



DSM-5 Personality Disorders Overview

Features, Treatments, and Role of Genetic
Testing

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Cluster A: Odd/Eccentric



CLUSTER A:

Odd thinking and
eccentric behavior

- ✓ Paranoid personality disorder
- ✓ Schizoid personality disorder
- ✓ Schizotypal personality disorder

CLUSTER

A



**Paranoid personality
disorder**

**Schizoid personality
disorder**

**Schizotypal
personality disorder**

Cluster A Treatments

- **Paranoid:** distrustful and suspicious of others
 - Tx: Supportive psychotherapy, cognitive-behavioral therapy to improve trust
 - Meds: Low-dose antipsychotics
- **Schizoid:** detached, solitary, emotionally cold
 - Tx: Supportive psychotherapy, social skills training
 - Meds: SSRIs if comorbid depression exists
- **Schizotypal:** magical thinking, eccentric
 - Tx: Cognitive-behavioral therapy, social skills therapy, family therapy
 - Meds: Low-dose antipsychotics



Cluster B: Dramatic/Erratic



CLUSTER B:

Dramatic and erratic behavior

- ✓ Antisocial personality disorder
- ✓ Borderline personality disorder
- ✓ Histrionic personality disorder
- ✓ Narcissistic personality disorder

CLUSTER

B



**Antisocial
personality disorder**

**Histrionic personality
disorder**

**Narcissistic
personality disorder**

**Emotionally unstable
personality disorder
(EUPD)**

Cluster B Treatments

- **Antisocial:** Deceitful, lack of remorse, complete disregard for others
 - Tx: Cognitive-behavioral therapy to reduce recidivism
- **Borderline:** Fear of abandonment, labile mood, splitting defense mechanism, suicidal
 - Tx: Dialectical behavioral therapy
 - Meds: SSRIs or mood stabilizers, atypical antipsychotics for impulsivity
- **Histrionic:** Attention seeking, emotional
 - Tx: Cognitive-behavioral therapy
- **Narcissistic:** Grandiose, envious, low-self esteem, arrogant
 - Tx: Psychodynamic therapy, schema therapy to adapt better coping mechanisms
 - Meds: SSRIs to treat comorbid depression if exists



Cluster C: Anxious/Fearful



CLUSTER C:

Severe anxiety
and fear

- ✓ Avoidant personality disorder
- ✓ Dependent personality disorder
- ✓ Obsessive-compulsive disorder

CLUSTER



**Avoidant personality
disorder**

**Obsessive
compulsive
personality disorder**

**Dependent
personality disorder**

Cluster C Treatments

- **Avoidant:** Fear of rejection, hypersensitive, feel inadequate
 - Tx: Cognitive-behavioral therapy, exposure therapy, group therapy
 - Meds: SSRIs/SNRIs for social anxiety
- **Dependent:** Clingy, submissive, excessive need to be cared for
 - Tx: Cognitive-behavioral therapy, assertiveness training
 - Meds: SSRIs/SNRIs for comorbid anxiety/depression
- **Obsessive-Compulsive:** perfectionist, controlling, rigid
 - Tx: Cognitive-behavioral therapy
 - Meds: SSRIs/SNRIs if significant comorbid anxiety exists



Genetic Testing: GeneSight & Tempus

- Identify more than 100 gene-drug interactions to tailor individual pharmacological treatment for patients with mental health conditions
- Doubles the likelihood of remission compared to standard care
- Evaluates 30 genes and more than 90 variants attributed to psychotropic response
- Paranoid, Schizotypal, and Borderline PDs: ID low-dose antipsychotics that work best per individual
- Schizoid, Borderline, Narcissistic, Cluster C PDs: ID SSRIs/SNRIs to treat comorbid depression/anxiety

3. DRUG SUMMARY Sample Patient | TL-22-9ZGUKZV9

Drug Summary report for Sample Patient

The below summary of medication classifications may be used to help inform a provider's treatment decision based on the patient's test results. Details about each gene-drug interaction and corresponding citations can be found in the comprehensive section of this report.

✓ Standard administration
This classification indicates that there is no significant evidence of a gene-drug interaction to warrant a change in the administration of the medication.

🔍 Additional considerations
Medications with this classification are associated with evidence of a gene-drug interaction that suggests a higher risk of adverse events or inefficacy. This classification is not a contraindication, but alternative medications may be warranted.

⬆️⬆️ Dosage considerations
Medications with this classification are associated with evidence that suggests a higher or lower dose may reduce the risk of toxicity or increase efficacy.

⚠️ Warnings & contraindications
The FDA labeling for these medications contain explicit pharmacogenomic warnings or contraindications pertinent to your patient's genotype.

ANTIDEPRESSANTS

STANDARD ADMINISTRATION	DOSING CONSIDERATIONS	ADDITIONAL CONSIDERATIONS
SSRI		
Fluoxetine (Prozac [®]) Fluvoxamine (Luvox [®]) Paroxetine (Paxil [®]) Vilazodone (Vibryd [®])	Escitalopram (Lexapro [®]) ⬇️ Sertraline (Zoloft [®]) ⬇️	None identified
WARNINGS AND CONTRAINDICATIONS		
Citalopram (Celexa [®]) [1]		
SNRI		
Desvenlafaxine (Pristiq [®]) Duloxetine (Cymbalta [®]) Levomilnacipran (Fetzima [®]) Venlafaxine (Effexor [®])	None identified	None identified

✓ Standard administrations🔍 Additional considerations⬇️ Standard dose decrease⬆️ Standard dose increase⚠️ Warnings & Contraindications

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References

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