**PERSONALITY DISORDERS**

‘Personality’ refers to the collection of characteristics or traits that make 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 - closer S. fraternal relationship between schizotypal and schizoid, 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 behavioral 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 BORDERLINE 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 – SSRIs
  Venlafaxine, MAOIs
- 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
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