Personality Disorders

DEFINITIONS, CLINICAL FEATURES
- 10 personality disorders (grouped into 3 clusters) are defined in DSM-IV:

CATEGORICAL CLASSIFICATION
- Use defense mechanisms of projection and fantasy and may have tendency toward psychotic thinking (i.e. vulnerability to cognitive disorganization when stressed).

PARANOID PERSONALITY DISORDER (0.5-2.5% of general population) - pervasive distrust and unsociability

Cluster B (dramatic, emotional, unstable)

Cluster C (anxious, fearful)

Cluster D (overtly positive)

Cluster E (stable over time)

Cluster F (substance abuse and personality disorder)

Cluster G (general Personality Disorder)

Cluster H (unspecified)

Cluster I (medical Personality Disorder)

Cluster J (simple Personality Disorder)

Cluster K (social Personality Disorder)

Cluster L (including Personality Disorder Due to Other Mental Disorders)

Cluster M (including Personality Disorder Due to Physical Illness)

Cluster N (including Personality Disorder Due to Other Illness)

Cluster O (including Personality Disorder Due to Developmental Disorder)

Cluster P (including Personality Disorder Due to Mental Retardation)

Cluster Q (including Personality Disorder Due to Memory Disorder)

Cluster R (including Personality Disorder Due to Substance Use Disorder)

Cluster S (including Personality Disorder Due to Psychophysiological Disorder)

Cluster T (including Personality Disorder Due to Functional Disorder)

Cluster U (including Personality Disorder Due to Neurodevelopmental Disorder)

Cluster V (including Personality Disorder Due to Other Biological Disorder)

Cluster W (including Personality Disorder Due to Other Genetic Disorder)

Cluster X (including Personality Disorder Due to Environmental Disorder)

Cluster Y (including Personality Disorder Due to Other Environmental Disorder)

Cluster Z (including Personality Disorder Due to Other Disorder)

Cluster A (odd, eccentric)

Cluster B (dramatic, emotional, unstable)

Cluster C (anxious, fearful)

Cluster D (overtly positive)

Cluster E (stable over time)

Cluster F (substance abuse and personality disorder)

Cluster G (general Personality Disorder)

Cluster H (unspecified)

Cluster I (medical Personality Disorder)

Cluster J (simple Personality Disorder)

Cluster K (social Personality Disorder)

Cluster L (including Personality Disorder Due to Other Mental Disorders)

Cluster M (including Personality Disorder Due to Physical Illness)

Cluster N (including Personality Disorder Due to Other Illness)

Cluster O (including Personality Disorder Due to Developmental Disorder)

Cluster P (including Personality Disorder Due to Mental Retardation)

Cluster Q (including Personality Disorder Due to Psychophysiological Disorder)

Cluster R (including Personality Disorder Due to Functional Disorder)

Cluster S (including Personality Disorder Due to Neurodevelopmental Disorder)

Cluster T (including Personality Disorder Due to Other Biological Disorder)

Cluster U (including Personality Disorder Due to Other Genetic Disorder)

Cluster V (including Personality Disorder Due to Environmental Disorder)

Cluster W (including Personality Disorder Due to Other Environmental Disorder)

Cluster X (including Personality Disorder Due to Other Disorder)

Cluster Y (including Personality Disorder Due to Other Disorder)

Cluster Z (including Personality Disorder Due to Other Disorder)

Personality Disorders

Last updated: April 24, 2019

DEFINITIONS, CLINICAL FEATURES

CATEGORICAL CLASSIFICATION

Cluster A (odd, eccentric) (0.5-2.5% of general population) - pervasive distrust and unsociability

Cluster B (dramatic, emotional, unstable)

Cluster C (anxious, fearful)

Cluster D (overtly positive)

Cluster E (stable over time)

Cluster F (substance abuse and personality disorder)

Cluster G (general Personality Disorder)

Cluster H (unspecified)

Cluster I (medical Personality Disorder)

Cluster J (simple Personality Disorder)

Cluster K (social Personality Disorder)

Cluster L (including Personality Disorder Due to Other Mental Disorders)

Cluster M (including Personality Disorder Due to Physical Illness)

Cluster N (including Personality Disorder Due to Other Illness)

Cluster O (including Personality Disorder Due to Developmental Disorder)

Cluster P (including Personality Disorder Due to Mental Retardation)

Cluster Q (including Personality Disorder Due to Psychophysiological Disorder)

Cluster R (including Personality Disorder Due to Functional Disorder)

Cluster S (including Personality Disorder Due to Neurodevelopmental Disorder)

Cluster T (including Personality Disorder Due to Other Biological Disorder)

Cluster U (including Personality Disorder Due to Other Genetic Disorder)

Cluster V (including Personality Disorder Due to Environmental Disorder)

Cluster W (including Personality Disorder Due to Other Environmental Disorder)

Cluster X (including Personality Disorder Due to Other Disorder)

Cluster Y (including Personality Disorder Due to Other Disorder)

Cluster Z (including Personality Disorder Due to Other Disorder)

Personality Disorders

Last updated: April 24, 2019

DEFINITIONS, CLINICAL FEATURES

CATEGORICAL CLASSIFICATION

Cluster A (odd, eccentric) (0.5-2.5% of general population) - pervasive distrust and unsociability

Cluster B (dramatic, emotional, unstable)

Cluster C (anxious, fearful)

Cluster D (overtly positive)

Cluster E (stable over time)

Cluster F (substance abuse and personality disorder)

Cluster G (general Personality Disorder)

Cluster H (unspecified)

Cluster I (medical Personality Disorder)

Cluster J (simple Personality Disorder)

Cluster K (social Personality Disorder)

Cluster L (including Personality Disorder Due to Other Mental Disorders)

Cluster M (including Personality Disorder Due to Physical Illness)

Cluster N (including Personality Disorder Due to Other Illness)

Cluster O (including Personality Disorder Due to Developmental Disorder)

Cluster P (including Personality Disorder Due to Mental Retardation)

Cluster Q (including Personality Disorder Due to Psychophysiological Disorder)

Cluster R (including Personality Disorder Due to Functional Disorder)

Cluster S (including Personality Disorder Due to Neurodevelopmental Disorder)

Cluster T (including Personality Disorder Due to Other Biological Disorder)

Cluster U (including Personality Disorder Due to Other Genetic Disorder)

Cluster V (including Personality Disorder Due to Environmental Disorder)

Cluster W (including Personality Disorder Due to Other Environmental Disorder)

Cluster X (including Personality Disorder Due to Other Disorder)

Cluster Y (including Personality Disorder Due to Other Disorder)

Cluster Z (including Personality Disorder Due to Other Disorder)
Narcissistic personality disorder (3% men, 1% women in general population) - marked eccentricities of thought, perception, and behavior (i.e. "strange" or "odd" behavior, appearance, thinking).

- Patient appears indifferent to praise or criticism of others and often seems cold or aloof.
- May develop major depression.

Antisocial personality disorder (1% men, 0.3% women in general population) - disregard for and violation of social norms and rules of society (i.e. lifelong inability to conform to social norms)
- Onset with conduct disorder before age 15 years (conduct childhood pattern of antisocial and oppositional behavior).
- Includes following features:
  1. Reckless disregard for safety of self or others
  2. Reckless disregard for or violation of social norms
  3. Reckless disregard for the rights of others or threats or self-mutilation

Borderline personality disorder (1% men, 3% women in general population) - unstable self-image, mood, and interpersonal relationships
- One of most commonly overused diagnoses in DSM-IV.
- Diagnostic criteria require at least 5 of following features:
  1. Grandiose or grandiose-like self-esteem
  2. Impulsive, unstable relationships
  3. Risk taking, including suicidal or other self-injurious behavior
  4. Chronic feelings of emptiness
  5. Frequent proneness to involvement in new and terrifying situations

Histrionic personality disorder (2-3% of general population; women >> men) - excessive emotionality and attention-seeking behavior (i.e. attempts to be center of attention through use of theatrical and self-dramatizing behavior).
- Formerly called "hysterical personality," but term was discarded because of many negative connotations.
- N.B. peculiarities are not so severe to be termed schizophrenic, and there is no history of psychotic episodes.

Clutter b (Dramatic, emotional, unstable)

- Poor impulse control, dramatic and unstable characteristics!

- Antisocial personality disorder
- Borderline personality disorder
- Histrionic personality disorder
- Narcissistic personality disorder

- Live solitary life; little, if any, interest in having sexual experiences with another person.
- Enjoyment of few, if any, activities (prefer theoretical speculation to practical action).
- Patient appears indifferent to praise or criticism of others and often seems cold or aloof.
- May develop major depression.
Avoidant personality disorder (0.5-1% of general population) - patients are very shy (social inhibition, feelings of inadequacy, hypersensitivity to rejection).
- unlike schizoid personality disorder, patients actually desire relationships with others but are paralyzed by their fear and sensitivity into social isolation.
- associated with anxiety disorders (esp. social phobia).

Dependent personality disorder - excessive need to be taken care of → submissive and clinging behavior, regardless of consequences.
- diagnosis requires at least 5 of following features:
  1) difficulty making decisions without guidance and reassurance
  2) need for others to assume responsibility for most major areas of person's life
  3) difficulty expressing disagreement with others
  4) difficulty initiating activities because of lack of confidence
  5) excessive measures to obtain nurturance and support
  6) discomfort or helplessness when alone
  7) urgent seeking for another relationship when one has ended
- risk for anxiety disorders and adjustment disorder.

Obsessive-compulsive personality disorder (1% of general population) - marked preoccupation with orderliness, perfectionisms, and control.
- perfectionisms + lack of flexibility interfere with efficiency (despite high focus on tasks)
- scrupulous and inflexible about matters of morality, ethics, and values beyond cultural norms.
- reluctance to delegate tasks or to work with others.
- often stingy and stubborn; unable to discard worn or worthless objects (even when they have no sentimental value).
- patients recognize that they have problems (unlike those with other personality disorders).
- risk for myocardial infarction because of type A lifestyles.
- not at increased risk for obsessive-compulsive disorder! (and vice versa)

DIMENSIONAL CLASSIFICATION
- places various personality traits along continuum (vs. strict categories).

Dimensions of Personality:
1. Neuroticism - tendency toward anxiety, depression, sense of self-consciousness, and vulnerability.
   - neurotic individuals tend to be worriers, and they often magnify and augment normal somatic sensations.
   - neurotics are particularly frightened by normal side effects of treatments.
2. Extroversion (vs. introversion) - outgoing, sociable personality; - solitary and aloof personality.
3. Agreeableness - readiness or willingness to consent.
   - overly agreeable patients agree to all treatments suggested, but not comply.
4. Openness (vs. conservativeness) - willingness to hear and consider or to accept and deal with;
   - overly open patient may be attracted to variety of alternative therapies that have no basis for efficacy.
5. Conscientiousness [angl. såžiningumas] - organized, goal-directed behavior in completing tasks.

ETIOPATHOPHYSIOLOGY
a) result of dysfunctional early environments that prevent evolution of adaptive patterns of perception, response, and defense.
b) genetic and psychobiologic contributions.
N.B. genetic factors play major role in PERSONALITY TRAITS, but less certain role in PERSONALITY DISORDERS!

TREATMENT

Personality disorders are particularly difficult to treat!!!

Psychotherapy is at core of treatment/care for personality disorders
- early effort should be made to get patients to see that problem is really based on who they are (i.e. to help patient to increase his awareness of dysfunctional interpersonal traits so that conscious control of their adverse effects can increase).

N.B. patients often feel that disturbance in their lives is caused by outside world – patients do not recognize that anything is wrong with them that needs to be changed (so-called “ego-syntonic” symptoms).

involvement of family members and friends is helpful and often essential.
- because personality disorders produce symptoms as result of poor or limited coping skills, psychotherapy aims to improve perceptions of and responses to social and environmental stresses.
- treatment may extend over course of several years (repetitious confrontation in prolonged psychotherapy or by peer encounters).

Medications are in no way curative for any personality disorder.
- used (in small doses for short periods) as adjunct to psychotherapy.
- focus is on treatment of symptom clusters (such as cognitive-perceptual symptoms, affective dysregulation, impulsive-behavioral dyscontrol) - assumption is that neurotransmitter abnormalities underlie these symptom clusters.
- strongest evidence for pharmacologic treatment is for borderline personality disorder.

1. Antidepressants
   - overdose risk - tricyclics and MAO inhibitors are usually not prescribed for personality disorders
   - SSRIs and newer antidepressants are safe and reasonably effective.
   - because depression stems from limited range of coping capacities, antidepressants are less effective than in major depression.

2. Anticonvulsants, β-blockers, SSRI - efficacy in suppressing impulsive and aggressive behavior in patients with personality disorder.

3. Antipsychotics – for transient psychotic periods (e.g. in borderline personality disorder) or for chronic idiosyncratic ideations of nearly psychotic proportions (e.g. in schizotypal personality disorder)
   - response is less dramatic than in true psychotic Axis I disorders, but symptoms such as anxiety, hostility, and sensitivity to rejection may be reduced.
BIBLIOGRAPHY for ch. “Psychiatry” → follow this LINK >>