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# PERSONALITY DISORDERS

## 2 PARANOID PERSONALITY DISORDER:

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- Distrust and suspicion of others
- **Current treatment**
- **Psychotherapy:** Supportive therapy, Cognitive Behavioral Therapy (CBT) to reduce paranoia and improve trust.
- **Medications:** Antipsychotics (low dose) if severe paranoia; SSRIs if comorbid anxiety/depression.



### 3 SCHIZOID PERSONALITY DISORDER:

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- Detachment from social relationships
- Limited emotional expression
- **Current treatment:**
- **Psychotherapy:** Supportive therapy; social skills training can help.
- **Medications:** Generally not indicated unless treating comorbid depression.



## 4 SCHIZOTYPAL PERSONALITY DISORDER:

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- Discomfort in close relationships
- Strange thoughts or perceptions
- Odd or eccentric behavior
- **Current treatment:**
- **Psychotherapy:** Social skills training, CBT; supportive or psychodynamic approaches.
- **Medications:** Low-dose antipsychotics may help with cognitive-perceptual symptoms; SSRIs if depressive features present.



## 5 ANTISOCIAL PERSONALITY DISORDER:

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- Disregard for others' rights
- Violation of rules/laws
- **Current Treatment:**
- **Psychotherapy:** Limited effectiveness; behavioral interventions in structured settings may help.
- **Medications:** For comorbidities (e.g., mood stabilizers for impulsivity, antipsychotics for aggression).



## 6 BORDERLINE PERSONALITY DISORDER:

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- Instability in relationships, self-image, affects
- Impulsivity

### Current Treatment:

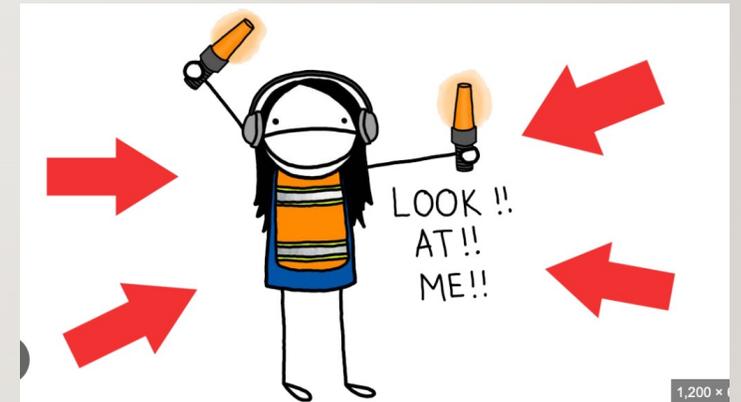
- **Psychotherapy:**
- **Dialectical Behavior Therapy (DBT)** – gold standard.
- **CBT**
- **Medications:**
- **SSRIs** for mood/anxiety **Mood stabilizers**
- **Atypical antipsychotics** for impulsivity or dissociation.



## 7 HISTRIONIC PERSONALITY DISORDER:

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- Excessive emotionality and attention-seeking
- **Psychotherapy:**
- Psychodynamic therapy to uncover unconscious motivations.
- CBT for attention-seeking and unusual thoughts.
- **Medications:** Rarely used, except for underlying depression or anxiety.



## 8 NARCISSISTIC PERSONALITY DISORDER:

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- Grandiosity, need for admiration, lack of empathy
- **Current treatment:**
- **Psychotherapy:**
- Psychodynamic therapy, CBT
- Focus on building empathy and realistic self-image.
- **Medications:** No approved meds; SSRIs may help if comorbid mood symptoms.



## 9 AVOIDANT PERSONALITY DISORDER:

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- Social inhibition, feelings of being inadequate
- Increased sensitivity to criticism
- **Current treatment:**
- **Psychotherapy:**
  - **CBT** is most effective
  - Social skills training.
- **Medications:** SSRIs or SNRIs for social anxiety symptoms.



# 10 DEPENDENT PERSONALITY DISORDER:

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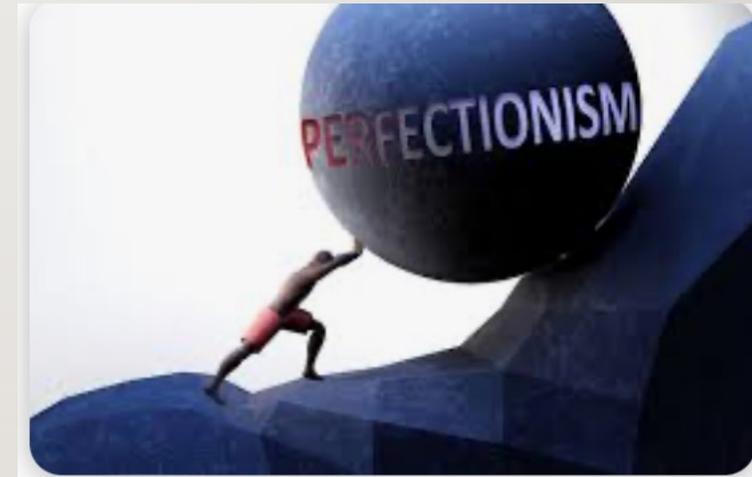
- Excessive need to be taken care of
- Submissive and clinging behavior
- **Current Treatment:**
- Excessive need to be taken care of
- Submissive and clinging behavior
- **Psychotherapy:**
  - CBT to increase assertiveness and autonomy.
  - Psychodynamic therapy for dependency issues.
- **Medications:** SSRIs if depressive or anxiety symptoms present.



# II OBSESSIVE-COMPULSIVE PERSONALITY DISORDER

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- Preoccupation with order, perfectionism, control
- Not the same as OCD
- **Current Treatment:**
- **Psychotherapy:**
- **CBT** to address rigidity, perfectionism, and control.
- **Medications:** SSRIs may reduce perfectionism and rigidity, especially with coexisting anxiety or depression.



## 12 GENETIC TESTING: BENEFITS IN PERSONALITY DISORDERS

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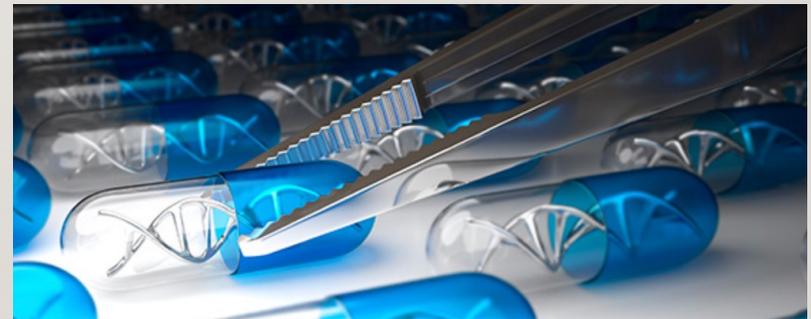
- **Polygenic risk scores (PRS):** Help identify genetic predispositions to traits like impulsivity, neuroticism, and emotional dysregulation.



# 13 PERSONALIZED TREATMENT

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- **Pharmacogenomics:**
- Tailors medication choices (e.g., SSRIs, mood stabilizers) based on metabolism (CYP450 variants).
- Reduces trial-and-error in psychotropic prescribing.
- **Response prediction:** Certain genotypes may predict better outcomes to specific meds (e.g., serotonin transporter gene in BPD).



## 14 IDENTIFYING COMORBID RISK

- Genetic overlap with:
- **Mood disorders**
- **Substance use disorders**
- **Schizophrenia-spectrum disorders**
- Helps screen for comorbidities early and plan integrated care.



# 15 LIMITATIONS TO NOTE

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- No current genetic test can **diagnose** a personality disorder.
- Environmental and developmental factors play a major role.
- Ethical and privacy considerations with genetic testing.