



PERSONALITY DISORDER



A personality disorder is **a way of thinking, feeling and behaving that deviates from the expectations of the culture, causes distress or problems functioning**

Personality disorder criteria:


(CAPRI)

Cognition

Affect

Personal relation

Impulse control

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- Biological, genetic, and psychosocial factors during childhood and adolescence contribute to the development of personality disorders
 - prevalence of personality disorders is 6–11%.
 - The prevalence of some personality disorders in monozygotic twins is several times higher than in dizygotic twins

TREATMENT

- Personality disorders are generally very difficult to treat, especially since few patients are aware that they need help. The disorders tend to be chronic and lifelong
- In general pharmacologic treatment has limited usefulness except in treating comorbid mental conditions
- Psychotherapy is usually the most helpful

Types of Personality Disorders



CLUSTER A:

Odd thinking and eccentric behavior

- ✓ Paranoid personality disorder
- ✓ Schizoid personality disorder
- ✓ Schizotypal personality disorder



CLUSTER B:

Dramatic and erratic behavior

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



CLUSTER C:

Severe anxiety and fear

- ✓ Avoidant personality disorder
- ✓ Dependent personality disorder
- ✓ Obsessive-compulsive disorder

PARANOID PERSONALITY DISORDER (PPD)

Is a mental health condition marked by a pattern of distrust and suspicion of others without adequate reason to be suspicious. People with PPD are always on guard believing that others are trying to harm them

DIAGNOSIS AND DSM-5 CRITERIA

At least four of the following must also be present:

1. Suspicion (without evidence) that others are exploiting him or her
2. Preoccupation with doubts of loyalty or trustworthiness of friends or acquaintances
3. Reluctance to confide in others
4. Interpretation of benign remarks as threatening or demeaning
5. Persistence of grudges
6. Perception of attacks on his or her character that is not apparent to others; quick to counterattack
7. Suspicions regarding fidelity of spouse or partner

EPIDEMIOLOGY

- Prevalence: 2–4%
- More commonly diagnosed in men than in women
- Higher incidence in family members of schizophrenics

TREATMENT

- Psychotherapy is the treatment of choice
- Group psychotherapy should be avoided due to mistrust
- antipsychotics for transient psychosis

SCHIZOID PERSONALITY DISORDER

People with schizoid personality disorder have a lifelong pattern of indifference toward others and social isolation and They are quiet and have a constricted affect

DIAGNOSIS AND DSM-5 CRITERIA

Four or more of the following must also be present:

1. Neither enjoying nor desiring close relationships
2. Generally choosing solitary activities
3. Little interest in sexual activity with another person
4. Taking pleasure in few activities
5. Few close friends
6. Indifference to praise or criticism
7. Emotional coldness detachment or flattened affect

EPIDEMIOLOGY

- Prevalence: 3–5%
- Diagnosed more often in men than women
- May be increased prevalence of schizoid personality disorder in relatives of individuals with schizophrenia

TREATMENT

- Antidepressants if comorbid major depression is diagnosed

SCHIZOTYPAL PERSONALITY DISORDER

People with schizotypal personality disorder have **odd behavior speech patterns thoughts and perceptions**

DIAGNOSIS AND DSM-5 CRITERIA

- Five or more of the following must be present:
 1. Ideas of reference
 2. Odd beliefs or magical thinking
 3. Unusual perceptual experiences (such as bodily illusions)
 4. Suspiciousness
 5. Inappropriate or restricted affect
 6. Odd or eccentric appearance
 7. Few close friends
 8. Odd thinking or speech
 9. Excessive social anxiety

TREATMENT

- Psychotherapy is the treatment of choice to help develop social skills training
- Short course of low-dose antipsychotics if necessary

ANTISOCIAL PERSONALITY DISORDER

People with antisocial personality disorder have a long-term pattern of manipulating exploiting or violating the rights of others without any remorse

DIAGNOSIS AND DSM-5 CRITERIA

1. Failure to conform to social norms by committing unlawful acts
2. Deceitfulness/repeated lying/manipulating others for personal gain
3. failure to plan ahead
4. Irritability and aggressiveness
5. Recklessness and disregard for safety of self or others
6. Irresponsibility/failure to sustain work or honor financial obligations
7. Lack of remorse for actions

EPIDEMIOLOGY

- Prevalence: 3% in men and 1% in women
- Males with alcoholic parents are at increased risk

TREATMENT

- Psychotherapy is generally ineffective
- Pharmacotherapy may be used to treat symptoms of anxiety or depression

BORDERLINE PERSONALITY DISORDER (BPD)

People with BPD have extreme mood swings unstable relationships and trouble controlling their emotions

The name borderline comes from the patient's being on the borderline of neurosis and psychosis

DIAGNOSIS AND DSM-5 CRITERIA

At least five of the following must be present:

1. Frantic efforts to avoid real
2. Unstable intense interpersonal relationships
3. Unstable self-image
4. Impulsivity in at least two potentially harmful ways
5. Recurrent suicidal threats
6. Unstable mood/affect
7. Chronic feelings of emptiness
8. Difficulty controlling anger
9. Transient stress-related paranoid ideation or dissociative symptoms

EPIDEMIOLOGY

- Prevalence Up to 6%
- Diagnosed three times more often in women than men
- Suicide rate 10%

TREATMENT

- Dialectical behavior therapy (DBT) is the treatment of choice
- psychotherapies found to be beneficial include mentalization-based therapy, transference-focused therapy, and schema-focused therapy
- Pharmacotherapy (e.g., mood stabilizers, antipsychotics, antidepressants)

HISTRIONIC PERSONALITY DISORDER (HPD)

Patients with histrionic personality disorder (HPD) exhibit attention-seeking behavior and excessive emotionality and they are dramatic

DIAGNOSIS AND DSM-5 CRITERIA

At least five of the following must be present:

1. Uncomfortable when not the center of attention
2. Inappropriately seductive or provocative behavior
3. Rapidly shifting but shallow expression of emotion
4. Uses physical appearance to draw attention to self
5. Speech that is impressionistic and lacking in detail
6. Theatrical and exaggerated expression of emotion
7. Easily influenced by others
8. Perceives relationships as more intimate than they actually are

EPIDEMIOLOGY

- Prevalence 2%
- Women are more likely to have HPD than men

TREATMENT

- Psychotherapy (e.g., supportive, problem-solving, interpersonal, group) is the treatment of choice
- Pharmacotherapy to treat associated depressive or anxious symptoms

NARCISSISTIC PERSONALITY DISORDER (NPD)

is a mental condition in which people have an inflated sense of their own importance a deep need for excessive attention and admiration troubled relationships and a lack of empathy for others

DIAGNOSIS AND DSM-5 CRITERIA

Five or more of the following must be present:

1. Exaggerated sense of self-importance
2. Preoccupation with fantasies of unlimited money success
3. Believes that he or she is “special” or unique and can associate only with other high-status individuals
4. Requires excessive admiration
5. Has sense of entitlement
6. Takes advantage of others for self-gain
7. Lacks empathy
8. Envious of others or believes others are envious of him or her
9. Arrogant or haughty

TREATMENT

- Psychotherapy is the treatment of choice

AVOIDANT PERSONALITY DISORDER

Patients with avoidant personality disorder have a pervasive pattern of social inhibition and an intense fear of rejection

Their fear of rejection is so overwhelming that it affects all aspects of their lives

DIAGNOSIS AND DSM-5 CRITERIA

At least four of the following must be present:

1. Avoids occupation that involves interpersonal contact due to a fear of rejection
2. Unwilling to interact unless certain of being liked
3. Cautious of interpersonal relationships
4. Preoccupied with being criticized or rejected in social situations
5. Inhibited in new social situations
6. Believes he or she is socially inept and inferior
7. Reluctant to engage in new activities for fear of embarrassment

EPIDEMIOLOGY

- Prevalence 2.4%
- Equally frequent in males and females

TREATMENT

- Psychotherapy including assertiveness and social skills training is most effective
- Group therapy may also be beneficial
- Selective serotonin reuptake inhibitors (SSRIs) may be prescribed for comorbid social anxiety disorder or major depression



DEPENDENT PERSONALITY DISORDER (DPD)

Patients with dependent personality disorder (DPD) have poor self-confidence and fear of separation

DIAGNOSIS AND DSM-5 CRITERIA

At least five of the following must be present:

1. Difficulty making everyday decisions without reassurance from others
2. Needs others to assume responsibilities for most areas of his or her life
3. Difficulty expressing disagreement because of fear of loss of approval
4. Difficulty initiating projects because of lack of self-confidence
5. Goes to excessive lengths to obtain support from others
6. Feels helpless when alone
7. Urgently seeks another relationship when one ends
8. Preoccupied with fears of being left to take care of self

EPIDEMIOLOGY

- Prevalence Approximately $<1\%$
- Women are more likely to be diagnosed with DPD than men
- Childhood medical illness or separation anxiety disorder may increase the likelihood of developing DPD

TREATMENT

- Psychotherapy particularly cognitive-behavioral assertiveness and social skills training is the treatment of choice
- Pharmacotherapy may be used to treat associated symptoms of anxiety or depression

OBSESSIVE-COMPULSIVE PERSONALITY DISORDER (OCPD)

Patients with obsessive-compulsive personality disorder (OCPD) have a pervasive pattern of perfectionism inflexibility and orderliness

DIAGNOSIS AND DSM-5 CRITERIA

At least four of the following must be present:

1. Preoccupation with details, rules, lists, and organization
2. Perfectionism that is detrimental to completion of task
3. Excessive devotion to work
4. Excessive conscientiousness and scrupulousness about morals
5. Will not delegate tasks
6. Unable to discard worthless objects
7. Miserly spending style
8. Rigid and stubborn

EPIDEMIOLOGY

- Prevalence 2–7%
- Men are two times more likely to have OCPD than women

TREATMENT

- Psychotherapy is the treatment of choice
- Pharmacotherapy may be used to treat associated symptoms



Thank you

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