

Editorial Άρθρο σύνταξης

Combination of psychodynamic psychotherapy and pharmacotherapy for patients with Personality Disorders: Recent findings

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Personality Disorders are the most controversial diagnostic entities in modern psychiatry. However, there is a common ground in the field of treatment: the psychotherapy of patients with Personality Disorders is the treatment of choice. Research data confirm this assumption, especially for individual psychodynamic and cognitive - behavior psychotherapy.¹

From the 80s onwards, new psychotherapeutic interventions were developed to achieve profound changes to the character pathology of the most serious cases with Personality Disorders, utilizing the existing psychiatric settings (inpatient wards or day hospitals). The latter were taken as the necessary framework (or containing, in psychoanalytic terminology) parameter for dealing with the enactments and suicidal behaviors of these patients.² Psychotherapy always is multimodal, with the concomitant administration of individual and group sessions and expressive psychotherapies as well. The prevailing model is psychodynamic.

Nowadays we have many studies showing that these forms, combining psychiatric and intensive psychotherapeutic approach, provides statistically significant positive results compared to treatment as usual on an outpatient basis or hospitalization without psychotherapeutic orientation.

The research groups headed by Chiesa^{3,4} and Vermote⁵ for inpatient treatment and Karterud^{6,7} and Bateman & Fonagy^{8,9} for partial hospitalization have given clear evidence of efficacy concerning the treatment of Personality Disorders.

Finally, in our research work, using a naturalistic methodology, the psychotherapy- based inpatient treatment of seriously ill patients with Personality Disorders (mean average 4.5 DSM-IV diagnoses) was evaluated.¹⁰ 57% of the subjects received medication adjunct to psychotherapy. Our study showed that for the group of patients who received only psychotherapy within the inpatient framework there was effectiveness to a significant degree, in relation to their impulsivity, but not to suicidality. In the latter, a combination of medication and psychotherapy was superior. These results need confirmation as they are the first regarding the combined pharmacotherapy and psychotherapy treatment in cases of severe Personality Disorders. In any case, it shows the way for the convergence of psychodynamic practice along with psychiatric and psychopharmacological practice to treat seriously ill patients with Personality Disorders.

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