

PERSONALITY DISORDERS

- DEFINITION:
 - Personality is the universal term used to describe a person's characteristic behaviour in response to his or her inner and outer experiences
 - IT IS PREDICTABLE AND STABLE
 - A **personality disorder** is diagnosed when behaviour differs from the range of variation found in most people and becomes so severe and maladaptive that it produces personal distress or significant impairment of adaptive functioning
- CLASSIFICATION:
 - **CLUSTER A = ODD AND ECCENTRIC**
 - Consists of paranoid, schizoid and schizotypal personality disorders
 - Biologic vulnerability toward cognitive disorganisation when stressed
 - **CLUSTER B = DRAMATIC, EMOTIONAL AND ERRATIC**
 - Includes the histrionic, narcissistic, antisocial and borderline personality disorders
 - Mood disorders may be common
 - **CLUSTER C = ANXIOUS OR FEARFUL**
 - Includes the avoidant, dependent and obsessive-compulsive personality disorders
 - Isolation, passive aggression and hypochondriasis are common
- PARANOID PERSONALITY DISORDER:
 - **Definition:**
 - Characterised by intense suspiciousness and distrust towards others
 - Refuse responsibility for their own actions and project responsibility onto others
 - Hostile, irritable, hypersensitive, envious or angry
 - May be bigots, injustice collectors, pathologically jealous spouses or litigious cranks
 - **Epidemiology:**
 - 0.5-2.5% in general population, 10-30% in inpatient population
 - Increased in relatives of patients with schizophrenia or delusional disorders
 - History of child abuse is common
 - **Diagnosis:**
 - A pervasive and unwarranted tendency to perceive the actions of others as deliberately demeaning or threatening
 - Patients expect to be exploited or harmed by others and frequently dispute the loyalty and trustworthiness of family, friends or associates without justification
 - They are reluctant to confide due to unwarranted fear that the information will be used against them
 - Persistently bears grudges

- Pathologically jealous partners
 - They are often humourless and serious
 - Some are involved in extremist groups
 - **Differential diagnosis:**
 - Delusional disorder:
 - Patient has fixed delusions
 - Paranoid schizophrenia:
 - Patient has hallucinations and a formal thought disorder
 - Schizoid, borderline and antisocial personality disorders
 - Substance abuse (e.g. stimulants can produce paranoid features)
 - **Prognosis:**
 - In some the disorder is lifelong
 - In others it is the harbinger of schizophrenia
 - Occupational and marital problems are common
 - **Treatment:**
 - **Psychotherapy:**
 - Treatment of choice
 - Group therapy is NOT a method of choice for these patients
 - **Pharmacotherapy:**
 - Useful in dealing with agitation and anxiety
 - Antipsychotics may be useful in small dosages for brief periods of quasidelusional thinking.
- **SCHIZOID PERSONALITY DISORDER:**
 - **Definition:**
 - Characterised by their isolated lifestyles and their lack of interest in social interaction
 - Eccentric, introverted or isolated
 - **Epidemiology:**
 - 7.5% population may be affected
 - Increased among family members of schizophrenics and schizotypals
 - **Diagnosis:**
 - Ill at ease with others
 - Show poor eye contact
 - Affect is constricted, aloof or inappropriately serious
 - Sensorium is intact and their memory functions well
 - Neither desires nor enjoys close relationships
 - Almost always chooses solitary activities
 - Little or no interest in sexual experience
 - Takes pleasures in few (if any) activities
 - Lacks close friends or confidants
 - Appears indifferent to the praise or criticism of others
 - Emotional coldness
 - **Differential diagnosis:**
 - Paranoid personality disorder

- Schizotypal personality disorder
 - Avoidant personality disorder
 - Schizophrenia
 - **Treatment:**
 - Psychotherapy:
 - Unlike paranoid patients, schizoid patients are often introspective and they may become devoted, if distant therapy patients
 - Pharmacotherapy:
 - Small doses of antipsychotics, antidepressants and stimulants have been effective
- **SCHIZOTYPAL PERSONALITY DISORDER:**
 - **Definition:**
 - Strikingly odd or strange in behaviour, thought, affect, speech and appearance
 - They engage in magical thinking
 - Have peculiar ideas, ideas of reference and illusions
 - **Diagnosis:**
 - Diagnosed on the basis of patient's oddities of thinking, behaviour and appearance
 - Ideas of reference (exclude delusion)
 - Odd beliefs or magical thinking that is not in keeping with cultural norms
 - Unusual perceptual experiences including illusions
 - Odd thinking and speech
 - Suspiciousness or paranoid ideation
 - Inappropriate or constricted affect
 - Behaviour that is odd, eccentric or peculiar
 - Lack of close friends
 - Excessive social anxiety that does not diminish with familiarity
 - **Differential diagnosis:**
 - Paranoid personality disorder
 - Schizoid personality disorder
 - Borderline personality disorder
 - Schizophrenia (patient's reality testing is lost)
 - **Treatment:**
 - Psychotherapy
 - Pharmacotherapy
 - Antipsychotic agents may be useful
- **ANTISOCIAL PERSONALITY DISORDER:**
 - **Definition:**
 - Characterised by the inability to conform to the social norms that govern people's behaviour
 - It is usually but not strictly synonymous with criminality
 - Patients are generally impulsive, egocentric, irresponsible, impatient and unable to tolerate frustration

- They also reject authority or discipline
- **Epidemiology:**
 - 3% in men and 1% in women
 - Can be as high as 75% in prison populations
 - Can cluster with somatisation disorder and alcoholism in some families
 - More common in low socio-economic groups
 - Predisposing conditions include conduct disorder and ADHD
- **Aetiology:**
 - Genetic factors have been implicated by adoptive studies
 - Brain damage or dysfunction is a feature
 - History of parental abandonment or abuse is very common
 - Repeated, arbitrary or harsh punishment by parents
- **Diagnosis:**
 - Pervasive pattern of disregard for and violation of the rights of others indicated by:
 - Failure to conform to social norms with respect to lawful behaviours
 - Deceitfulness (repeated lying)
 - Impulsivity or failure to plan ahead
 - Irritability and aggressiveness
 - Reckless disregard for safety of self or others
 - Consistent irresponsibility (many failed jobs)
 - Lack of remorse, as indicated by being indifferent to or rationalising having hurt or mistreated another person
- **Differential diagnosis:**
 - Adult antisocial behaviour (does not meet full DSM criteria)
 - Substance use disorders
 - Mental retardation
 - Psychoses
 - Borderline personality disorder
 - Narcissistic personality disorder
 - Personality change secondary to a general medical condition
 - ADHD
- **Course and prognosis:**
 - Complications include death by violence, substance abuse, suicide, physical injury, legal and financial difficulties and depressive disorders
- **Treatment:**
 - Psychotherapy:
 - Often difficult if not impossible
 - Improves if the patient is institutionalised
 - Firm limits are crucial
 - Therapists must frustrate the patient's desire to run from honest human encounters
 - Pharmacotherapy:

- Used to deal with anxiety, anger and depression
- **BORDERLINE PERSONALITY DISORDER:**
 - **Definition:**
 - Characterised by particularly unstable mood, affect, behaviour, and self-image
 - They are on the borderline between neurosis and psychosis
 - Marked by:
 - Impulsivity
 - Suicidal acts
 - Self-mutilation
 - Identity problems
 - Feelings of emptiness or boredom
 - **Epidemiology:**
 - 2% of general population
 - 90% have one other psychiatric diagnosis
 - Prevalence of mood and substance-related disorders and antisocial personality disorder in families is increased
 - **Aetiology:**
 - Brain damage may be present
 - Histories of sexual and physical abuse
 - Abandonment or overinvolvement
 - **Diagnosis:**
 - Frantic efforts to avoid real or imagined abandonment
 - A pattern of unstable and intense interpersonal relationships characterised by alternating between extremes of idealisation and devaluation
 - Identity disturbance (poor self-image)
 - Impulsivity in at least two areas that may be self-damaging
 - Recurrent suicidal behaviour, gestures or threats
 - Affective instability due to a marked reactivity of mood
 - Chronic feelings of emptiness
 - Inappropriate, intense anger or difficulty controlling anger
 - Transient, stress-related paranoid ideation or severe dissociative symptoms
 - **Treatment:**
 - Psychotherapy:
 - Treatment of choice
 - Difficult for both the patient and the therapist
 - Patients easily regress, act out their impulses
 - Pharmacotherapy:
 - Antipsychotics are useful in controlling anger, hostility and brief psychotic episodes
 - Benzodiazepines helpful for anxiety and depression
 - Carbamazepine may improve global functioning
 - **HISTRIONIC PERSONALITY DISORDER:**
 - **Definition:**

- Characterised by their flamboyant, dramatic, excitable and over reactive behaviour with the intent of gaining attention
- Often unable to maintain deep, long-lasting relationships
- **Aetiology:**
 - Early interpersonal difficulties
 - Distant or stern father with a seductive mother may be the pattern
- **Diagnosis:**
 - Excessive emotionality and attention seeking
 - Uncomfortable in situations in which he or she is not the centre of attention
 - Interaction with other is often characterised by inappropriate sexually seductive or provocative behaviour
 - Displays rapidly shifting and shallow expression of emotions
 - Consistently uses physical appearance to draw attention to self
 - Has a style of speech that is excessively impressionistic
 - Shows self-dramatisation, theatricality
 - Is easily suggestible
 - Considers relationships to be more intimate than they actually are
- **Treatment:**
 - Psychotherapy:
 - Often unaware of their real feelings
 - Treatment is often individual psychotherapy aimed at insight
 - Pharmacotherapy:
 - Antidepressants can be used for depression and somatic complaints
 - Antianxiety agents are useful for anxiety
 - Antipsychotics can be used for derealization and illusions
- **NARCISSISTIC PERSONALITY DISORDER:**
 - **Definition:**
 - Persistent pattern of grandiosity
 - Heightened sense of self-importance
 - Preoccupation with fantasies of ultimate success
 - Exaggerated response to criticism
 - Overly concerned with self-esteem and self-image
 - Disturbance in interpersonal relationships
 - Grandiosity is commonly viewed as a compensation for a sense of inferiority
 - **Diagnosis:**

- Pervasive pattern of grandiosity, need for admiration and lack of empathy
 - Has grandiose sense of self-importance
 - Preoccupied with fantasies of unlimited success, power, brilliance
 - Believes that he or she is special and should only associate other special people
 - Has a sense of entitlement
 - Takes advantage of others to achieve his or her own needs
 - Lacks empathy
 - Is often envious of others
 - Shows arrogant behaviour or attitudes
 - **Treatment:**
 - Psychotherapy
 - Patients must renounce narcissism to make progress, therefore making treatment difficult
 - Pharmacotherapy:
 - Lithium is useful in patients with mood swings
 - Antidepressants for depression
- **OBSESSIVE-COMPULSIVE DISORDER:**
 - **Definition:**
 - Also known as *anancastic personality disorder*
 - Characterised by:
 - Perfectionism
 - Orderliness
 - Inflexibility
 - Stubbornness
 - Emotional constriction
 - Indecisiveness
 - **Epidemiology:**
 - 1% in the general population
 - Greater in men than women
 - Familial transmission likely
 - Concordance increased in monozygotic twins
 - Most often in eldest children
 - **Aetiology:**
 - Background of harsh discipline
 - **Diagnosis:**
 - Preoccupied with details, rules, lists, order and organization to the extent that the major point of the activity is lost
 - Shows perfectionism that interferes with task completion
 - Is excessively devoted to work and productivity to the exclusion of leisure activities
 - Is overconscientious, scrupulous and inflexible about matters of morality, ethics or values

- Is unable to discard worn-out or worthless objects
 - Is reluctant to delegate tasks unless they submit to exactly his or her way
 - Adopts a miserly spending style towards both self and others
 - Shows rigidity and stubbornness
 - **Differential diagnosis:**
 - The patient with OCD has true obsessions and compulsions, whereas the patient with OCPD does not
 - **Prognosis:**
 - Complications of anxiety disorders, depressive disorders and somatoform disorders may develop
 - **Treatment:**
 - Psychotherapy:
 - Patients are aware of their suffering and often seek treatment on their own
 - Often long and complex
 - Pharmacotherapy:
 - Clonazepam is useful in reducing symptoms
 - Clomipramine and serotonergic agents may be useful if obsessive signs and symptoms break through
- **AVOIDANT PERSONALITY DISORDER:**
 - **Definition:**
 - Shy or timid personality and show an intense sensitivity to rejection
 - They are not asocial and show a great desire for companionship
 - Strong need for reassurance and a guarantee of uncritical acceptance
 - “Inferiority complex”
 - **Aetiology:**
 - Overt parental deprecation
 - Overprotection by parents
 - Phobic features in parents
 - **Diagnosis:**
 - Pervasive pattern of social inhibition, feeling of inadequacy and hypersensitivity to negative evaluation
 - Features:
 - Avoids occupations that involve significant interpersonal contact
 - Unwilling to get involved with people unless certain of being liked
 - Shows restraint within intimate relationships because of the fear of being shamed or ridiculed
 - Preoccupied with being criticised or rejected
 - Inhibited in new interpersonal situations because of feelings of inadequacy

- Views self as socially inept, personally unappealing or inferior to others
 - Unusually reluctant to take personal risks
- **Treatment:**
 - Psychotherapy:
 - Depends on solidifying an alliance with patients
 - Therapist must have an accepting attitude toward the patient's fears
 - Must be cautious about giving assignments to exercise the patient's new social skills outside of therapy
 - Failure may reinforce patient's low self-esteem
 - Pharmacotherapy:
 - Useful in managing anxiety and depression
 - Beta blockers manage ANS hypersensitivity
 - Serotonergic agents are helpful with rejection sensitivity
- **DEPENDENT PERSONALITY DISORDER:**
 - **Definition:**
 - Patients are predominantly dependent and submissive
 - Lack self-confidence
 - Get others to assume responsibility for major areas of their lives
 - **Diagnosis:**
 - Pervasive and excessive need to be taken care of that leads to clinging and submissive behaviour
 - Features:
 - Difficulty making everyday decisions without an excessive amount of advice and reassurance
 - Needs others to assume responsibility for most major areas of his or her life
 - Has difficulty expressing disagreement with others because of fear of loss of support
 - Has difficulty initiating projects or doing things on his or her own
 - Goes to excessive lengths to obtain nurturance and support
 - Feels uncomfortable or helpless when alone because of exaggerated fears of being unable to care for him or herself
 - Urgently seeks another relationship as a source of care and support when a close relationship ends
 - Unrealistically preoccupied with fears of being left to take care of him or herself
 - **Prognosis:**
 - Depressive complications are possible if a relationship is lost
 - **Treatment:**
 - Psychotherapy:

- Insight-oriented therapies are helpful in enabling patients to understand the antecedents of their behaviour
- Pharmacotherapy:
 - For anxiety or depression (alprazolam)