

Personality Disorders

A Personality Disorder is an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture:

- ? Cognition, Affect, Interpersonal Functioning, Impulse Control
- ? Cross-situation stability – inflexibility
- ? Leads to impaired functioning, distress

Classifying Personality Disorders

Based on descriptive similarities.

Cluster A:

These persons appear odd or eccentric. Includes:

- ?Paranoid,
- ?Schizoid, and
- ?Schizotypal

? Cluster B:

These persons appear dramatic, emotional, or erratic.

Includes: Antisocial, Borderline, Histrionic, and Narcissistic

? Cluster C:

These persons appear anxious or fearful.

Includes: Avoidant, Dependent, and Obsessive-Compulsive

Etiology of Personality Disorders

Genetics

Monozygotic twins reared apart have nearly the same personalities.

Cluster A: more common in the biological relatives of patients with schizophrenia.

Cluster B: Antisocial personality disorder is associated with alcohol use disorders;

Cluster C: obsessive-compulsive traits are more common in monozygotic twins than in dizygotic twins - they also show some signs of depression.

Environmental

The link between fearful children raised by fearful mothers and avoidant personality disorder;

Cultures that encourage aggression may contribute to paranoid and antisocial personality disorders.

Paranoid Personality Disorder

It is characterized by long-standing suspiciousness and mistrust of persons in general.

? Often hostile, irritable, and angry.

? More common in men than in women

? Prevalence - 0.5 to 2.5% of the general population.

? Hallmarks are excessive suspiciousness and distrust of others expressed as a pervasive tendency to interpret actions of others as deliberately demeaning, malevolent, threatening, exploiting, or deceiving.

Management

? Psychotherapy is the treatment of choice

? Pharmacotherapy is useful in dealing with agitation and anxiety.

? Acknowledge mistakes.

? Be open and honest.

? Don't confront.

? Set limits.

? Clearly explain procedures, medications, and results.

Schizoid Personality Disorder

- ? Display a lifelong pattern of social withdrawal.
- ? Discomfort with human interaction, their introversion, and their bland, constricted affect
- ? Eccentric, isolated, or lonely.
- ? Solitary interests and success at noncompetitive, lonely jobs that others find difficult to tolerate.
- ? Prevalence is 7.5 % of the general population
- ? Treatment is similar to that of those with a paranoid personality disorder.

Management

- ? Understand their need for isolation.
- ? Minimize new contacts and intrusions.
- ? Maintain a quiet, reassuring, and considerate interest in them.
- ? Don't insist on reciprocal responses.

Schizotypal Personality Disorder

- ? Strikingly odd or strange
- ? Magical thinking, peculiar notions, ideas of reference, illusions, and derealization
- ? Occurs in about 3 percent of the population
- ? Diagnosed on the basis of the patients' peculiarities of thinking, behavior, and appearance.

Management

- ? Similar to Schizoid PD.
- ? Misperceptions of physical symptoms and treatment.
- ? Do not ridicule or judge.
- ? Respect their need for privacy.

Antisocial Personality Disorder

- ? An inability to conform to the social norms that ordinarily govern many aspects of a person's adolescent and adult behavior.
- ? Prevalence is 3% in men and 1% in women.
- ? Onset of the disorder is before the age of 15.
- ? Lying, truancy, running away from home, thefts, fights, substance abuse, and illegal activities
- ? Highly representative of so-called con men
- ? Notable finding is a lack of remorse for these actions; that is, they appear to lack a conscience.

Management

- ? Set firm limits.
- ? Try not to be manipulated.
- ? Have a high level of skepticism.
- ? self-help groups
- ? firm limits are essential
- ? Pharmacotherapy

Borderline Personality Disorder

- ? Emotionally unstable personality disorder
- ? 1 to 2 percent of the population
- ? Twice as common in women as in men
- ? Almost always appear to be in a state of crisis.
- ? Mood swings are common.
- ? Micropsychotic episodes - short-lived psychotic episodes
- ? Have tumultuous interpersonal relationships.
- ? Shifts of allegiance from one person or group to another are frequent.

Management

- ? Be aware of and anticipate defenses.
- ? Often regress.
- ? Open and continuous communication with.
- ? Stable and calm reaction.
- ? Gently confront.
- ? Set fair and consistent limits on acting out.

Histrionic Personality Disorder

- ? Excitable and emotional and behave in a colorful, dramatic, extroverted fashion
- ? Inability to maintain deep, long-lasting attachments
- ? Prevalence - 2 to 3%
- ? High degree of attention-seeking behavior
- ? Display temper tantrums, tears, and accusations when they are not the center of attention or are not receiving praise or approval.
- ? Seductive behavior is common
- ? major defenses are repression and dissociation.
- ? With age, show fewer symptoms, but because they lack the energy of earlier years, the difference in number of symptoms may be more apparent than real

Narcissistic Personality Disorder

- ? Characterized by a heightened sense of self-importance and grandiose feelings of uniqueness
- ? About 1 percent in the general population
- ? Sense of entitlement is striking
- ? Handle criticism poorly and may become enraged when someone dares to criticize them
- ? Interpersonal exploitativeness is commonplace
- ? Cannot show empathy, and they feign sympathy only to achieve their own selfish ends.

Management

- ? Help handle criticism better to avoid becoming easily enraged.
- ? Reinforce that they are respected and appreciated.
- ? Set limits on demanding behavior.

Avoidant Personality Disorder

- ? Show extreme sensitivity to rejection and may lead a socially withdrawn life.
- ? Not asocial and show a great desire for companionship, but they need unusually strong guarantees of uncritical acceptance.
- ? Prevalence - 1-10% of the general population
- ? Most striking aspect is anxiety
- ? Hypersensitivity to rejection by others is the central clinical feature
- ? Main personality trait is timidity

Management

- ? Have patience and understanding.
- ? Medical illnesses may be embarrassing.
- ? Minimize new and unfamiliar staff contacts.
- ? Respond with a calm and reassuring demeanor.
- ? Do not criticize them.

Dependent Personality Disorder

- ? Characterized by a pervasive pattern of dependent and submissive behavior.
- ? Cannot make decisions without an excessive amount of advice and reassurance from others.
- ? More common in women than in men.
- ? Pessimism, self-doubt, passivity, and fears of expressing sexual and aggressive feelings all typify the behavior

? An abusive, unfaithful, or alcoholic spouse may be tolerated for long periods to avoid disturbing the sense of attachment.

Management

? Respect their feelings of attachment.

? Be careful when encouraging a patient to change the dynamics of an abusive relationship.

? When medically ill they may become frustrated that they are not being helped, hence show concern.

? Be active in treatment planning.

Obsessive-Compulsive Personality Disorder

? Characterized by emotional constriction, orderliness, perseverance, stubbornness, and indecisiveness

? Essential feature of the disorder is a pervasive pattern of perfectionism and inflexibility

? Preoccupied with rules, regulations, orderliness, neatness, details, and the achievement of perfection.

? Lack flexibility and are intolerant.

? Capable of prolonged work, provided it is routinized and does not require changes to which they cannot adapt.

Management

? Give precise and rational explanations.

? Value efficiency and punctuality.

? Acknowledge the importance of work, but point out how avoiding treatment may have harmful consequences.

? Allow the patient to control his or her care as much as possible.

? Provide them with information.

? Avoid power struggles.

? Understand their need for order and control.

? Understand their need for isolation.

? Minimize new contacts and intrusions.

? Maintain a quiet, reassuring, and considerate interest in them.

? Don't insist on reciprocal responses.