



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?

What is personality?



Ingrained/habitual

Enduring Not situational

Terminology

Personality: The distinctive set of traits that defines the individual's interaction with himself (**intra**personal), others (**inter**personal), and life.

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

No specific etiology.

Determinants of Personality and its Disorders

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

Types

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

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

Avoid premature Dx.

Paranoid Personality Disorder (المرتاب المبالغ في سوء الظن)



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).



Schizoid Personality Disorder (المنعزل – الانفرادي)

- 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).

Schizotypal Personality Disorder (شبيه الفصامي)



- 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.

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

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



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Borderline Personality Disorder (الحدية – سريعة التقلبات الانفعالية الشديدة)

- 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.



Histrionic Personality Disorder (الهستيرية المولعة بجذب الاهتمام شكلا)

- 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.



Narcissistic Personality Disorder (الترجسي المبالغ في العجب والكبر والأنانية)

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.

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



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Avoidant Personality Disorder (المتجنب خشية الإحراج)

- 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 self-confidence and self-acceptance, assertiveness training social skills, and group therapy. Pharmacological treatment to manage anxiety or depression when present.

Dependent Personality Disorder (المعتمد على غيره)

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

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

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

- 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).

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.



