

Expression of emotions

- Ego syntonic symptoms:
 - Patient does not recognise that there is anything wrong with them that needs to be changed
 - Existing disturbance is viewed as being as a result of the world being out of step with them
- Ego dystonic
 - Patients experience internally distressing symptoms
 - Are still unable to alter their behaviour

Definitions

According to DSM 5:

- A personality disorder is an **enduring** pattern of **inner experience** and **behaviour** that differs markedly from the expectations of the individuals culture
- It manifests in two or more of the following:
 - Cognition
 - Affect
 - Interpersonal functioning
 - Impulse control

Definitions

- The enduring pattern is **pervasive and inflexible**, has an **onset** in adolescence or early childhood, is stable over time and **leads to distress or impairment**
- It is not better explained by another mental disorder or the psychological consequences of a substance or a medical condition

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- It is unwise to diagnose a personality disorder at one setting, more so an emergency setting.
- It takes time to gather evidence that an individual is not functioning across multiple domains in the ways they think, feel, behave and in relationships.

Classification

- 10 personality disorders grouped into three clusters
- Cluster A:
 - Paranoid
 - Schizoid
 - Schizotypal
- Cluster B:
 - Antisocial
 - Borderline
 - Histrionic
 - Narcissistic

Classification

- Cluster C:
 - Avoidant
 - Dependent
 - Obsessive compulsive
- Other personality disorders
 - Personality change due to another medical condition
 - Other specified personality disorder
 - Unspecified personality disorder

Presentation

- Wide range of problems in social relationships and mood regulation
- Problems present throughout adult life
- Clinically significant distress or impairment in the person's social, occupational and other important areas of functioning
- The disorder should occur in all settings (not limited to one sphere of activity)

Cluster A (Odd, Eccentric)

Paranoid personality disorder

- Pervasive distrust and suspiciousness with a tendency to attribute hostile motives to others
- Preoccupied with unjustified doubts
- Persistently bear grudges
- Common beliefs include:
 - Others are exploiting or deceiving the person
 - Friends and associates are untrustworthy
 - Information confided to others will be used maliciously
 - There is hidden meaning in remarks and events that others consider as benign

Cluster A (Odd, Eccentric)

Schizoid personality disorder

- The person is markedly detached from others with little desire for close relationships, therefore tending to chose solitary activities
- Little pleasure in activities and little interest in sexual relations
- Appear indifferent to praise and criticism, often appearing cold or aloof

Cluster A (Odd, Eccentric)

Schizotypal personality disorder

- A pattern of social and interpersonal difficulties that includes a sense of discomfort with close relationships, eccentric behavior, and unusual thoughts and perceptions of reality
- Examples include
 - Ideas of reference
 - Odd beliefs / magical thinking
 - Vague, circumstantial or stereotyped speech
 - Excessive social anxiety that does not decrease with familiarity
 - Idiosyncratic perceptual experiences or bodily illusions

Cluster B (Dramatic and Emotional)

Antisocial personality disorder

- Pervasive pattern of disregard for and the violation of the rights of others and rules of society
- Although formal diagnosis is after 18 years, the symptoms must be exhibited by age 15 or earlier
 - Repeated violations of the law
 - Pervasive lying and deception
 - Physical aggressiveness
 - Reckless disregard of safety of self or others
 - Consistent irresponsibility in work and family environments
 - Lack of remorse

Cluster B (Dramatic and Emotional)

Borderline personality disorder

- Pattern of unstable and intense interpersonal relationships, self perception and moods.
- Markedly impaired impulse control
- 5 of the following features:
 - Frantic efforts to avoid expected abandonment
 - Unstable and intense interpersonal relationships
 - Persistently unstable self image
 - Impulsivity in self damaging areas: sex, substance abuse, reckless driving
 - Recurrent suicidal behaviours or threats or self mutilation
 - Affective instability
 - Chronic features of emptiness
 - Inappropriate and intense anger
 - Transient paranoia or dissociation

Cluster B (Dramatic and Emotional)

Histrionic personality disorder

- Need to be the centre of attention
- Inappropriate sexual seductiveness/ provocative (flirtatious)
- Speech impressionistic and lacks detail
- Aggrandizing but insincere relationships
- Suggestibility (easily influenced by others)
- Shows self dramatization and exaggerated expression of emotion
- Rapidly shifting and shallow expression of emotion

Cluster B (Dramatic and Emotional)

Narcissistic personality disorder

- They are grandiose and require admiration from others
- Features include:
 - Exaggeration of their own talents and accomplishments
 - Preoccupation with fantasies of beauty, success, power, brilliance and ideal love
 - Sense of entitlement
 - Exploitation of others
 - Lack of empathy
 - Envy of others
 - An arrogant and haughty attitude

Cluster C (Anxious and fearful)

Avoidant personality disorder

- Generally very shy
- Display a pattern of social inhibition, feelings of inadequacy and hypersensitivity to rejection
- Unlike those of schizoid personality, they desire relationships with others but inhibited by their fear and sensitivity
- Major traits include
 - Lack of close friends and unwillingness to get involved unless certain of being liked
 - Avoidance of social activities and fear of criticism
 - Embarrassment or anxiety in front of people

Cluster C (Anxious and fearful)

Dependent personality disorder

- They have an excessive need to be taken care of that results in submissive or clingy behaviour regardless of the consequences
- Need 5 of the following features
 - Difficulty making decisions without guidance and reassurance
 - Need for others to assume responsibility for major areas of the person's life
 - Difficulty expressing disagreement with others
 - Difficulty initiating activities due to lack of confidence
 - Excessive measures to obtain nurturance and support
 - Discomfort or helplessness when alone
 - Urgent seeking for another relationship when one has ended
 - Unrealistic preoccupation with fears of being left to fend for themselves

Cluster C (Anxious and fearful)

Obsessive compulsive personality disorder

- They display the following traits:
- Preoccupation with orderliness, perfectionism and control
- Lack of flexibility and openness
- Reluctance to delegate tasks
- An excessive devotion to work with the exclusion of leisure activity
- Often scrupulous and inflexible with regard to matters of morality, ethics and values to a point beyond cultural norms
- In many cases, stingy and stubborn

Aetiology

- Largely unknown
- Genetic causes
- Early life experiences (psychodynamic approach)
- Relationship between some personality disorders and mental disorders

Aetiology...

- Paranoid personality disorder:
 - Genetics; possible genetic link between this disorder and schizophrenia
- Schizoid personality disorder
 - Linked with heritability
- Schizotypal personality disorder
 - Genetically linked to schizophrenia
 - Evidence of dysregulation of dopaminergic pathways
- Antisocial personality disorder
 - Genetic contribution
 - Serotonergic dysregulation
 - Possible abnormalities in the prefrontal brain systems
 - Reduced autonomic activity

Aetiology...

- Borderline personality disorder
 - High prevalence of early abuse (sexual, physical, emotional)
 - Strongly linked to mood disorders in first degree relatives
- Histrionic personality disorder
 - Little research available
- Narcissistic personality disorder
 - Defence against awareness of low self esteem
- Avoidant personality disorder
 - Expression of extreme traits of introversion
- Dependent
 - Insecure form of attachment to others
- Obsessive compulsive
 - Heritability
 - Needing control as a defence against shame and powerlessness

Epidemiology

- Total prevalence: 6-18%
- Sex related demographics:
 - Cluster A slightly more common in males than females
 - Cluster B:
 - Antisocial is 3 times more prevalent in males than females
 - Borderline, 3 times more common in females than males
 - 50-75% of narcissist are male
 - Cluster C: obsessive compulsive twice as often in men than women

Physical examination

- Non specific
- Signs of prior suicide attempts
- Stigmata of alcoholism

Mental Status Examination

- Findings through careful observation of patient during history taking.
- May include:
 - Histrionic- la belle indifference(an indifferent attachment while describing dramatic physical conditions
 - Antisocial- can become hostile and at times homicidal
 - Borderline- affective lability with high suicide risk, dissociative phenomena as if hallucinatory
 - Paranoid- may voice persecutory ideation but without formal thought disorder of schizophrenia
 - Schizotypal- odd or idiosyncratic use of language

Differential Diagnosis

- Comorbid axis I like mood disorders, substance abuse and medical disorders may make personality disorders difficult to diagnose due to overlapping features
- Premorbid and developmental history very key from collateral sources
- Depending on the disorder:
 - Alcoholism
 - Anxiety disorders
 - Brief psychotic disorder
 - Bulimia nervosa
 - Depression
 - Dissociative disorders
 - Hypochondriasis
 - Post traumatic stress disorder

Workup approach considerations

- Toxicology screen: substance abuse is common in many personality disorders
- Screen for HIV and other STI: poor impulse control and acting without regard to risk
- CT Scanning and appropriate blood work if organic aetiology is suspected
- Radiography: injuries from fighting, RTAs or self mutilation
- Psychological testing to support or direct the clinical diagnosis (Minnesota Multiphasic Personality Inventory (MMPI); Eysenck Personality Inventory and Personality Diagnostic Questionnaire)

Treatment and Management

- Vigilant about suicide potential
- Medications: not curative
 - Used for aggression
 - Comorbid depression
- Psychotherapy is mainstay:
 - Symptoms are as a result of poor or limited coping skills.
 - Psychotherapy aims to improve perceptions of and responses to social and environmental stressors

Prognosis

- Lifelong conditions
- Attributes of cluster A and B tend to become less severe in middle age and late life
- Individuals with personality disorders are at risk of:
 - Suicide
 - Substance abuse
 - Accidental injury
 - Depression
 - Homicide (particularly antisocial and paranoid personality disorders)

Prognosis: Associated morbidity

- Higher risk than the general population for many axis I disorders
- Cluster A:
 - Paranoid: delusional disorder, frank schizophrenia; agoraphobia, depression, substance abuse
 - Schizoid: Major depression
 - Schizotypal: brief psychotic disorder, schizophreniform disorder, delusional disorder, 30-50% recurrent depression

Prognosis: Associated morbidity

- Cluster B:
 - Antisocial: increased risk for anxiety disorders, substance abuse, somatization disorder, pathological gambling
 - Borderline: substance abuse, eating disorders, PTSD
 - Histrionic: somatoform disorders
 - Narcissistic: anorexia nervosa, substance abuse, depression

Prognosis: Associated morbidity

- Cluster C:
 - Anxiety disorders