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Editorial

The impact of the COVID-19 pandemic on patients with personality disorders

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Three years after the outbreak of the COVID-19 pandemic, numerous epidemiological studies confirm its significant psychological impact. Recent meta-analyses with 50,000–70,000 participants noted an increase in anxiety, depression, and feelings of loneliness in the general population.[1] Patients with pre-existing mental disorders were a vulnerable group at high risk of deterioration.[1,2] As part of the measures to combat the pandemic, the operation of mental health services was reduced, access to them became more difficult and the provision of supportive and psychotherapeutic interventions continued through telepsychiatry.[2]

Of particular interest is the study of the impact of the pandemic on patients with personality disorders (PD).[3] These patients experience severe difficulties related to interpersonal relationships and identity, which lie at the basis of intense affective and behavioral manifestations.[4,5] Most studies on the impact of the pandemic on patients with personality pathology have focused on borderline personality disorder (BPD).[6]

Social distancing measures during the pandemic and an increased sense of loneliness are serious aggravating factors for patients with BPD and may cause anxieties of abandonment and rejection, social withdrawal, and feelings of emptiness. Consequently, the patient's susceptibility to risky behaviors and substance use increases.[3,7] The anxieties caused by the condition, as well as the feeling of not being in control of the situation by the subject, may mobilize paranoid ideation in patients with BPD, which further exacerbates the difficulties in their interpersonal relationships.[7] In a Nordic multicenter study of 1120 outpatients with PD during the first wave of the pandemic, results showed an increase in anxiety, depression, aggression, substance use, social isolation, and a decrease in work activity, while the rates of suicidal behaviors remained the same.[8] On the other hand, for some patients restricted exposure to interpersonal triggers could lead to amelioration of symptoms.[7]

Several papers have studied the number of patients with PD or self-harm visits to hospital emergency departments during the pandemic.[6,9] In the studies that examined self-injury, the psychiatric diagnosis was not recorded, but they are mentioned here because the presence of self-harm is closely associated with PD.[10] The number of emergency department visits of patients with PD or self-harm was found to be increased in some papers, decreased in others, and stable in others, compared to the previous year.[6,9] During the same period, however, both the distress of patients with PD and rates of self-harm thoughts in the general population increased.[3,6–8] The decreased number of emergency department visits could be the result of reduced access to services or amelioration of symptomatology due to decreased social contact or sufficient remote therapy through telepsychiatry. A critical issue that mental health services providing therapy to patients with PD had to encounter was the need to discontinue in-person psychotherapy and continue by telephone or online. Patients with PD are particularly sensitive to therapeutic setting modifications, which was an aggravating factor.[7] In several studies, discontinuation of in-person psychotherapy for BPD patients was accompanied by worsening symptomatology, feelings of anxiety, sadness, and feelings of helplessness.[6,11] When it was not possible to continue sessions by telephone or online, there was an increase in the number of emergency department visits.[6,11] In contrast, a continuation of sessions via telepsychiatry was considered satisfactory by patients and in some cases, their clinical picture, after the initial nuance, returned and maintained at the previous level.[6,11] In the above studies, the discontinuation of sessions involved a period of 2–3 months. In a study conducted at the PD services of the First Psychiatric Department of the National and Kapodistrian University of Athens, at Eginition Hospital, at the start of the restriction measures, 51 BPD patients were attending group psychoanalytic psychotherapy sessions. The face-to-face sessions were discontinued and continued online for 4 months. During this time, no self-harm incidents, suicide attempts, or hospitalizations occurred; 2 patients discontinued treatment. In crises, patients used telephone communication with therapists, and no emergency department visits were recorded.[12]

In conclusion, the pandemic had a significant psychological impact on patients with PD. However, it should be emphasized that in cases where the therapeutic setting remained alive and the continuity of therapeutic collaboration was maintained, patients with PD, despite the severity of their pathology, showed good adaptation and were able to withstand the tensions caused by the pandemic.

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References

1. Moreno C, Wykes T, Galderisi S, Nordentoft M, Crossley N, Jones N, et al. How mental health care should change as a consequence of the COVID-19 pandemic. *Lancet Psychiatry* 2020, 7:813–824, doi: 10.1016/S2215-0366(20)30307-2
2. Penninx BWJH, Benros ME, Klein RS, Vinkers CH. How COVID-19 shaped mental health: from infection to pandemic effects. *Nat Med* 2022, 28:2027-2037, doi: 10.1038/s41591-022-02028-2
3. Preti E, Di Pierro R, Fanti E, Madeddu F, Calati R. Personality Disorders in Time of Pandemic. *Curr Psychiatry Rep* 2020, 22:80, doi: 10.1007/s11920-020-01204-w
4. American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed. American Psychiatric Publishing, Arlington, VA, 2013, doi: 10.1176/appi.books.9780890425596
5. Kernberg OF. What's Next? A Clinical Overview. *Psychiatr Clin North Am* 2018, 41:xvii-xxii, doi: 10.1016/j.psc.2018.08.003
6. Di Stefano R, Di Pietro A, Talevi D, Rossi A, Socci V, Pacitti F, Rossi R. Personality disorders (PD) and interpersonal violence (IV) during COVID-19 pandemic: a systematic review. *Ann Gen Psychiatry* 2022, 21:11, doi: 10.1186/s12991-022-00388-0
7. Ventura Wurman T, Lee T, Bateman A, Fonagy P, Nolte T. Clinical management of common presentations of patients diagnosed with BPD during the COVID-19 pandemic: The contribution of the MBT framework. *Counselling Psychology Quarterly* 2020, 34:744–770, doi: 10.1080/09515070.2020.1814694
8. Hartveit Kvarstein E, Zahl KE, Stänicke LI, Pettersen MS, Baltzersen ÅL, Johansen MS, et al. Vulnerability of personality disorder during COVID-19 crises: a multicenter survey of mental and social distress among patients referred to treatment. *Nord J Psychiatry* 2021, 9:1–12, doi: 10.1080/08039488.2021.1942980
9. DelPozo-Banos M, Lee SC, Friedmann Y, Akbari A, Torabi F, Lloyd K, et al. Healthcare contacts with self-harm during COVID-19: An e-cohort whole-population-based study using individual-level linked routine electronic health records in Wales, UK, 2016-March 2021. *PLoS One* 2022, 17:e0266967, doi: 10.1371/journal.pone.0266967
10. Reichl C, Kaess M. Self-harm in the context of borderline personality disorder. *Curr Opin Psychol* 2021, 37:139–144, doi: 10.1016/j.copsyc.2020.12.007
11. Kvarstein EH, Zahl KE, Stänicke LI, Pettersen MS, Baltzersen ÅL, Johansen MS, et al. Vulnerability of personality disorder during the Covid-19 crises - a multicenter survey of treatment experiences among patients referred to treatment. *Nord J Psychiatry* 2022, 76:52-63, doi: 10.1080/08039488.2021.1934110
12. Malogiannis I, Stefanatou P, Karampela K, Baralou V, Giannouli E. The impact of COVID-19 pandemic on patients of a specific personality disorder service. [Manuscript in preparation]