جامعة الملك سعود
King Saud University

MEDICINE 438's REVIEW OF

CLINICAL PSYCHIATRY

Personality Disorders

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Objectives

- Know the terms related to personality.
- Understand the concept of personality disorders.
- Know the various types of personality disorders.
- Detect personality disorders & act accordingly.

EDITING FILE

IMPORTANT | TEXTBOOK | LECTURER'S NOTES | EXTRA | GOLDEN NOTES

Personality Disorders

◄ Terminology

Trait	A prominent enduring aspect and qualities of a person (e.g. trust). - Trait is a range not a point, as it differs between individuals in the degree and whether it is within normal range, above normal or below normal.
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).
Personality	The distinctive set of traits that defines the individual's interaction with himself (**intrapersonal**[1]), others (**interpersonal**), and life.

◄ Personality Parameters[2]

Affectivity (Emotions)	Self-control	Stress adaptation	Judgment	Self-confidence
Cognition	Interpersonal functioning	Moral standards	Behavior	Others
Ingrained/habitual		Enduring and Not Situational		
Distinctive				

◄ Normal Personality and Personality Disorders

Normal Traits	Abnormal Traits	Personality Disorders
• 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[3].	• Traits: some abnormal traits but **not enough to fulfil the criteria of any personality disorder.** • E.g., Paranoid traits, Obsessional traits.	• 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.

FOOTNOTES

1. Intrapersonal interaction is the conflict between different personality parameters like when core beliefs and desires collide.
2. Appearance is one of the personality parameters and it can reflect normal and pathological aspects of personality.
3. Myers-Briggs Type Indicator it is a self reported questionnaire designed to identify a person's personality type and how they deal with the world and make decisions, but it can't diagnose personality disorders.

◄ DSM-5 Criteria for General Personality Disorder

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 the following areas:** 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, and its onset can be traced back at least to adolescence or early adulthood.
E	A is not better explained as a manifestation or consequence of another mental disorder.

◄ Types of Personality Disorders

Clusters[1]	DSM
Cluster A: - Eccentric thinking with excessive ideation of reference. - These patients are perceived or odd by people and suffer from psychotic Features.	1. Paranoid PD. 2. Schizoid PD. 3. Schizotypal PD.
Cluster B: - Emotions toward others (interpersonal problems)/Behavior. - Patients with Cluster B Personality disorder often show impulsivity, emotional lability and dramatic behavior.	- Excessive Emotions with Loss of Control:[2] 1. Borderline PD. 2. Histrionic PD. - Low Emotions and High Degree of Control:[3] 1. Narcissistic PD. 2. Antisocial PD.
Cluster C: - Emotions toward self (intrapersonal problems). - These patients experience anxiety and fear.	1. Avoidant PD. 2. Dependent PD. 3. Obsessive compulsive PD.
Avoid premature or false diagnosis.	

◄ Etiology of Personality Disorders

- No specific etiology.
- Determinants of personality and its disorders:
  1. Biological factors (genetics, brain structure and functions, Neurotransmitters).
  2. Psycho-social (upbringing, cultural values and rules).

FOOTNOTES

1. Personality disorders within a cluster share many similarities in symptoms, traits and defence mechanisms. And that's why a person can have a combination of pathological features of multiple personality disorders.
2. Usually they are lead by their emotions as they have emotional lability.
3. No emotions toward others and when situations force them to work with or help others they can control themselves.

◄ Cluster A Personality Disorders

1) Paranoid Personality Disorder	
Features	- Excessive exaggeration of the following: 1. Mistrust & suspiciousness of others including relatives & friends & idea of reference. 2. Secrecy. 3. Denial & projection of faults onto others. 4. Sensitivity to offenses & counterattacking and reacting angrily with abusive behavior. 5. Bearing of grudges or insults persistently. 6. Argumentation/stubbornness.
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 the following: 1. Suspects, without sufficient basis, that others are exploiting, harming, or deceiving him or her. 2. Is preoccupied with unjustified doubts about the loyalty or trustworthiness of friends or associates. 3. Is reluctant to confide in others because of unwarranted fear that the information will be used against him or her. 4. Reads hidden demeaning or threatening meanings into benign remarks or events. 5. Persistently bears grudges (i.e., is unforgiving of insults, injuries, or slights). 6. Perceives attacks on his or her character or reputation that are not apparent to others and is quick to react angrily. 7. Has recurrent suspicions, without justification, regarding fidelity of spouse or sexual partner. B. Does not occur exclusively during the course of schizophrenia, a bipolar disorder or depressive disorder with psychotic features, or another psychotic disorder and is not attributable to the physiological effects of another medical condition. - Note: If criteria are met prior to the onset of schizophrenia, add "premorbid," i.e., "paranoid personality disorder (premorbid)".
DDx	- Other personality disorders and psychotic disorders.
Coping Style	- Patients are Guarded and protective of their autonomy, often with arrogant belief in their own superiority.
Defence Mechanism 1	1. Splitting: Self and others are seen as all good or all bad. 2. Denial: Refusal to admit painful realities . 3. Projection: Ascribe to others one's own impulses. 4. Projective identification[1]: 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	1. **Psychotherapy.** 2. Antipsychotics (e.g. olanzapine 5 mg).

FOOTNOTES

1. For more on the fascinating topic of defense mechanisms refer to pages 160-162 (file page 178-180) of Kaplan and Sadock's Synopsis of Psychiatry, found on our drive. A briefer elaboration can be found in First Aid for the Psychiatry Clerkship, Chapter 17.
2. First, an aspect of the self is projected onto someone else. The projector then tries to coerce the other person into identifying with what has been projected. Finally, the recipient of the projection and the projector feel a sense of oneness or union. Remember that projective identification is a two-person process that requires the psychic participation of the other individual, albeit unknowingly.

◀ Cluster A Personality Disorders

2) Schizoid Personality Disorder	
Features	1. Very limited social interactions/skills with self-sufficiency (not to avoid criticism). 2. Indifference to criticism/praise. 3. Preference of solitary activities and jobs.
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 the following: 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. Does not occur exclusively during the course of schizophrenia, a bipolar disorder or depressive disorder with psychotic features, another psychotic disorder, or autism spectrum disorder and is not attributable to the physiological effects of another medical condition. - Note: If criteria are met prior to the onset of schizophrenia, add "premorbid," i.e., "schizoid personality disorder (premorbid)."
DDx	1. Avoidant PD. 2. Paranoid PD. 3. Schizotypal PD.
Coping Style	- Inner world insulated from others.
Defence Mechanism	1. Denial. 2. Splitting. 3. Isolation of affect: Thoughts stored without emotion. 4. Intellectualization: Replace feelings with facts. 5. Fantasy: obtaining gratification through excessive daydreams.
Patient Concern	- Violations of privacy.
Approach	1. Accept his unsociability and need for privacy. 2. Reduce the patient's isolation as tolerated.
Treatment	1. **Psychotherapy.** 2. Antipsychotics (e.g. olanzapine 5 mg).

◀ Cluster A Personality Disorders

3) Schizotypal Personality Disorder	
Features	1. Odd patterns of thoughts, imaginations, perception, feelings, appearance & behavior. 2. Excessive unusual perceptual experiences (e.g. bodily illusions), superstitious thinking, and idea of reference.
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 the following: 1. Ideas of reference (excluding delusions of reference). 2. Odd beliefs or magical thinking that influences behavior and is inconsistent with subcultural norms (e.g., telepathy). 3. Unusual perceptual experiences, including bodily illusions. 4. Odd thinking and speech (e.g., vague, circumstantial, metaphorical, overelaborate, 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. Does not occur exclusively during the course of schizophrenia, a bipolar disorder or depressive disorder with psychotic features, another psychotic disorder, or autism spectrum disorder. - Note: If criteria are met prior to the onset of schizophrenia, add "premorbid," e.g., "schizotypal personality disorder (premorbid)."
DDx	1. Schizoid PD. 2. Paranoid PD. 3. Schizophrenia.
Defence Mechanism	1. Regression: Revert to childlike thoughts, feelings, and behaviors. 2. Denial. 3. Splitting. 4. Fantasy.
Patient Concern	- Exploration of oddities.
Approach	- Empathize with the patient's oddities without confrontation
Treatment	1. **Psychotherapy.** 2. Antipsychotics (e.g. olanzapine 5 mg).

◄ Cluster B Personality Disorders

1) Borderline Personality Disorder

Features	1. Sense of identity is unstable (changing to extremes). Chronic feelings of deep inner emptiness. 2. Mood is very unstable with tendency to intense extreme emotions (anger/hatred/ jealousy/love). 3. Behavior is unstable with impulsive/destructive potentially self-damaging behavior (e.g., self-injury/suicidal behavior). 4. Relationships are unstable (intense/changing) with efforts to avoid abandonment.
DSM-5	A. 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 the following: 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. - BPD Patients have a high incidence of parasuicide /suicide rates, substance abuse, and MDEs, physical complications of their repetitive self-destructive acts, and psychosocial problems. Longitudinal studies show no progression toward schizophrenia.
DDx	- Other personality disorders and psychotic disorders (esp. bipolar mood disorders).
Defence Mechanism	1. Splitting. 2. Acting Out. 3. Projective identification.
Patient Concern	- Abandonment & loss of support.
Approach	1. Empathize and set limits. 2. Use logic thinking to counteract an emotional style of relationship.
Treatment	1. **Psychotherapy like dialectical behavior therapy (DBT) especially those with parasuicidal behavior.** 2. Mood stabilizers. 3. SSRIs. 4. Antipsychotics.

◀ Cluster B Personality Disorders

2) Histrionic Personality Disorder	
Features	1. Excessive attention seeking behavior (verbal and nonverbal). 2. Self dramatization and exaggeration. 3. Provocative and seductive behavior. 4. Suggestibility with superficial thinking. 5. Excessive superficial emotions (shallow and shifting). 6. They succeed in media
DSM-5	A. 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 the following: 1. Is uncomfortable in situations in which he or 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, theatricality, 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 personality disorder. 3. Somatoform disorders (may co-exist).
Coping Style	- Emotion-driven and self-centered thinking and behavior.
Defence Mechanism	1. Repression: Involuntary forgetting of painful memories, feelings, or experiences. 2. Dissociation: Disrupted perceptions or sensations, consciousness, memory, or personal identity. 3. Sexualization: Functions or objects are changed into sexual symbols to avoid anxieties. 4. Regression: Subconscious return to childlike state to deal with a distressful situation.
Patient Concern	- Loss of recognition or love.
Approach	1. Set limits and avoid being too warm. 2. Use logic thinking to counteract an emotional style of relationship.
Treatment	1. Directive **psychotherapy** to increase awareness of the real feelings underneath the behavior. 2. Pharmacological treatment: antianxiety or antidepressant drugs may transiently be used.

◀ Cluster B Personality Disorders

3) Narcissistic Personality Disorder	
Features	1. Exaggerated sense of superiority & priority. 2. Constant seeking of admiration (not only attention/meetings, social media). 3. Preoccupation with success for entitlement. 4. Excessive and unrealistic ambitions. 5. Excessive concern about appearance more than truth & essence. 6. Exploitative, envious, and lacks empathy. 7. Fragile self-esteem when defeated.
DSM-5	A. 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 the following: 1. Has a grandiose sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements). 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 (i.e., unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations). 6. Is interpersonally exploitative (i.e., takes advantage of others to achieve his or 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	- Superiority and arrogance, self-aggrandizing, self-centered, self-protecting, demeaning, demanding, critical.
Defence Mechanism	1. Idealization: constant seeking to be always the best (No. 1, rank A) with self-inflation to augment self-esteem. 2. Projection: bad self components (e.g. incompetence) are projected onto others and followed by devaluation.
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.

◄ Cluster B Personality Disorders

4) Antisocial Personality Disorder	
Features	1. Lack of remorse, guilt, shame, & loyalty. 2. Violation of rules (lying, dishonest, deceptive, and exploiting). 3. Failure to learn from experience. 4. Impulsive toward desires/little concern about consequences. 5. Consistent irresponsibility. 6. Tendency to violence.
DSM-5	A. A pervasive pattern of disregard for and violation of the rights of others, occurring since age 15 years, as indicated by ≥ 3 of the following: 1. Failure to conform to social norms with respect to lawful behaviors, as indicated by repeatedly performing acts that are grounds for arrest. 2. Deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure. 3. Impulsivity or failure to plan ahead. 4. Irritability and aggressiveness, as indicated by repeated physical fights or assaults. 5. Reckless disregard for safety of self or others. 6. Consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations. 7. Lack of remorse, as indicated by being 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. The occurrence of antisocial behavior is not exclusively during the course of schizophrenia or bipolar disorder.
DDx	- Other personality disorders and psychotic disorders.
Coping Style	- Seeks advantage, freedom, and autonomy.
Defence Mechanism	1. Splitting. 2. Isolation of affect. 3. Acting out: Expression in action/behavior rather than in words/emotions
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 Personality Disorders

1) Avoidant Personality Disorder	
Features	1. Sensitivity to criticism and rejection. 2. Fearfulness of disapproval. 3. Timidity and shyness. 4. Feelings of inadequacy in new situation. 5. Reluctance to take personal risks. 6. Very restricted number of friends.
DSM-5	A. 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 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 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).**
Defence Mechanism	1- Repression / inhibition. 2- Isolation of affect. 3- Avoidance.
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

◄ Cluster C Personality Disorders

2) Dependent Personality Disorder

Features	1. Fear of separation/abandonment. 2. Excessive compliance with others. 3. Lack of self-reliance and self confidence. 4. Submissive and clinging behavior. 5. Excessive demands for reassurance and advice. 6. Excessive worries about Difficulty in initiating tasks. 7. Women more than men. Also persons with chronic physical illness in childhood may be most susceptible to the disorder.
DSM-5	A. 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 the following: 1. Has 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. Has difficulty expressing disagreement with others because of fear of loss of support or approval. (Note: Do not include realistic fears of retribution). 4. Has difficulty initiating projects or doing things on his or her own (because of a lack of self-confidence in judgment or abilities rather than a lack of motivation or energy). 5. Goes to excessive lengths to obtain nurturance and support from others, to the point of volunteering to do things that are unpleasant. 6. Feels uncomfortable or helpless when alone because of exaggerated fears of being unable to care for himself or herself. 7. Urgently seeks another relationship as a source of care and support when a close relationship ends. 8. Is unrealistically preoccupied with fears of being left to take care of himself or herself.
DDx	- Avoidant PD. - Agoraphobia **(may coexist).**
Defence Mechanism	1. Idealization of others (protective). 2. Regression. 3. Projective Identification.
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.

◄ Cluster C Personality Disorders

3) Obsessive-Compulsive Personality Disorder

Features	1. Excessive perfectionism interfering with achievement very idealistic views. 2. Preoccupation with minor unnecessary details. 3. Inflexibility and rigidity. 4. Indecisiveness and hesitation. 5. Excessive self-blame and guilt feeling. 6. Scrupulousness about issues of morality. 7. Excessive devotion of time and energy to work, at the expense of social life. 8. Reluctance in delegating tasks to others.
DSM-5	A. 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 the following: 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 (e.g., is unable to complete a project because his or her own overly strict standards are not met). 3. Is excessively devoted to work and productivity to the exclusion of leisure activities and friendships (not accounted for by obvious economic necessity). 4. Is overconscientious, scrupulous, and inflexible about matters of morality, ethics, or values (not accounted for by cultural or religious identification). 5. Is unable to discard worn-out or worthless objects even when they have no sentimental value. 6. Is reluctant to delegate tasks or to work with others unless they submit to exactly his or her way of doing things. 7. Adopts a miserly spending style toward both self and others; money is viewed as something to be hoarded for future catastrophes. 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 coexistence may occur).
Defence Mechanism	1. Isolation of affect. 2. Displacement. 3. Reaction Formation. 4. Undoing.
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

◄ Personality Change Due to Another Medical Condition

DSM-5 Criteria	
A.	A persistent personality disturbance that represents a change from the individual's previous characteristic personality pattern.
B.	There is evidence from the history, physical examination, or laboratory findings that the disturbance is the direct pathophysiological consequence of another medical condition.
C.	The disturbance is not better explained by another mental disorder (including another mental disorder due to another medical condition).
D.	The disturbance does not occur exclusively during the course of a delirium.
E.	The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
Specify whether: Labile type. Aggressive type. Paranoid type. Other type. Combined type. Unspecified type. Include the name of the other medical condition (e.g., personality change due to temporal lobe epilepsy).	

Doctor's Quiz

1. A 28-year-old woman has a dedicated seeking of approval, preoccupation with entitlement, wealth and power. Her fantasies have always been excessive and unreasonable. What is the most likely personality disorder he has?
   a. Dependant PD.
   b. Histrionic PD.
   c. Narcissistic PD.
   d. Antisocial PD.

2. A 31-year-old man has been self-sufficient person with emotional coldness and little interest in interpersonal relationship. What is the most likely personality disorder he has?
   a. Borderline PD.
   b. Schizotypal PD.
   c. Avoidant PD
   d. Schizoid PD.

3. A 29-year-old woman has long history of instability in mood, behavior, and relationships. She had several intense anger outbursts with destructive behavior. What is the most likely personality disorder he has?
   a. Schizoid PD.
   b. Borderline PD.
   c. Schizotypal PD.
   d. Avoidant PD.

4. A 33-year-old man has excessive perfectionism that interferes with task completion , and excessive devotion to productivity to the exclusion of leisure activities. What is the most likely personality disorder he has?
   a. Borderline PD.
   b. Schizotypal PD.
   c. Obsessive-compulsive PD.
   d. Schizoid PD.

5. A 32-year-old woman has excessive preoccupation with fears of being left to take care of self. She has difficulty making personal decisions and requires excessive amount of advice and reassurance from others. What is the most likely personality disorder he has?
   a. Schizotypal PD.
   b. Dependant PD.
   c. Obsessive-compulsive PD.
   d. Schizoid PD.

Answer Key: 1) C, 2) D, 3) B, 4) C, 5) B

LECTURE DONE BY

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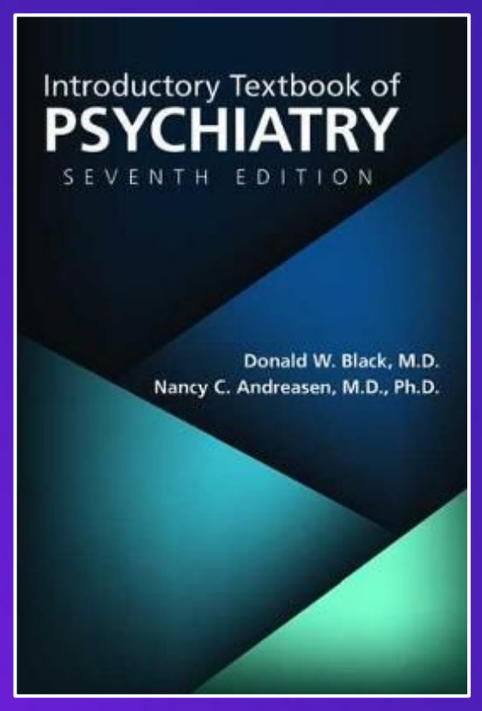

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