NA	**Not applicable (one study only)**
3. Clinical impact *(Indicate in the space below if the study results varied according to some unknown factor (not simply study quality or sample size) and thus the clinical impact of the intervention could not be determined)*		
N/A	A	**Very large**
	B	**Substantial**
	C	**Moderate**
	D	**Slight / Restricted**

4. Generalisability *(How well does the body of evidence match the population and clinical settings being targeted by the Guideline?)*		
N/A	A	**Evidence directly generalisable to target population**
	B	**Evidence directly generalisable to target population with some caveats**
	C	**Evidence not directly generalisable to the target population but could be sensibly applied**
	D	**Evidence not directly generalisable to target population and hard to judge whether it is sensible to apply**
5. Applicability *(Is the body of evidence relevant to the Australian healthcare context in terms of health services/delivery of care and cultural factors?)*		
N/A	A	**Evidence directly applicable to Australian healthcare context**
	B	**Evidence applicable to Australian healthcare context with few caveats**
	C	**Evidence probably applicable to Australian healthcare context with some caveats**
	D	**Evidence not applicable to Australian healthcare context**

Other factors *(Indicate here any other factors that you took into account when assessing the evidence base (for example, issues that might cause the group to downgrade or upgrade the recommendation)*

NICE did not conduct a systematic search on this clinical question but the question was addressed by a team of special advisors who referred to Chanen (2007).

EVIDENCE STATEMENT MATRIX

Please summarise the development group's synthesis of the evidence relating to the key question, taking all the above factors into account.

Component	Rating	Description
1. Evidence base	N/A	
2. Consistency	N/A	
3. Clinical impact	N/A	
4. Generalisability	N/A	
5. Applicability	N/A	

RECOMMENDATION	**GRADE OF RECOMMENDATION**
	N/A

The committee elected to make consensus-based recommendations relating to the resources that clinicians can use to identify features of BPD in young people.

Refer to section 4.2.3 of the guideline which outlines two consensus-based recommendations formulated to answer this clinical question (R4 and R5).

NHMRC Evidence Statement Form for Clinical Question 2

Key question: Are there tools / assessments that could be used?		**Evidence table ref: 2**
1. Evidence base *(number of studies, level of evidence and risk of bias in the included studies)*		
NICE findings Updated search: No further studies were identified in the systematic review.	A	**One or more level I studies with a low risk of bias or several level II studies with a low risk of bias**
	B	**One or two Level II studies with a low risk of bias or SR/several Level III studies with a low risk of bias**
	C	**One or two Level III studies with a low risk of bias or Level I or II studies with a moderate risk of bias**
	D	**Level IV studies or Level I to III studies/SRs with a high risk of bias**
2. Consistency *(if only one study was available, rank this component as 'not applicable')*		
N/A	A	**All studies consistent**
	B	**Most studies consistent and inconsistency can be explained**
	C	**Some inconsistency, reflecting genuine uncertainty around question**
	D	**Evidence is inconsistent**
	NA	**Not applicable (one study only)**
3. Clinical impact *(Indicate in the space below if the study results varied according to some unknown factor (not simply study quality or sample size) and thus the clinical impact of the intervention could not be determined)*		
N/A	A	**Very large**
	B	**Substantial**
	C	**Moderate**
	D	**Slight / Restricted**
4. Generalisability *(How well does the body of evidence match the population and clinical settings being targeted by the Guideline?)*		
N/A	A	**Evidence directly generalisable to target population**
	B	**Evidence directly generalisable to target population with some caveats**
	C	**Evidence not directly generalisable to the target population but could be sensibly applied**
	D	**Evidence not directly generalisable to target population and hard to judge whether it is sensible to apply**

5. Applicability *(Is the body of evidence relevant to the Australian healthcare context in terms of health services/delivery of care and cultural factors?)*		
N/A	A	**Evidence directly applicable to Australian healthcare context**
	B	**Evidence applicable to Australian healthcare context with few caveats**
	C	**Evidence probably applicable to Australian healthcare context with some caveats**
	D	**Evidence not applicable to Australian healthcare context**

Other factors *(Indicate here any other factors that you took into account when assessing the evidence base (for example, issues that might cause the group to downgrade or upgrade the recommendation)*

NICE did not conduct a systematic search on this clinical question but the question was addressed by a team of special advisors who referred to Chanen (2008).

EVIDENCE STATEMENT MATRIX

Please summarise the development group's synthesis of the evidence relating to the key question, taking all the above factors into account.

Component	Rating	Description
1. Evidence base	N/A	
2. Consistency	N/A	
3. Clinical impact	N/A	
4. Generalisability	N/A	
5. Applicability	N/A	

Indicate any dissenting opinions

RECOMMENDATION	**GRADE OF RECOMMENDATION** N/A

The committee elected to make consensus-based recommendations. Refer to section 4.3.3 of the guideline for the recommendations that were formulated to answer this clinical question (R6 and R7).

NHMRC Evidence Statement Form for Clinical Question 3

Key question: What are the risk factors for BPD? *(new question)*		**Evidence table ref: 3**
1. Evidence base *(number of studies, level of evidence and risk of bias in the included studies)*		
3 x Level-III prospective cohort studies were retrieved from the systematic review: Widom et al (2009); Cohen et al (2008); Fischer et al (2002).	A	**One or more level I studies with a low risk of bias or several level II studies with a low risk of bias**
	B	**One or two Level II studies with a low risk of bias or SR/several Level III studies with a low risk of bias**
	C	**One or two Level III studies with a low risk of bias or Level I or II studies with a moderate risk of bias**
	D	**Level IV studies or Level I to III studies/SRs with a high risk of bias**
2. Consistency *(if only one study was available, rank this component as 'not applicable')*		
The studies showed that a number of early childhood variables increase the risk of developing BPD, including socio-economic status, a history of trauma or stressful life events, poor or inconsistent parenting and psychiatric comorbidity.	A	**All studies consistent**
	B	**Most studies consistent and inconsistency can be explained**
	C	**Some inconsistency, reflecting genuine uncertainty around question**
	D	**Evidence is inconsistent**
	NA	**Not applicable (one study only)**
3. Clinical impact *(Indicate in the space below if the study results varied according to some unknown factor (not simply study quality or sample size) and thus the clinical impact of the intervention could not be determined)*		
The studies did not examine interventions, but were focused on identifying risk factors for BPD, therefore this element was not graded	A	**Very large**
	B	**Substantial**
	C	**Moderate**
	D	**Slight / Restricted**
	N/A	**Not applicable**
4. Generalisability *(How well does the body of evidence match the population and clinical settings being targeted by the Guideline?)*		
The study cohorts are directly generalisable to the target population of the guideline.	A	**Evidence directly generalisable to target population**
	B	**Evidence directly generalisable to target population with some caveats**
	C	**Evidence not directly generalisable to the target population but could be sensibly applied**
	D	**Evidence not directly generalisable to target population and hard to judge whether it is sensible to apply**

5. Applicability *(Is the body of evidence relevant to the Australian healthcare context in terms of health services/delivery of care and cultural factors?)*		
Study settings are applicable to the Australian healthcare context	A	**Evidence directly applicable to Australian healthcare context**
	B	**Evidence applicable to Australian healthcare context with few caveats**
	C	**Evidence probably applicable to Australian healthcare context with some caveats**
	D	**Evidence not applicable to Australian healthcare context**

Other factors *(Indicate here any other factors that you took into account when assessing the evidence base (for example, issues that might cause the group to downgrade or upgrade the recommendation)*

In addition to the evidence identified by the systematic review, the committee also considered a recent narrative review of studies (Chanen, Kaess 2011) that have evaluated biological and environmental factors as potential risk factors for BPD (including prospective studies of children and adolescents, and studies of young people with BPD).

EVIDENCE STATEMENT MATRIX

Please summarise the development group's synthesis of the evidence relating to the key question, taking all the above factors into account.

Component	Rating	Description
1. Evidence base	C	
2. Consistency	B	
3. Clinical impact	N/A	
4. Generalisability	A	
5. Applicability	A	

Indicate any dissenting opinions

RECOMMENDATION	**GRADE OF RECOMMENDATION** N/A
The committee elected not to formulate recommendations relating to this clinical question.	

NHMRC Evidence Statement Form for Clinical Question 4

Key question: What preventative interventions are available to reduce the incidence of BPD? (as a primary or secondary outcome) *(new question)*		Evidence table ref: 4
1. Evidence base *(number of studies, level of evidence and risk of bias in the included studies)*		
No studies were retrieved in the systematic review.	A	**One or more level I studies with a low risk of bias or several level II studies with a low risk of bias**
	B	**One or two Level II studies with a low risk of bias or SR/several Level III studies with a low risk of bias**
	C	**One or two Level III studies with a low risk of bias or Level I or II studies with a moderate risk of bias**
	D	**Level IV studies or Level I to III studies/SRs with a high risk of bias**
2. Consistency *(if only one study was available, rank this component as 'not applicable')*		
N/A	A	**All studies consistent**
	B	**Most studies consistent and inconsistency can be explained**
	C	**Some inconsistency, reflecting genuine uncertainty around question**
	D	**Evidence is inconsistent**
	NA	**Not applicable (one study only)**
3. Clinical impact *(Indicate in the space below if the study results varied according to some unknown factor (not simply study quality or sample size) and thus the clinical impact of the intervention could not be determined)*		
N/A	A	**Very large**
	B	**Substantial**
	C	**Moderate**
	D	**Slight / Restricted**
4. Generalisability *(How well does the body of evidence match the population and clinical settings being targeted by the Guideline?)*		
N/A	A	**Evidence directly generalisable to target population**
	B	**Evidence directly generalisable to target population with some caveats**
	C	**Evidence not directly generalisable to the target population but could be sensibly applied**
	D	**Evidence not directly generalisable to target population and hard to judge whether it is sensible to apply**

5. Applicability *(Is the body of evidence relevant to the Australian healthcare context in terms of health services/delivery of care and cultural factors?)*		
N/A	A	**Evidence directly applicable to Australian healthcare context**
	B	**Evidence applicable to Australian healthcare context with few caveats**
	C	**Evidence probably applicable to Australian healthcare context with some caveats**
	D	**Evidence not applicable to Australian healthcare context**

Other factors *(Indicate here any other factors that you took into account when assessing the evidence base (for example, issues that might cause the group to downgrade or upgrade the recommendation)*

No studies were retrieved in the systematic review.

EVIDENCE STATEMENT MATRIX

Please summarise the development group's synthesis of the evidence relating to the key question, taking all the above factors into account.

Component	Rating	Description
1. Evidence base	N/A	
2. Consistency	N/A	
3. Clinical impact	N/A	
4. Generalisability	N/A	
5. Applicability	N/A	

Indicate any dissenting opinions

RECOMMENDATION	**GRADE OF RECOMMENDATION** N/A
The committee elected not to formulate recommendations relating this clinical question.	

NHMRC Evidence Statement Form for Clinical Question 5

Key question: What interventions and care processes are effective in improving outcomes or altering the developmental course for people aged under 18 years with borderline symptoms or putative borderline personality disorder (that is, would meet diagnosis if over 18)?		Evidence table ref: 5
1. Evidence base *(number of studies, level of evidence and risk of bias in the included studies)*		
i) NICE finding ii) Updated search: 2 studies: 1x Level III-1: Chanen et al. (2009) – quasi-experimental design with historical cohort control, Cognitive Analytic Therapy (CAT) vs. Treatment as usual (TAU) and Good Clinical Care (GCC), improved outcome measures of internalising and externalising psychopathology. 1x Level II RCT: Schuppert et al. (2009) – small sample size.	A	**One or more level I studies with a low risk of bias or several level II studies with a low risk of bias**
	B	**One or two Level II studies with a low risk of bias or SR/several Level III studies with a low risk of bias**
	C	**One or two Level III studies with a low risk of bias or Level I or II studies with a moderate risk of bias**
	D	**Level IV studies or Level I to III studies/SRs with a high risk of bias**
2. Consistency *(if only one study was available, rank this component as 'not applicable')*		
All studies found structured manualised interventions to have a positive effect.	A	**All studies consistent**
	B	**Most studies consistent and inconsistency can be explained**
	C	**Some inconsistency, reflecting genuine uncertainty around question**
	D	**Evidence is inconsistent**
	NA	**Not applicable (one study only)**
3. Clinical impact *(Indicate in the space below if the study results varied according to some unknown factor (not simply study quality or sample size) and thus the clinical impact of the intervention could not be determined)*		
Both studies showed structured therapy to be better than treatment as usual. Although Chanen et al (2008) does not compare structured therapy with TAU, Chanen et al (2009) does. Effect size is moderate.	A	**Very large**
	B	**Substantial**
	C	**Moderate**
	D	**Slight / Restricted**
4. Generalisability *(How well does the body of evidence match the population and clinical settings being targeted by the Guideline?)*		
The study populations are similar to those seen in clinical practice, except that the studies are limited to 14–18 year olds.	A	**Evidence directly generalisable to target population**
	B	**Evidence directly generalisable to target population with some caveats**
	C	**Evidence not directly generalisable to the target population but could be sensibly applied**
	D	**Evidence not directly generalisable to target population and hard to judge whether it is sensible to apply**

5. Applicability *(Is the body of evidence relevant to the Australian healthcare context in terms of health services/delivery of care and cultural factors?)*		
The body of evidence is directly applicable to the Australian healthcare system.	A	**Evidence directly applicable to Australian healthcare context**
	B	**Evidence applicable to Australian healthcare context with few caveats**
	C	**Evidence probably applicable to Australian healthcare context with some caveats**
	D	**Evidence not applicable to Australian healthcare context**

Other factors *(Indicate here any other factors that you took into account when assessing the evidence base (for example, issues that might cause the group to downgrade or upgrade the recommendation)*

The caveats should be outlined in the text pointing out the need for practitioners to have adequate training in order to provide appropriate structured treatment. Specifically designed and structured "manualised" approaches to therapy have a greater effect than treatment as usual in young people with BPD and features of BPD aged between 14-18 years.

EVIDENCE STATEMENT MATRIX

Please summarise the development group's synthesis of the evidence relating to the key question, taking all the above factors into account.

Component	Rating	Description
1. Evidence base	B	
2. Consistency	A	
3. Clinical impact	C	
4. Generalisability	B	
5. Applicability	A	

Indicate any dissenting opinions

RECOMMENDATION	**GRADE OF RECOMMENDATION**
	B

The committee elected to make one evidence-based recommendation (R22 - grade B), and thee practice points (R23, R24, R25) which are included in section 5.7.3 of the guideline.

NHMRC Evidence Statement Form for Clinical Question 6

Key question: For people with BPD, which treatments are associated with improvement in mental state and quality of life, reduction in self-harm, service use, and risk-related behaviour, and/or improved social and personal functioning while minimising harms?		Evidence table ref: 6
1. Evidence base *(number of studies, level of evidence and risk of bias in the included studies)*		
i) NICE Summary (refer to Q6 evidence tables) ii) Systematic review from NHMRC updated search (refer to Q6 evidence tables) iii) NHMRC meta-analysis of therapies where intervention arm was compared to placebo or treatment as usual (refer to appendix H).	A	**One or more level I studies with a low risk of bias or several level II studies with a low risk of bias**
	B	**One or two Level II studies with a low risk of bias or SR/several Level III studies with a low risk of bias**
	C	**One or two Level III studies with a low risk of bias or Level I or II studies with a moderate risk of bias**
	D	**Level IV studies or Level I to III studies/SRs with a high risk of bias**
2. Consistency *(if only one study was available, rank this component as 'not applicable')*		
Results are similar and significant overall.	A	**All studies consistent**
	B	**Most studies consistent and inconsistency can be explained**
	C	**Some inconsistency, reflecting genuine uncertainty around question**
	D	**Evidence is inconsistent**
	NA	**Not applicable (one study only)**
3. Clinical impact *(Indicate in the space below if the study results varied according to some unknown factor (not simply study quality or sample size) and thus the clinical impact of the intervention could not be determined)*		
Effect size is small which reduces clinical impact.	A	**Very large**
	B	**Substantial**
	C	**Moderate**
	D	**Slight / Restricted**
4. Generalisability *(How well does the body of evidence match the population and clinical settings being targeted by the Guideline?)*		
Studies are directly generalisable to the target population.	A	**Evidence directly generalisable to target population**
	B	**Evidence directly generalisable to target population with some caveats**
	C	**Evidence not directly generalisable to the target population but could be sensibly applied**
	D	**Evidence not directly generalisable to target population and hard to judge whether it is sensible to apply**

5. Applicability *(Is the body of evidence relevant to the Australian healthcare context in terms of health services/delivery of care and cultural factors?)*		
Some caveats. While the trials are applicable to the Australian health care setting, the committee expressed concerns that access to such structured psychological therapies is limited, particularly in rural and remote communities, and will be problematic for some therapies.	A	**Evidence directly applicable to Australian healthcare context**
	B	**Evidence applicable to Australian healthcare context with few caveats**
	C	**Evidence probably applicable to Australian healthcare context with some caveats**
	D	**Evidence not applicable to Australian healthcare context**

Other factors *(Indicate here any other factors that you took into account when assessing the evidence base (for example, issues that might cause the group to downgrade or upgrade the recommendation)*

EVIDENCE STATEMENT MATRIX

Please summarise the development group's synthesis of the evidence relating to the key question, taking all the above factors into account.

Component	Rating	Description
1. Evidence base	A	
2. Consistency	B	
3. Clinical impact	C	
4. Generalisability	A	
5. Applicability	B	

Indicate any dissenting opinions

RECOMMENDATION	**GRADE OF RECOMMENDATION**
	B

The committee elected to make two evidence-based recommendations (R18and R19) in section 6.3.3 of the guideline.

NHMRC Evidence Statement Form for Clinical Questions 7 and 8

Key questions: **Q.7 Which psychological therapies are most effective? (CBT, mentalisation, behaviour therapy, psychodynamic, CAT, group therapy, family therapy, schema-focused therapy, transference-focused and DBT, miscellaneous)** **Q.8 Which psychosocial therapies are most effective?** *(These two clinical questions were combined and the same body of evidence considered – due to the similarity of the questions).*		**Evidence table ref: 7 and 8**
1. Evidence base *(number of studies, level of evidence and risk of bias in the included studies)*		
i) NICE Summary (see Q7 and 8 evidence tables) ii) 2x systematic reviews from NHMRC updated search (see Q9 evidence tables) iii) NHMRC meta-analysis of therapies where intervention arm was compared to placebo or treatment as usual	A	**One or more level I studies with a low risk of bias or several level II studies with a low risk of bias**
	B	**One or two Level II studies with a low risk of bias or SR/several Level III studies with a low risk of bias**
	C	**One or two Level III studies with a low risk of bias or Level I or II studies with a moderate risk of bias**
	D	**Level IV studies or Level I to III studies/SRs with a high risk of bias**
2. Consistency *(if only one study was available, rank this component as 'not applicable')*		
The range of outcomes and timeframes used for interventions and types of interventions tested, varied between studies making a comparison of outcomes difficult. Nevertheless, most studies showed consistency in improved outcomes as a result of structured psychological therapies.	A	**All studies consistent**
	B	**Most studies consistent and inconsistency can be explained**
	C	**Some inconsistency, reflecting genuine uncertainty around question**
	D	**Evidence is inconsistent**
	NA	**Not applicable (one study only)**
3. Clinical impact *(Indicate in the space below if the study results varied according to some unknown factor (not simply study quality or sample size) and thus the clinical impact of the intervention could not be determined)*		
Effect sizes are generally lower for psychological therapies. The included papers demonstrate small to medium effect sizes suggesting a moderate rating. However, as the clinical impact of such therapies for people with BPD is very important, the Committee felt that the use of these therapies is likely to have a substantial clinical impact on the treatment of people with BPD.	A	**Very large**
	B	**Substantial**
	C	**Moderate**
	D	**Slight / Restricted**

4. Generalisability *(How well does the body of evidence match the population and clinical settings being targeted by the Guideline?)*		
The committee noted that the patient groups were mostly generalisable to the Australian target population. It was noted that certain psychosocial interventions have long lists of exclusion criteria, which reduces generalisability.	A	**Evidence directly generalisable to target population**
	B	**Evidence directly generalisable to target population with some caveats**
	C	**Evidence not directly generalisable to the target population but could be sensibly applied**
	D	**Evidence not directly generalisable to target population and hard to judge whether it is sensible to apply**
5. Applicability *(Is the body of evidence relevant to the Australian healthcare context in terms of health services/delivery of care and cultural factors?)*		
While the trials are applicable to the Australian health care setting, the committee expressed concerns about the fact that access to such structured psychological therapies is limited particularly in rural and remote communities and will be problematic for some of these therapies.	A	**Evidence directly applicable to Australian healthcare context**
	B	**Evidence applicable to Australian healthcare context with few caveats**
	C	**Evidence probably applicable to Australian healthcare context with some caveats**
	D	**Evidence not applicable to Australian healthcare context**

Other factors *(Indicate here any other factors that you took into account when assessing the evidence base (for example, issues that might cause the group to downgrade or upgrade the recommendation)*

Members debated the merit of naming the effective therapies in the recommendations. Some members of the committee noted that there are very useful and effective therapies being used in practice which have not yet been trialled. The difficulties associated with performing clinical trials in this area were also discussed. The committee agreed to include comments on this issue in the narrative preamble of the guideline. There was concern that naming some and not all therapies would lead to policy and decision-makers ceasing to support the delivery of therapies.

EVIDENCE STATEMENT MATRIX

Component	Rating	Description
1. Evidence base	A	
2. Consistency	B	
3. Clinical impact	B	
4. Generalisability	B	
5. Applicability	B	

Indicate any dissenting opinions

RECOMMENDATIONS	**GRADE OF RECOMMENDATION**
	B

The committee elected to make one evidence-based recommendation (R8 - grade B), and two consensus-based recommendations (R9, R10) which are in section 5.1.3 of the guideline.

NHMRC Evidence Statement Form for Clinical Question 9

Key question: Which pharmacological therapies maximise benefits while minimising harms?		Evidence table ref: 9
1. Evidence base *(number of studies, level of evidence and risk of bias in the included studies)*		
i) NICE summary of included studies (see Q9 evidence tables) ii) NHMRC summary of included studies identified in the updated search (see Q9 evidence tables) iii) NHMRC meta-analysis of therapies where intervention arm was compared to placebo or treatment as usual	A	**One or more level I studies with a low risk of bias or several level II studies with a low risk of bias**
	B	**One or two Level II studies with a low risk of bias or SR/several Level III studies with a low risk of bias**
	C	**One or two Level III studies with a low risk of bias or Level I or II studies with a moderate risk of bias**
	D	**Level IV studies or Level I to III studies/SRs with a high risk of bias**
2. Consistency *(if only one study was available, rank this component as 'not applicable')*		
Variable therapeutic effects across body of evidence.	A	**All studies consistent**
	B	**Most studies consistent and inconsistency can be explained**
	C	**Some inconsistency, reflecting genuine uncertainty around question**
	D	**Evidence is inconsistent**
	NA	**Not applicable (one study only)**
3. Clinical impact *(Indicate in the space below if the study results varied according to some unknown factor (not simply study quality or sample size) and thus the clinical impact of the intervention could not be determined)*		
These drugs have a very limited clinical impact for the treatment of BPD.	A	**Very large**
	B	**Substantial**
	C	**Moderate**
	D	**Slight / Restricted**
4. Generalisability *(How well does the body of evidence match the population and clinical settings being targeted by the Guideline?)*		
The study populations reflect the clinical population.	A	**Evidence directly generalisable to target population**
	B	**Evidence directly generalisable to target population with some caveats**
	C	**Evidence not directly generalisable to the target population but could be sensibly applied**
	D	**Evidence not directly generalisable to target population and hard to judge whether it is sensible to apply**

5. Applicability *(Is the body of evidence relevant to the Australian healthcare context in terms of health services/delivery of care and cultural factors?)*		
The medicines included in these studies are available, but generally not indicated on the PBS for the treatment of BPD. These medicines are being used for indications which do not have market authorisation; or the indication is not redeemable under the PBS. The clinical environments in the studies are comparable to Australian clinical setting.	A	**Evidence directly applicable to Australian healthcare context**
	B	**Evidence applicable to Australian healthcare context with few caveats**
	C	**Evidence probably applicable to Australian healthcare context with some caveats**
	D	**Evidence not applicable to Australian healthcare context**

Other factors *(Indicate here any other factors that you took into account when assessing the evidence base (for example, issues that might cause the group to downgrade or upgrade the recommendation)*

EVIDENCE STATEMENT MATRIX

Please summarise the development group's synthesis of the evidence relating to the key question, taking all the above factors into account.

Component	Rating	Description
1. Evidence base	A	
2. Consistency	C	
3. Clinical impact	D	
4. Generalisability	A	
5. Applicability	B	

Indicate any dissenting opinions

RECOMMENDATION	**GRADE OF RECOMMENDATION**
	B

The committee elected to make one evidence-based recommendation (R11 – grade B), one consensus-based recommendation (R12), and five practice points (R13, R14, R15, R16, R17). These recommendations are outlined in section 5.2.3 of the guideline.

NHMRC Evidence Statement Form for Clinical Question 10

Key question: Among people with BPD are multimodal therapies (pharmacological, psychological, team approaches, day programs, inpatient programs, family/systems therapies, therapeutic communities) more effective than single modal therapies in reducing suicide/self-harm, psychopathology and increasing functioning?		**Evidence table ref: 10**
1. Evidence base *(number of studies, level of evidence and risk of bias in the included studies)*		
i) NICE findings ii) Updated search: 4 x Level II RCTs: Bellino et al. (2010) – high risk of bias; Bellino et al. (2006) – IPT vs. fluoxetine, combined >single therapy; Simpson et al. (2004) – inconclusive results; Soler et al. (2005) – no randomisation and high drop-out rate, moderate risk of bias. Insufficient control for bias; small sample size.	A	**One or more level I studies with a low risk of bias or several level II studies with a low risk of bias**
	B	**One or two Level II studies with a low risk of bias or SR/several Level III studies with a low risk of bias**
	C	**One or two Level III studies with a low risk of bias or Level I or II studies with a moderate risk of bias**
	D	**Level IV studies or Level I to III studies/SRs with a high risk of bias**
2. Consistency *(if only one study was available, rank this component as 'not applicable')*		
The body of evidence is inconsistent. Two RCTs showed that combined therapy is slightly better than single therapy; one noted that combined therapy is marginally better; and the fourth study outlined that both control and interventions groups showed improvement.	A	**All studies consistent**
	B	**Most studies consistent and inconsistency can be explained**
	C	**Some inconsistency, reflecting genuine uncertainty around question**
	D	**Evidence is inconsistent**
	NA	**Not applicable (one study only)**
3. Clinical impact *(Indicate in the space below if the study results varied according to some unknown factor (not simply study quality or sample size) and thus the clinical impact of the intervention could not be determined)*		
The clinical impact is restricted for the following reasons: studies excluded a lot of groups; therefore many groups were not represented in the study. The studies also lacked an intention to treat analysis, and suffered from a high drop-out rate (20-30%).	A	**Very large**
	B	**Substantial**
	C	**Moderate**
	D	**Slight / Restricted**

4. Generalisability *(How well does the body of evidence match the population and clinical settings being targeted by the Guideline?)*		
Participants in some studies were poorly described. Studies included people with BPD including those with comorbidities. Exclusion criteria for test subjects reduced generalisability e.g. females of child-bearing age, those with comorbidities.	A	**Evidence directly generalisable to target population**
	B	**Evidence directly generalisable to target population with some caveats**
	C	**Evidence not directly generalisable to the target population but could be sensibly applied**
	D	**Evidence not directly generalisable to target population and hard to judge whether it is sensible to apply**
5. Applicability *(Is the body of evidence relevant to the Australian healthcare context in terms of health services/delivery of care and cultural factors?)*		
Two studies conducted in Italy; 1 study undertaken in Spain; 1 study completed in USA. Specialist / elite services may not be applicable to Australian services.	A	**Evidence directly applicable to Australian healthcare context**
	B	**Evidence applicable to Australian healthcare context with few caveats**
	C	**Evidence probably applicable to Australian healthcare context with some caveats**
	D	**Evidence not applicable to Australian healthcare context**

Other factors *(Indicate here any other factors that you took into account when assessing the evidence base (for example, issues that might cause the group to downgrade or upgrade the recommendation)*

The search of the literature was narrowed to examine combined therapies versus single therapies. There is insufficient evidence to indicate whether the addition of pharmacotherapy to a structured, psychological intervention is more effective than the psychological intervention alone in reducing suicide/self-harm, psychopathology and increasing functioning.

EVIDENCE STATEMENT MATRIX

Please summarise the development group's synthesis of the evidence relating to the key question, taking all the above factors into account.

Component	Rating	Description
1. Evidence base	C	
2. Consistency	D	
3. Clinical impact	D	
4. Generalisability	D	
5. Applicability	C	

Indicate any dissenting opinions

RECOMMENDATION	**GRADE OF RECOMMENDATION**
	D

The committee elected to make two recommendations, one evidence-based recommendation (R20 – grade D), and one consensus-based recommendation (R21). These recommendations are outlined in section 5.6.3 of the guideline.

NHMRC Evidence Statement Form for Clinical Questions 11 and 13

Key questions: **Q.11 Among people with BPD and comorbidities (medical [HIV/AIDS, diabetes, chronic pain, obesity, chronic fatigue], other personality disorders, other mental health, alcohol and drug disorders, eating disorders, intellectual disability) what treatments are effective in reducing suicide/self-harm, psychopathology and increasing functioning?** **Q.13 How should the treatment of common comorbidities (depression, psychosis, anxiety disorders, bipolar disorder, substance use disorder, other axis II disorders) be altered in the presence of BPD?** *(These two clinical questions were combined and the same body of evidence considered - due to the similarity of the questions).*		**Evidence table ref: 11 and 13**
1. Evidence base *(number of studies, level of evidence and risk of bias in the included studies)*		
i) NICE findings ii) Updated search 9 Studies all with a moderate risk of bias: 8 x RCTs (Level II): Gregory et al. (2008); Gregory et al (2009); Gregory et al. (2010); Ziegenhorn et al. (2009); Ball et al. (2011); Harned et al. (2008); Harned et al. (2008); Rowe et al. (2008). One excluded study: 1x Level III-2-A Laddis et al. (2010) The committee decided to exclude this study as it was considered to be a study of treatment and not comorbidities, and is therefore not relevant to the question.	A	**One or more level I studies with a low risk of bias or several level II studies with a low risk of bias**
	B	**One or two Level II studies with a low risk of bias or SR/several Level III studies with a low risk of bias**
	C	**One or two Level III studies with a low risk of bias or Level I or II studies with a moderate risk of bias**
	D	**Level IV studies or Level I to III studies/SRs with a high risk of bias**
2. Consistency *(if only one study was available, rank this component as 'not applicable')*		
There are conflicting findings around substance use in the Ball et al. (2011) and Gregory et al. papers (2008, 2009, 2010).	A	**All studies consistent**
	B	**Most studies consistent and inconsistency can be explained**
	C	**Some inconsistency, reflecting genuine uncertainty around question**
	D	**Evidence is inconsistent**
	NA	**Not applicable (one study only)**

3. Clinical impact *(Indicate in the space below if the study results varied according to some unknown factor (not simply study quality or sample size) and thus the clinical impact of the intervention could not be determined)*		
For substance use, only some of the subsets of participants have BPD.	A	**Very large**
	B	**Substantial**
	C	**Moderate**
	D	**Slight / Restricted**
4. Generalisability *(How well does the body of evidence match the population and clinical settings being targeted by the Guideline?)*		
For substance use, the populations in the studies were not representative of a typical person with BPD. For those papers related to eating disorders, the results are generalisable as the study populations are representative of people with BPD. For the anxiety/depression papers, the populations were not atypical, but the German units offer prolonged inpatient care, therefore a bias may exist toward motivated, compliant patients and those under mandatory treatment orders.	A	**Evidence directly generalisable to target population**
	B	**Evidence directly generalisable to target population with some caveats**
	C	**Evidence not directly generalisable to the target population but could be sensibly applied**
	D	**Evidence not directly generalisable to target population and hard to judge whether it is sensible to apply**
5. Applicability *(Is the body of evidence relevant to the Australian healthcare context in terms of health services/delivery of care and cultural factors?)*		
While there are residential facilities to treat substance use in Australia, they are often not equipped to diagnose, treat and manage personality disorders.	A	**Evidence directly applicable to Australian healthcare context**
	B	**Evidence applicable to Australian healthcare context with few caveats**
	C	**Evidence probably applicable to Australian healthcare context with some caveats**
	D	**Evidence not applicable to Australian healthcare context**
Other factors *(Indicate here any other factors that you took into account when assessing the evidence base (for example, issues that might cause the group to downgrade or upgrade the recommendation)*		
The committee considered the evidence insufficient to make an evidence-based recommendation regarding effective treatment for people with BPD and comorbidities.		

EVIDENCE STATEMENT MATRIX

Please summarise the development group's synthesis of the evidence relating to the key question, taking all the above factors into account.

Component	Rating	Description
1. Evidence base	C	
2. Consistency	C	
3. Clinical impact	D	
4. Generalisability	D	
5. Applicability	C	

Indicate any dissenting opinions

RECOMMENDATION	GRADE OF RECOMMENDATION
	N/A

The committee considered the evidence insufficient to make an evidence-based recommendation, and elected to make four consensus-based recommendations (R26, 27, 28, 29) and one practice point (R30). These recommendations are included in section 5.8.3 of the guideline.

NHMRC Evidence Statement Form for Clinical Question 12

Key question: How should complex and severe BPD be managed, including management strategies (over a period of time) and multiple comorbidities?		Evidence table ref: 12
1. Evidence base *(number of studies, level of evidence and risk of bias in the included studies)*		
The methodologist has advised that an operational definition of "complex and severe" cases is unlikely to be useful in guiding the retrieval of included studies as this type of detailed information on study participants (e.g. number of self-harm; suicide attempts etc.) is not likely to be available in the published studies. **A search was therefore not conducted for this question.**	A	**One or more level I studies with a low risk of bias or several level II studies with a low risk of bias**
	B	**One or two Level II studies with a low risk of bias or SR/several Level III studies with a low risk of bias**
	C	**One or two Level III studies with a low risk of bias or Level I or II studies with a moderate risk of bias**
	D	**Level IV studies or Level I to III studies/SRs with a high risk of bias**
2. Consistency *(if only one study was available, rank this component as 'not applicable')*		
N/A	A	**All studies consistent**
	B	**Most studies consistent and inconsistency can be explained**
	C	**Some inconsistency, reflecting genuine uncertainty around question**
	D	**Evidence is inconsistent**
	NA	**Not applicable (one study only)**
3. Clinical impact *(Indicate in the space below if the study results varied according to some unknown factor (not simply study quality or sample size) and thus the clinical impact of the intervention could not be determined)*		
N/A	A	**Very large**
	B	**Substantial**
	C	**Moderate**
	D	**Slight / Restricted**
4. Generalisability *(How well does the body of evidence match the population and clinical settings being targeted by the Guideline?)*		
N/A	A	**Evidence directly generalisable to target population**
	B	**Evidence directly generalisable to target population with some caveats**
	C	**Evidence not directly generalisable to the target population but could be sensibly applied**
	D	**Evidence not directly generalisable to target population and hard to judge whether it is sensible to apply**

5. Applicability *(Is the body of evidence relevant to the Australian healthcare context in terms of health services/delivery of care and cultural factors?)*		
N/A	A	**Evidence directly applicable to Australian healthcare context**
	B	**Evidence applicable to Australian healthcare context with few caveats**
	C	**Evidence probably applicable to Australian healthcare context with some caveats**
	D	**Evidence not applicable to Australian healthcare context**

Other factors *(Indicate here any other factors that you took into account when assessing the evidence base (for example, issues that might cause the group to downgrade or upgrade the recommendation)*

The committee elected not to define complex and severe cases of BPD as the condition is complex and severe by nature and all people with the condition require treatment and management interventions.

EVIDENCE STATEMENT MATRIX

Please summarise the development group's synthesis of the evidence relating to the key question, taking all the above factors into account.

Component	Rating	Description
1. Evidence base	N/A	
2. Consistency	N/A	
3. Clinical impact	N/A	
4. Generalisability	N/A	
5. Applicability	N/A	

Indicate any dissenting opinions

RECOMMENDATION	**GRADE OF RECOMMENDATION** N/A

The committee elected not to make specific recommendations in response to this question, as developing recommendations for complex and severe cases would not be useful for health professionals as the condition is considered complex and severe by nature.

NHMRC Evidence Statement Form for Clinical Question 14

Key question: Among people with BPD what treatment modes of delivery are most effective in reducing suicide/self-harm, psychopathology and increasing functioning? (face to face, group, online, self-help) *(new question)*		**Evidence table ref: 14**
1. Evidence base *(number of studies, level of evidence and risk of bias in the included studies)*		
1x Level-III-1 study: Waltz et al. (2009)	A	**One or more level I studies with a low risk of bias or several level II studies with a low risk of bias**
	B	**One or two Level II studies with a low risk of bias or SR/several Level III studies with a low risk of bias**
	C	**One or two Level III studies with a low risk of bias or Level I or II studies with a moderate risk of bias**
	D	**Level IV studies or Level I to III studies/SRs with a high risk of bias**
2. Consistency *(if only one study was available, rank this component as 'not applicable')*		
N/A as only one study	A	**All studies consistent**
	B	**Most studies consistent and inconsistency can be explained**
	C	**Some inconsistency, reflecting genuine uncertainty around question**
	D	**Evidence is inconsistent**
	NA	**Not applicable (one study only)**
3. Clinical impact *(Indicate in the space below if the study results varied according to some unknown factor (not simply study quality or sample size) and thus the clinical impact of the intervention could not be determined)*		
Self report from participants indicates that the skill was utilised, valuable and reduced negative affect. However the study population was small.	A	**Very large**
	B	**Substantial**
	C	**Moderate**
	D	**Slight / Restricted**
4. Generalisability *(How well does the body of evidence match the population and clinical settings being targeted by the Guideline?)*		
The population has a BPD diagnosis which is applicable, but the study population is female.	A	**Evidence directly generalisable to target population**
	B	**Evidence directly generalisable to target population with some caveats**
	C	**Evidence not directly generalisable to the target population but could be sensibly applied**
	D	**Evidence not directly generalisable to target population and hard to judge whether it is sensible to apply**

5. Applicability *(Is the body of evidence relevant to the Australian healthcare context in terms of health services/delivery of care and cultural factors?)*		
This mode of delivery could be applied in the Australian healthcare setting.	A	**Evidence directly applicable to Australian healthcare context**
	B	**Evidence applicable to Australian healthcare context with few caveats**
	C	**Evidence probably applicable to Australian healthcare context with some caveats**
	D	**Evidence not applicable to Australian healthcare context**

Other factors *(Indicate here any other factors that you took into account when assessing the evidence base (for example, issues that might cause the group to downgrade or upgrade the recommendation)*

The committee agreed that the evidence was insufficient to make evidence-based recommendations, and elected not to make consensus-based recommendations or practice points.

EVIDENCE STATEMENT MATRIX

Please summarise the development group's synthesis of the evidence relating to the key question, taking all the above factors into account.

Component	Rating	Description
1. Evidence base	C	
2. Consistency	N/A	
3. Clinical impact	C	
4. Generalisability	B	
5. Applicability	A	

Indicate any dissenting opinions

RECOMMENDATION	**GRADE OF RECOMMENDATION** N/A

The committee determined that the body of evidence was inadequate from which to make evidence-based recommendations, due to there being only one study with a small effect size. Therefore the Committee elected not to formulate consensus-based recommendations or practice points. The committee noted that more research needs to be undertaken to explore the effectiveness of various modes for delivering therapies to people with BPD.

NHMRC Evidence Statement Form for Clinical Question 15

Key question: What type of services maximise effectiveness and safety and minimise harm (taking into account long-term outcomes) for the delivery of specific treatments for people with BPD? (E.g. day hospitals, inpatient, therapeutic communities, use of enhanced care programming, team-based or individual-based care, partial hospitalisation)		**Evidence table ref: 15**
1. Evidence base *(number of studies, level of evidence and risk of bias in the included studies)*		
i) NICE findings ii) Updated search 2x Level III–2 studies: Berrino et al. 2011; Bartak et al. 2010	A	**One or more level I studies with a low risk of bias or several level II studies with a low risk of bias**
	B	**One or two Level II studies with a low risk of bias or SR/several Level III studies with a low risk of bias**
	C	**One or two Level III studies with a low risk of bias or Level I or II studies with a moderate risk of bias**
	D	**Level IV studies or Level I to III studies/SRs with a high risk of bias**
2. Consistency *(if only one study was available, rank this component as 'not applicable')*		
Both studies examined intensive, inpatient hospital settings but with different types of treatment. Both showed that some types of inpatient treatment are effective.	A	All studies consistent
	B	Most studies consistent and inconsistency can be explained
	C	Some inconsistency, reflecting genuine uncertainty around question
	D	Evidence is inconsistent
	NA	Not applicable (one study only)
3. Clinical impact *(Indicate in the space below if the study results varied according to some unknown factor (not simply study quality or sample size) and thus the clinical impact of the intervention could not be determined)*		
The clinical impact was considered to be moderate because people with BPD in Australia would never stay in hospital for 9 months.	A	**Very large**
	B	**Substantial**
	C	**Moderate**
	D	**Slight / Restricted**
4. Generalisability *(How well does the body of evidence match the population and clinical settings being targeted by the Guideline?)*		
Both studies were conducted in Europe, where patients were admitted to public inpatient-based healthcare settings. Admission to hospital for long periods of time for BPD patients is usually avoided in Australia.	A	**Evidence directly generalisable to target population**
	B	**Evidence directly generalisable to target population with some caveats**
	C	**Evidence not directly generalisable to the target population but could be sensibly applied**
	D	**Evidence not directly generalisable to target population and hard to judge whether it is sensible to apply**

5. Applicability *(Is the body of evidence relevant to the Australian healthcare context in terms of health services/delivery of care and cultural factors?)*		
Either C / D. Admission to hospital for long-term treatment of BPD is avoided in Australia.	A	**Evidence directly applicable to Australian healthcare context**
	B	**Evidence applicable to Australian healthcare context with few caveats**
	C	**Evidence probably applicable to Australian healthcare context with some caveats**
	D	**Evidence not applicable to Australian healthcare context**

Other factors (Indicate here any other factors that you took into account when assessing the evidence base (for example, issues that might cause the group to downgrade or upgrade the recommendation)

Current circumstances in Australia would make long-term inpatient care challenging to implement. This approach cannot be applied to a general hospital but might be applied in a highly specialised tertiary unit. The patient with BPD would only be admitted if acutely suicidal and appropriate inpatient units were available.

EVIDENCE STATEMENT MATRIX

Please summarise the development group's synthesis of the evidence relating to the key question, taking all the above factors into account.

Component	Rating	Description
1. Evidence base	D	
2. Consistency	B	
3. Clinical impact	C	
4. Generalisability	C	
5. Applicability	C/D	Differing opinions about the precise grading of evidence in relation to its applicability to the Australian healthcare system.

Indicate any dissenting opinions

RECOMMENDATION	**GRADE OF RECOMMENDATION**
	N/A

The committee determined that the evidence was insufficient to be able to formulate evidence-based recommendations. The committee elected to make two consensus-based recommendations (R31 and R32) that are outlined in section 6.1.3 of the guideline.

NHMRC Evidence Statement Form for Clinical Question 16

Key question: What is the role of inpatient (e.g. acute, forensic) care in the management of people with BPD?		**Evidence table ref: 16**
1. Evidence base *(number of studies, level of evidence and risk of bias in the included studies)*		
i) NICE findings ii) Updated search 1x Level III-2 study: Berrino et al. 2011	A	**One or more level I studies with a low risk of bias or several level II studies with a low risk of bias**
	B	**One or two Level II studies with a low risk of bias or SR/several Level III studies with a low risk of bias**
	C	**One or two Level III studies with a low risk of bias or Level I or II studies with a moderate risk of bias**
	D	**Level IV studies or Level I to III studies/SRs with a high risk of bias**
2. Consistency *(if only one study was available, rank this component as 'not applicable')*		
N/A – only one study	A	**All studies consistent**
	B	**Most studies consistent and inconsistency can be explained**
	C	**Some inconsistency, reflecting genuine uncertainty around question**
	D	**Evidence is inconsistent**
	NA	**Not applicable (one study only)**
3. Clinical impact *(Indicate in the space below if the study results varied according to some unknown factor (not simply study quality or sample size) and thus the clinical impact of the intervention could not be determined)*		
	A	**Very large**
	B	**Substantial**
	C	**Moderate**
	D	**Slight / Restricted**
4. Generalisability *(How well does the body of evidence match the population and clinical settings being targeted by the Guideline?)*		
Some caveats due to the fact that the study was conducted in Switzerland where it is normal for people to go to hospital for long periods of time. This is not treatment as usual in Australia. Also, not all people with BPD are acutely suicidal when presenting at a hospital.	A	**Evidence directly generalisable to target population**
	B	**Evidence directly generalisable to target population with some caveats**
	C	**Evidence not directly generalisable to the target population but could be sensibly applied**
	D	**Evidence not directly generalisable to target population and hard to judge whether it is sensible to apply**

5. Applicability *(Is the body of evidence relevant to the Australian healthcare context in terms of health services/delivery of care and cultural factors?)*		
Some caveats, as highly specialised settings are not always available – small but growing number in Australia.	A	**Evidence directly applicable to Australian healthcare context**
	B	**Evidence applicable to Australian healthcare context with few caveats**
	C	**Evidence probably applicable to Australian healthcare context with some caveats**
	D	**Evidence not applicable to Australian healthcare context**

Other factors *(Indicate here any other factors that you took into account when assessing the evidence base (for example, issues that might cause the group to downgrade or upgrade the recommendation)*

EVIDENCE STATEMENT MATRIX

Please summarise the development group's synthesis of the evidence relating to the key question, taking all the above factors into account.

Component	Rating	Description
1. Evidence base	C	
2. Consistency	N/A	
3. Clinical impact	B	
4. Generalisability	B	
5. Applicability	C	

Indicate any dissenting opinions

RECOMMENDATION	GRADE OF RECOMMENDATION
	C

The committee elected to make one evidence-based recommendation (R33), and one consensus-based recommendation (R34), that are outlined in section 6.3.3 of the guideline.

NHMRC Evidence Statement Form for Clinical Question 17

Key question: What is the role of specialist services (including community-based) in the medium and long-term management of people with BPD?		**Evidence table ref: 17**
1. Evidence base *(number of studies, level of evidence and risk of bias in the included studies)*		
No studies were found by NICE or in the updated search.	A	**One or more level I studies with a low risk of bias or several level II studies with a low risk of bias**
	B	**One or two Level II studies with a low risk of bias or SR/several Level III studies with a low risk of bias**
	C	**One or two Level III studies with a low risk of bias or Level I or II studies with a moderate risk of bias**
	D	**Level IV studies or Level I to III studies/SRs with a high risk of bias**
2. Consistency *(if only one study was available, rank this component as 'not applicable')*		
N/A	A	**All studies consistent**
	B	**Most studies consistent and inconsistency can be explained**
	C	**Some inconsistency, reflecting genuine uncertainty around question**
	D	**Evidence is inconsistent**
	NA	**Not applicable (one study only)**
3. Clinical impact *(Indicate in the space below if the study results varied according to some unknown factor (not simply study quality or sample size) and thus the clinical impact of the intervention could not be determined)*		
N/A	A	**Very large**
	B	**Substantial**
	C	**Moderate**
	D	**Slight / Restricted**
4. Generalisability *(How well does the body of evidence match the population and clinical settings being targeted by the Guideline?)*		
N/A	A	**Evidence directly generalisable to target population**
	B	**Evidence directly generalisable to target population with some caveats**
	C	**Evidence not directly generalisable to the target population but could be sensibly applied**
	D	**Evidence not directly generalisable to target population and hard to judge whether it is sensible to apply**

5. Applicability *(Is the body of evidence relevant to the Australian healthcare context in terms of health services/delivery of care and cultural factors?)*		
N/A	A	**Evidence directly applicable to Australian healthcare context**
	B	**Evidence applicable to Australian healthcare context with few caveats**
	C	**Evidence probably applicable to Australian healthcare context with some caveats**
	D	**Evidence not applicable to Australian healthcare context**

Other factors *(Indicate here any other factors that you took into account when assessing the evidence base (for example, issues that might cause the group to downgrade or upgrade the recommendation)*

No studies were retrieved in the systematic review

EVIDENCE STATEMENT MATRIX

Please summarise the development group's synthesis of the evidence relating to the key question, taking all the above factors into account.

Component	Rating	Description
1. Evidence base	N/A	
2. Consistency	N/A	
3. Clinical impact	N/A	
4. Generalisability	N/A	
5. Applicability	N/A	

Indicate any dissenting opinions

RECOMMENDATION	**GRADE OF RECOMMENDATION** N/A
The committee formulated one consensus-based recommendation (R37), included in section 6.5.3 of the guideline.	

NHMRC Evidence Statement Form for Clinical Question 18

Key question: Is long-term inpatient care in the treatment of BPD effective?		**Evidence table ref: 18**
1. Evidence base *(number of studies, level of evidence and risk of bias in the included studies)*		
i) NICE findings ii) Updated search 1x Level III-2 study: Bartak et al. (2011)	A	**One or more level I studies with a low risk of bias or several level II studies with a low risk of bias**
	B	**One or two Level II studies with a low risk of bias or SR/several Level III studies with a low risk of bias**
	C	**One or two Level III studies with a low risk of bias or Level I or II studies with a moderate risk of bias**
	D	**Level IV studies or Level I to III studies/SRs with a high risk of bias**
2. Consistency *(if only one study was available, rank this component as 'not applicable')*		
N/A	A	**All studies consistent**
	B	**Most studies consistent and inconsistency can be explained**
	C	**Some inconsistency, reflecting genuine uncertainty around question**
	D	**Evidence is inconsistent**
	NA	**Not applicable (one study only)**
3. Clinical impact *(Indicate in the space below if the study results varied according to some unknown factor (not simply study quality or sample size) and thus the clinical impact of the intervention could not be determined)*		
The Bartak et al. (2011) paper does not demonstrate a clinically significant result.	A	**Very large**
	B	**Substantial**
	C	**Moderate**
	D	**Slight / Restricted**
4. Generalisability *(How well does the body of evidence match the population and clinical settings being targeted by the Guideline?)*		
The study population is similar to a typical cohort of BPD patients. However, in order to participate in a long-term clinical trial, this would indicate that participants are open to treatment. Long-term treatment populations are not currently generalisable to the Australian setting.	A	**Evidence directly generalisable to target population**
	B	**Evidence directly generalisable to target population with some caveats**
	C	**Evidence not directly generalisable to the target population but could be sensibly applied**
	D	**Evidence not directly generalisable to target population and hard to judge whether it is sensible to apply**

5. Applicability *(Is the body of evidence relevant to the Australian healthcare context in terms of health services/delivery of care and cultural factors?)*		
Inpatient and day patient psychotherapy is currently not available in the Australian health care setting.	A	**Evidence directly applicable to Australian healthcare context**
	B	**Evidence applicable to Australian healthcare context with few caveats**
	C	**Evidence probably applicable to Australian healthcare context with some caveats**
	D	**Evidence not applicable to Australian healthcare context**

Other factors *(Indicate here any other factors that you took into account when assessing the evidence base (for example, issues that might cause the group to downgrade or upgrade the recommendation)*

The committee noted that long-term inpatient care is not generally available or recommended in Australia, and agreed that the evidence-base was insufficient from which to formulate evidence-based recommendations on the effectiveness of long-term inpatient care for the treatment of BPD. However, given the importance of this issue, the committee formulated one consensus-based recommendation and one practice point on long-term inpatient care in Australia. There is insufficient evidence to determine the effectiveness of long-term inpatient care for the treatment of BPD.

EVIDENCE STATEMENT MATRIX

Please summarise the development group's synthesis of the evidence relating to the key question, taking all the above factors into account.

Component	Rating	Description
1. Evidence base	C	
2. Consistency	N/A	
3. Clinical impact	D	
4. Generalisability	B	
5. Applicability	D	

Indicate any dissenting opinions

RECOMMENDATIONS	**GRADE OF RECOMMENDATION**
	N/A

The committee determined that there was insufficient evidence from which to form evidence-based recommendations, and elected to make one consensus-based recommendation (R35) and one practice point (R36). These recommendations are outlined in section 6.4.3 of the guideline.

NHMRC Evidence Statement Form for Clinical Question 19

Key question: Are particular therapies suited for particular service settings?		**Evidence table ref: 19**
1. Evidence base *(number of studies, level of evidence and risk of bias in the included studies)*		
No studies were found by NICE or in the updated search.	A	**One or more level I studies with a low risk of bias or several level II studies with a low risk of bias**
	B	**One or two Level II studies with a low risk of bias or SR/several Level III studies with a low risk of bias**
	C	**One or two Level III studies with a low risk of bias or Level I or II studies with a moderate risk of bias**
	D	**Level IV studies or Level I to III studies/SRs with a high risk of bias**
2. Consistency *(if only one study was available, rank this component as 'not applicable')*		
N/A	A	**All studies consistent**
	B	**Most studies consistent and inconsistency can be explained**
	C	**Some inconsistency, reflecting genuine uncertainty around question**
	D	**Evidence is inconsistent**
	NA	**Not applicable (one study only)**
3. Clinical impact *(Indicate in the space below if the study results varied according to some unknown factor (not simply study quality or sample size) and thus the clinical impact of the intervention could not be determined)*		
N/A	A	**Very large**
	B	**Substantial**
	C	**Moderate**
	D	**Slight / Restricted**
4. Generalisability *(How well does the body of evidence match the population and clinical settings being targeted by the Guideline?)*		
N/A	A	**Evidence directly generalisable to target population**
	B	**Evidence directly generalisable to target population with some caveats**
	C	**Evidence not directly generalisable to the target population but could be sensibly applied**
	D	**Evidence not directly generalisable to target population and hard to judge whether it is sensible to apply**

5. Applicability *(Is the body of evidence relevant to the Australian healthcare context in terms of health services/delivery of care and cultural factors?)*		
N/A	A	**Evidence directly applicable to Australian healthcare context**
	B	**Evidence applicable to Australian healthcare context with few caveats**
	C	**Evidence probably applicable to Australian healthcare context with some caveats**
	D	**Evidence not applicable to Australian healthcare context**

Other factors *(Indicate here any other factors that you took into account when assessing the evidence base (for example, issues that might cause the group to downgrade or upgrade the recommendation)*

No studies were found during the NICE search. No papers were identified in the updated search.

EVIDENCE STATEMENT MATRIX

Please summarise the development group's synthesis of the evidence relating to the key question, taking all the above factors into account.

Component	Rating	Description
1. Evidence base	N/A	
2. Consistency	N/A	
3. Clinical impact	N/A	
4. Generalisability	N/A	
5. Applicability	N/A	

Indicate any dissenting opinions

RECOMMENDATION	**GRADE OF RECOMMENDATION** N/A
The committee elected not to make consensus-based recommendations on the efficacy of specific BPD therapies to be delivered by particular types of healthcare services.	

NHMRC Evidence Statement Form for Clinical Question 20

Key question: How should healthcare professionals from other healthcare settings care for people with BPD? (primary care, A&E, crisis services, crisis houses, acute care)		**Evidence table ref: 20**
1. Evidence base *(number of studies, level of evidence and risk of bias in the included studies)*		
No studies were found by NICE or in the updated search.	A	**One or more level I studies with a low risk of bias or several level II studies with a low risk of bias**
	B	**One or two Level II studies with a low risk of bias or SR/several Level III studies with a low risk of bias**
	C	**One or two Level III studies with a low risk of bias or Level I or II studies with a moderate risk of bias**
	D	**Level IV studies or Level I to III studies/SRs with a high risk of bias**
2. Consistency *(if only one study was available, rank this component as 'not applicable')*		
N/A	A	**All studies consistent**
	B	**Most studies consistent and inconsistency can be explained**
	C	**Some inconsistency, reflecting genuine uncertainty around question**
	D	**Evidence is inconsistent**
	NA	**Not applicable (one study only)**
3. Clinical impact *(Indicate in the space below if the study results varied according to some unknown factor (not simply study quality or sample size) and thus the clinical impact of the intervention could not be determined)*		
N/A	A	**Very large**
	B	**Substantial**
	C	**Moderate**
	D	**Slight / Restricted**
4 Generalisability *(How well does the body of evidence match the population and clinical settings being targeted by the Guideline?)*		
N/A	A	**Evidence directly generalisable to target population**
	B	**Evidence directly generalisable to target population with some caveats**
	C	**Evidence not directly generalisable to the target population but could be sensibly applied**
	D	**Evidence not directly generalisable to target population and hard to judge whether it is sensible to apply**

5. Applicability (Is the body of evidence relevant to the Australian healthcare context in terms of health services/delivery of care and cultural factors?)		
N/A	A	**Evidence directly applicable to Australian healthcare context**
	B	**Evidence applicable to Australian healthcare context with few caveats**
	C	**Evidence probably applicable to Australian healthcare context with some caveats**
	D	**Evidence not applicable to Australian healthcare context**

Other factors *(Indicate here any other factors that you took into account when assessing the evidence base (for example, issues that might cause the group to downgrade or upgrade the recommendation)*

No studies were found during the NICE search. No papers were identified in the updated search.

EVIDENCE STATEMENT MATRIX

Please summarise the development group's synthesis of the evidence relating to the key question, taking all the above factors into account.

Component	Rating	Description
1. Evidence base	N/A	
2. Consistency	N/A	
3. Clinical impact	N/A	
4. Generalisability	N/A	
5. Applicability	N/A	

Indicate any dissenting opinions

RECOMMENDATION	GRADE OF RECOMMENDATION
	N/A

The committee elected to make one consensus-based recommendation on the roles of health professionals in caring for people with BPD (R38), included in section 6.6.3 of the guideline.

NHMRC Evidence Statement Form for Clinical Question 21

Key question: Which treatment pathways, care processes and clinical principles (case management, care coordination and so on) maximise the effectiveness of care and reduce harm?		Evidence table ref: 21
1. Evidence base *(number of studies, level of evidence and risk of bias in the included studies)*		
No studies were found by NICE or in the updated search.	A	**One or more level I studies with a low risk of bias or several level II studies with a low risk of bias**
	B	**One or two Level II studies with a low risk of bias or SR/several Level III studies with a low risk of bias**
	C	**One or two Level III studies with a low risk of bias or Level I or II studies with a moderate risk of bias**
	D	**Level IV studies or Level I to III studies/SRs with a high risk of bias**
2. Consistency *(if only one study was available, rank this component as 'not applicable')*		
N/A	A	**All studies consistent**
	B	**Most studies consistent and inconsistency can be explained**
	C	**Some inconsistency, reflecting genuine uncertainty around question**
	D	**Evidence is inconsistent**
	NA	**Not applicable (one study only)**
3. Clinical impact *(Indicate in the space below if the study results varied according to some unknown factor (not simply study quality or sample size) and thus the clinical impact of the intervention could not be determined)*		
N/A	A	**Very large**
	B	**Substantial**
	C	**Moderate**
	D	**Slight / Restricted**
4. Generalisability *(How well does the body of evidence match the population and clinical settings being targeted by the Guideline?)*		
N/A	A	**Evidence directly generalisable to target population**
	B	**Evidence directly generalisable to target population with some caveats**
	C	**Evidence not directly generalisable to the target population but could be sensibly applied**
	D	**Evidence not directly generalisable to target population and hard to judge whether it is sensible to apply**

5. Applicability *(Is the body of evidence relevant to the Australian healthcare context in terms of health services/delivery of care and cultural factors?)*		
N/A	A	**Evidence directly applicable to Australian healthcare context**
	B	**Evidence applicable to Australian healthcare context with few caveats**
	C	**Evidence probably applicable to Australian healthcare context with some caveats**
	D	**Evidence not applicable to Australian healthcare context**

Other factors *(Indicate here any other factors that you took into account when assessing the evidence base (for example, issues that might cause the group to downgrade or upgrade the recommendation)*

No studies specifically relating to this clinical question were found in the literature search conducted by NICE. No studies were retrieved in the systematic review

EVIDENCE STATEMENT MATRIX

Please summarise the development group's synthesis of the evidence relating to the key question, taking all the above factors into account.

Component	Rating	Description
1. Evidence base	N/A	
2. Consistency	N/A	
3. Clinical impact	N/A	
4. Generalisability	N/A	
5. Applicability	N/A	

Indicate any dissenting opinions

RECOMMENDATION	**GRADE OF RECOMMENDATION** N/A

The committee elected to formulate seven consensus-based recommendations regarding coordinating care for people with BPD (R39, R40, R41, R42, R43, R44, R45), which are included in section 6.7.3 of the guideline.

NHMRC Evidence Statement Form for Clinical Question 22

Key question: How can healthcare professionals involved in the care of people with BPD best be supported?		**Evidence table ref: 22**
1. Evidence base *(number of studies, level of evidence and risk of bias in the included studies)*		
i) NICE findings ii) Updated search 2x Level-II RCTs: Dimeff et al. (2011) – not just BPD patients, included health professionals. Treloar (2009) – control group only partially randomised vs. CBT and psychoanalytic training group, medium risk of bias. Both of these studies only deal with the issue of training in DBT for health professionals.	A	**One or more level I studies with a low risk of bias or several level II studies with a low risk of bias**
	B	**One or two Level II studies with a low risk of bias or SR/several Level III studies with a low risk of bias**
	C	**One or two Level III studies with a low risk of bias or Level I or II studies with a moderate risk of bias**
	D	**Level IV studies or Level I to III studies/SRs with a high risk of bias**
2. Consistency *(if only one study was available, rank this component as 'not applicable')*		
Both studies demonstrate that training is effective.	A	**All studies consistent**
	B	**Most studies consistent and inconsistency can be explained**
	C	**Some inconsistency, reflecting genuine uncertainty around question**
	D	**Evidence is inconsistent**
	NA	**Not applicable (one study only)**
3. Clinical impact *(Indicate in the space below if the study results varied according to some unknown factor (not simply study quality or sample size) and thus the clinical impact of the intervention could not be determined)*		
Restricted.	A	**Very large**
	B	**Substantial**
	C	**Moderate**
	D	**Slight / Restricted**
4. Generalisability *(How well does the body of evidence match the population and clinical settings being targeted by the Guideline?)*		
Population – mental health professionals, only treatment provided for students and in training. Dimeff et al. (2011) – participant group not specific to BPD providers. Treloar (2009) – range of healthcare practitioners.	A	**Evidence directly generalisable to target population**
	B	**Evidence directly generalisable to target population with some caveats**
	C	**Evidence not directly generalisable to the target population but could be sensibly applied**
	D	**Evidence not directly generalisable to target population and hard to judge whether it is sensible to apply**

5. Applicability *(Is the body of evidence relevant to the Australian healthcare context in terms of health services/delivery of care and cultural factors?)*		
Non-specialists can be trained in DBT in 2.5 hours. Caveats – one group consisted of clinicians from USA with some slight differences.	A	**Evidence directly applicable to Australian healthcare context**
	B	**Evidence applicable to Australian healthcare context with few caveats**
	C	**Evidence probably applicable to Australian healthcare context with some caveats**
	D	**Evidence not applicable to Australian healthcare context**

Other factors *(Indicate here any other factors that you took into account when assessing the evidence base (for example, issues that might cause the group to downgrade or upgrade the recommendation)*

There is insufficient evidence from which to formulate an evidence-based recommendation in relation to support for health professionals working with people with BPD. There is no evidence in relation to the issues of supervision, case load, or other forms of support.

EVIDENCE STATEMENT MATRIX

Please summarise the development group's synthesis of the evidence relating to the key question, taking all the above factors into account.

Component	Rating	Description
Evidence base	C	
Consistency	B	
Clinical impact	D	
Generalisability	B	
Applicability	B	

Indicate any dissenting opinions

RECOMMENDATION	**GRADE OF RECOMMENDATION** N/A

The committee determined that there was insufficient evidence to formulate evidence-based recommendations on components of support or specific case loads for health professionals working with people with BPD. The committee elected to make five consensus-based recommendations (R46, R47, R48, R49, R50), which are outlined in section 6.8.3 of the guideline.

NHMRC Evidence Statement Form for Clinical Question 23

Key question: Do families (including children) and families/carers of people with BPD have specific care needs?		Evidence table ref: 23
1. Evidence base (number of studies, level of evidence and risk of bias in the included studies)		
No studies were identified in the updated search.	A	One or more level I studies with a low risk of bias or several level II studies with a low risk of bias
	B	One or two Level II studies with a low risk of bias or SR/several Level III studies with a low risk of bias
	C	One or two Level III studies with a low risk of bias or Level I or II studies with a moderate risk of bias
	D	Level IV studies or Level I to III studies/SRs with a high risk of bias
2. Consistency *(if only one study was available, rank this component as 'not applicable')*		
N/A	A	All studies consistent
	B	Most studies consistent and inconsistency can be explained
	C	Some inconsistency, reflecting genuine uncertainty around question
	D	Evidence is inconsistent
	NA	Not applicable (one study only)
3. Clinical impact *(Indicate in the space below if the study results varied according to some unknown factor (not simply study quality or sample size) and thus the clinical impact of the intervention could not be determined)*		
N/A	A	Very large
	B	Substantial
	C	Moderate
	D	Slight / Restricted
4. Generalisability *(How well does the body of evidence match the population and clinical settings being targeted by the Guideline?)*		
N/A	A	Evidence directly generalisable to target population
	B	Evidence directly generalisable to target population with some caveats
	C	Evidence not directly generalisable to the target population but could be sensibly applied
	D	Evidence not directly generalisable to target population and hard to judge whether it is sensible to apply

5. Applicability *(Is the body of evidence relevant to the Australian healthcare context in terms of health services/delivery of care and cultural factors?)*		
N/A	A	Evidence directly applicable to Australian healthcare context
	B	Evidence applicable to Australian healthcare context with few caveats
	C	Evidence probably applicable to Australian healthcare context with some caveats
	D	Evidence not applicable to Australian healthcare context

Other factors *(Indicate here any other factors that you took into account when assessing the evidence base (for example, issues that might cause the group to downgrade or upgrade the recommendation)*

A systematic search was not undertaken by NICE for this clinical question.

EVIDENCE STATEMENT MATRIX

Please summarise the development group's synthesis of the evidence relating to the key question, taking all the above factors into account.

Component	Rating	Description
1. Evidence base	N/A	
2. Consistency	N/A	
3. Clinical impact	N/A	
4. Generalisability	N/A	
5. Applicability	N/A	

Indicate any dissenting opinions

RECOMMENDATION	**GRADE OF RECOMMENDATION** N/A
The committee elected to make two practice points on providing for the needs of families/carers of people with BPD (R57 and R58), which are outlined in section 7.3.3 of the guideline.	

NHMRC Evidence Statement Form for Clinical Question 24

Key question: If so, what specific interventions should be offered?		**Evidence table ref: 24**
1. Evidence base *(number of studies, level of evidence and risk of bias in the included studies)*		
No studies were identified in the updated search.	A	One or more level I studies with a low risk of bias or several level II studies with a low risk of bias
	B	One or two Level II studies with a low risk of bias or SR/several Level III studies with a low risk of bias
	C	One or two Level III studies with a low risk of bias or Level I or II studies with a moderate risk of bias
	D	Level IV studies or Level I to III studies/SRs with a high risk of bias
2. Consistency *(if only one study was available, rank this component as 'not applicable')*		
N/A	A	**All studies consistent**
	B	**Most studies consistent and inconsistency can be explained**
	C	**Some inconsistency, reflecting genuine uncertainty around question**
	D	**Evidence is inconsistent**
	NA	**Not applicable (one study only)**
3. Clinical impact *(Indicate in the space below if the study results varied according to some unknown factor (not simply study quality or sample size) and thus the clinical impact of the intervention could not be determined)*		
N/A	A	**Very large**
	B	**Substantial**
	C	**Moderate**
	D	**Slight / Restricted**
4. Generalisability *(How well does the body of evidence match the population and clinical settings being targeted by the Guideline?)*		
N/A	A	**Evidence directly generalisable to target population**
	B	**Evidence directly generalisable to target population with some caveats**
	C	**Evidence not directly generalisable to the target population but could be sensibly applied**
	D	**Evidence not directly generalisable to target population and hard to judge whether it is sensible to apply**

5. Applicability *(Is the body of evidence relevant to the Australian healthcare context in terms of health services/delivery of care and cultural factors?)*		
N/A	A	**Evidence directly applicable to Australian healthcare context**
	B	**Evidence applicable to Australian healthcare context with few caveats**
	C	**Evidence probably applicable to Australian healthcare context with some caveats**
	D	**Evidence not applicable to Australian healthcare context**

Other factors *(Indicate here any other factors that you took into account when assessing the evidence base (for example, issues that might cause the group to downgrade or upgrade the recommendation)*

A systematic search was not conducted by NICE for this clinical question.

EVIDENCE STATEMENT MATRIX

Please summarise the development group's synthesis of the evidence relating to the key question, taking all the above factors into account.

Component	Rating	Description
1. Evidence base	N/A	
2. Consistency	N/A	
3. Clinical impact	N/A	
4. Generalisability	N/A	
5. Applicability	N/A	

Indicate any dissenting opinions

RECOMMENDATION	**GRADE OF RECOMMENDATION** **N/A**
The committee elected to make one consensus-based recommendation (R59) and four practice points regarding interventions to meet family and carer needs (R60, R61, R62, R63), which are outlined in section 7.4.3 of the guideline.	

NHMRC Evidence Statement Form for Clinical Question 25

Key question: Do family or carers, through their behaviour, styles of relating and relationships, influence clinical and social outcomes or well-being for people with BPD?		**Evidence table ref: 25**
1. Evidence base *(number of studies, level of evidence and risk of bias in the included studies)*		
No studies were identified in the updated search.	A	**One or more level I studies with a low risk of bias or several level II studies with a low risk of bias**
	B	**One or two Level II studies with a low risk of bias or SR/several Level III studies with a low risk of bias**
	C	**One or two Level III studies with a low risk of bias or Level I or II studies with a moderate risk of bias**
	D	**Level IV studies or Level I to III studies/SRs with a high risk of bias**
2. Consistency *(if only one study was available, rank this component as 'not applicable')*		
N/A	A	**All studies consistent**
	B	**Most studies consistent and inconsistency can be explained**
	C	**Some inconsistency, reflecting genuine uncertainty around question**
	D	**Evidence is inconsistent**
	NA	**Not applicable (one study only)**
3. Clinical impact *(Indicate in the space below if the study results varied according to some unknown factor (not simply study quality or sample size) and thus the clinical impact of the intervention could not be determined)*		
N/A	A	**Very large**
	B	**Substantial**
	C	**Moderate**
	D	**Slight / Restricted**
4. Generalisability *(How well does the body of evidence match the population and clinical settings being targeted by the Guideline?)*		
N/A	A	**Evidence directly generalisable to target population**
	B	**Evidence directly generalisable to target population with some caveats**
	C	**Evidence not directly generalisable to the target population but could be sensibly applied**
	D	**Evidence not directly generalisable to target population and hard to judge whether it is sensible to apply**

5. Applicability *(Is the body of evidence relevant to the Australian healthcare context in terms of health services/delivery of care and cultural factors?)*		
N/A	A	**Evidence directly applicable to Australian healthcare context**
	B	**Evidence applicable to Australian healthcare context with few caveats**
	C	**Evidence probably applicable to Australian healthcare context with some caveats**
	D	**Evidence not applicable to Australian healthcare context**

Other factors *(Indicate here any other factors that you took into account when assessing the evidence base (for example, issues that might cause the group to downgrade or upgrade the recommendation)*

No systematic search was conducted by NICE for this question; a narrative review was presented and identified two studies. No studies were retrieved in the systematic review

EVIDENCE STATEMENT MATRIX

Please summarise the development group's synthesis of the evidence relating to the key question, taking all the above factors into account.

Component	Rating	Description
1. Evidence base	N/A	
2. Consistency	N/A	
3. Clinical impact	N/A	
4. Generalisability	N/A	
5. Applicability	N/A	

Indicate any dissenting opinions

RECOMMENDATION	**GRADE OF RECOMMENDATION** N/A
The committee elected not to make any recommendations on the potential influences of family and carers on health outcomes for people with BPD.	

NHMRC Evidence Statement Form for Clinical Question 26

Key question: If so, what interventions should be offered?		**Evidence table ref: 26**
1. Evidence base *(number of studies, level of evidence and risk of bias in the included studies)*		
No studies were identified in the updated search.	A	**One or more level I studies with a low risk of bias or several level II studies with a low risk of bias**
	B	**One or two Level II studies with a low risk of bias or SR/several Level III studies with a low risk of bias**
	C	**One or two Level III studies with a low risk of bias or Level I or II studies with a moderate risk of bias**
	D	**Level IV studies or Level I to III studies/SRs with a high risk of bias**
2. Consistency *(if only one study was available, rank this component as 'not applicable')*		
N/A	A	**All studies consistent**
	B	**Most studies consistent and inconsistency can be explained**
	C	**Some inconsistency, reflecting genuine uncertainty around question**
	D	**Evidence is inconsistent**
	NA	**Not applicable (one study only)**
3. Clinical impact *(Indicate in the space below if the study results varied according to some unknown factor (not simply study quality or sample size) and thus the clinical impact of the intervention could not be determined)*		
N/A	A	**Very large**
	B	**Substantial**
	C	**Moderate**
	D	**Slight / Restricted**
4. Generalisability *(How well does the body of evidence match the population and clinical settings being targeted by the Guideline?)*		
N/A	A	**Evidence directly generalisable to target population**
	B	**Evidence directly generalisable to target population with some caveats**
	C	**Evidence not directly generalisable to the target population but could be sensibly applied**
	D	**Evidence not directly generalisable to target population and hard to judge whether it is sensible to apply**

5. Applicability *(Is the body of evidence relevant to the Australian healthcare context in terms of health services/delivery of care and cultural factors?)*		
N/A	A	**Evidence directly applicable to Australian healthcare context**
	B	**Evidence applicable to Australian healthcare context with few caveats**
	C	**Evidence probably applicable to Australian healthcare context with some caveats**
	D	**Evidence not applicable to Australian healthcare context**

Other factors *(Indicate here any other factors that you took into account when assessing the evidence base (for example, issues that might cause the group to downgrade or upgrade the recommendation)*

The NICE search revealed no empirical findings. No studies were retrieved in the systematic review

EVIDENCE STATEMENT MATRIX

Please summarise the development group's synthesis of the evidence relating to the key question, taking all the above factors into account.

Component	Rating	Description
1. Evidence base	N/A	
2. Consistency	N/A	
3. Clinical impact	N/A	
4. Generalisability	N/A	
5. Applicability	N/A	

Indicate any dissenting opinions

RECOMMENDATION	GRADE OF RECOMMENDATION	
The committee elected to make six consensus-based recommendations regarding interventions directed towards families and carers to support the management of BPD (R51, R52, R53, R54, R55, R56), which are outlined in section 7.2.3 of the guideline.		

NHMRC Evidence Statement Form for Additional Question: Research on BPD Related to Aboriginal and Torres Strait Islander Peoples

Key question: Research on BPD related to Aboriginal and Torres Strait Islander Peoples		Evidence table ref: ATSI
1. Evidence base *(number of studies, level of evidence and risk of bias in the included studies)*		
No evidence was retrieved in the systematic review.	A	One or more level I studies with a low risk of bias or several level II studies with a low risk of bias
	B	One or two Level II studies with a low risk of bias or SR/several Level III studies with a low risk of bias
	C	One or two Level III studies with a low risk of bias or Level I or II studies with a moderate risk of bias
	D	Level IV studies or Level I to III studies/SRs with a high risk of bias
2. Consistency *(if only one study was available, rank this component as 'not applicable')*		
N/A	A	All studies consistent
	B	Most studies consistent and inconsistency can be explained
	C	Some inconsistency, reflecting genuine uncertainty around question
	D	Evidence is inconsistent
	NA	Not applicable (one study only)
3. Clinical impact *(Indicate in the space below if the study results varied according to some unknown factor (not simply study quality or sample size) and thus the clinical impact of the intervention could not be determined)*		
N/A	A	Very large
	B	Substantial
	C	Moderate
	D	Slight / Restricted
4. Generalisability *(How well does the body of evidence match the population and clinical settings being targeted by the Guideline?)*		
N/A	A	Evidence directly generalisable to target population
	B	Evidence directly generalisable to target population with some caveats
	C	Evidence not directly generalisable to the target population but could be sensibly applied
	D	Evidence not directly generalisable to target population and hard to judge whether it is sensible to apply

5. Applicability *(Is the body of evidence relevant to the Australian healthcare context in terms of health services/delivery of care and cultural factors?)*		
N/A	A	**Evidence directly applicable to Australian healthcare context**
	B	**Evidence applicable to Australian healthcare context with few caveats**
	C	**Evidence probably applicable to Australian healthcare context with some caveats**
	D	**Evidence not applicable to Australian healthcare context**

Other factors *(Indicate here any other factors that you took into account when assessing the evidence base (for example, issues that might cause the group to downgrade or upgrade the recommendation)*

The strategy for the systematic review included search terms aimed at identifying literature relevant to Aboriginal and Torres Strait Islander populations. However, no relevant evidence was retrieved.

EVIDENCE STATEMENT MATRIX

Please summarise the development group's synthesis of the evidence relating to the key question, taking all the above factors into account.

Component	Rating	Description
1. Evidence base	N/A	
2. Consistency	N/A	
3. Clinical impact	N/A	
4. Generalisability	N/A	
5. Applicability	N/A	

Indicate any dissenting opinions

RECOMMENDATION	**GRADE OF RECOMMENDATION** N/A

The committee recommended that further research be conducted to investigate the prevalence of BPD in Aboriginal and Torres Strait Island populations, and to explore how services could best be organised to meet their needs. These research recommendations are included in chapter 9 of the guideline.

NHMRC Evidence Statement Form for Additional Question: Research on Cost-effectiveness of BPD Treatments

Key question: Cost-effectiveness of BPD treatments		**Evidence table ref: Cost-effectiveness**
1. Evidence base *(number of studies, level of evidence and risk of bias in the included studies)*		
2x Level-II RCTs: Pasienczny et al. (2011) Thunnussen et al. (2008)	A	**One or more level I studies with a low risk of bias or several level II studies with a low risk of bias**
	B	**One or two Level II studies with a low risk of bias or SR/several Level III studies with a low risk of bias**
	C	**One or two Level III studies with a low risk of bias or Level I or II studies with a moderate risk of bias**
	D	**Level IV studies or Level I to III studies/SRs with a high risk of bias**
2. Consistency *(if only one study was available, rank this component as 'not applicable')*		
These papers reported against variable outcome measures and in different service settings.	A	**All studies consistent**
	B	**Most studies consistent and inconsistency can be explained**
	C	**Some inconsistency, reflecting genuine uncertainty around question**
	D	**Evidence is inconsistent**
	NA	**Not applicable (one study only)**
3. Clinical impact *(Indicate in the space below if the study results varied according to some unknown factor (not simply study quality or sample size) and thus the clinical impact of the intervention could not be determined)*		
This question is about cost effectiveness of interventions, not cost effectiveness of interventions.	A	**Very large**
	B	**Substantial**
	C	**Moderate**
	D	**Slight / Restricted**
4. Generalisability (How well does the body of evidence match the population and clinical settings being targeted by the Guideline?)		
The study population from Pasienczny et al. (2011) is generalizable to the target population. That in the study by Thunnussen et al. (2008) is not specific to BPD.	A	**Evidence directly generalisable to target population**
	B	**Evidence directly generalisable to target population with some caveats**
	C	**Evidence not directly generalisable to the target population but could be sensibly applied**
	D	**Evidence not directly generalisable to target population and hard to judge whether it is sensible to apply**

5. Applicability *(Is the body of evidence relevant to the Australian healthcare context in terms of health services/delivery of care and cultural factors?)*		
The healthcare setting population from Pasienczny et al. (2011) is applicable to the health care setting. However Thunnussen et al. (2008) is not, as long term care in an inpatient setting is not applicable to current health care context.	A	**Evidence directly applicable to Australian healthcare context**
	B	**Evidence applicable to Australian healthcare context with few caveats**
	C	**Evidence probably applicable to Australian healthcare context with some caveats**
	D	**Evidence not applicable to Australian healthcare context**

Other factors *(Indicate here any other factors that you took into account when assessing the evidence base (for example, issues that might cause the group to downgrade or upgrade the recommendation)*

EVIDENCE STATEMENT MATRIX

Please summarise the development group's synthesis of the evidence relating to the key question, taking all the above factors into account.

Component	Rating	Description
1. Evidence base	B	
2. Consistency	D	
3. Clinical impact	N/A	
4. Generalisability	B	
5. Applicability	B	

Indicate any dissenting opinions

RECOMMENDATION	**GRADE OF RECOMMENDATION** N/A
The committee determined that there was insufficient evidence to formulate evidence-based recommendations on the cost-effectiveness of treatments for BPD, and chose not to make consensus-based recommendations.	

Appendix J: Abbreviations and Glossary of Terms

Abbreviations

A&E	accident and emergency
ADs	antidepressants
AGREE	Appraisal of Guidelines Research and Evaluation
AOD	alcohol and other drugs
APs	antipsychotics
BDI	Beck depression inventory
BI	Barrat inventory
BPD	borderline personality disorder
BPD-SI	borderline personality disorder symptoms severity and frequency
BPQ	borderline personality questionnaire
BPRS	brief psychiatric rating scale
BSI	brief symptom inventory
CAMHS	child and adolescent mental health service
CAT	cognitive analytic therapy (a form of structured psychological therapy)
CBR	consensus-based recommendation
CBT	cognitive behavioural therapy
CGI-BPD	clinical global impression-BPD scale
CISSB	Cornell interview for suicidal and self-harming behaviour
COAG	Council of Australian Government
CPA	care programme approach
CRTHI	Cornell revised treatment history inventory
CSRI	client service receipt inventory
CSPD	complex and severe personality disorder
DBT	dialectical behaviour therapy
DDP	dynamic deconstructive psychotherapy
DES	dissociative experiences scale
DFST	dual-focused schema therapy

DIB	diagnostic interview for borderlines
DoHA	Department of Health and Ageing
DSH	deliberate self-harm
DSM	*Diagnostic and Statistical Manual of Mental Disorders*
DSM-III	*Diagnostic and Statistical Manual of Mental Disorders 3rd edition*
DSM-IV-TR	*Diagnostic and Statistical Manual of Mental Disorders 4th edition – text revision*
EBR	evidence-based recommendation
ERGT	emotion regulation group therapy
ERT	emotion regulation therapy
EurQoL EQ-5D	EurQoL Group quality of life assessment instrument
FGAs	first-generation antipsychotics
GAF	global assessment of functioning
GCC	good clinical care
GDC	guideline development committee
GDG	guideline development group
GP	general practitioner
GPM	general psychiatric management
GSI	global severity index
HARS	Hamilton anxiety rating scale
HDRS	Hamilton depression rating scale
HYPE	Helping Young People Early program
ICD	*International Statistical Classification of Diseases*
ICD-10	*International Statistical Classification of Diseases 10th revision*
IDC	individual drug counselling
IIP	inventory of interpersonal problems
IMPS	inpatient multidimensional psychiatric scale
IPT	interpersonal therapy
ITT	intention to treat
MACT	manual-assisted cognitive therapy
MAOIs	monoamine oxidase inhibitors
MBT	mentalisation-based therapy
MOTR	motive-oriented therapeutic relationship

MSI-BPD	McLean screening instrument for borderline personality disorder
NHMRC	National Health and Medical Research Council
NICE	National Institute for Health and Clinical Excellence [UK]
OAS	overt aggression scale
OCC	optimised community care
OQ	outcome questionnaire
PAI	personality assessment inventory
PANAS	positive and negative affect schedule
PD	personality disorder
PP	practice point
PTSD	post-traumatic stress disorder
QOL	quality of life
RCT	randomised controlled trial
SAT-P	satisfaction profile
SCID-II	structured clinical interview for DSM-IV axis II disorders
SCL	symptom checklist
SCL-90	symptom checklist-90
SCL-R-90	symptom checklist-90-revised
SCM	structured clinical management
SFQ	social functioning questionnaire
SFT	schema-focused therapy
SGAs	second generation antipsychotics
SGT	standard group therapy
SI	severity index
SOFAS	social and occupational functioning assessment scale
SPS	suicide probability scale
SR	systematic review
SSRIs	selective serotonin reuptake inhibitors
ST	skills training
STAI	Spielberger state-trait anxiety inventory
STAXI	state-trait anger expression inventory
Std diff	standard difference

STEPPS	systems training for emotional predictability and problem solving
TA	therapeutic assessment
TAU	treatment as usual
TCAs	tricyclic antidepressants
TFP	transference-focused psychotherapy
THI	treatment history intervention
WHOQoL QHOQoL-Bref	World Health Organization quality of life assessment instrument
WL	wait list
YSQ	young schema questionnaire
ZAN-BPD	Zanarini rating scale for borderline personality disorder

Glossary of Terms

Acceptance and commitment therapy	Definition adapted from APA Dictionary of Psychology[5]: *A form of cognitive behaviour therapy that helps clients to abandon ineffective control strategies, to accept difficult thoughts and feelings without taking them to be literally true, and to take actions in accordance with their own values and goals. The therapy is based on the premise that ineffective strategies to control thoughts and feelings actually lead to problem behaviours.*
AGREE	Appraisal of guidelines, research and evaluation – An international collaboration of researchers and policy makers whose aim is to improve the quality and effectiveness of clinical practice guidelines (http://www.agreecollaboration.org). The AGREE instrument developed by the collaboration is designed to assess the quality of clinical guidelines.
Axis I disorders	The group of mental disorders that includes all except personality disorders and mental retardation (one of five groups within the framework for assessment and diagnosis used by the American Psychiatric Association *Diagnostic and statistical manual of mental disorders*).
Axis II disorders	Personality disorders and mental retardation (one of five groups within the framework for assessment and diagnosis used by the American Psychiatric Association *Diagnostic and statistical manual of mental disorders*).
Carer	Definition adapted from *Commonwealth of Australia Carer Recognition Act (2010)*[8]: A person who provides personal care, support and assistance to another person who needs it due to a mental illness, disability, medical condition or old age. In this guideline, a carer is not a person who provides the service for payment under a contract, or voluntarily through a charitable, welfare or community organisation or as part of training. An individual is not necessarily a carer merely because he or she is a spouse or relative of the person who needs care.
Clinical effectiveness	The extent to which an intervention produces an overall health benefit in routine clinical practice.
Clinical impact	The effect that an intervention is likely to have on the treatment or treatment outcomes of the target population.
Clinical question	In guideline development, this term refers to the questions about treatment and care that are formulated to guide the development of evidence-based recommendations.

Clinical trial	An experiment to compare the effects of two or more healthcare interventions. Clinical trial is an umbrella term for a variety of designs of healthcare trials, including uncontrolled trials, controlled trials, and randomised controlled trials. (Also called intervention study).
Clinician	A healthcare professional providing direct patient care, for example doctor or nurse.
Cochrane Library	A regularly updated electronic collection of evidence-based medicine databases, including the Cochrane Database of Systematic Reviews.
Cochrane review	A systematic review of the evidence from randomised controlled trials relating to a particular health problem or healthcare intervention, produced by The Cochrane Collaboration. Available electronically as part of the Cochrane Library.
Cognitive behavioural therapy	Definition from APA Dictionary of Psychology[5]: *A form of psychotherapy that integrates theories of cognition and learning with treatment techniques derived from cognitive therapy and behaviour therapy. CBT assumes that cognitive, emotional and behavioural variables are functionally interrelated. Treatment is aimed at identifying and modifying the client's maladaptive thought processes and problematic behaviours through cognitive restructuring and behavioural techniques to achieve change.*
Cohort study	A retrospective or prospective follow-up study. Groups of individuals to be followed up are defined on the basis of presence or absence of exposure to a suspected risk factor or intervention. A cohort study compares groups with different levels of exposure or different exposures.
Comorbidity	Co-existence of more than one disease or an additional disease (other than that being studied or treated) in an individual.
Confidence interval	A range of values for an unknown population parameter with a stated 'confidence' (conventionally 95%) that it contains the true value. The interval is calculated from sample data, and generally straddles the sample estimate. The 'confidence' value means that if the method used to calculate the interval is repeated many times, then that proportion of intervals will actually contain the true value.
Consensus methods	Techniques that aim to reach an agreement on a particular issue. Formal consensus methods include Delphi and nominal group techniques, and consensus development conferences. In the development of clinical guidelines, consensus methods may be used where there is a lack of strong research evidence on a particular topic. Expert consensus methods will aim to reach agreement between experts in a particular field.
Deliberate self-harm	Definition from Beatson et al (2010)[9]: *Refers to the deliberate infliction of damage to the person's own body, without suicide intent.*

Dialectical behaviour therapy	Definition adapted from APA Dictionary of Psychology[5]: [developed by U.S. clinical psychologist Marsha Linehan (1943-)]. *A flexible, stage-based therapy that combines principles of behaviour therapy, cognitive behaviour therapy, and mindfulness.*
Dissociation	The experience of disruption to normal consciousness or psychological functioning, e.g. when a person feels temporarily separated from their own emotions, body or surroundings.
Dual-focused schema therapy	Definition adapted from Van den Bosch & Verheul (2007)[10]: *An integrated dual focus treatment for a broad range of Axis II comorbidity is Dual Focus Schema Therapy (DFST) developed by Samuel Ball. DFST is a 24-week, manual-guided individual therapy, consisting of a set of core topics that integrate symptom-focused relapse prevention and coping skill techniques and schema-focused techniques for maladaptive schemas and coping styles.*
Dynamic deconstructive psychotherapy	Definition adapted from Goldman & Gregory (2010)[11]: *A manual-based, individual psychotherapy approach for treating clients diagnosed with borderline personality disorder who are particularly resistant to treatment, such as those with co-occurring substance use disorders.*
Eating disorders	The group of mental disorders that includes anorexia nervosa and bulimia nervosa.
Emotion regulation training	Definition adapted from Schuppert et al (2009)[12]: *Developed for adolescents with symptoms of borderline personality disorder and emotion dysregulation, ERT is an adaptation of the Systems Training for Emotional Predictability and Problem Solving (STEPPS) programme.*
Evidence table	A table summarising the results of a collection of studies which, taken together, represent the evidence supporting a particular recommendation or series of recommendations in a guideline.
Exclusion criteria (for a clinical study)	Criteria that define who is not eligible to participate in a clinical study.
Exclusion criteria (for a literature review)	Explicit criteria used to decide which studies should be excluded from consideration as potential sources of evidence.
Follow-up	The observation over a period of time of study/trial participants to measure outcomes under investigation.
Forest plot	A graphical representation of the individual results of each study included in a meta-analysis together with the combined meta-analysis result.
General psychiatric management	Definition adapted from McMain et al (2009)[13]: *An active, manualised approach derived from the American Psychological Association (APA) recommendations including a combination of psychodynamically informed therapy and symptom-targeted medication management.*

Grade of recommendation	A rating assigned to a clinical practice recommendation according to the strength of the evidence on which it is based. The NHMRC-preferred system for grading recommendations is described in *NHMRC levels of evidence and grades for recommendations for developers of guidelines*[3] where the overall grade of the recommendation is based on summation of the rating for each individual component of the body of evidence.
Health professionals	Any health workers who provide health care and related medical services, including doctors, nurses, allied health professionals.
Inclusion criteria (for a literature review)	Explicit criteria used to decide which studies should be considered as potential sources of evidence.
Manual-assisted therapy	Definition from APA Dictionary of Psychology[5]: *Interventions that are performed according to specific guidelines for administration, maximising the probability of therapy being conducted consistently across settings, therapists, and clients.*
Mental illness	A clinically diagnosable disorder that significantly interferes with an individual's cognitive, emotional or social abilities. The diagnosis of mental illness is generally made according to the classification systems of the Diagnostic and statistical manual of mental disorders (DSM) or the International statistical classification of diseases and related health problems (ICD).
Mentalisation-based therapy	Definition adapted from Zanarini (2009)[14]: *This treatment, developed by Bateman and Fonagy, aims to increase a patient's curiosity about and skill in identifying his or her feelings and thoughts and those of other people as well.*
Meta-analysis	A statistical technique for combining (pooling) the results of a number of studies that address the same question and report on the same outcomes to produce a summary result. The aim is to derive more precise and clear information from a large data pool. It is generally more reliably likely to confirm or refute a hypothesis than the individual trials.
Mood disorder	A group of mental disorders that affect a person's ability to control emotions (e.g. depression, bipolar disorder).
Multimodal therapy	The simultaneous use of more than one type of therapy, or more than one way of delivering therapy.
Parasuicide	Definition from APA Dictionary of Psychology[5]: *A range of behaviours involving deliberate self-harm that falls short of suicide and may or may not be intended to result in death. It includes attempted suicide and passive suicide.*
Pharmacotherapy	(also called pharmacological treatment pharmacological therapy or drug treatment) The use of medicines to treat a health disorder.

Psychological treatment/therapy	The range of treatments that are based on talking and thinking. Psychological treatments are used for a range of for mental health problems and mental illnesses. Psychological treatments help by giving people an opportunity to talk to a specially trained health professional in order to understand their symptoms, and to help them adapt how they feel, think and act in response to symptoms.
Psychodynamic psychotherapy	Definition from APA Dictionary of Psychology[5]: *Those forms of psychotherapy, falling within or deriving from the psychoanalytic tradition, that view individuals as reacting to unconscious forces (e.g. motivation, drive), that focus on processes of change and development, and that place a premium on self-understanding and making meaning of what is unconscious.*
Psychosis	The general name for a group of mental disorders that are mainly characterised by symptoms like delusions and hallucinations or signs like disorganised speech or behaviour. When someone experiences psychosis they are unable to distinguish what is real from what is not real. Most people can recover from an episode of psychosis.
Psychotherapy	Definition from APA Dictionary of Psychology[5]: *Any psychological service provided by a trained professional that primarily uses forms of communication and interaction to assess, diagnose, and treat dysfunctional emotional reactions, ways of thinking, and behaviour patterns of an individual, family, or group. There are many types of psychotherapy but generally they fall into four major categories: psychodynamic (e.g. psychoanalysis; client-centred therapy), cognitive-behavioural, humanistic (e.g. existential psychotherapy), and integrative psychotherapy.*
Psychosocial treatment/therapy	The range of treatments that include psychological treatments, psychoeducation, self-help groups and training that aims to improve ability to work and social life.
Randomised controlled trial	A comparative study in which participants are randomly allocated to intervention and control groups and followed up to examine differences in outcomes between groups.
Schema-focused therapy	Definition adapted from Zanarini (2009)[14]: *Based on the work of Jeffrey Young. People with BPD are thought to have four dysfunctional life schemas that maintain their psychopathology and dysfunction: detached protector, punitive parent, abandoned/abused child, and angry/impulsive child. Change is achieved through a range of behavioural, cognitive, and experiential techniques that focus on the therapeutic relationship, daily life outside therapy, and past experiences (including traumatic experiences).*
Selective serotonin reuptake inhibitors	A group of medicines used to treat depression.

Stepped care	An approach to healthcare that involves beginning with the least intensive treatment that is likely to be effective for an individual, and providing more intensive treatment (e.g. a hospital stay or specialist treatment) if the person needs it.
Suicidal ideation	Definition from APA Dictionary of Psychology[5]: *Suicidal thoughts or a preoccupation with suicide, often as a symptom of a major depressive episode. Most instances of suicidal ideation do not progress to attempted suicide.*
Systems training for emotional predictability and problem solving	Definition adapted from Black et al (2008)[15]: *STEPPS is a group treatment that combines cognitive-behavioural elements and skills training with a systems component; the latter element is for those with whom the patient regularly interacts.*
Transference-focused psychotherapy	Definition adapted from Zanarini (2009)[14]: *A form of psychotherapy based on Kernberg' s conceptualisation of the core problem of BPD. The primary goal of TFP is to reduce symptomatology and self-destructive behaviour through the modification of representations of self and others as they are enacted in the here and now transference. Clarifications, confrontations, and transference interpretations are the primary techniques of this twice-weekly psychotherapy.*
Updated Search	The systematic search of the literature used to update the body of evidence for the NICE question, with papers published from January 2008 – April 2011.

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Notes

www.nhmrc.gov.au

GPO Box 1421, Canberra ACT 2601

16 Marcus Clarke Street, Canberra City ACT

T. 13 000 NHMRC (13 000 64672) or +61 2 6217 9000 F. 61 2 6217 9100 E. nhmrc@nhmrc.gov.au