

Personality Disorders Course 462 PME 4th year College of Medicine

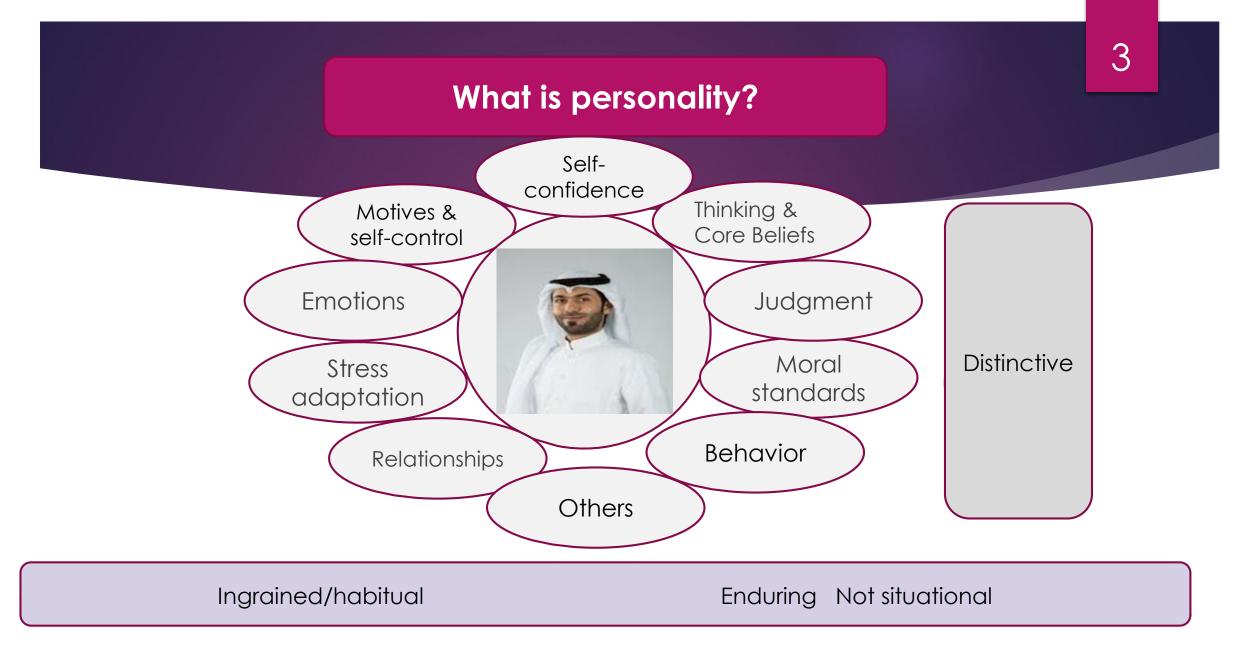
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Objectives

At the end of this lecture, student should be able to

- 1. Know the terms related to personality.
- 2. Understand the concept of personality & its disorders.
- 3. Know the various types of personality disorders.
- 4. Be able to detect personality disorders & act accordingly.

What is personality?



Terminology

Personality: The distinctive set of traits that defines the individual's interaction with himself (intrapersonal), others (interpersonal), and life.

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Trait: A prominent enduring aspect and qualities of a person (range not a point e.g. trust)

Character: A trait that represents adherence to the social values and moral standards.

Temperament: A trait before the age at which the personality is well formed 18 years. (children and adolescents characteristics/mood-related/biological constitutions).

Is a trait a point or a range?

E.G, TRUSTING OTHERS E.G, PERFECTIONISM

Personality

Normal

- Traits: within the acceptable range.
- No functional impairment due to traits.
- No intra/interpersonal suffering due to traits.
- Wide range of variation of normal personality. E.g., MBTI 16 types.

Abnormal traits

- Traits: some abnormal traits but not enough to fulfil the criteria of any personality disorder.
- E.g., Paranoid traits, Obsessional traits.

Personality Disorder

- Traits: enough abnormal traits.
- Significant functional impairment due to traits.
- Significant intra/interpersonal suffering due to traits.
- Age > 18 years.
- Exclusion of primary causes (TBI/medical diseases/medications/substance abuse...).
- Lifelong not situational.
- E.g., Paranoid PD, BPD, OCPD.

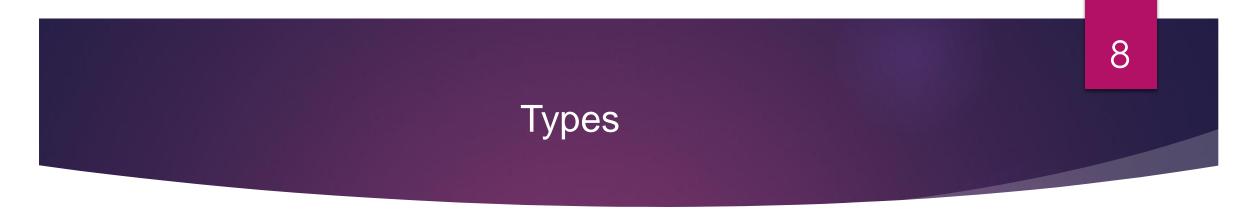
Etiology of personality disorders

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No specific etiology.

Determinants of Personality and its Disorders

- Biological factors (genetics/brain structure & functions/ NTs).
- Psycho-social (upbringing, cultural values & rules, ...)

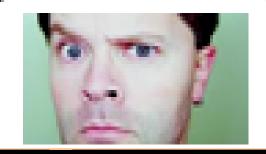


DSM classifies the personality disorders into three clusters based on similarities in symptoms, traits, and defense mechanisms involved.

Cluster	DSM
A: Eccentric thinking with ++idea of reference	Paranoid - Schizoid - Schizotypal
B: Emotions toward others (interpersonal problems)	Borderline - Histrionic (Emotions+++/Control) Narcissistic - Antisocial (Emotions/Control++++)
C: Emotions toward self (intrapersonal problems)	Avoidant - Dependent - Obsessive compulsive

Avoid premature Dx.

(المرتاب المبالغ في سوء الظن)Paranoid Personality Disorder



 $\left(\right)$

Excessive exaggeration

- Mistrust & suspiciousness of others including relatives & friends/idea of reference.
- Secrecy.
- Denial & projection of faults onto others.
- Sensitivity to offenses & counterattacking and reacting angrily with abusive behavior.
- Bearing of grudges/insults persistently.
- Argumentation/stubbornness.

DDx: other personality disorders and psychotic disorders.

Patient concern: Exploitation and betrayal.

Approach: Acknowledge complaints without arguing and honestly explain medical illness.

Treatment: Psychotherapy + Antipsychotics (e.g. olanzapine 5 mg).

(المنعزل – الانفرادي) Schizoid Personality Disorder

- Very limited social interactions/skills with self-sufficiency (not to avoid criticism).
- Indifference to criticism/praise.
- Preference of solitary activities and jobs.

DDx: Avoidant PD-Paranoid PD- Schizotypal PD
Patient concern: Violations of privacy.
Approach: Accept his unsociability and need for privacy. Reduce the patient's isolation as tolerated.
Treatment: Psychotherapy + Antipsychotics (e.g. olanzapine 5 mg).

(شبيه الفصامي) Schizotypal Personality Disorder

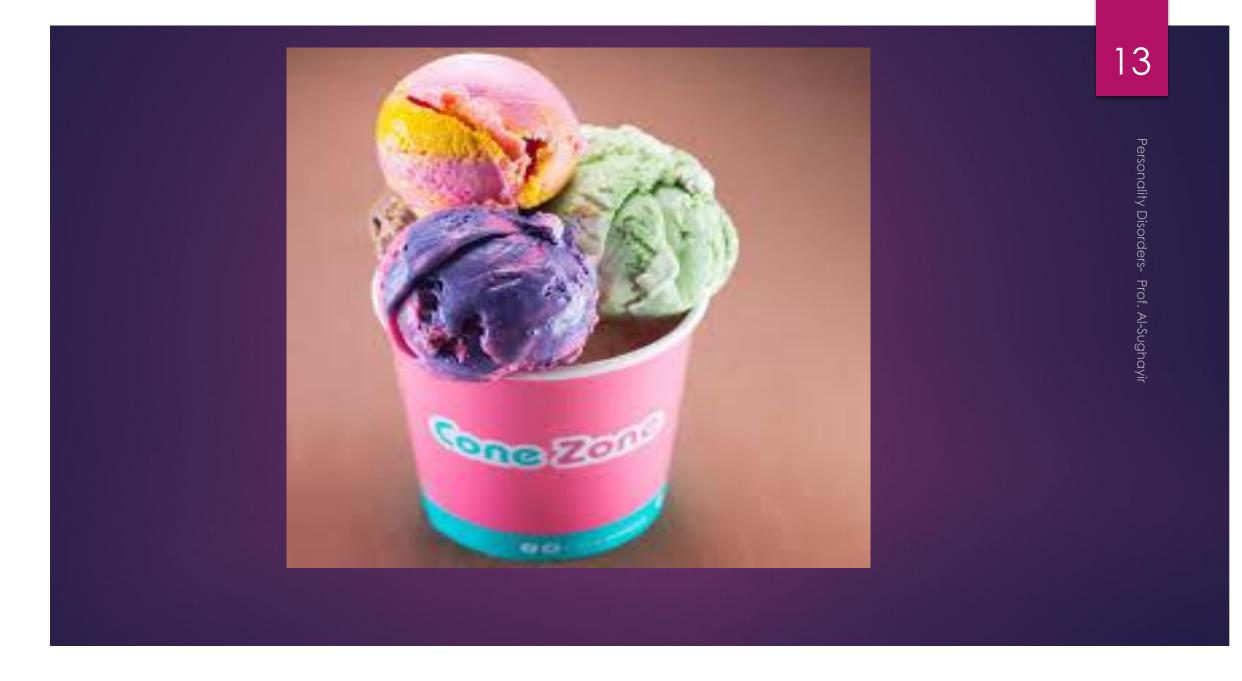
- Odd patterns of thoughts,
 imaginations, perception, feelings,
 appearance & behavior.
- Excessive unusual perceptual experiences (e.g. bodily illusions), superstitious thinking, and idea of reference.

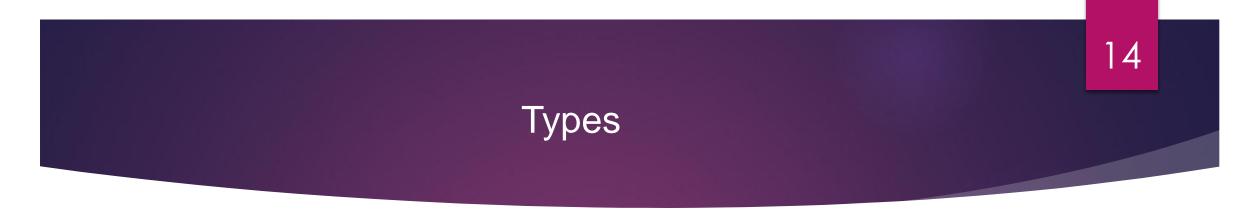
DDx: Schizoid PD, Paranoid PD, & schizophrenia.Patient concern: Exploration of oddities.

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Approach: Empathize with the patient's oddities without confrontation.

Treatment: Psychotherapy + Antipsychotics (e.g. olanzapine 5 mg).





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(الحديّة – سريعة التقلبات الانفعالية الشديدة) Borderline Personality Disorder

- Sense of identity is unstable (changing to extremes). Chronic feelings of deep inner emptiness.
- Mood is very unstable + tendency to intense extreme emotions (anger/hatred/ jealousy/love).
- Behavior is unstable + impulsive/destructive potentially self-damaging behavior (e.g., self-injury/suicidal behavior).
- Relationships are unstable (intense/changing).
- Efforts to avoid abandonment.

DDx: other personality disorders and psychotic disorders (esp. bipolar mood disorders).

Patient concern: Abandonment & loss of support.

Approach: Empathize and set limits. Use logic thinking to counteract an emotional style of relationship.

Treatment: Psychotherapy + mood stabilizers, SSRIs, Antipsychotics.

الهستيرية المولعة بجذب الاهتمام شكلا) Histrionic Personality Disorder



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- Excessive attention seeking behavior (verbal and nonverbal).
- Self dramatization and exaggeration.
- Provocative and seductive behavior.
- Suggestibility with superficial thinking.
- Excessive superficial emotions (shallow and shifting).

- **DDx:** 1. BPD. 2. Narcissistic personality disorder.
- 3. Somatoform disorders (may co-exist)
- Patient concern: Loss of recognition/love.

Approach: Set limits and avoid being too warm. Use logic thinking to counteract an emotional style of relationship.

Treatment: Directive psychotherapy to increase awareness of the real feelings underneath the behavior. Pharmacological treatment: antianxiety or antidepressant drugs may transiently be used.

النرجسي المبالغ في العجب والكبر والأنانية) Narcissistic Personality Disorder



Exaggerated sense of superiority & priority.
Constant seeking of admiration (not only attention/meetings, social media, ...)
Preoccupation with success for entitlement.
Excessive and unrealistic ambitions.
Excessive concern about appearance more than truth & essence.
Exploitative, envious, and lacks empathy.
Fragile self-esteem when defeated.

DDx: other personality disorders and psychotic disorders. Coping style: Idealizing self with self-inflation to protect & augment self-esteem.

Patient concern: Devaluation and loss of prestige.

Approach: Avoid confronting his self-inflation.

Treatment: Rarely seek or accept treatment. Episodes of anxiety or depression can be treated symptomatically.

Antisocial Personality Disorder (المحتال)

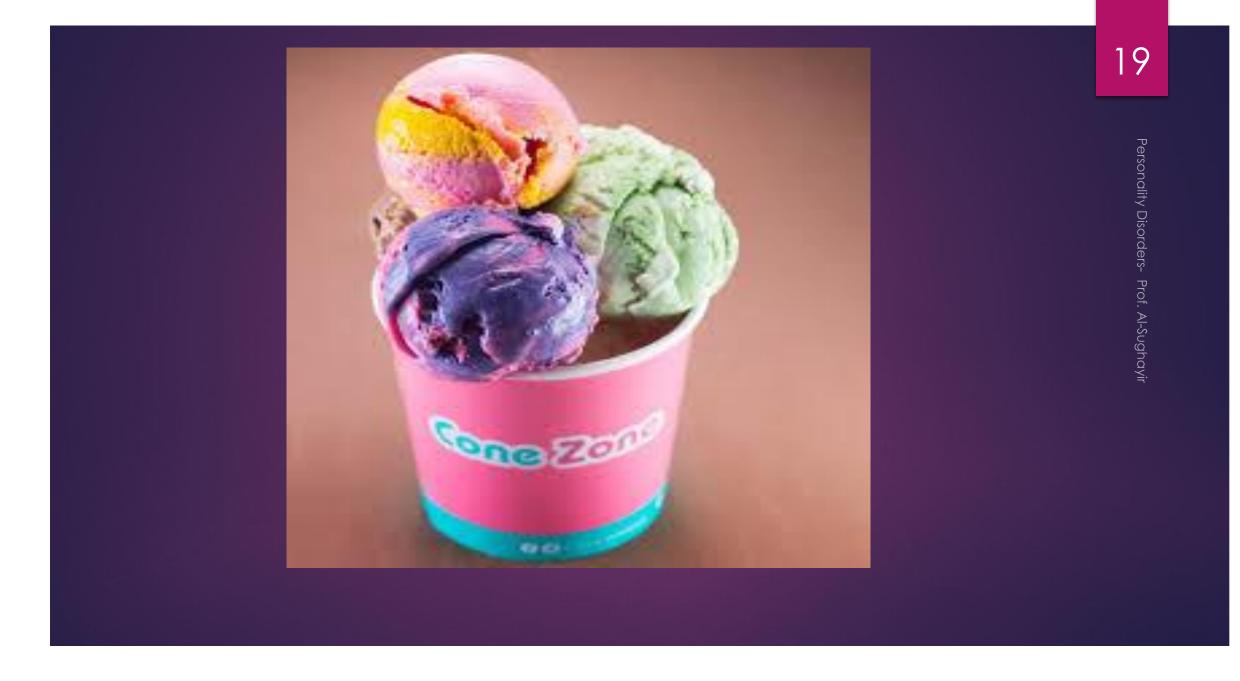
- Lack of remorse, guilt, shame, & loyalty.
- Violation of rules (lying, dishonest, deceptive, and exploiting).
- ≻ Failure to learn from experience.
- Impulsive toward desires/little concern about consequences.
- Consistent irresponsibility.
- ≻ Tendency to violence.

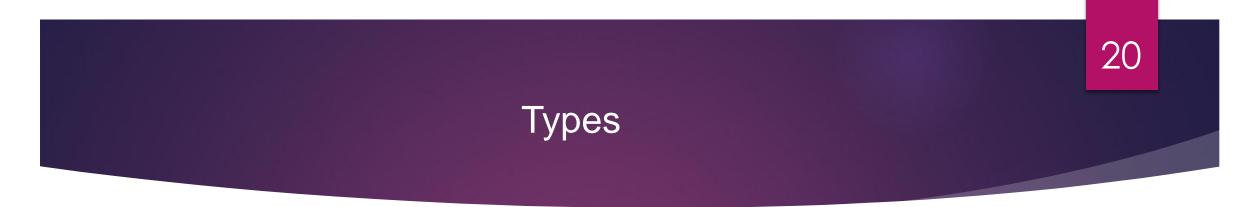
DDx: other personality disorders and psychotic disorders. **Patient concern:** Exploitation and loss of self-esteem.

Approach: Verify symptoms & discover malingering. Control wish to punish patient. Explain that deception results in patient poor care.

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Treatment: Treatment of substance abuse often effectively reduces antisocial attitude and tendency. Long-term hospitalization is sometimes effective + group therapy.





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(المتجنب خشية الإحراج) Avoidant Personality Disorder

- Sensitivity to criticism and rejection.
- Fearfulness of disapproval.
- Timidity and shyness.
- Feelings of inadequacy in new situation.
- Reluctance to take personal risks.
- Very restricted number of friends.

DDx: Schizoid PD. / Dependent PD. Social phobia (may coexist)

Patient concern: Exploration of low self-esteem, inadequacy shame, and rejection.

Approach: Empathize, support self-esteem, and encourage assertiveness.

Treatment: Psychological treatment: posting selfconfidence and self-acceptance, assertiveness training social skills, and group therapy. Pharmacological treatment to manage anxiety or depression when present.

(المعتمد على غيره) Dependent Personality Disorder

Fear of separation/abandonment.
Excessive compliance with others.
Lack of self-reliance and selfconfidence.

- •Submissive and clinging behavior.
- •Excessive demands for reassurance and advice.

•Excessive worries about Difficulty in initiating tasks.

DDx: Avoidant personality disorder.

•Agoraphobia (may co-exist).

Patient concern: Independence

Approach: Explore why independence is so frightening and encourage independence and assertiveness.

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Treatment: Psychological treatment: behavior therapy and insight oriented therapy. Pharmacological treatment: for specific symptoms e.g. anxiety agoraphobia

(المبالغ في التأكد والدقة)-Obsessive Compulsive Personality Disorder –OCPD

- Excessive perfectionism interfering with achievement very idealistic views.
- Preoccupation with minor unnecessary details.
- Inflexibility and rigidity.
- Indecisiveness and hesitation
- Excessive self-blame and guilt feeling.
- Scrupulousness about issues of morality.
- Excessive devotion of time and energy to work, at the expense of social life.
- Reluctance in delegating tasks to others.

DDx: Narcissistic PD. (patient seeks perfectionism and more likely to believe that he has achieved it). OCD: presence of obsessions / compulsions (However, both can coexistence may occur).

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Patient concern: Imperfection and guilt.

Approach: Tolerate the patient's critical judgments and unnecessary details. Beware of his controlling behavior.

Treatment: Psychological: supportive and directive individual or group therapy Pharmacological: SSRI or clomipramine.





Personality Disorders- Prof. Al-Sugha