Physician Perspectives in the Treatment of Major Depressive Disorder (MDD), Borderline Personality Disorder (BPD), and Post-Traumatic Stress Disorder (PTSD)

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Introduction

1. **Context** — MDD, BPD and PTSD share overlapping symptoms making diagnosis and management challenging in practice.[1,2] Physician management involves both pharmacological and psychotherapeutic approaches with varying resources.
2. **Unmet need** — There is limited research capturing physicians' perspectives, as well as the challenges associated with diagnosis and navigating treatment pathways in real world settings.
3. **Study rationale** — To identify variations in current management approaches and provide evidence to better understand the current diagnostic and treatment approaches.

Methodology

APPROACH	Physician surveys followed by site identification form (SIF) across physicians in USA, France (FR), and Germany (DE)
TARGET	Psychiatrists from different settings (e.g., Public/community hospitals, private hospitals, healthcare centers, etc.)
SAMPLE	Minimum of 50 participants per country with >3 years of experience treating patients with MDD, PTSD or BPD
FIELDWORK	~40-minute online questionnaires from 18th January to 28th February 2023

- Participant physicians treated all three conditions with a mean experience of 20-23 years
- Most of their unique patients in the last 6 months had MDD

n=59 n=52 n=51

Key conclusion

Across all three disorders, the greatest unmet need is the development of more effective treatments with fewer side effects. This is the most significant treatment barrier in both MDD and PTSD.

Aim

To assess physician insights on managing patients with MDD, BPD, and PTSD, highlighting challenges in diagnosis, disease burden, and diverse treatment patterns that impact patient care.

Conclusions

MDD: With the higher prevalence of MDD, recent findings have focused on this population. While patient adherence is the main barrier to psychotherapy, side effects and lack of response are the main barriers to pharmacological treatment. Across countries, the most significant unmet need is the availability of more effective treatment.

PTSD: Most psychiatrists in the US and DE identify the lack of more effective treatment as one of the biggest unmet needs. Adherence and affordability are the key barriers to psychotherapy, while side effects and lack of response are the main barriers to pharmacological treatment.

BPD: Patient adherence is the main barrier to psychotherapy, while side effects and lack of response are the main barriers for pharmacological treatment. The most significant treatment barriers include the absence of effective treatment as well as the need for specific medications.

Results

Overall, clinical presentation for each condition varied from country to country. Prior to diagnosis, patients commonly presented with comorbidities such as insomnia, mood disorders, and generalized anxiety disorder across all three conditions, **Table 1**.

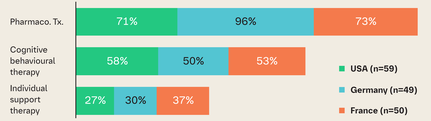
Table 1. Presenting top three symptoms

Symptoms
MDD
Low mood (75%), loss of interest (71%), social/occupational impairment (68%)
Sleep disturbance (90%), low mood (88%), fatigue (88%)
Loss of interest/pleasure (84%), sleep disturbance (80%), fatigue (76%)
PTSD
Recurrent distressing memories (70%)/dreams (66%), distress at exposure to cues (66%)
Recurrent distressing memories (81%)/dreams (75%), occupational impairment (77%)
Recurrent distressing memories (76%)/dreams (84%), physiological reactions to cues (66%)
BPD
Self-harm (61%), intense anger (60%), recurrent suicidal behavior (60%)
Depression (75%), affective instability (73%), self-harm (73%)
Anxiety, depression (67%), intolerance of being alone (63%), self-deprecation (63%)

- Regarding diagnosis, the average number of visits to confirm MDD was one for US and DE and two for FR, while the average time to diagnosis was three months for US and DE and two months for FR.
- For PTSD, the average number of visits to confirm diagnosis was two, across countries. The average time to diagnosis was four months for US and FR and seven months for DE.
- In the case of BPD, the average number of visits to confirm diagnosis was three for the US and FR and two for DE, with an average time to diagnosis of eight months for US and FR and seven months for DE.

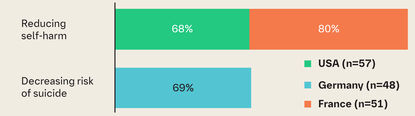
In the treatment of MDD, pharmacological therapies were the most preferred option among psychiatrists in all three countries, **Figure 1**.

Figure 1. MDD preferred first line treatment



The main treatment goals identified in MDD were reducing self-harm and decreasing the risk of suicide, **Figure 2**.

Figure 2. Top two symptoms targeted by pharmacological treatment in MDD



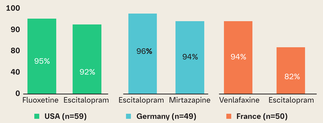
Across countries, a lack of more effective treatment was the biggest unmet need for MDD, **Table 2**.

Table 2. Unmet needs in treatment options

MDD		
More effective treatment (41%)	More effective treatment (22%)	More effective treatment (23%)
Fast acting (39%)	Psychotherapy availability/access (22%)	Fast acting (20%)
PTSD		
More effective treatment (61%)	More effective treatment + reduced duration (26%)	Availability of well-trained therapist (27%)
Availability (15%)/better access to treatment (15%)	Specific drug (23%)	Better use EMDR (24%)
BPD		
More effective treatment (51%)	More effective (18%)/better response (18%)	More effective treatment (35%)
Need for specific drug (23%)	Better access to treatment (18%)	Availability of well-trained therapist (16%)

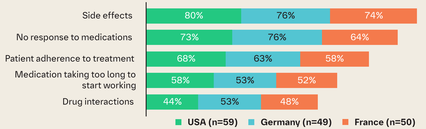
Differences in drug preferences for pharmacological treatment of MDD were observed, with fluoxetine more commonly prescribed in the US, escitalopram in DE, and venlafaxine in FR, **Figure 3**.

Figure 3. Top two pharmacological treatments prescribed by drug for MDD



Various barriers to the treatment of MDD were identified, with patient adherence emerging as the primary challenge for psychotherapy, while side effects and lack of response were the main obstacles associated with pharmacological treatments, **Figure 4**.

Figure 4. Top five pharmacological treatment barriers for MDD



Abbreviations

BPD, borderline personality disorder; DE, Germany; EMDR, eye movement desensitization and reprocessing therapy; FR, France; MDD, major depressive disorder; PTSD, post-traumatic stress disorder; Tx, treatment; US, United States.

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Disclosures

CW, **SA** and **JD** are employees of Boehringer Ingelheim Pharmaceuticals, Inc. **SS** is an employee of Boehringer Ingelheim Pharma GmbH & Co. KG. **CH** and **AO** are employees of IQVIA Ltd. **SSR** and **IA** are employees of Boehringer Ingelheim International GmbH.

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