Personality Disorders

- **What is personality?**
  - Personality was defined by Schneider as *"the unique quality of the individual, his feelings and personal goals; the sum of his traits, habits and experiences"*
  - Someone's personality consists of their **enduring individual qualities**, which are revealed in the way they **behave** across a wide range of situations, and how they **relate to others**
  - Personality traits are believed to become apparent from late adolescence onwards, although some authorities believe that personality does not become fixed until the age of 25
  - Numerous models exist to assess personality traits: **"Big OCEAN 5"** uses the five major traits of **o**penness, **c**onscientiousness, **e**xtraversion, **a**greeableness and **n**euroticism. Each of these characteristics represents a spectrum of "normality", with disorder more likely at the extremes.
- **What is a personality disorder?**
  - Personality traits generally constitute a disorder when the following two criteria are met:
    - **Deviance** from what can be considered normal in at least one aspect of behaviour – usually several aspects of personality are affected
    - **Distress** is caused to the individual and/or those around them
  - **ICD-10** uses the following general criteria in the diagnosis of all personality disorders:
    - Enduring patterns of **abnormal attitudes and behaviour,** which **deviate significantly from cultural norms,** in at least two of the following areas: **cognition**, **affectivity**, **impulse control**/gratification, and **interactions with others**
    - Behaviour is **inflexible**, **pervasive and maladaptive** across a range of different situations
    - Behaviour **causes distress** to the individual and/or others
    - Disorder **persists over time** having arisen in late childhood or adolescence
    - The deviation cannot be explained as a manifestation or consequence of other adult psychiatric disorders, although it may coexist with them; or as an organic brain pathology
- **Epidemiology**
  - One trial in the USA found that **9.1% of the general population** has a personality disorder
    - 1.4% had borderline personality disorder
    - 0.6% had antisocial personality disorder
  - Another trial found that **45.5% of psychiatric outpatients** had a personality disorder
    - Avoidant, borderline and obsessive-compulsive were the most common
  - Some personality disorders seem to be **more common in certain walks of life**, for example:
    - Histrionic personality disorder in high-powered business executives
    - Obsessive-compulsive personality disorder in accountants
  - The majority of people with personality disorders never come into contact with psychiatric services, and those who do usually present with a coexisting psychiatric disorder or as a result of a personal crisis (e.g. self-harm or criminal convictions)
- **Aetiology**
  - The aetiology of personality disorders is complex and hard to define
  - **Biological factors:**
    - **Genetics:** certain personality disorders may have an inherited component
    - **Cerebral pathology:** EEG changes can be found in antisocial personality disorder
  - **Environmental and psychosocial factors**
    - **Childhood abuse and neglect** have a strong association with personality disorders
    - **Attachment theory:** you need a stable relationship with your mother to develop normally
    - **Learning theory:** you are supposed to learn the norms of behaviour from your family
    - **Individual's resilience** and **ability to overcome their own limitations and vices**
- **Classification**
  - As each individual is unique, personality disorders are highly variable and hard to classify
  - There are three subcategories – disorders within each can tend to "blur into" one another
  - **Cluster A (odd/eccentric):** paranoid, schizoid
  - **Cluster B (dramatic/emotional/erratic):** antisocial, borderline, histrionic, narcissistic
  - **Cluster C (anxious/fearful):** anxious (avoidant), obsessive-compulsive, dependent

- **Paranoid personality disorder: the conspiracy theorist**
  - **Epidemiology:** 0.5-2.5% of general population, 2-10% of psychiatric outpatients, ↑↑ in men
  - **Aetiology:** twin studies show a moderate degree of heredity; some environmental factors e.g. threatening home environment in childhood, creation of insecurities by condescending parents
  - **ICD-10 criteria (3 or more)**
    - Excessive sensitivity to setbacks/rebuffs
    - Tendency to bear grudges persistently
    - Excessive vigilance, suspicion and tendency to misconstrue the actions of others as hostile; including family, friends and partners
    - Recurrent, unjustified suspicions of sexual infidelity in relationships
    - Combative and stubborn sense of personal rights and their potential violation
    - Excessive sense of self-importance and self-referential attitude
    - Preoccupation with conspiratorial explanations of personal experiences and global events
  - ΔΔ other PD, cannabis/other drug use, OCD, agoraphobia, psychotic depression, delusional disorder, paranoid schizophrenia, delusions secondary to delirium/dementia
  - **May predispose to:** depression, paranoid schizophrenia
  - **Special management considerations**
    - Often hard to ensure concordance as these patients tend not to trust doctors!
    - Best to avoid trying to prescribe medications unless there is a clear indication to do so, and if they are prescribed you should aim to keep the course of treatment as short as possible
- **Schizoid personality disorder: the loner**
  - **Epidemiology:** <1% general population, ↑↑ in men

    NB// true prevalence may be much higher as these patients rarely seek help
  - **Aetiology:** can run in families; environmental factors e.g. absence of warmth/emotion in childhood
  - **ICD-10 criteria (4 or more)**
    - Emotional coldness, detachment or reduced affect
    - Limited capacity for expression of positive or negative emotions to others
    - Consistent preference for solitary occupations and activities
    - Very few (if any) close relationships, and lack of desire for them
    - Lack of desire for sexual experiences with another person
    - Indifference to praise or criticism
    - Taking pleasure in few (if any) activities
    - Indifference to social norms and conventions
    - Preoccupation with fantasy and introspection → rich "inner" life
  - ΔΔ other PD, anxiety disorder with avoidance behaviours, depression, schizophrenia, autism
  - **May predispose to:** social isolation, depression, schizophrenia
  - **Special management considerations**
    - Response to psychotherapy is often limited by lack of emotional expression and social skills
    - Similar to negative symptoms of schizophrenia → risperidone is best drug for these
- **Antisocial personality disorder: the psychopath**
  - **Epidemiology:** around 0.6% general population, 3-30% psychiatric patients, up to 50% of prison inmates, ↑↑ in men and substance misuse
  - **Aetiology:** can run in families; environmental factors e.g. child abuse, antisocial/alcoholic parents
  - **ICD-10 criteria (3 or more)** *NB// ICD-10 calls it "dissocial personality disorder"*
    - Callous lack of concern for the feelings of others, lack of empathy
    - Gross and persistent irresponsibility and disregard of social norms, rules and obligations
    - Incapacity to maintain enduring relationships
    - Persistent irritability
    - Low tolerance of frustration and low threshold for discharge of verbal/physical aggression
    - Inability to experience guilt or gain from experiences, especially punishment
    - Prone to blaming others and offering plausible rationalisations for their behaviour
  - ΔΔ other PD, substance misuse, anxiety disorder or stress reaction, depression
  - **May predispose to:** substance misuse, physical violence towards others resulting in convictions
  - **Special management considerations**
    - One of the most difficult personality disorders to treat
    - Psychotherapy aimed at bringing about behavioural change appears to be the best option

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- ## Emotionally unstable personality disorder: the emotionally messy one
  - **Epidemiology:** 1-3% general population, up to 15% of psychiatric inpatients, ↑↑ in young women
  - **Aetiology:** can run in families; some environmental factors e.g. child abuse/neglect/abandonment
  - **ICD-10 criteria for impulsive type (3 or more, must include characteristics in bold)**
    - Marked tendency to act unexpectedly and without consideration of the consequences
    - **Marked tendency to quarrelsome behaviour and conflict with others**
    - Liability to outbursts of anger or violence, with inability to control resultant behaviour
    - Difficulty in maintaining any course of action which offers no immediate reward
    - Unstable and capricious mood
  - **ICD-10 criteria for borderline type (3 or more of impulsive type, plus 2 or more of these)**
    - Disturbances in and uncertainty about self-image, aims and personal preferences (e.g. sex)
    - Liability to become involved in intense and unstable relationships, causing emotional crisis
    - Excessive efforts to avoid abandonment
    - Recurrent threats or acts of self-harm
    - Chronic feelings of emptiness
  - ΔΔ other PD, substance misuse, dissociative disorder, depression, bipolar disorder
  - **May predispose to:** substance misuse, somatoform/dissociative disorders, depression, bipolar disorder, eating disorders, deliberate self-harm, suicide
  - **Special management considerations**
    - Psychodynamic and cognitive psychotherapy forms the basis of treatment
    - Thorough risk assessment and regular follow-up are very important aspects of management

- ## Histrionic personality disorder: the drama queen
  - **Epidemiology:** up to 2% general population, ↑↑ in women (men more likely to be Δ as narcissistic)
  - **Aetiology:** can run in families; environmental factors e.g. traumatic early life events
  - **ICD-10 criteria (3 or more)**
    - Self-dramatisation, theatricality and exaggerated expression of emotions
      → overly sentimental and may mistake the depth and intimacy of relationships → distress
    - Suggestibility; easily influenced by others or by circumstances
    - Shallow, labile and highly reactive mood
    - Continually seeking excitement and activities in which they are the centre of attention
    - Inappropriate seductiveness in appearance or behaviour
    - Over-concern with physical attractiveness
  - ΔΔ other PD, anxiety disorder, panic disorder, somatoform disorder, depression, bipolar disorder
  - **May predispose to:** exploitation, depression/self-harm (e.g. when relationships end)
  - **Special management considerations**
    - Psychoanalytic and cognitive psychotherapy help +/- careful use of group therapy
    - Monitor carefully for depressive episodes

- ## Narcissistic personality disorder: the self-obsessed one
  - **Epidemiology:** around 1% general population, 2-16% psychiatric patients, ↑↑ in men
  - **Aetiology:** can run in families; environmental factors e.g. overindulgence, excessive admiration and praise OR excessive criticism/emotional abuse in childhood, incestual relationships
  - **DSM-IV criteria (5 or more)**
    - Grandiose sense of self-importance, may exaggerate own achievements to impress others
    - Preoccupied with fantasies of unlimited success, power, brilliance, beauty or love
    - Believes they are "special" or unique and should only mix with other high-status individuals
    - Requires excessive admiration and may become violently enraged if this is not provided
    - Sense of entitlement to favourable treatment or compliance with instructions
    - Exploits and manipulates other people to achieve their own ends
    - Lacks empathy
    - Envious of others or believe that others are envious of them
    - Displays arrogant and haughty behaviours/attitudes
  - ΔΔ other PD, bipolar disorder, delusional disorder, paranoid schizophrenia
  - **May predispose to:** depression (at failure to achieve predicted brilliance), paranoid delusions
  - **Special management considerations**
    - These patients rarely seek help and may be defensively disdainful of proposed treatments
    - Psychotherapy or anger management may help them relate to others in a more positive way

- ## Obsessive-compulsive personality disorder: the perfectionist
  - **Epidemiology:** about 1% of general population, 3-10% of psychiatric outpatients, ↑↑ in men
  - **Aetiology:** proven genetic associations e.g. DRD3 gene subtypes; environmental factors e.g. childhood abuse or other psychological trauma
  - **ICD-10 criteria (3 or more)** *NB// ICD-10 calls it "anankanistic personality disorder"*
    - Feelings of excessive doubt and caution
    - Preoccupation with details, rules, lists, order, organisation and schedule
      → can result in excessive cleanliness or hoarding
    - Perfectionism which interferes with task completion
    - Excessive conscientiousness, scrupulousness and undue preoccupation with productivity to the exclusion of pleasure and interpersonal relationships; often humourless and miserly
    - Excessive pedantry and adherence to social conventions
    - Rigidity and stubbornness
    - Unreasonable insistence that others submit to their way of doing things, or unreasonable reluctance to allow others to do things
    - Intrusion of insistent or unwelcome thoughts or impulses
  - ΔΔ other PD, OCD (ritualistic tendencies, no pleasure from completing tasks), autism
  - **May predispose to:** social isolation, OCD, GAD, panic disorder, depression, self-harm, suicide
  - **Special management considerations**
    - Cognitive behavioural therapy is useful for reducing obsessions and compulsions

- ## Anxious (avoidant) personality disorder: the shy recluse
  - **Epidemiology:** 0.5-2% general population, 10% psychiatric patients, males=females
  - **Aetiology:** can run in families; environmental factors e.g. childhood neglect, rejection/bullying
  - **ICD-10 criteria (4 or more)**
    - Persistent and pervasive feelings of tension and apprehension
    - Belief that they are socially inept, personally unappealing or inferior to others
    - Excessive preoccupation with being criticised or rejected in social situations
    - Unwillingness to become involved with people unless certain of being liked
    - Restrictions in lifestyle resulting from need for physical security
    - Avoidance of social or occupational activities involving significant interpersonal contact because of fears of criticism, disapproval, embarrassment or rejection
  - ΔΔ other PD, social phobia, other anxiety disorder, depression, autism
  - **May predispose to:** social isolation, any anxiety disorder, depression, paranoid delusions
  - **Special management considerations**
    - It is difficult to build a therapeutic relationship with these patients as they are inherently mistrustful and fear rejection - any minor setback or failure may trigger avoidance of therapy
    - Social skills training, desensitisation and group therapy (if desired) help improve confidence

- ## Dependent personality disorder: the clingy push-over
  - **Epidemiology:** around 0.5% general population, ↑↑ in women
  - **Aetiology:** no heredity studies; environmental factors e.g. clingy parental behaviour
  - **ICD-10 criteria (3 or more)**
    - Encouraging or allowing others to make most of one's important life decisions
    - Subordination of their own needs to those of others upon whom they are dependent, or undue compliance with their wishes
    - Unwillingness to make even reasonable demands on the people they depend upon
    - Being uncomfortable or helpless when alone, due to fears of inability to care for themselves
    - Preoccupation with fears of being abandoned by significant others and left alone
    - Limited capacity to make everyday decisions without excessive advice and reassurance
  - ΔΔ other PD, adjustment disorder, anxiety disorder, depression, learning disability
  - **May predispose to:** exploitation, dysphoria, anxiety, depression, crisis if abandoned → self-harm
  - **Special management considerations**
    - Psychotherapy can help promote autonomy and ability to function independently

- ## Other personality disorders **(NB// sadistic and masochistic are no longer recognised)**
  - **Depressive:** pervasive pattern of negative cognitions and behaviours
  - **Passive-aggressive:** negative attitudes and passive resistance in interpersonal situations
  - **Personality development disorder**: term used to describe personality disorders before age 18

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