

'Borderline' drugs: A limited role

One of the more common diagnoses of psychiatric patients in hospitals or in psychotherapy is "borderline personality disorder," a label now estimated to include up to 20 percent of all such patients. Much about the disorder and its treatment remains uncertain and open to debate, yet drug treatments for borderline patients have proliferated in the past 10 years.

Now, the first two carefully controlled studies of several medications prescribed for borderline personality appear in the July ARCHIVES OF GENERAL PSYCHIATRY. Taken together, the reports indicate that low doses of neuroleptics (often used to treat psychotic symptoms) taken for short periods can ease some severe and longstanding borderline symptoms. But an antidepressant drug used in one study was no more effective than inactive "placebo" pills, although antidepressants are often used with borderline patients.

Neuroleptics, however, did not wipe away core features of the disorder. These features include intense and unstable relationships, self-destructive, impulsive behavior (such as drug abuse), fears of being abandoned, intolerance of being alone, suicide attempts aimed at manipulating others, persistent feelings of emptiness, and rage alternating with a childish dependency on others. An example of borderline behavior is the person who calls a crisis hotline threatening to commit suicide, then — insisting that the crisis counselor does not really care — refuses to give an address or seek help.

Many borderline personalities tend to slip into a short-lived psychosis under stress or the influence of drugs. When compared with placebos, neuroleptics used in the two new studies markedly diminished the delusions, hallucinations and disconnected thoughts typical of psychosis, as well as depression, anxiety, feelings of losing one's identity or being someone else, paranoid thoughts, phobias, obsessions and compulsions.

The findings point to "a real, albeit limited role" for neuroleptics in treating borderline patients, psychiatrist John G. Gunderson of McLean Hospital in Belmont, Mass., a leading investigator of the disorder, notes in the same issue of the journal. "In my experience," he says, "a considerable fraction of borderline patients, especially outpatients, does not have the [symptoms] that, according to these studies, [call] for . . . drug therapy."

In one report, Solomon C. Goldberg of the Medical College of Virginia in Richmond and his colleagues randomly assigned 50 outpatients with borderline personality disorder and, in some cases, related symptoms such as "magical

thinking" and hypersensitivity to criticism, to 12 weeks of treatment with thiothixene (a neuroleptic) or a placebo. Borderline patients with the related symptoms responded best to the neuroleptic, while "pure" borderlines showed a surprising improvement in core personality features while on the placebo. This indicates, say the researchers, that the latter symptoms respond to the attention and support also available in psychotherapy.

The other report, conducted by Paul H. Soloff of the University of Pittsburgh and his colleagues, followed 61 borderline patients randomly assigned to 5-week trials of haloperidol (a neuroleptic), amitriptyline (an antidepressant) and a placebo. Haloperidol produced modest improvements in psychotic symptoms, depression and several other areas; there was no difference between amitriptyline and placebo, but a few patients actually became worse when given the antidepressant, say the researchers.

Side effects caused 10 of 47 patients given neuroleptics in the two studies to drop out. Since these drugs can cause severe movement disorders (SN: 7/20/85, p. 45), Gunderson says neuroleptic treatment should be in low doses and for short periods.

— B. Bower

Winning at the pork barrel

After a political battle with the twists and turns of a soap opera, Congress has finally decided to order the Department of Defense (DOD) to provide \$55.6 million for nine specific universities. The funds, which are to come out of the DOD research budget, will be used mainly for construction and purchasing equipment (SN:5/24/86,p.325).

The final vote came late last month when the Senate agreed to accept a compromise version of a supplemental appropriations bill. The bill provides funds for nine university projects that less than a month before had been rejected by the Senate (SN:6/21/86,p.395). But the House, in its version of the bill, had included funds for the Rochester (N.Y.) Institute of Technology and Northeastern University in Boston. During negotiations between the House and Senate, this provision provided an excuse for restoring funds for all of the projects. Missing, however, was funding for a new building at Arizona State University in Tempe. The vote indicates that Congress is likely to continue to rely on its own judgment rather than on peer review of proposals when awarding large grants to universities. Already, the House appropriations committee has approved a bill directing the Department of Energy to spend about \$40 million on several new projects at designated universities. □

Rocket report cards: No two alike

With the United States and Europe struggling to restore their respective spacecraft liftoff capabilities, three investigating boards last week reported their preliminary findings on the three rocket failures that followed the Jan. 28 explosion of the space shuttle Challenger. The three different "expendable launch vehicles" represented three different organizations (NASA, the U.S. Air Force and Europe's Arianespace), and, apparently, three types of malfunction.

In the Air Force Titan 34D rocket that blew up on April 18 barely 800 feet in the air, doing an estimated \$70 million worth of damage to launch pads below, the insulation lining one of the vehicle's two solid-propellant boosters apparently separated from its metal casing, letting hot exhaust gases burn through the casing and trigger the blast. Such a malfunction had never occurred before in a Titan, investigators said, and seemed to indicate no fundamental design flaw — just a need for increased quality control and additional testing, expected to delay resumption of Titan launches until 1987.

Loss of the NASA Delta rocket that had to be destroyed from the ground when its engine shut off prematurely on May 3 has been blamed on a short circuit caused by wiring insulation damage due to in-flight vibration. Again citing no major defects, officials did acknowledge "some weaknesses" that could affect the wiring, and which could take several months to correct in other Deltas.

The most recent failure, the May 31 loss of a European Ariane rocket, was laid to problems with the igniter in its third-stage engine. A previous Ariane had been lost last September, also due to problems with its third stage, but investigators of that mishap assumed that they had identified that difficulty from telemetered data and fixed it in subsequent copies of the rocket. The board looking into the latest disaster has submitted a list of 14 recommendations, including alteration and requalification of the third-stage igniter, though one Arianespace official acknowledges that the cause of the previous failure is now less certain.

One issue that has at least been suggested in the aftermath of so many launch disasters in such a short time span is the possibility of sabotage, though no direct evidence has been offered to support it. In an article by Tad Szulc in the July 6 Los Angeles Times, unnamed "French intelligence officials" are cited as saying that "now we have reason to ask that question," but Arianespace chairman Frédéric d'Allest said the following day that the Ariane investigation has offered "no reason to give credit to this kind of hypothesis." — J. Eberhart