

## LETTER TO THE EDITOR

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**Topiramate reduced aggression in female patients with borderline personality disorder**

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Until the first controlled studies on borderline patients were carried out [1–3], there were only individual case histories and retrospective studies on the use of the anticonvulsant topiramate in the treatment of aggressive states. In one of these randomized, double-blind, placebo-controlled trials, 31 female borderline personality disorder patients were treated with either topiramate ( $n = 21$ ) or placebo ( $n = 10$ ) for eight weeks and examined using the State-Trait Anger Expression Inventory (STAXI) [1]. Statistically significant changes were observed in the topiramate group compared to the placebo group on most of the STAXI scales [1]. Topiramate was tolerated relatively well by all the patients and the significant reduction in body weight that occurred was generally regarded as a positive side-effect [1]. Blinding was discontinued after this brief study.

The aim of the following 18-month follow-up study was to determine whether the therapeutic effects of topiramate noted in the brief study remained constant

over a longer period. The patients from the topiramate group continued to be treated with 250 mg topiramate. The patients from the former placebo group were not treated with psychotherapy or medication. The examinations took place every 6 months. A total of nine patients dropped out.

A two-factor repeated measure analysis of variance was carried out. To assess whether there were differences at the initial and final points, multiple comparisons were performed using contrasts for each treatment condition. The significance levels were corrected using the Bonferroni correction.

After 18 months, the repeated measure analysis showed a significant interaction for the group-by-time effect for most of the STAXI scales (Table 1) according to the intend-to-treat principle. All the patients on medication tolerated topiramate relatively well. The additional significant loss of weight observed ( $p < 0.01$ ) was, as a rule, well accepted.

**Table 1**

	TG $n = 21$	Ex-PG $n = 10$	TG $n = 21$	Ex-PG $n = 10$	TG $n = 21$	Ex-PG $n = 10$	TG $n = 21$	Ex-PG $n = 10$	TG $n = 21$	Ex-PG $n = 10$
	State-anger <sup>a</sup>		Trait-anger <sup>a</sup>		Anger-in <sup>a</sup>		Anger-out <sup>a</sup>		Anger-control <sup>a</sup>	
Initial evaluation	31.4 ± 2.5	31.3 ± 2.2	30.9 ± 2.4	29.0 ± 1.6	23.7 ± 1.3	24.3 ± 1.6	24.2 ± 1.5	23.8 ± 1.8	19.1 ± 1.4	18.7 ± 0.9
Final evaluation	22.6 ± 2.4	30.0 ± 3.4	21.8 ± 2.6	28.7 ± 3.1	20.6 ± 2.8	26.4 ± 5.4	18.2 ± 2.5	27.7 ± 1.4	25.2 ± 3.1	19.1 ± 3.9
$p$	$p = 0.04$		$p = 0.03$		$p < 0.05$		$p = 0.01$		$p < 0.01$	

<sup>a</sup> Mean ± standard deviation, TG, topiramate treated group, Ex-PG, former placebo group

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Significantly greater improvement on all the STAXI scales were observed over the total study period in the group treated with topiramate compared to the placebo/former placebo group. The results of this trial are supported by other observations that anticonvulsants can be a useful addition to the therapy of pathological aggression in female patients with borderline personality disorder [1–3].

## References

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