Personality Disorders: It's All About the Clusters

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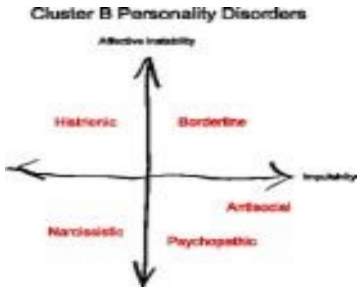

Objectives

***By the end of this presentation the audience should be able to:**

- Understand the postulated pathophysiology of personality disorders
- Discuss the three different cluster types (Cluster A, Cluster B, Cluster C) and categorizations of personality disorders
- List the DSM-V-TR Criteria for the diagnosis of each personality disorder
- Discuss the general management and/or treatment options that are available for the personality disorders
- Answer some self-assessment questions for better understanding of personality disorders

Background

- Definition of Personality Disorder
  (Per DSM-V-TR Criteria)
  - Enduring pattern of inner experience and behavior that is remarkably different from expectations of individual's culture
  - Onset in adolescence or early adulthood→ leads to distress or impairment
  - Maladaptive pattern of perceiving or responding to other people or stressful situations
  - Currently 10 personality disorders that are grouped into 3 clusters (i.e. Cluster A,B,C)

General Prevalence Rate

- 10-15% of adult U.S. population with individuals having more than 1 personality disorder diagnosis

Criteria for Personality Disorder

- Moderate or greater impairment in personality functioning
- One or more pathological personality traits
- Personality and individual's personality are inflexible and pervasive across broad range of personal and social situations
- Impairment in functioning and individual's personality trait expression are not better explained by another medical disorder
- Impairment in personality functioning and individual's personality expression are not solely attributable to the physiological effects of a substance or another medical condition
- Impairment in personality functioning and individual's personality expression are not better understood as normal for an individual's developmental stage or sociocultural environment.

Pathophysiology

- Hypothesis
  - Result of early dysfunctional environment that prevent evolution of adaptive patterns of perception, response, and defense
  - Diminished levels of MAO and serotonin levels
  - Inconsistency of data prevents development of definitive conclusions for pathophysiology of personality disorders

Cluster A Personality Disorders

- Paranoid, Schizotypal, and Schizoid personality disorder (odd, eccentric)
    - Preference for social isolation with increased risk of developing schizophrenia
    - Schizoid personality disorder→ Risk of developing major depression
    - Schizotypal personality disorder→ risk for development of brief psychotic disorder, schizophreniform disorder, or delusional disorder
    - Considered part of schizophrenia-spectrum with milder variants of schizophrenia

Paranoid Personality Disorder

- **DSM-V-Diagnostic Criteria for Paranoid Personality Disorder**

- Pervasive distrust and suspiciousness of others is present w/o justification, beginning by early adulthood, and is manifested by at **least 4 of the following:**
  - Suspects others are exploiting, harming, or deceiving him
  - Doubts loyalty or trustworthiness of others
  - Fears information given to others will be used maliciously against him
  - Benign remarks by others or benign events are interpreted as having demeaning or threatening meanings
  - Patient persistently bears grudges
  - Perceives attacks that are not apparent to others and is quick to react angrily or to counterattack
  - Repeatedly questions fidelity of his spouse or sexual partner

Clinical Presentation of PPD

- **Hypervigilant and constantly looking for proof to support paranoia.**
- **High need for control and autonomy in relationships to avoid betrayal.**
- **Quick to counterattack and frequent involvement in legal disputes.**

Schizotypal Personality Disorder

- **DSM-V-TR Criteria for Schizotypal Personality Disorder**

- Pervasive pattern of discomfort with and reduced capacity for close relationships and perceptual distortions and eccentricities of behavior, beginning by early adulthood. **At least 5 of the following should be present:**

  - **Ideas of Reference**: interpreting unrelated events as having direct reference to the patient
  - Odd beliefs or magical thinking inconsistent with cultural norms (eg, superstitiousness, belief in clairvoyance, telepathy, or a sixth sense)
  - Unusual perceptual experiences, including bodily illusions.
  - Odd thinking and speech (eg, circumstantial, metaphorical, or stereotyped thinking)
  - Suspiciousness or paranoid ideation
  - Inappropriate or constricted affect
  - Behavior or appearance that is odd, eccentric, or peculiar
  - Lack of close friends other than 1st-degree relatives
  - Excessive social anxiety that does not diminish with family

Clinical Presentation of Schizotypal Personality Disorder

- Often display peculiarities in thinking, behavior, and communication.
- Discomfort in social situations, and inappropriate behavior may occur.
- Magical thinking, belief in extra sensory perception, illusions, and derealization are common.
- Repeated exposure will not decrease social anxiety since it is based on paranoid concerns and not on self-consciousness.
- Vivid fantasy life with imaginary relationships.
- Speech may be idiosyncratic, such as use of unusual terminology.
- These patients may seek treatment for anxiety or depression.

Schizoid Personality Disorder

- DSM-V-TR Criteria for Schizoid Personality Disorder
- Pervasive pattern of social detachment with restricted affect, beginning by early adulthood and indicated by at **least 4 of the following:**
  - Patient neither desires nor enjoys close relationships, including family relationships
  - Chooses solitary activities
  - Has little interest in having sexual experiences
  - Takes pleasure in few activities
  - No close friends or confidants except 1st degree relatives
  - Patient is indifferent to praise or criticism of others
  - Displays emotional detachment or diminished affective responsiveness

Clinical Presentation of Schizoid Personality Disorder

- **Often appears cold and aloof and is uninvolved in the everyday concerns of others.**
- **Often emotionally blunted, generally do not marry unless pursued aggressively by another person.**
- **Able to work if job allows for social isolation.**

Cluster B Personality Disorders

- Antisocial, borderline, histrionic, and narcissistic personality disorders (dramatic, emotional)
  - Tend to be disruptive in clinical settings

- **DSM-V Criteria for Antisocial Personality Disorder**

  Since age of 15 years, patient exhibited disregard for and violation of the rights of others, indicated by at **least 3 of the following:**

  - Failure to conform to social norms by repeatedly engaging in unlawful activity
  - Deceitfulness, repeated lying or conning others for profit or pleasure
  - Impulsivity or failure to plan ahead
  - Irritability and aggressiveness such as repeated physical fighting or assaults
  - Reckless disregard for the safety of self or others
  - Consistent irresponsibility repeated failure to sustain consistent work or honor financial obligations
  - Lack of remorse for any of the above behavior

Clinical Presentation of Antisocial Personality Disorder

- **Interaction with others are typically exploitative or abusive.**
- **Lying, stealing, fighting, fraud, physical abuse, substance abuse, and drunk driving are common.**
- **May be arrogant, but they are also capable of great superficial charm.**
- **These patients do not have a capacity for empathy.**

Borderline Personality Disorder

- **DSM-V Criteria for Borderline Personality Disorder**
- Pervasive pattern of unstable interpersonal relationships, unstable self-image, unstable affects, and poor impulse control, beginning by early adulthood, and indicated **by at least 5 of the following:**

  - Frantic efforts to avoid real or imagined abandonment
  - Unstable and intense interpersonal relationships, alternating between extremes of idealization and devaluation
  - Identity disturbances: unstable self-image or sense of self
  - Impulsivity in at least 2 areas that are potentially self-damaging (eg, spending, promiscuity, substance abuse, reckless driving, binge eating)
  - Recurrent suicidal behavior, gestures, or threats; or self-mutilating behavior
  - Affective instability (eg, sudden intense dysphoria, irritability, or anxiety of short duration)
  - Chronic feelings of emptiness
  - Inappropriate intense anger or difficulty controlling anger
  - Transient, stress-related paranoid ideation, or severe dissociative symptoms

Clinical Presentation of Borderline Personality Disorder

- **Highly variable; chronic dysphoria is common, and desperate dependence on others is caused by inability to tolerate being alone.**
- **Chaotic interpersonal relationships are characteristic, and self-destructive, self-mutilatory behavior is common.**
- **A childhood history of abuse or parental neglect is common.**

Histrionic Personality Disorder

- **DSM-V Criteria for Histrionic Personality Disorder**
- Pervasive pattern of excessive emotionality and attention seeking, beginning by early adulthood, as indicated by **5 or more of the following:**
  - Patient is not comfortable unless he is the center of attention
  - Patient is often inappropriately sexually seductive or provocative with others
  - Rapidly shifting and shallow expression of emotions are present
  - Consistently used physical appearance to attract attention
  - Speech is excessively impressionistic and lacking in detail
  - Dramatic, theatrical, and exaggerated expression of emotion is used
  - Easily influenced by others or by circumstances
  - Relationships are considered to be more intimate than they are in reality

Clinical Presentation of Histrionic Personality Disorder

- **Patient is bored with routine and dislikes delays in gratification.**
- **Begins projects, but does not finish them (including relationships).**
- **Dramatic emotional performances of the patient appear to lack sincerity.**
- **Patients often attempt to control relationships with seduction, manipulation, or dependency.**
- **Resort to suicidal gestures and threats to get attention.**

Narcissistic Personality Disorder

- **DSM-V Criteria for Narcissistic Personality Disorder**
- Pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy. Begins by early adulthood and is indicated by at **least 5 of the following**:

  - An exaggerated sense of self-importance.
  - Pre-occupation with fantasies of unlimited success, power, brilliance, beauty, or ideal love.
  - Believes he is "special" and can only be understood by, or should associated with, other special or high-status people (or institutions).
  - Requires excessive admiration
  - Has a sense of entitlement
  - Takes advantage of others to achieve his own ends
  - Lacks empathy
  - Often envious or believes that others are envious of him
  - Shows arrogant, haughty, behavior, or attitudes

Clinical Presentation of Narcissistic Personality Disorder

- **Exaggerate their achievements and talents and they are surprised when they do not receive the recognition they expect.**
- **Their inflated sense of self results in a deviation of others and their accomplishments. Narcissistic patients only pursue relationships that will benefit them in some way.**
- **Feel entitled, expecting others to meet their needs immediately, and they become quite indignant of this does not happen. Are self-absorbed and unable to respond to the needs to others. Any perception of criticism is poorly tolerated and these patients can react with rage.**
- **Prone to envy everyone who possessed knowledge, skill, or belonging that they do not possess. Much of narcissistic behavior is a defense against poor self-esteem.**

Cluster C Personality Disorders

- Avoidant, dependent, and obsessive-compulsive personality disorders (anxious, fearful)
  - Tend to be anxious and personality pathology is maladaptive attempt to control anxiety.
- **DSM-V Criteria for Avoidant Personality Disorder**
  - Pervasive pattern of social inhibition, feeling of inadequacy, and hypersensitivity beginning by early adulthood, and indicated by at **least 4 of the following:**
  - Avoids occupational activities with significant interpersonal contact due to fear of criticism, disapproval, or rejection
  - Unwilling to get involved with people unless certain of being liked
  - Restrained in intimate relationships due to fear of being shamed or ridiculed
  - Preoccupied with being criticized or rejected in social situations
  - Inhibited in new interpersonal situations due to feelings of inadequacy
  - Views himself as socially inept, unappealing, or inferior to others
  - Reluctance to take personal risks or to engage in new activities because they may be embarrassing

Clinical Presentation of Avoidant Personality Disorder

- **Shy and quiet and prefers to be alone. Patient usually anticipates unwarranted rejection before it happens.**
- **Opportunities to supervise others at work are usually avoided by the patient. Often devastated by minor comments they perceived to be critical.**
- **Despite self-imposed restrictions, long to be accepted and be more social.**

Dependent Personality Disorder

- **DSM-V Criteria for Dependent Personality Disorder**

- Pervasive and excessive need to be cared for. This leads to submissive, clinging behavior, and fears of separation beginning by early adulthood and indicated by at **least 5 of the following:**

    - Difficulty making decisions without guidance and reassurance
    - Need for others to assume responsibility for most major areas of the person's life
    - Difficulty expressing disagreement with others
    - Difficulty initiating activities because of lack of self-confidence
    - Excessive measures to obtain nurturance and support
    - Discomfort or helplessness when alone
    - Urgently seeking another relationship when a closes relations ends
    - Unrealistic preoccupation with fears of being left to take care of themselves

Clinical Presentation of Dependent Personality Disorder

- **Endure great discomfort in order to perpetuate the care-taking relationship. Social interaction is usually limited to the caretaker network.**

- **Patients may function at work if no initiative is required.**

Obsessive-Compulsive Personality Disorder

- Marked preoccupation with orderliness, perfectionism, and control

- **DSM-V Criteria for Obsessive-Compulsive Personality Disorder**
- Pervasive pattern with orderliness, perfectionism, and control, at the expense of flexibility, openness, and efficiency, beginning by early adulthood and indicated by at **least 4 of the following**:
    - Preoccupied with details, rules, lists, and organization or schedules, to the extent that the major point of activity is lost
    - Perfectionism interferes with task completion
    - Excessively devoted to work and productivity to the exclusion of leisure activities and friendships
    - Overconscientiousness, scrupulousness and inflexibility about morality, ethics, or values (not accounted for by culture or religion)
    - Unable to discard worn-out or worthless objects, even if they have no sentimental value.
    - Reluctant to delegate tasks to others
    - Miserly spending style towards both self and others
    - Rigidity and stubbornness

Clinical Presentation of Obsessive-Compulsive Personality Disorder

- **Obsession with detail can paralyze decision making.**
- **Tasks may be difficult to complete. These patients prefer logic and intellect to feelings, and they are not able to be openly affectionate.**
- **Patients are often "frugal" with regards to financial matters.**

General Treatment Guidelines

- Cluster A Personality Disorders
  - Paranoid Personality Disorder
    -Psychotherapy (treatment of choice)
    -Establish and maintaining trust
    -Low-dose antipsychotics for delusional accusations and agitation
  - Schizotypal Personality Disorder
    -Psychotherapy (treatment of choice)
    -Antipsychotics for low-grade psychotic symptoms
  - Schizoid Personality Disorder
    -Individual psychotherapy (treatment of choice)
    -Group therapy not recommended

General Treatment Guidelines (cont'd)

- Cluster B Personality Disorders
  - Antisocial Personality Disorder
    -Inpatient self-help groups (most useful treatment)
    -Psychotropic medications for symptoms interfering with function or meeting criteria for another psychiatric disorder
  - Borderline Personality Disorder
    -Psychotherapy (treatment of choice)
    -Pharmacotherapy for co-existing mood disorders
  - Histrionic Personality Disorder
    -Insight-oriented psychotherapy (treatment of choice
  - Narcissistic Personality Disorder
    -Psychotherapy (treatment of choice)

General Treatment Guidelines (cont'd)

- Cluster C Personality Disorders
  - Avoidant Personality Disorder
    -Individual psychotherapy, group therapy (anxiety issues), and behavioral techniques (useful)
    -Beta Blockers (situational anxiety)
  - Dependent Personality Disorder
    -Insight-oriented psychotherapy, group & family therapies, and behavioral therapies
  - Obsessive-Compulsive Personality Disorder
    -Long-term individual therapy
    Limitation: patient's insight and rigidity
    -Pharmacotherapy

References

- Biskin RS, Paris J. Management of borderline personality disorder. *CMAJ*. 2012;184(17):1897-1902. doi:10.1503/cmaj.112055
- Hahn, R. et al. Psychiatry. Current Clinical Strategies Publishing, 2008 Edition.
- American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition,*. Washington, DC: American Psychiatric Association:2013.
- Personality Disorder for Professionals. American Medical Network. http://www.health.am/psy/personality-disorders-pro/#1. Accessed on June 5, 2020.
- Shedler, J. et al. Refining Personality Disorder Diagnosis: Integrating Science and Practice.2004:161;1350/1365.
- Gunderson, J. Borderline Disorders. A Clinical Guide. American Psychiatric Publication.2009.
- Kulacaoglu F, Kose S. Borderline Personality Disorder (BPD): In the Midst of Vulnerability, Chaos, and Awe. *Brain Sci*. 2018;8(11):201. Published 2018 Nov 18. doi:10.3390/brainsci8110201

Self Assessment Questions

- The DSM-V Criteria for the diagnosis of schiziod personality disorder includes having only 1 close friend or confidant.
  A. True
  B. False

- Examples of antisocial behaviors include all of the following except:
  1. Setting fires
  2. Stealing
  3. Inflicting harm to animals
  4. Lack of respect for authority figures
  5. Honoring financial obligations

- Females with borderline personality disorder can have eating disorders or self-mutilating behavior.
  A. True
  B. False

Thank you!