IS MANAGEMENT OF BORDERLINE PERSONALITY DISORDER IN FEMALE PSYCHIATRIC INTENSIVE CARE UNIT (PICU) APPROPRIATE?

L. Bennett¹, R. Dixon², K. Gintalaite-Bieliauskiene³

¹Child and Adolescent Community Mental Health Services, ²Psychotherapy Department, ³Female PICU (Elizabeth Casson House), Avon and Wiltshire Mental Health Partnership NHS Trust, Bristol, UK

Introduction: There are above 170 PICUs in the UK, most of them being gender mix or male only. There is no specific data available about management of patients diagnosed with Borderline Personality Disorder (BPD) in PICUs. **Objective:** Review of sociodemographic, clinical, outcome characteristics, care pathways and financial implications when managing BPD population in Female PICU.

Aims: To measure rates of compliance with NICE guidelines using such criteria as: comprehensive care plan provided on admission to PICU and at discharge from PICU; patient being involved in discussion about discharge plans; specialist assessment / treatment started before admission to Female PICU was continued during the admission; referral for psychological therapies was considered/made during stay in Female PICU; prescribing practice by referring and admitting teams; availability of specialist Personality Disorders (PD) services locally.

Methods: Retrospective cross sectional review of patient records.

Results: 76% of patients are admitted to Female PICU with a comprehensive multi-disciplinary care plan. 80% of patients transition from ECH was discussed carefully with the patient beforehand. Specialist assessment/treatment started before admission to ECH was continued during the admission 100%. Most of the patients would receive treatment by various psychotropic meds prior and during the admission. Referrals to psychological therapies were considered for 19% of patients. There is a lack of specialist PD services.

Conclusions: BPD is the most costly population in comparison with other patient groups in Female PICU which requires multidisciplinary team input, specialist services involvement, better adherence to NICE guidelines, support and training for MDT.