PERSONALITY DISORDERS

OVERVIEW

Chuck Giles, Ph.D.
Psychologist/Assistant Professor
Department of Psychiatry
TTUHSC

Personality Disorders Overview

- Common
  - 10-20% of the population
  - 50% of all psychiatric patients
- Chronic - Decades Long impairment
- Predisposing factor for non-personality disorders
- Can be difficult to Treat
  - Refuse treatment & help more than anxiety and depression disorders
  - Majority are Ego syntonic (acceptable to ego)
  - Alloplastic (sees the environment needs to change vs. self needs to change)

Classified in Clusters

- A
  - Paranoid, Schizoid, Schizotypal
  - Odd and eccentric behavior
- B
  - Antisocial, Borderline, Histrionic, Narcissistic
  - Dramatic, emotional, erratic
- C
  - Avoidant, Dependent, Obsessive-Compulsive
  - Anxious, fearful

How Do These Develop?

- Lots of Theories
  - Most have some merit but do not account for entire explanation
    - Genetic
      - Concordance w/monozygotic twins
      - Cluster A – Schizophrenia (especially Schizotypal)
      - Cluster B – ETOH, Depression, Somatization
      - Cluster C – Anxiety
    - Hormones (impulsivity linked to testosterone/ 17-estradiol)
    - EEG – slow-wave EEG found in Borderline/Antisocial PDs
    - Neurotransmitters – Serotonin helps many
    - Psychoanalytic – Defense mechanisms, Object relations
    - Social Learning
    - Cognitive Behavioral and Behavioral Theories
  - No “One Theory” adequately explains them all
  - Childhood Environment is key

General PD Criteria

- Enduring deviation from cultural expectations, manifested in 2+ ways:
  - Cognition
  - Affectivity
  - Interpersonal functioning
  - Impulse control
- Broadly inflexible and pervasive
- Clinically significant distress or impairment
- Stable, enduring, traced back to youth
- Not just due to another disorder

Paranoid

- Mistrust = Malevolent Motives
- 4 or more:
  - Suspects without basis
  - Preoccupation with doubts about loyalty
  - Reluctant to confide
  - Benign remarks = proof
  - Bears grudges
  - Reacts angrily to perceived attacks
  - Suspects infidelity
- Not due to other disorders

Paranoid

- Prev = 2-4%
- Men > Women
- Can present as normal
- Unemotional
- Guarded historian
- Does not have fixed delusions/hallucinations
  - Delusions signal possible primary psychotic process (Delusional Disorder or Paranoid Schizophrenia)
- Does not have over-involved relationships

Schizoid

- Detached emotions
- Restricted range of emotion
- 4 or more of the following:
  - No desire for any close relationships
  - Solitary activities only
  - No interest in sex with others
  - Anhedonic
  - No close friends
  - Indifferent to praise or criticism
  - Detached, cold, flat
- Not due to other disorders

Schizoid

- Prev = 5%
- Men > Women
- Predisposed Solitary history
- May be attached to anything not human (pets, objects)
- Have little to no interest in people
- Can be creative in many ways
- No delusions or hallucinations

Schizotypal

- Problems with relationships, cognitive and perceptual distortions, eccentric
- 5 or more of the following:
  - Ideas of reference (not delusional)
  - Strange, odd, magical beliefs
  - Unusual perceptions and illusions
  - Odd thinking and speech
  - Suspicious
  - Inappropriate or constricted affect
  - Odd appearance and behavior
  - No friends
  - Social anxiety = persistent paranoia
- Not due to other disorders

Schizotypal

- Prev = 3%
- Predisposed = Relatives w/Schizophrenia, females w/ Fragile X syndrome (*FMR1* CGG triplet 200x)
- Hyper aware of others feeling state
- Superstitious or beliefs outside the norm
- Can decompensate to brief psychotic periods with extreme stressors
- Often misdiagnosed
- Neuroleptics can help in some cases

Antisocial

- Violates rights of others since 15
- 3 or more of the following:
  - Behavior is grounds for arrest
  - Lying, conning
  - Impulsivity, poor planning
  - Aggressive, fights
  - Reckless disregard for others' safety
  - Irresponsible with work, money
  - Lack of remorse
- At least 18
- Conduct disorder before 15
- Not due to other disorders

Antisocial

- Prev = 0.2-3%
- Highest prev = severe ETOH use (70-75% ASPD)
- Predisposed = boys from larger families, ASPD family
- 75% of prison population
- Can present as charming and “normal”
- Need for stimulation and risky stimulus-seeking behaviors
- Substance abuse – medication abuse can be an issue
- Impulse control can be helped with meds for some
- Careful with benzos and stimulant prescribing
- Not all criminals are antisocial

Psychopath

- Subset of Antisocial population
- See humans as objects
- Treatments have little effect
- Can be excessively cruel
- Remorseless
- Can be very intelligent

Borderline

- Unstable relationships, image, and marked impulsivity
- 5 or more of the following:
  - Frantic efforts to avoid abandonment
  - Intense love-hate relationships
  - Identity disturbance
  - 2+ areas of dangerous impulsivity
  - Recurrent self-harm threats or gestures
  - Affective instability – relationship driven
  - Chronic emptiness
  - Intense anger displays
  - Transient paranoia or dissociation due to stress

Borderline

- Prev = 1-2%
- Women 2x > Men
- Predisposed = relatives w/ETOH/SA, Depression
- Often confused with Bipolar I or II
- May present as normal
- Linehan's DBT is an effective long-term treatment for impulsive and destructive behaviors (e.g. self-harm)
- Mood stabilization and quality therapy is critical
- 75% all psychiatric lawsuits
- Careful with TCAs and MAOIs due to impulsive overdose risk
- Chronic suicide risk or suicidal ideation is often present

Histrionic

- Excessively emotional and attention-seeking
- 5 of the following:
  - Must be center of attention
  - Sexually seductive
  - Rapid and shallow shifting emotions
  - Attention via appearance
  - Speech lacks detail
  - Exaggerated expression of emotions
  - Easily influenced by others
  - Thinks relationships are more intimate than they are

Histrionic

- Prev = 1-3%, 10-15% of all patients in treatment
- Women > Men
- Flirts but may not act-out sexually
- Lessens with age
- Sensation-seeking but less likely to be dangerous

Narcissistic

- Grandiose, attention-seeking, and lacks empathy
- 5 of the following:
  - Grandiose
  - Preoccupation with fantasies of success
  - Believes is special/can only associate with special people
  - Requires admiration
  - Entitled
  - Exploitive of others
  - Lacks empathy
  - Mind ruled by thoughts of envy
  - Arrogant

Narcissistic

- Prev = 1-6%
- Less anxious and chaotic than Borderline PD
- Can be difficult to treat
- Major Depression may be generated by narcissistic injury
- Desires to be in control

Avoidant

- Social inhibition, inadequacy, hypersensitivity to criticism
- 4 or more of the following:
  - Avoids job activities due to fear of criticism
  - Only relates with those who like them
  - Can’t develop intimacy due to fear
  - Preoccupied with being ridiculed
  - Inhibited in new relationships due to inadequacy
  - Views self as inferior to others
  - Avoids activities that could be embarrassing

Avoidant

- Prev = 2-3%
- Predisposed = timid child
- Like the Dependent, but anxious when relationships get more intimate = fear of rejection
- Tends to avoid new relationships after losing one
- Often associated, or confused with, social anxiety
  - Social anxiety is a fear of being embarrassed or humiliated when being the center of attention in groups
- Therapy is the primary treatment
- Comorbid depression and anxiety is common

Dependent

- Must be taken care of = submissive. Fearfulness
- 5 or more of the following:
  - Must get lots of advice for decisions
  - Can’t be responsible for big things
  - Can’t disagree due to fear of losing support
  - Can’t initiate projects due to self-confidence problems
  - Goes to extremes to be accepted
  - Can’t be alone
  - Must immediately replace broken relationship
  - Preoccupation with being left alone

Dependent

- Prev = 0.06%, 2.5% of all PDIS
- Women > Men
- Predisposed = Chronic childhood illness
- Much comorbid depression and anxiety
- Suffers thru degradation without leaving the relationship
- Tends to find new dependency support when one is lost
- Therapy must focus on independence and can be long-term

Obsessive-Compulsive

- Preoccupation with order, perfection, and control at the expense of flexibility and efficiency
- 4 or more of the following:
  - So focused on rules, loses the point
  - So perfectionistic, can't complete task
  - All work, no play
  - Inflexible with morals, ethics or values
  - Hoards everything, including money
  - Can't delegate
  - Rigid and stubborn

Obsessive-Compulsive

- Prev = 2-8%
- Men > Women
- Predisposed = oldest sibling, harsh discipline
- Not the same as OC Anxiety Disorder
  - OC Anxiety involves recognized senseless intrusive thoughts that lead to anxiety and avoidant strategies to gain relief (e.g. handwashing, counting)
- May have few friends but has the capacity for intimacy
- Therapy, anxiolytics, and SE drugs used often

Other Specified (MIXED)

- Can use only if:
  - No full criteria for a Personality Disorder
  - Pervasive and causes impairment

Personality Change Due to Another Medical Condition

- Must be an change
- Evidence of direct pathophysiological cause
- Not better explained by something else (e.g., delirium)
- Significant distress or impairment
- May involve:
  - Emotional lability or disinhibition
  - Indifference
  - Impulsivity
  - Aggression or paranoia

PDIS Differential Diagnosis

- Lots of overlap for similarities
- Hallmark differences
  - Paranoid – Prominent mistrust – others are malicious
  - Schizoid – Isolation due to no desire of intimacy
  - Schizotypal – Prominent cognitive/perceptual disturbances, not impulsive/manipulative
  - Antisocial – Conduct D/O hx, behavior for gain/power
  - Borderline – Self-destructive emotional reactivity to keep nurturance, emptiness and anger
  - Histrionic – Flamboyant attention-seeking, not self-destructive
  - Narcissistic – Behavior to be seen as superior, not self-critical
  - Avoidant – Wants relationship, isolates due to fear of rejection
  - Dependent – Appeases to be taken care of/obtain caregiver
  - OCPD – Self-critical detachment due to devotion to perfection, can have intimacy