

## Clinical campaigns: science-based advocacy for change



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Since the first global health Series in 2003 on child survival, we have sought to be a source and platform for global health science in many topics and for many parts of the world. Two of our explicit core values are: knowledge for better patient and public health outcomes; and research as a tool for accountability—monitoring, reviewing, and acting. We hope that our publishing programme in global health has substantially advanced these goals during the past decade.

While we have regularly published Clinical Series since 2011, and Seminars and Reviews for much longer, we have started to extend science-based advocacy into the clinical arena by publishing our first Clinical Commission on liver diseases in the UK in November, 2014, led by Roger Williams, Director of the Institute of Hepatology, London. This week we launch our first Clinical Campaign following on from the Commission. On the campaign page there will be regular updates on progress towards implementation of the Commission's recommendations, together with published material in the important related fields of alcohol, obesity, hepatitis, and primary and specialist care.

For the Clinical Commission on liver diseases in the UK see <http://www.thelancet.com/campaigns/liver>

Academic clinicians and researchers are used to collecting evidence and progressing science by reporting and summarising research. They are usually less used to (and experienced in) engagement with policy makers and acting as advocates for change. With our Clinical Campaigns we hope to harness the underused force of clinical researchers and scientists to effect change that is based on data, knowledge, and expert interpretation. Such change is best achieved in partnership with others. Our Liver Campaign has strong partners in the British Liver Trust, the Royal College of General Practitioners, the Royal College of Physicians, the Foundation for Liver Research, the Children's Liver Disease Foundation, the British Society of Gastroenterology, and the British Association for the Study of the Liver.

Forthcoming planned Campaigns are in cancer, renal disease, and asthma. If you feel strongly about an area that needs a *Lancet* Clinical Campaign, please get in touch. Join us in delivering science-based advocacy for change in clinical medicine. ■ *The Lancet*

## Rethinking personality disorder



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People with personality disorder have difficulty interpreting the world, themselves, and the people around them. This condition manifests as problems with cognition, emotions, and behaviour, which often affect the ability to form interpersonal relationships. It is probably the most common psychiatric disorder, and almost certainly the most underdiagnosed. Popular opinion holds that the disorder is permanent, unchanging, and largely untreatable, leading the term to become more common as a pejorative label for so-called difficult patients than as an actual diagnosis. The *Lancet* Series on Personality disorder challenges this opinion.

The problem lies in the classification of the disorder. Current definitions are largely categorical (eg, borderline personality disorder); however, in view of the high prevalence of people diagnosed with non-specific personality disorder or with as many as ten comorbid personality disorders, this model simply does not seem appropriate. Instead, the Series authors argue for a system that accounts for variation within the disorder. They

propose a core diagnosis based on severity (ie, the extent to which the disorder affects the life of the individual) and a secondary set of traits describing the patient's behaviour, thus providing guidance for treatment selection.

Despite the disorder often first manifesting in childhood or adolescence, the existing criteria do not allow diagnosis before the age of 18 years. This prevents health professionals from identifying and helping children and adolescents with the disorder at the time when such interventions could have the greatest effect. Furthermore, the Series describes how good outcomes can be achieved with straightforward good clinical practice by any medical practitioner with some psychiatric training.

Ultimately, doctors need to lead the way in destigmatising the disorder. They are among the most likely group to come into contact with people with personality disorder and, to give the best standard of care possible, they should be able to identify it without passing judgment, and make use of the lessons learned from existing research to deliver the most appropriate treatment. ■ *The Lancet*

See Series pages 717, 727, and 735