PERSONALITY DISORDERS
‘Personality’ refers to the collection of characteristics or traits that makes each of us an individual.

These include the ways that we:

• think
• feel
• behave
PERSONALITY DISORDER - ICD10

- Individual's characteristic and enduring patterns of inner experience and behaviour as a whole deviate markedly from the culturally expected and accepted range.
- Manifest in two or more of the following areas:
  - cognition
  - affectivity
  - control over impulses and gratification of needs
  - manner of relating to others and of handling interpersonal situations
- Inflexible, maladaptive, or otherwise dysfunctional across a broad range of personal and social situations.
- Personal distress, or adverse impact on the social environment.
- Long duration - Onset in late childhood or adolescence.
- Organic brain disease, injury, or dysfunction must be excluded as the possible cause of the deviation.
How common are personality disorders?

- 40-70% - psychiatric ward
- 30-40% of psychiatric patients being treated in the community
- Around 10-30% of patients - GP
TYPES – ICD 10

- Paranoid personality disorder
- Schizoid personality disorder
- Antisocial personality disorder
- Borderline personality disorder
- Histrionic personality disorder
- Obsessive compulsive disorder
- Anxious avoidant personality disorder
- Dependant personality disorder
- Narcissistic personality disorder
- Passive aggressive personality disorder
- Personality disorder, unspecified
- Mixed and other personality disorders
TYPES – DSM IV

Cluster A: “Suspicious” - paranoid, schizoid, schizotypal
Cluster B: “Emotional and impulsive” - antisocial, borderline, histrionic, narcissistic
Cluster C: “Anxious” - avoidant, dependent, OCD
What causes personality disorder

**Genetic**
Some evidence – cluster B, familial relationship between schizotypal and schizophrenia, borderline and affective disorders.

**Neurophysiology**
Low 5HT levels, functional imaging - decreased activity in amygdala in psychopathy

**Childhood development**
Trauma - Physical or sexual abuse in childhood
Violence in the family
Behaviour problems in childhood, such as severe aggression, disobedience, and repeated temper tantrums.
Attachment issues
ADHD

**Psychodynamic theories**

**Cognitive behavioural theories**
MAKING THE DIAGNOSIS

- Accurate assessment of enduring and pervasive pattern of emotional expression, interpersonal relationships, social functioning, views of self and others
- Information from other sources
- Good History
- Describe interference with functioning – occupational, family, relationships, offending etc
- Coping strategies
MAKING THE DIAGNOSIS

Instruments
- Self report questionnaire
- Structured clinical interviews
- Diagnostic interview schedule
- Psychopathy checklist revised
- Borderline personality disorder scale
DIFFERENTIAL DIAGNOSIS

- Affective disorders
- Psychotic disorders
- Autism
- Obsessive compulsive disorder
- Anxiety disorders
- Organic disorders
MANAGEMENT
GENERAL ASPECTS

- Individual needs - jointly agreed goals
- Managing co morbid disorders
- Managing crisis
- Admission
- Medication - for co morbid mental illness (antipsychotics, antidepressants, etc.,)
- Psychological therapies - DBT, CAT, CBT, psychodynamic psychotherapy, therapeutic communities.
- Specialist services
MANAGEMENT OF BORDELINE PERSONALITY DISORDER

Indicators for admission

- Crisis intervention
- Treatment of co morbid disorders
- Stabilisation of existing medication regimens
- Reviewing the diagnosis and treatment plan
- Full risk assessment
ADMISSION

- Involve carers, relatives, other agencies
- Care plan early on
- Focus on immediate needs
- Clear boundaries
- Support groups
- Early discharge
MEDICATION

- Affective dysregulation – SSRI s
  Venlafaxine, MAOI s

- Impulse control - SSRIs, lithium (aggression)
  Carbamazepine, low dose neuroleptics
PSYCHOLOGICAL THERAPIES

- DBT
- CBT
- MBT
- Therapeutic communities
OUTCOME - PERSONALITY DISORDERS

- Morbidity and mortality - high rates of accidents, suicide, violent death (esp. cluster B), high rate of other mental disorders.
- Over time - some evidence cluster A worsen with age, cluster B improve, cluster C unchanged.
References

1. NICE guidelines – borderline personality disorder
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5. Key topics in psychiatry , Sheena Jones and Kate Roberts
6. www.rcpsych.ac.uk
8. Psychologyface.com