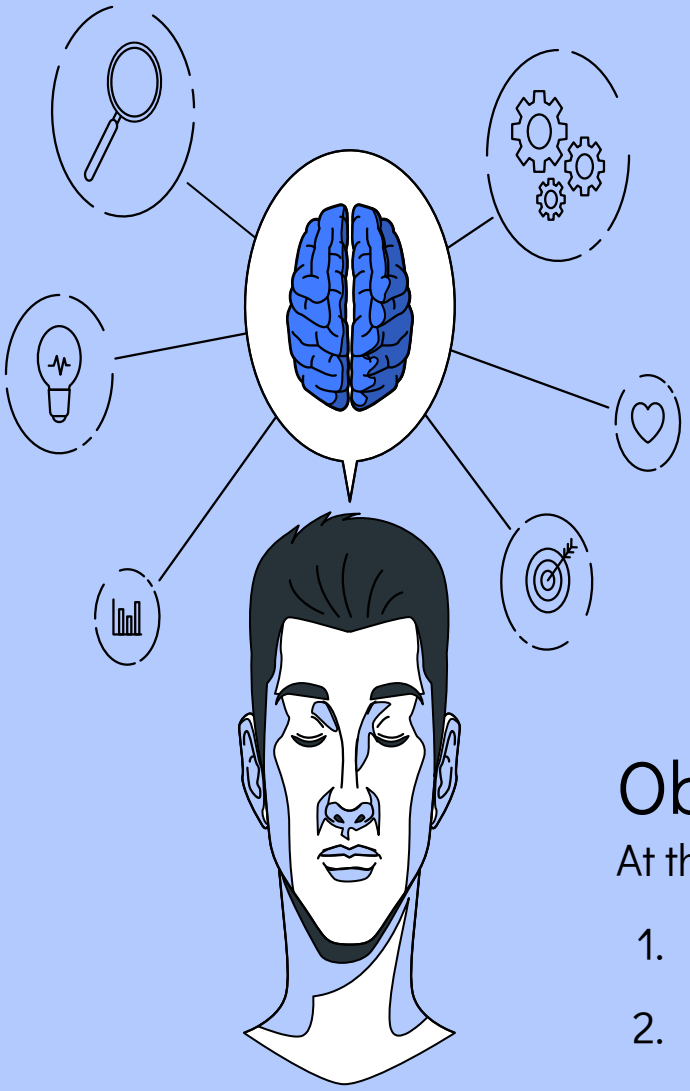


# Personality Disorders

## Objectives:

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

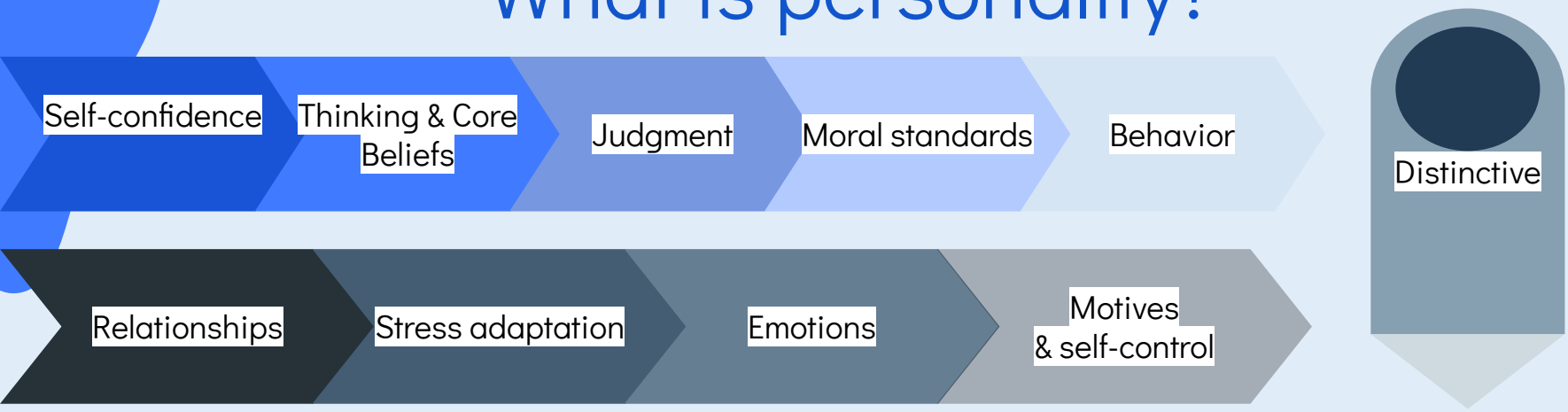
1. Know the terms related to personality
2. Understand the concept of personality & its disorders.
3. Know the various types of personality disorders.
4. Be able to detect personality disorders & act accordingly.

You are not expected to know how to treat personality disorders as an undergraduate.

Done by: Lina Alohali, Sara Alenezy and Norah Alkadi

- Color index: Golden notes - Dr. notes - extra

# What is personality?




- ingrained/habitual Enduring
- Not situational

## Terminology

- Personality: The distinctive set of traits that defines the individual's interaction with himself (intrapersonal), others (interpersonal), 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). وصف لمشاعر ومزاج الأطفال

## Personality

| Normal | Abnormal traits | Personality Disorder |
|---|---|---|
| • Traits: within the acceptable range.<br>• No functional impairment due to traits.<br>• No intra/interpersonal suffering due to traits.<br>• Wide range of variation of normal personality. E.g. MBTI 16 types. | • Traits: some abnormal traits but not enough to fulfil the criteria of any personality disorder.<br>• E.g., Paranoid traits, Obsessional traits.<br>• Most society have abnormal traits. | • Traits: enough abnormal traits.<br>• Significant functional impairment due to traits.<br>• Significant intra/interpersonal suffering due to traits.<br>• Age > 18 years.<br>• Exclusion of primary causes (TBI/medical diseases/medications/substance abuse...).<br>• Lifelong not situational.<br>• 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 |
|---|---|
| A. *Eccentric thinking with ++idea of reference* | Paranoid- Schizoid - Schizotypal |
| B. *Emotions toward others (interpersonal problems)* | Borderline-Histrionic (Emotions+++/Control------)<br>Narcissistic-Antisocial (Emotions---/Control++++) |
| C. *Emotions toward self (intrapersonal problems)* | Avoidant-Dependent-Obsessive compulsive |

- Avoid premature Dx.

# Cluster A

## 1- 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.
- Can cause problems personally or in the clinical setting.

**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).

## 2- 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.

Present with problems in marria

**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)

## 3- Schizotypal Personality Disorder شبيه الفصامي not imp

- Odd patterns of thoughts, imaginations, perception, feelings, appearance & behavior. In case of a child, this is normal.
- 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).

# Cluster B

## 1- Borderline Personality Disorder

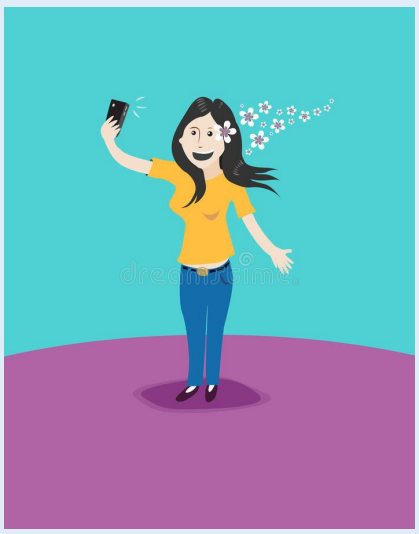
(الحديّة – سريعة التقلبات الانفعالية الشديدة)

- 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.
- Pathology is usually biological, hence they really benefit from medical therapy. We have to be very cautious dealing with them.

- **DDx:** Other personality disorders and psychotic disorders (esp. bipolar mood disorders) and substance abuse.
- **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.

## 2- 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).
- They succeed in media.



- **DDx:** 1.Borderline PD.
  2. Narcissistic personality disorder.
  3.Somatoform disorders (may co-exist).
- **Patient concern:** Loss of recognition/love.
- **Approach:**Set limits (do not reward bad behaviour) 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.

## 3- Narcissistic Personality Disorder

(النرجسي 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.
- Distinguish it from Histrionic. A patient with narcissistic PD seeks attention for admiration. Histrionic seek the mere attention, regardless if people admire them or not.

- **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.

## 4- 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.
- Lying and deceiving. They easily fake signatures or medical reports. They could hold sensitive positions (e.g. doctors, judges, or military personnel's).

- **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.

# Cluster C

## 1- 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.

## 2- 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.Feelings of inadequacy in new situation.
- Excessive worries about being alone.
- 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

## 3-Obsessive Compulsive Personality Disorder –OCPD

(المبالغ في التأكد و الصحة)

- 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.

# Others

Mixed personality disorders within the cluster

**Mixed personality disorders**

Shadi has a chronic sense of insecurity, suspiciousness towards others, and difficulties in initiating and maintaining relationships.

**Personality** refers to patterns of thinking, emotion, motivation, and behavior that are activated in particular circumstances. It is enduring over one's lifetime. Personality is formed in early adulthood and relatively consistent throughout the life. However, continuous maturation & personality modification in adult life have been observed under the influence of life events, environment, learning ability, and many other factors.

**Personality disorders**:
Deviation of personality from social and cultural expectations.
-Lifelong pervasive pathological patterns of thinking, emotion, interpersonal functioning, and impulse control.
-Lead to functional impairment /significant distress.
-Age : > 18 years (21 years).
-Not due to other causes (medical illness, substance abuse, ...).

**Classification of personality disorders:**
**Cluster A** (Odd thinking);
**1.** Schizoid, 2-Paranoid, 3- Schizotypal.
**Cluster B** (Dramatic behavior);
1- Borderline. 2-Antisocial. 3-Narcissistic .
4- Histrionic.
**Cluster C** (Fearful):
1-Avoidant. 2.Dependent. 3.Obsessive Compulsive.

**Cluster A:**

**Paranoid Personality Disorder:**
Excessive mistrust /suspiciousness of others' motives (even friends &associates) without sufficient basis.
Exaggerated bearing of grudges persistently (e.g. insults, slights, injuries).
**DDx;** other personality disorders and psychotic disorders.
**Coping style**: Guarded and protective of their autonomy, often with arrogant belief in their own superiority.

**Defense Mechanisms**: *Splitting:* Self and others are seen as all good or all bad. *Denial:* Refusal to admit painful realities . *Projection:* Ascribe to others one's own impulses. *Projective identification:* Project one's impulses plus control of others as a way to control one's own impulses.

**Patient concern:** Exploitation and betrayal.
**Approach:** Acknowledge complaints without arguing and honestly explain medical illness.

**Treatment:** Psychotherapy + Antipsychotics (e.g. olanzapine 10 mg).

**Schizoid Personality Disorder:**
Social isolation (with self-sufficiency), indifference to praise, criticism and feelings of others, choosing solitary activities and jobs, and poor social skills.

**DDx;** other personality disorders and psychotic disorders.
**Coping style:** Inner world insulated from others.

**Defense Mechanisms**: *Denial and splitting:* See above. *Isolation of affect:* Thoughts stored without emotion. *Intellectualization:* Replace feelings with facts. *Fantasy :* obtaining gratification through excessive day dreams.
**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 10 mg).

**Schizotypal Personality Disorder:** Odd patterns of thinking, speech, belief, behavior or appearance compared to the social norms, unusual perceptual experiences (e.g. bodily illusions), superstitious thinking or claim powers of clairvoyance, and Idea of reference.
**DDx; other** personality disorders and psychotic disorders.

**Defense Mechanism:**
*Regression:* Revert to childlike thoughts, feelings, and behaviors. *Denial, splitting, and fantasy:* See above.

**Patient concern:** Exploration of oddities.
**Approach:** Empathize with the patient's oddities without confrontation.

***Treatment:*** Psychotherapy + Antipsychotics ( e.g. olanzapine 10 mg).

## Cluster B:

Ms. Nouf's is a 24 year-old female **has long history of** instability in mood, behavior, and relationships. She had several intense anger outbursts with destructive behavior.

### 1. Borderline Personality Disorder (BPD) a cluster B personality Disorder

**Diagnostic criteria**: a pervasive pattern of **instability** in a variety of contexts, as indicated by **≥ 5 of 9;**

1. Instability of affective / mood (e.g., intense dysphoria, irritability).
2. Intense frequent inappropriate anger outbursts (+/- destructive behavior, fights)
3. Instability of interpersonal relationships.
4. Impulsivity with potentially self-damaging behavior (e.g., substance abuse, reckless driving, sex).
5. Recurrent self-mutilating / suicidal behavior, gestures, or threats.
6. Unstable self-image with identity disturbance.
7. Chronic feelings of emptiness
8. Efforts to avoid abandonment.
9. Stress-related paranoid ideation.

**Differential Diagnosis**

1. **Schizophrenia**: unlike patients with schizophrenia, BPD shows brief psychosis (micro-psychotic episodes; transient short-lived, fleeting psychosis) but lack classic schizophrenic signs.
2. **Schizotypal personality disorder**: show marked peculiarities of thinking, strange ideation, and recurrent ideas of reference.
3. **Paranoid personality disorder**; BPD shows short-lived suspiciousness.

**Defense mechanisms (subconscious mental processes):**

**A.Splitting** : by considering each person to be either all good or all bad. Because of this splitting, the good person is idealized, and the bad person devalued. Shifts of allegiance from one person or group to another are frequent. Splitting causes patients to alternately love and hate therapists and others in the environment. This defense behavior can be highly disruptive on a hospital ward and can ultimately provoke the staff to turn against the patient

**B.Acting Out:** patients directly express unconscious wishes or conflicts through action to avoid being conscious of either the accompanying idea or the affect. Tantrums, apparently motiveless assaults, child abuse, and pleasureless promiscuity are common examples**.** Repetitive self-destructive acts (e.g. drug overdose, slash their wrists) to express anger, or to elicit help from others.

**C.Projective identification**: it consists of 3 steps.

1. An unacceptable aspect of the self (e.g. hatred, rejection, envy) is projected onto someone else (the recipient e.g. a family member, a friend, a physician).
2. The patient then tries to coerce the recipient into accepting (identifying with) what he/she has projected.
3. Finally, both the recipient and the patient have the same idea (e.g., the recipient hates, rejects, or envies the patient).Actually it is the opposite.

**Epidemiology;** Prevalence: 2% of the population, Women: men = 2: 1.

**Course and Prognosis**

BPD Patients (axis II diagnosis) have a high incidence of parasuicide /suicide rates, substance abuse, and MDEs (axis I diagnosis), physical complications of their repetitive self-destructive acts (axis III diagnosis), and psychosocial problems (axis IV diagnosis). Longitudinal studies show no progression toward schizophrenia.

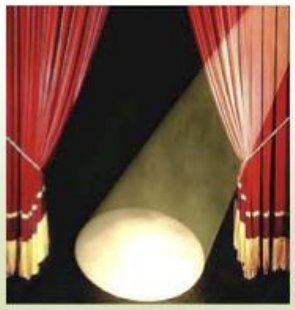
**Treatment of BPD (**for best results, pharmacotherapy + psychotherapy**)**

**Pharmacotherapy**

1. **Antipsychotics**: (e.g. olanzapine 10 mg) to control brief psychotic episodes, anger, and hostility.
2. **Antidepressants** (e.g. paroxetine 20 mg or any other SSRI) improve the depressed mood common in patients with borderline personality disorder.
3. **Anticonvulsants** (e.g. carbamazepine) have successfully modulated mood fluctuation, impulsive and destructive behavior in some patients, and may improve global functioning for some patients.
4. Benzodiazepines: although help anxiety, they may release disinhibition, hostility, and anger.

**Psychotherapy:** a particular form of psychotherapy called dialectical behavior therapy (DBT) has been used for patients with borderline personality disorder, especially those with parasuicidal behavior, such as frequent cutting. DBT is eclectic (supportive, cognitive, interpersonal, and behavioral therapies). Patients are seen weekly, with the goal of identifying ambivalent feelings, tolerating frustration /rejection and decreasing self-destructive behavior.

## 2. Histrionic Personality Disorder



**Main Features**:
- Attention seeking behavior (verbal and nonverbal).
- Excessive superficial emotions (shallow and shifting).
- Self – dramatization and exaggeration.
- Provocative and seductive behavior.
- Suggestibility with superficial thinking.

**Coping style:** emotion-driven and self-centered thinking and behavior.

**Defense mechanisms:**

*Repression:* Involuntary forgetting of painful memories, feelings, or experiences.

*Dissociation:* Disrupted perceptions or sensations, consciousness, memory, or personal identity.

*Sexualization:* Functions or objects are changed into sexual symbols to avoid anxieties.

*Regression:* Subconscious return to childlike state to deal with a distressful situation.

**DDx:**
1. Borderline personality disorder.
2. Narcissistic personality disorder.
3. Somatoform disorders (may co-exist as an axis I diagnosis).

**Treatment:**

Psychological treatment: supportive and directive approaches to increase awareness of the real feelings underneath the histrionic behavior. Pharmacological treatment: antianxiety or antidepressant drugs may transiently be used.

أنا أنا
أنا الأفضل
أنا الأذكى
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أنا الأعرف
أنا الأرفع
أنا الأروع

وغيري
الأدنى
و الأردى
وهو
الأعور
الأعرج
الأقرع

## 3. Narcissistic Personality Disorder


ومما يزهدني في أرض أندلس
ألـقاب معتمد فيها ومعـتضد

ألـقاب مملكة في غير موضعها
كالهر يحكي انتفاخا صورة الأسد

**Main Features:**
- Exaggerated self-importance and superiority.
- Constant seeking of admiration (not only attention); (meetings, media, twitter, facebook, ...)
- Preoccupation with entitlement, success and power.
- Excessive and unrealistic fantasies.
- Excessive concern about appearance more than essence.
- With others; exploitative, envious, hypersensitive to criticism, and lacks empathy.
- Fragile self-esteem.

**Coping style:** Superiority and arrogance, self-aggrandizing, self-centered, self-protecting, demeaning, demanding, critical

**Defense mechanism:**

*Idealization:* constant seeking to be always the best (No. 1, rank A) with self-inflation to augment self-esteem.

*Projection*: bad self components (e.g. incompetence)are projected onto others and followed by devaluation.

**DDx:**

1. Histrionic personality disorder. 2.Paranoid personality disorder. 3.Delusional disorders (grandiose type).

**Treatment:** they rarely seek or accept treatment as their traits are highly desired and accepted by ego (ego-syntonic) and drive to success. Episodes of anxiety or depression can be treated symptomatically.

## 3. Antisocial Personality Disorder

**Main Features:** [Diagnosis is not made before the age of 18].
- Violation of the rights of others and conflicts with the law.
- Lack of remorse and guilt.
- Lack of loyalty (lying, exploiting others...)
- Failure to learn from experience.
- Impulsive behavior & failure to plan ahead.
- Tendency to violence & - Consistent irresponsibility.

**Coping style:** Seeks advantage, freedom, and autonomy.

**Defense mechanisms:** *Splitting, isolation o affect, and acting out.*( See above**).**

*Acting out:* Expression in action/behavior rather than in words/emotions

**DDx:** 1.Substance abuse: it may be a comorbidity primary or secondary to antisocial behavior. 2.Mental subnormality.
2. Borderline personality disorder (coexistence is common). 4.Psychotic disorders (e.g. mania, schizophrenia...).

**Treatment:** Psychological treatment (group therapy is more helpful than individual therapy particularly if patients are immobilized, e.g. placed in hospitals), firm limits are essential. Therapeutic community or long-term hospitalization is sometimes effective. Treatment of substance abuse often effectively reduces antisocial attitude and tendency.

**For details about personality disorders & defense mechanisms:**
كتاب " ما تحت الأقنعة ، اعرف شخصيتك وشخصيات من تعرف " أ د محمد الصغيّر

**Cluster C:**

## 1- Dependent Personality Disorder

**Diagnostic criteria:** a pervasive dependence, clinging behavior, and fears of separation indicated by ≥ 5 of:

1. Difficulty making personal **decisions** without excessive amount of advice and reassurance from others.
2. Needs others to assume **responsibilities** for most areas of his/ her life.
3. Difficulty expressing **disagreement** because of fear of loss of support and approval (unassertive).
4. Difficulty **doing things** on his/her own or initiating projects because of lack of self-confidence.
5. Goes to excessive lengths to obtain support from others (doing unpleasant things).
6. Feels uncomfortable or helpless when alone.
7. Urgently seeks another relationship as a source of support when one ends.
8. Preoccupied with fears of being left to take care of self.

**DDx:**
**1.Avoidant Personality D.**
**2.Agoraphobia(may coexist).**

**Epidemiology:**
Prevalence=1%.
Women > men.
Persons with chronic physical illness in childhood may be most susceptible to the disorder.

**Defense Mechanisms:**

**1-Idealization of others (protective…).**

**2-Regression.**

**3-Projective Identification.**

**Treatment:**

**1.Insight-oriented therapies** & behavior therapy enable patients to become more independent, assertive, and self-reliant.
**2.Medications**; to deal with specific symptoms, such as anxiety and depression, which are common associated features.

## 2- Avoidant Personality Disorder

A pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation, as indicated by ≥ 4 of the following:

1. avoids occupational activities that involve significant interpersonal contact, because of fears of criticism, disapproval, or rejection
2. is unwilling to get involved with people unless certain of being liked.
3. shows restraint within intimate relationships because of the fear of being ridiculed.
4. is preoccupied with being criticized or rejected in social situations.
5. is inhibited in new interpersonal situations because of feelings of inadequacy.
6. views self as socially inept, personally unappealing, or inferior to others.
7. is unusually reluctant to take personal risks or to engage in any new activities because they may prove embarrassing

**DDx:**
1. Social phobia (may coexist).
2. Depression (may coexist).
3. Dependent personality D.
4. Schizoid personality D.

**Epidemiology:**

Men=women.

Prevalence: 1% in the general population &10% of psychiatric clinics

**Defense Mechanisms:**

1- Repression / inhibition.

2- Isolation of affect.

3- Avoidance

**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.

Mr. Kamal is a 33-year-old married employee sought treatment at his wife's insistence. She could no longer tolerate his rigidity, scrupulousness about matters of health, excessive perfectionism, and excessive devotion to productivity to the exclusion of leisure activities.

## 3- Obsessive Compulsive Personality Disorder (OCPD)

A pervasive pattern of preoccupation with orderliness, perfectionism, and interpersonal control, at the expense of flexibility, openness, and efficiency, as indicated by ≥ 4 of 8:

1. excessive preoccupation with details, organization, or rules to the extent that the major point of the activity is lost.
2. excessive perfectionism that interferes with task completion.
3. excessive devotion to work and productivity to the exclusion of leisure activities and friendships.
4. inflexibility and scrupulousness about matters of morality, health, ethics, or values.
5. inability to discard worthless or worn-out objects even when they have no sentimental value
6. reluctance to delegate tasks or to work with others unless they submit to exactly his/her way of doing things.
7. adoption of a miserly spending style toward both self and others; money is viewed as something to be hoarded for future catastrophes.
8. rigidity and stubbornness.

**DDx:**

**1-Obsessive-compulsive disorder (OCD):** although OCPD and OCD have similar names, the clinical manifestations of these disorders are quite different; OCPD is not characterized by the presence of obsessions or compulsions and instead involves pervasive pattern of preoccupation with orderliness, perfectionism, and control and must begin by early adulthood. The most difficult distinction is between some obsessive-compulsive traits and OCPD. The diagnosis of personality disorder is reserved for those with significant functioning impairments. Comorbidity is common. If an individual manifests symptoms of both OCPD and OCD, both can be given. **Axis I; OCD. AxisII; OCPD.**

**2-Narcissistic personality disorder** patient seeks perfectionism motivated by status and more likely to believe that he has achieved it, whereas OCPD patient is motivated by the work itself and more likely to believe that he has not achieved perfectionism.

**Epidemiology:** the prevalence in the general population is 1 %. Men > women (2:1). OCPD is found more frequently within professions requiring strict dedication to duty and meticulous attention to details.

**Defense Mechanisms:**

1. Isolation of affect.
2. Displacement.
3. Reaction Formation.
4. Undoing.

**Course & Prognosis:**

OCPD patients may flourish in professions demanding devotion to work, meticulous attention to details, and productivity, but they are vulnerable to depressive disorders & OCD.

**Treatment:**

**Psychological:** supportive and directive individual or group therapy.

**Pharmacological:** clomipramine or any SSRI have been found useful (+ Psychotherapy).

# Questions:

1- Which personality disorder co-occur with agoraphobia?

A. Antisocial B. Schizoid C. Dependent D. Borderline

Ans: C

2-: A 17-year-old girl brought by her family to the emergency because she ingested 30 tablets of paracetamol after a conflict with her mother. What is the most likely personality disorder?

A. Antisocial B. Dependent C. Borderline D. Paranoid

Ans: C

3- Patient came to plastic surgery want to repair his nose, which is the most common personality disorder that Dr deals with?

A. OCPD B. Histrionic PD C. Schizoid PD D. Borderline PD

Answer: A

4- Which of the following statements applied to borderline personality disorder?

A. avoidance of abandonment B. higher incidence of agoraphobia C. good prognosis D. Easy to treat

Answer: A

5-: How to deal with Obsessive compulsive personality disorder?

A. Encourage assertiveness B. Put a strict rules to follow C. Tolerate the critical judgment D. discover malingering

Answer: C

6--: 24-year-old single woman seen at outpatient psychiatry clinic with her mother who described that the patient is always unstable in her emotions, behavior and relationships, she loses her temper easily. What is the most likely diagnosis?

A. Borderline personality disorder. B. Schizotypal personality disorder. C. Bipolar mood disorder.

D. Major depressive disorder.

Answer: A

8-Which of the following personalities is treated by assertiveness training in social interactions?

A. Antisocial B. Avoidant C. Dependent D. Schizoid

Answer: B

9- Patient Came with inflexibility and scrupulousness about matters of morality, health, ethics, or values, what is the dx?

A. Avoidant Personality Disorder B. Histrionic Personality Disorder C. Narcissistic Personality Disorder

D. Obsessive Compulsive Personality Disorder

Answer: D

10- A 35 male patient came to psychiatric clinic complain of being at his home for a long period even in holidays

A. schizoid PD B. agoraphobia C. borderline PD D. social phobia

Answer: B

11- What is the most personality disorder that goes with brief psychotic disorder?

A. paranoid B. schizoid C. borderline D. schizotypal

Answer: C

12- Which one of the following tools can be used in personality disorders in psychiatric clinic?

A. California personality inventory B. Eysenck personality inventory C. 16 questions questionnaire

D. Five factor model of personality

Answer: B

Case Five– بنت شابة أخذت جرعات مفرطة(overdose) لدواء ما وسألها الدكتور لماذا وقالت "أن أهلي ما يهتمون فيني ولا يناظروني" وكانت حزينة ولكن لم تكن تريد الإنتحار فقط جذب انتباه أهلها:

Q1:-Previous attempt? (Assess the risk)

-Is the method lethal in the patient's mind? (To know if it for drawing attention or not)

-personality traits of the pt? (asses the dx of personality disorder)

Q2:ddx?

Personality disorder (borderline or histrionic) depression disorder

14-A man Climbs over a rooftop, puts sunglasses, and walks around

Q1- Five 2 ddx regarding the person's PERSONALITY.

Histrionic and schizotypal