



Personality Disorders

Course 462 PME 4th year
College of Medicine



Personality Disorders- Prof. Al-Sughayir

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Objectives

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

1. Understand the **concept** of personality (normal& abnormal).
2. Know the **features of various types** of personality disorders.
3. Be able to **detect** personality disorders & **act** accordingly.

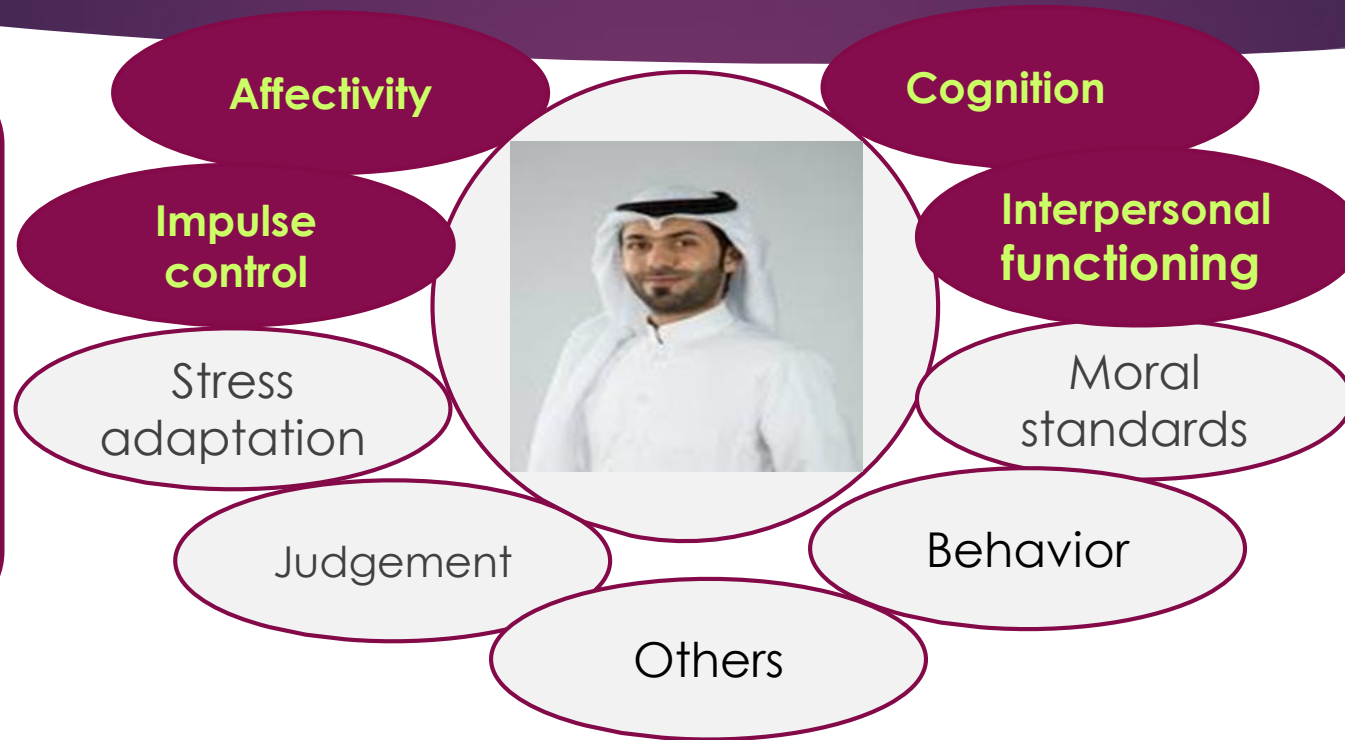
What is personality?

What is personality?

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

Ingrained
Habitual
Enduring
(Not situational)



Terminology

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Character

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

Trait

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

Temperament

A mood-related trait before 18 years (the age at which the personality is formed).
=Biological constitutions.

Personality

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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 abnormal 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 (bio-psycho-social).

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

Personality Change Due to Another Medical Condition

DSM-5 Diagnostic criteria

- A.** A persistent personality disturbance that represents **a change** from the individual's previous characteristic personality pattern.
- B.** There is evidence that the disturbance is the **direct consequence** of another medical condition.
- C.** The disturbance is not better explained by another mental disorder.
- D.** The disturbance does not occur exclusively during the course of a delirium.
- E.** The disturbance causes clinically significant distress or impairment in areas of functioning.


Include the name of the other medical condition (e.g., personality change due to temporal lobe epilepsy).

DSM-5 Criteria

- A.** An enduring pattern of inner experience and behavior that *deviates markedly* from the expectations of the individual's culture. This pattern is manifested in ≥ 2 of 4:
1. **Cognition** (i.e., ways of perceiving and interpreting self, other people, and events).
 2. **Affectivity** (i.e., the range, intensity, lability, and appropriateness of emotional response).
 3. **Interpersonal functioning.**
 4. **Impulse control.**
- B.** **A** is inflexible and pervasive across a broad range of personal and social situations.
- C.** **A** leads to clinically significant distress or functional impairment.
- D.** **A** is stable and of long duration.
- E.** **A** is not better explained as a manifestation or consequence of another mental disorder.

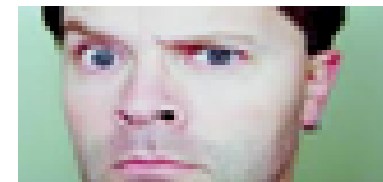
Specific Types of Personality Disorders

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)



Diagnostic criteria (DSM-5)

A. A pervasive distrust and suspiciousness of others such that their motives are interpreted as malevolent, beginning by early adulthood and present in a variety of contexts, as indicated by ≥ 4 of 7:

1. Over-suspicion that others are deceiving him/her.
2. Distrust about the loyalty of friends or associates.
3. Reluctance to confide in others.
4. Reads threatening meanings into benign remarks or events.
5. Persistently bears grudges (i.e., is unforgiving of insults).
6. Perceives attacks on his/her reputation that are not apparent to others and is quick to react angrily.
7. Over-suspicion regarding fidelity of spouse.

B. Exclusion of other causes (e.g., schizophrenia).

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)

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Diagnostic criteria (DSM-5)

A. A pervasive pattern of detachment from social relationships and a restricted range of expression of emotions in interpersonal settings, beginning by early adulthood and present in a variety of contexts, as indicated by ≥ 4 of 7:

1. Neither desires nor enjoys close relationships, including being part of a family.
2. Almost always chooses solitary activities.
3. Has little, if any, interest in having sexual experiences with another person.
4. Takes pleasure in few, if any, activities.
5. Lacks close friends or confidants other than first-degree relatives.
6. Appears indifferent to the praise or criticism of others.
7. Shows emotional coldness, detachment, or flattened affectivity.

B. Exclusion of other causes (e.g., schizophrenia).

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)

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Diagnostic criteria (DSM-5)

A. A pervasive pattern of social and interpersonal deficits marked by acute discomfort with, and reduced capacity for, close relationships as well as by cognitive or perceptual distortions and eccentricities of behavior, beginning by early adulthood and present in a variety of contexts, as indicated by ≥ 5 of 9:

1. Ideas of reference (excluding delusions of reference).
2. Odd beliefs inconsistent with subcultural norms (e.g., superstitiousness).
3. Unusual perceptual experiences, including bodily illusions.
4. Odd thinking and speech (e.g., metaphorical or stereotyped).
5. Suspiciousness or paranoid ideation.
6. Inappropriate or constricted affect.
7. Behavior or appearance that is odd, eccentric, or peculiar.
8. Lack of close friends or confidants other than first-degree relatives.
9. Excessive social anxiety that does not diminish with familiarity and tends to be associated with paranoid fears rather than negative judgments about self.

B. Exclusion of other causes (e.g., schizophrenia).

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).

Mixed personality Disorders within the cluster




Video cases

Questions

Specific Types of Personality Disorders

Based on similarities in symptoms, traits, and defense mechanisms involved.

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<i>C: Emotions toward self (intrapersonal problems)</i>	Avoidant - Dependent - Obsessive compulsive.

Borderline Personality Disorder (الحدية – سريعة التقلبات الانفعالية الشديدة)

DSM-5 Diagnostic Criteria

A pervasive pattern of **instability** of interpersonal relationships, self-image, and affects, and **marked impulsivity**, beginning by early adulthood and present in a **variety of contexts**, as indicated by ≥ 5 of 9:

1. Frantic efforts to avoid real or imagined abandonment.
2. A pattern of unstable and intense interpersonal relationships alternating between idealization and devaluation.
3. Identity disturbance: markedly and persistently unstable self-image or sense of self.
4. Impulsivity in at least two areas that are potentially self-damaging (e.g., sex, substance abuse, reckless driving).
5. Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior.
6. Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days).
7. Chronic feelings of emptiness.
8. Inappropriate, intense anger (e.g., frequent displays of temper, recurrent physical fights).
9. Transient, stress-related paranoid ideation or severe dissociative symptoms.

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.



DSM-5 Diagnostic Criteria

A pervasive pattern of excessive emotionality and attention seeking, beginning by early adulthood and present in a variety of contexts, as indicated by ≥ 5 of 8:

1. Is uncomfortable in situations in which he/she is not the center of attention.
2. Inappropriate sexually seductive or provocative behavior.
3. Displays rapidly shifting and shallow expression of emotions.
4. Consistently uses physical appearance to draw attention to self.
5. Has a style of speech that is excessively impressionistic and lacking in detail.
6. Shows self-dramatization and exaggerated expression of emotion.
7. Is suggestible (i.e., easily influenced by others or circumstances).
8. Considers relationships to be more intimate than they actually are.

DDx: 1.BPD. 2. Narcissistic PD.
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)



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DSM-5 Diagnostic Criteria

A pervasive pattern of grandiosity, need for admiration, and lack of empathy, beginning by early adulthood and present in a variety of contexts, as indicated by ≥ 5 of 9:

1. Has a grandiose sense of self-importance (e.g., exaggerates achievements and talents).
2. Is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love.
3. Believes that he or she is “special” and unique and can only be understood by, or should associate with, other special or high-status people (or institutions).
4. Requires excessive admiration.
5. Has a sense of entitlement (unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations).
6. Is interpersonally exploitative (takes advantage of others to achieve his/her own ends).
7. Lacks empathy: is unwilling to recognize or identify with the feelings and needs of others.
8. Is often envious of others or believes that others are envious of him or her.
9. Shows arrogant, haughty behaviors or attitudes.

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)

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DSM-5 Diagnostic Criteria

A. A pervasive pattern of disregard for and violation of the rights of others, occurring since age 15 years, as indicated by ≥ 3 of 7:

1. Failure to conform to social norms with respect to lawful behaviors (acts that are grounds for arrest).
2. Deceitfulness (lying, use of aliases, or conning others for personal profit).
3. Impulsivity or failure to plan ahead.
4. Irritability and aggressiveness (repeated physical fights or assaults).
5. Reckless disregard for safety of self or others.
6. Consistent irresponsibility (work behavior / financial obligations).
7. Lack of remorse (indifferent to or rationalizing having hurt, mistreated, or stolen from another).

B. The individual is at least age 18 years.

C. There is evidence of conduct disorder with onset before age 15 years.

D. Exclusion of schizophrenia & bipolar disorder.

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.

Mixed personality Disorders within the cluster




Video cases



Questions

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 <i>C: Emotions toward self (intrapersonal problems)</i>	Avoidant - Dependent - Obsessive compulsive.

DSM-5 Diagnostic Criteria

A pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation, beginning by early adulthood and present in a variety of contexts, as indicated by ≥ 4 of 7:

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 shamed or 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: 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: boosting 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)

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DSM-5 Diagnostic Criteria

A pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation, beginning by early adulthood and present in a variety of contexts, as indicated by ≥ 5 of 8

1. Difficulty making everyday decisions without an excessive amount of advice and reassurance from others.
2. Needs others to assume responsibility for most major areas of his or her life.
3. Difficulty expressing disagreement with others because of fear of loss of support or approval.
4. Difficulty doing things on his/her own (b/o of a lack of self-confidence).
5. Goes to excessive lengths to obtain support from others, to the point of volunteering to do things that are unpleasant.
6. Uncomfortable when alone b/o fears of being unable to care for himself or herself.
7. Urgently seeks another relationship as a source of support when a close relationship ends.
8. Is unrealistically preoccupied with fears of being left to take care of him/her-self.

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.

DSM-5 Diagnostic Criteria

A pervasive pattern of preoccupation with orderliness, perfectionism, and mental and interpersonal control, at the expense of flexibility, openness, and efficiency, beginning by early adulthood and present in a variety of contexts, as

indicated by ≥ 4 of 8:

1. Is preoccupied with details, rules, lists, order, organization, or schedules to the extent that the major point of the activity is lost.
2. Shows perfectionism that interferes with task completion.
3. Is excessively devoted to work and productivity to the exclusion of leisure activities and friendships.
4. Is overconscientious, scrupulous, and inflexible about matters of morality/ethics.
5. Is unable to discard worthless objects even when they have no sentimental value.
6. Is reluctant to delegate tasks or to work with others unless they submit to his/her way of doing things.
7. Adopts a miserly spending style toward both self and others (money for future).
8. Shows rigidity and stubbornness.

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.

Mixed personality Disorders within the cluster



Video cases



Mixed personality Disorders



Questions