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Objective: We examined the efficacy and safety of low vs. moderate olanzapine doses for the treatment of borderline personality disorder (BPD) in the largest controlled clinical trial ever conducted in this population.

Methods: This 12-week, double-blind trial involved patients 18-65 years with a diagnosis of DSM-IV BPD randomized to receive 2.5mg/day olanzapine (N=150), 5-10mg/day olanzapine (N=148), or placebo (N=153). The primary efficacy measure was the change from baseline-to-endpoint (last-observation-carried-forward) on the Zanarini Rating Scale for BPD (ZAN-BPD) total score. Rate of response and time-to-response were also examined (response defined as a >=50% reduction in ZAN-BPD total score).

Results: Mean baseline ZAN-BPD total scores ranged from 17.01 to 17.42, indicating moderate symptom severity. Treatment with OLZ5-10 was associated with significantly greater mean change from baseline-to-endpoint in ZAN-BPD total score than placebo (-8.50 vs. -6.79, p=.010). Response rates were significantly higher for OLZ5-10 (73.6%) than for OLZ2.5 (60.1%, p=.018) and placebo (57.8%, p=.006). Time-to-response was significantly shorter for OLZ5-10 than placebo (p=.028). Treatment-emergent adverse events seen more frequently in the olanzapine groups included somnolence, increased appetite, and weight gain. Mean weight change from baseline-to-endpoint was 2.09kg for OLZ 2.5, 3.17kg for OLZ5-10, and 0.02kg for placebo.

Conclusions: The results of this study suggest that moderate doses of olanzapine (5-10mg/day) are effective in the treatment of overall borderline psychopathology. Also, the types of adverse events observed with olanzapine treatment were similar to those seen previously in adult populations.

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Personality disorders in a Tunisian psychiatric outpatient unit: A descriptive study

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Background and aims: Personality disorders are common among patients seeking psychiatric care and often coexist with axis I disorders.

This study aimed to determine personality disorders types and their sociodemographic and clinical features in a Tunisian psychiatric population.

Methods: A descriptive study in psychiatric outpatient unit of the university hospital Farhat Hached (Sousse, Tunisia). All five years (January 2000 to December 2004) first time attendances to the unit were retrospectively examined in order to identify those with diagnosis of personality disorder (DSM-IV criteria).

148 cases were selected and assessed: sociodemographic features, medical history, personality disorder type and axis I comorbidity. Assessment was based on patients files.

Results: Cluster B types were the most frequent (54,7%), followed by cluster C (21,6%) then cluster A (9,4%). 14,1% of patients had non specified type.

Mean age was 32,84 ± 10,87 years, with predominance of female gender (52,7%)and urban residency (47,7%. 40,5% of patients were married, 60,2% had high school education level or more and 59% had a regular job.

Family history of psychotic disorders was found in 15,5% and of depressive disorder in 10,8%. Personal suicide attempts were noticed in 13,5%.

85,1% of patients had at least one current axis I disorder. The most common were depressive disorders (42,3%), substances abuse (18,5%), anxiety disorders (11,5%) and somatoform disorder (4,6%).

Conclusion: Our findings show sociodemographic and clinical profile of personality disorders in a Tunisian clinical population.

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Cluster B personality disorders: A comparative study in a Tunisian psychiatric outpatient unit

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Background and aims: Cluster B personality disorders are common and often correlated with higher rates of axis I comorbidity, increased severity and impaired outcome.

This study aimed to compare sociodemographic and clinical features of patients with cluster B personality disorders to those with cluster A and C.

Methods: All five years (January 2000 to December 2004) first time attendances to an outpatient psychiatric unit were retrospectively examined. 127 cases with diagnosis of personality disorders (DSM-IV criteria)were selected: Cluster B (n=81), cluster C (n=32) and cluster A (n=14). Comparaisons were performed for sociodemographic features, medical history and axis I comorbidity.

Results: Patients with cluster B personality disorders were younger (p=0,001), had higher education level (p=0,01) and more regular jobs (p=0,01).

There was less family history of depressive (p=0,011) and anxiety disorders (p=0,021) and more personal history of alcohol abuse (p=0,001). No differences in axis I comorbidity rates were found. However, patients with cluster B personality types had more depressive disorders, addictive disorders and somatoform disorders than those with cluster C (p=0,017) and cluster A (p=0,001). Also, cluster B personality disorders were correlated to earlier onset of addictive disorders (p=0,037) and more frequent follow-up withdrawal (p=0,009).

Conclusion: Clusters B personality disorders were not correlated to higer axis I comorbity rate but to specific comorbid disorders and to follow-up withdrawal.

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Accuracy of personality disorder screening tools

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Introduction: The assessment and diagnosis of personality disorders (PDs) has been of great interest to researchers and clinicians. PDs are related with poorer therapy outcomes and increased health service costs. Interviews are quite lengthy and require specialized training, leading to a very high cost of administration. An initial screening with good properties would eliminate the need for detailed

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