



## PHARMACOTHERAPY AND SUICIDALITY IN BORDERLINE PERSONALITY DISORDER

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Borderline personality disorder carries a heavy suicide burden: lifetime suicidal ideation ~80%, suicide attempts ~52%, suicide deaths ~6%. Medications are widely used, but antisuicidal effects remain uncertain. Umbrella review (2020–2025) plus large observational cohorts in adults. Interventions: antidepressants, antipsychotics, mood stabilizers, attention-deficit/hyperactivity disorder medications, benzodiazepines, clozapine. Outcomes: suicide attempts, suicide deaths, suicidal ideation; secondary: self-harm and emergency presentations. Across large registries (>20,000 individuals), attention-deficit/hyperactivity disorder medication was linked to 15–20% lower suicide-related outcomes and ~50% lower suicide deaths. Antidepressants were linked to 30–40% higher risk; antipsychotics to 15–20% higher risk; benzodiazepines to ~60% higher risk and ~4-fold higher suicide deaths; mood stabilizers showed no clear change. No randomized trials demonstrated reductions in suicide attempts or deaths. A small body of clozapine studies (one randomized trial; multiple uncontrolled reports) suggested reductions in severe self-harm at ~250–265 mg/day, but overall certainty was low. Clinically, prioritize structured psychotherapy; use medications for targeted symptom clusters; avoid long-term benzodiazepines; consider clozapine only in highly refractory cases with close monitoring.

## HPA AXIS, INFLAMMATION AND SUICIDALITY IN BORDERLINE PERSONALITY DISORDER: A BIOMARKER-FOCUSED ANALYSIS

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Dysregulation of the stress axis and low-grade inflammation may contribute to suicidal thoughts and acts in borderline personality disorder. Evidence synthesis (2020–2025) of narrative/systematic reviews and large observational studies in adults. Biomarkers included circulating and hair cortisol, diurnal cortisol profiles and dexamethasone paradigms, alongside inflammatory indices (C-reactive protein, interleukin-6, tumor necrosis factor). Outcomes were suicidal ideation, suicide attempts, suicide deaths, and self-harm. Inflammatory markers are consistently higher in borderline personality disorder with suicidality, with small-to-moderate between-group differences most frequently reported for C-reactive protein and interleukin-6. Findings for the stress axis are heterogeneous: several studies show flatter diurnal cortisol slopes or lower hair cortisol in suicidal subgroups, while acute suppression tests identify a non-suppressing subset with elevated risk. Associations generally persist after adjustment for depressive symptoms, though effect sizes attenuate and prospective data remain limited. Combining inflammatory and stress-axis measures improves discrimination over single markers, but calibration is variable across settings. Overall, biomarkers show additive, clinically meaningful signals yet lack standardized cut-offs and external validation. Research priorities include harmonized sampling protocols, preregistered prospective cohorts, and integration with sleep, impulsivity, and digital phenotypes to refine short-term risk stratification.