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Personality Disorders

Slides: B Chow
Edits: L Jia

Updated 2021

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Personality Disorders

- Introduction
- General Personality Disorder
- Paranoid PD
- Schizoid PD
- Schizotypal PD
- Antisocial PD
- Borderline PD
- Histrionic PD
- Narcissistic PD
- Avoidant PD
- Dependent PD
- Obsessive-Compulsive PD
- Other Specified PD
- Unspecified PD

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Personality Disorders – Introduction

- General definition → applies to all 10 PDs
  - **Enduring pattern** of inner experience
  - Behavior deviates markedly from **cultural expectations**
  - Pervasive + **inflexible**
  - Onset in **adolescence/early adulthood**
  - **Stable** over time
  - Leads to distress or impairment

- Cluster system → not consistently validated
  - Cluster **A (5.7%):** paranoid, schizoid, schizotypal
  - Cluster **B (1.5%)**: antisocial, borderline, histrionic, narcissistic
  - Cluster **C (6.0%):** avoidant, dependent, obsessive-compulsive
  - Any personality disorder → **9-15%**

- Dimensional model – moving in this direction

General Personality Disorder

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General Personality Disorder – Diagnostic Criteria

- Enduring pattern of inner experiences + behaviours that deviate from cultural expectations (2+):
  - **Cognition** (perceiving + interpreting self, others, events)
  - **Affectivity** (range, intensity, lability, appropriateness)
  - **Interpersonal functioning**
  - **Impulse control**

- Inflexible + pervasive → across broad range of situations
- Significant distress + impairment
- Stable + long duration, onset in adolescence/early adulthood

- Not better explained by another mental disorder
- Not due to substance or AMC

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General Personality Disorder – Diagnostic Criteria

- Personality traits
  - Enduring patterns of **perceiving, relating, thinking**
  - About **environment + oneself**
  - Exhibited in **wide range of contexts** (social + personal)

- If inflexible, maladaptive, impairing or distressing → DISORDER

- Evaluation of long-term patterns of functioning
  - Features must be evident **by early adulthood**
  - Distinguish from characteristics emerging in response to specific stressors
  - Assess stability over time, across different situations
  - May require multiple interviews (occasionally can dx with single interview)
  - Individual may not view as problematic **(ego-syntonic)** → collateral

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General Personality Disorder – Development & Course

- Relatively stable over time
  - Some types become **less evident or remit** **(ASPD, BPD)**
  - Others **do NOT** **(OCPD, schizotypal PD)**

- May be applied to C&A, in unusual instances
  - Maladaptive traits **pervasive, persistent**
    - **Unlikely limited to particular developmental stage or AMD**
  - Personality disorder traits appearing in childhood → **usually change**
  - To dx personality disorder in age <18 → features must be **present >1 yr**
    - CANNOT dx antisocial PD in age <18

- May not come to clinical attention until later in life
  - May be exacerbate by loss (support persons, stable social situation)
  - If new change in personality later in life → consider AMC or substance

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General Personality Disorder – Culture-Related Issues

- Consider ethnic, cultural, social background
  - Acculturation following immigration
  - Habits, customs, religion, political values
  - Obtain collateral

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General Personality Disorder – Gender-Related Issues

- Gender differences in prevalence
  - MALE → **antisocial PD**
  - FEMALE → **borderline, histrionic, dependent PDs**
  - Likely reflect **real gender differences**

- Caution with social stereotypes, typical gender roles/behaviors

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General Personality Disorder – Differential Diagnosis

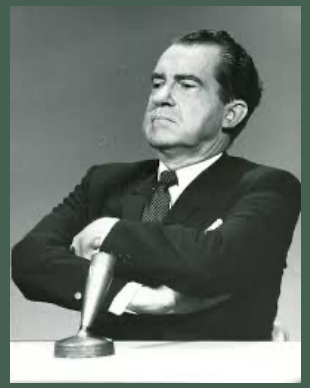
- Other mental disorder, personality traits
  - Episodic symptoms, “spectrum” relationship
  - Personality traits vs disorder → threshold = inflexible, maladaptive, persist

- Psychotic disorders
  - If pre-existing personality disorder → specify “premorbid”

- Anxiety & depressive disorders
- Post-traumatic stress disorder

- Substance use disorders
- Personality change due to AMC

Paranoid Personality Disorder



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Paranoid PD – Diagnostic Criteria

- Pervasive **distrust + suspiciousness** of others, interprets motives as **malevolent** (4+/7):
  - **Suspects (insufficient** basis) of being exploited, harmed, deceived
  - **Preoccupied w/ unjustified doubts about loyalty/trustworthiness** of friends/associates
  - **Reluctance to confide** due to unwarranted fear that info will be used maliciously
  - **Reads hidden demeaning/threatening meanings,** from benign events
  - Persistently **bears grudges**
  - **Perceives attacks on character → quick to react/counterattack**
  - **Recurrent suspicions about fidelity** of partner without justification

- Not exclusively during psychosis or due to AMC
  - If criteria met before schizophrenia → "premorbid"

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Paranoid PD – Diagnostic Features

- A1) **Suspects** others will exploit, harm or deceive them
  - Often feel deeply + irreversibly injured **(despite no evidence)**

- A2) Unjustified doubts about **loyalty/trustworthiness**
  - Of friends/associates → minutely scrutinize for **hostile intentions**
  - Any perceived deviations → supports assumptions
  - Difficulty believing displayed loyalty

- A3) Reluctance to **confide** or become close to others
  - Fear shared information will be **used against them**
  - Refuse to answer personal questions

- A4) Read **hidden meanings** from benign remarks/events
  - Interpret honest mistakes/humor as **deliberate attacks**
  - Misinterpret compliments/offers of help as **criticism**

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Paranoid PD – Diagnostic Features

- A5) Bear **grudges** persistently
  - **Unwilling to forgive** perceived insults, injuries, slights
  - Minor slights → **arouse major hostility** → persist for long time

- A6) Often feel character/reputation is being **attacked**
  - Constantly vigilant to harmful intention
  - Quick to **counterattack + react with anger**

- A7) Often suspect partner is **unfaithful**, without evidence
  - **Pathologically jealous** → want complete control of intimate relationship
  - Gather trivial + circumstantial "evidence" to support beliefs
  - Constantly **question + challenge partner**

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Paranoid PD – Associated Features

- Difficult to get along with + problems with close relationships
  - Overt **argumentativeness**, recurrent complaining, quiet **hostile aloofness**
  - Guarded, secretive, devious manner → **cold, lacking tender feelings**
  - May appear objective, **rational**, unemotional → labile range of affect
    - Hostile, stubborn, **sarcastic expressions**
  - May elicit hostile response in others → confirms expectations

- Lack of trust → excessive need to be **self-sufficient**, autonomous
  - Need high degree of **control** over those around them
  - Rigid, critical, **unable to collaborate**
  - Difficulty accepting criticism → **blame others** for own shortcomings

- Quickness to counterattack → **litigious**, frequent legal disputes

- Seek to confirm negative notions
  - Attributing malevolent motivations → **projections of own fears**

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Paranoid PD – Associated Features

- **Grandiose fantasies** of power/rank → unrealistic, thinly hidden
  - Develop **negative stereotypes of others** (esp if different group)
  - Simplistic formulations of the world → wary of ambiguous situations
  - May be perceived as **fanatic**, form **cults** with shared beliefs

- May experience **very brief psychotic episodes** (mins-hours)
  - May appear as *premorbid* antecedent to delusional disorder/schizophrenia

- Comorbidity
  - May develop **MDD**
  - At risk for agoraphobia, OCD
  - Frequently **co-occurring SUD**
  - Comorbid PDs → schizotypal, schizoid, anarchistic, avoidant, borderline

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Paranoid PD – Prevalence

- National Comorbidity Survey Replication = **2.3%**

- NESARC = **4.4%**

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Paranoid PD – Development & Course

- First apparent in C&A
  - Solitariness, poor peer relationships, social anxiety, hypersensitivity
  - **Underachievement in school**
  - Peculiar thoughts/language, idiosyncratic fantasies
  - May appear “odd” or “eccentric” → attract teasing

- More commonly diagnosed in **MALES**

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Paranoid PD – Risk & Prognostic Factors

- Genetic & Physiological
  - Incr prevalence in **relatives of** **probands with schizophrenia**
  - Familial relationship with **delusional disorder**, **persecutory type**

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Paranoid PD – Culture-Related Issues

- Sociocultural contexts, specific life circumstances
  - **Minority/ethnic groups, immigrants, political/economic refugees**
  - May display guarded or defensive behaviors → unfamiliarity
  - Response to perceive neglect/indifference from society
  - Cycle of **mutual mistrust** → may be erroneously labeled as paranoid

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Paranoid PD – Differential Diagnosis

- Other mental disorders with psychotic symptoms
  - Period of persistent psychotic symptoms
  - May have “premorbid” paranoid personality disorder

- Personality change due to AMC
- Substance use disorders

- Paranoid traits associated with **physical handicaps** **(deaf/blind)**

- Other personality disorders and personality traits
  - Paranoid traits may be adaptive (threatening environments)

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Paranoid PD – Differential Diagnosis

	Different vs PPD	Similarities to PPD	Unique to PPD
Schizotypal	• Magical thinking • Unusual perceptual experiences • Odd thinking/speech	• Suspiciousness • Interpersonal aloofness • Paranoid ideation	
Schizoid	• NO prominent paranoid ideation	• Strange, eccentric • Cold, aloof	• **Prominent paranoid ideation**
Borderline & Histrionic	• No pervasive suspiciousness	• Angry reactions to minor stimuli	
Avoidant	• Fear of being embarrassed, found inadequate	• Reluctant to confide in others	• Fear of **other's malicious intent**
Antisocial	• Desire for personal gain, exploit others	• May have some antisocial behavior	• **Desire for revenge**
Narcissistic	• Fears of imperfections or flaws revealed	• Suspiciousness • Social withdrawal • Alienation	

Schizoid Personality Disorder

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Schizoid PD – Diagnostic Criteria

- **Detachment** from social relationships, **restricted emotional** range in interpersonal settings, (4+/7):
  - **NO desire/enjoyment** of close relationships (incl being part of family)
  - **Chooses solitary activities**
  - Little interest in **sexual experiences** with others
  - **Pleasure in few activities**
  - **Lacks close friends** (other than first-degree relatives)
  - **Indifferent to praise or criticism**
  - **Emotional coldness**, detachment, flat affect

- Not exclusively during psychosis or autism, not due to AMC
  - If criteria met before schizophrenia → "premorbid"

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Schizoid PD – Diagnostic Features

- A1) Lack of **desire for intimacy**
  - Indifferent to opportunities to develop close relationships
  - Do not seem to derive satisfaction from being part of family or social group
- A2) Almost always chooses **solitary activities**
  - Appear socially isolated, “loners” → prefer time alone
- A3) Little interest in **sexual experiences** with another person
  - Prefer mechanical, abstract tasks
- A4) Takes pleasure in **few activities**
  - Decr pleasure from sensory, bodily, interpersonal experiences

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Schizoid PD – Diagnostic Features

- A5) No **close friends** or confidants (outside 1° relatives)

- A6) **Indifferent** to approval or criticisms
  - Not bothered by what others think of them

- A7) Minimal emotional reactivity, **cold affect**
  - Rarely reciprocate expressions/gestures
  - Rarely experience strong emotions
  - May be oblivious to normal subtleties of social interaction
  - May not respond appropriately to social cues
  - May appear socially inept, superficial, self-absorbed, aloof

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Schizoid PD – Associated Features

- May have **difficulty expressing anger**
  - Even to direct provocation → impression of lacking emotion
- Lives may seem **directionless, drifting**
  - Often react passively to adverse circumstances
  - Difficulty responding appropriately to important life events
- Lack of social skills, desire for sexual experiences
  - Few friendships, date infrequently, often do not marry
  - May have occupational impairment, if interpersonal involvement needed
  - May be okay if working in social isolation
- May experience **very brief psychotic episodes** (mins-hours)
  - May appear as premorbid antecedent to delusional disorder/schizophrenia
- Comorbidity
  - May develop **MDD**
  - Comorbid PDs → **schizotypal, paranoid, avoidant**

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Schizoid PD – Prevalence

- Uncommon in clinical settings
- NCSR = **4.9%**
- NESARC = **3.1%**

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Schizoid PD – Development & Course

- May be first apparent in C&A
  - Solitariness, poor peer relationships
  - **Underachievement in school**
  - Subject to teasing

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Schizoid PD – Risk & Prognostic Factors

- Genetic & Physiological
  - May have incr prevalence in relatives of schizophrenia or schizotypal PD

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Schizoid PD – Culture-Related Issues

- Defensive behaviors, interpersonal styles
  - May be erroneously labeled as “schizoid”
  - Moving from **rural to metropolitan** → “emotional freezing”
    - Solitary activities and constricted affect
  - Immigrants from other countries
    - Cold, indifferent

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Schizoid PD – Gender-Related Issues

- Diagnosed more in **MALES**
  - May also have more impairment

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Schizoid PD – Differential Diagnosis

- Other mental disorder with psychotic symptoms
  - Period of persistent psychotic symptoms
  - For comorbid schizoid PD → present before, persist after remission
  - May have “premorbid” schizoid personality disorder

- Autism spectrum disorder
  - More severely impaired social interactions, stereotyped behavior/interests

- Personality change due to AMC
- Substance use disorders

- Other personality disorders and personality traits

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Schizoid PD – Differential Diagnosis

	Different vs SzdPD	Similarities to SzdPD	Unique to SzdPD
Schizotypal	• Cognitive + perceptual distortions	• Social isolation • Restricted affect	• Lack of cognitive + perceptual distortions
Paranoid	• Suspiciousness • Paranoid ideation	• Social isolation • Restricted affect	• Lack of suspiciousness • Lack of paranoid ideation
Avoidant	• Fear of being embarrassed or found inadequate • Excessive anticipation of rejection	• Social isolation	• More pervasive detachment • Limited desire for social intimacy
Obsessive-compulsive	• Stems from devotion to work, discomfort with emotions • Underlying capacity for intimacy	• Social detachment	

Schizotypal Personality Disorder

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Schizotypal PD – Diagnostic Criteria

- Acute discomfort + reduced capacity with close relationships, cognitive/perceptual distortions, eccentricities of behavior (5+/9):
  - **Ideas of reference** (not delusions)
  - **Magical thinking, odd beliefs**
  - **Unusual perceptual experiences**, bodily illusions
  - **Odd speech, thinking**
  - **Suspiciousness, paranoid ideation**
  - **Inappropriate/constricted affect**
  - **Odd appearance/behavior**
  - **Lack of close friends/confidants**
  - **Excessive social anxiety** assoc with paranoid fears

- Not exclusively during psychosis or autism
  - If criteria met before schizophrenia → "premorbid"

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Schizotypal PD – Diagnostic Features

- A1) **Ideas of reference**
  - **Incorrect interpretations** of casual incidents, external events
  - Having particular + unusual meaning, specifically for the person
  - (NOT held with delusional conviction)
- A2) Odd beliefs, **magical thinking**
  - Superstitious, preoccupied with **paranormal phenomena**
    - NOT culturally normative
  - Special powers to sense events, read thoughts
  - Magic control over others (indirect/direct)
- A3) **Perceptual alterations**
  - Sensing others present, hearing voice murmuring name
- A4) **Odd speech**, idiosyncratic phrasing/construction
  - Loose, digressive, vague → NO actual derailment/incoherence
  - Responses may be **overly concrete or abstract**

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Schizotypal PD – Diagnostic Features

- A5) Suspicious, **paranoid ideation**
- A6) **Constricted range of affect**
  - Requires interpersonal cuing
  - Interactions appear inappropriate, stiff, constricted
- A7) **Odd appearance**, unusual mannerisms
  - Inattention to usual social convention, unkempt dress
- A8) **Few close friends** (other than family)
  - Interpersonal relatedness problematic, uncomfortable relating
  - May express unhappiness about lack of relationships
  - Behavior may suggest decr desire for intimate contacts
- A9) **Anxious in social situations**, esp unfamiliar people
  - Feel different, do not "fit in" → prefer to keep to themselves
  - Social anxiety does not easily abate → may become more tense
  - Assoc with suspiciousness about others' motivations

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Schizotypal PD – Associated Features

- Often seek treatment for associated anxiety/depression
  - Rather than schizotypal personality features
  - **>50% have at least one MDE**
  - 30-50% have concurrent MDD when admitted

- May experience **transient psychotic episodes** (mins-hours)
  - May develop + meet criteria for **psychotic disorder**

- Considerable co-occurrence with other PDs
  - Schizoid, paranoid
  - Borderline
  - Avoidant

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Schizotypal PD – Prevalence

- Community US = **4.6%**
  - Community Norway = 0.6%
- General population (NESARC) = **4%**

- Clinical populations = **0 – 2%**

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Schizotypal PD – Risk & Prognostic Factors

- Genetic & Physiological
  - Familial aggregation
  - More prevalent among **first-degree relatives of schizophrenia**
  - Relatives of schizotypal PD → may be increased risk for schizophrenia, psychotic d/o

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Schizotypal PD – Culture-Related Issues

- Must be evaluated in cultural context
  - Cognitive + perceptual distortions
  - Religious beliefs/rituals

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Schizotypal PD – Gender-Related Issues

- Slightly more common in **MALES**

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Schizotypal PD – Differential Diagnosis

- Other mental disorders with psychotic symptoms
  - Period of persistent psychotic symptoms
  - For comorbid schizotypal PD → present before, persist after remission
  - May have “premorbid” schizotypal personality disorder

- Neurodevelopmental disorders
  - Solitary, odd children with possible mild autism or communication disorders
    - Social isolation, eccentricity, peculiar language
    - Specialized language assessment
    - Greater lack of social awareness, emotional reciprocity, stereotypies

- Personality change due to AMC
- Substance use disorders

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Schizotypal PD – Differential Diagnosis

	Different vs SztPD	Similarities to SztPD	Unique to SztPD
Schizoid Paranoid	• Lack of cognitive + perceptual distortions	• Social detachment • Restricted affect	• **Cognitive + perceptual distortions**
Avoidant	• Active desire for relationship • Fear of rejection	• Limited close relationships	• **Lack of desire** for relationships • **Persistent detachment**
Narcissistic	• Fear of imperfections or flaws revealed	• Suspiciousness • Social withdrawal • Alienation	
Borderline	• More related to affective shifts in response to stress • More dissociative • Interpersonal failures due to outbursts + mood shifts	• Transient, psychotic-like symptoms • Social isolation	• More **enduring** • May worsen under **stress** • **Less likely** to be assoc with affective sx • Lack of social contacts • Lack of desire for intimacy • **No impulsive or manipulative** behaviors

Antisocial Personality Disorder

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Antisocial PD – Diagnostic Criteria

- Disregard + violation of rights of others, since age 15 (3+/7):
  - **Failure to conform to social norms + laws**, repeated acts
  - **Deceitfulness**, lying, aliases, conning others
  - **Impulsivity**, failure to plan ahead
  - **Irritability, aggressiveness** → physical fights/assaults
  - **Disregard for safety** (self/others)
  - **Consistent irresponsibility** (work, finances)
  - **Lack of remorse**

- At least **age 18**
- Evidence of **conduct disorder before age 15**
- Not exclusively during schizophrenia or bipolar disorder

DSM5

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Antisocial PD – Diagnostic Features

- AKA *psychopathy, sociopathy, dissocial personality disorder*
  - **Deceit + manipulation** = central features → collateral info

- C) Conduct disorder before age 15
  - Violation of basic rights of others, major age-appropriate norms/rules
    - **Aggression** to people/animals, **destruction** of property
    - **Deceitfulness**/theft, **serious violation** of rules
  - Continues into adulthood (min age 18)

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Antisocial PD – Diagnostic Features

- A1) Failure to conform to **social norms**, lawful behavior
  - Repeated acts that are grounds for arrest
  - Destroying property, harassing others, stealing, illegal occupations

- A2) **Deceitful, manipulative** → gain personal profit/pleasure
  - Disregard wishes, rights, feelings of others
  - Repeatedly lie, use aliases, con others, malinger

- A3) **Impulsivity,** failure to plan ahead
  - Decisions made spur of the moment, without forethought
  - No consideration for consequences to self/others
  - Sudden change of jobs, residences, relationships

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Antisocial PD – Diagnostic Features

- A4) Irritable + **aggressive,** repeated physical fights/assault

- A5) **Reckless disregard for safety** of self/others
  - Driving, sexual, substance use, child neglect

- A6) **Extremely irresponsible**
  - Sig periods of unemployment (despite job opportunities, abandon jobs)
  - Repeated absences from work (not justified)
  - Financial irresponsibility (defaulting on debts, child support, dependents)

- A7) **Little remorse** for consequences of their acts
  - May be indifferent, superficial rationalization, minimize consequences
  - May blame victims, may fail to compensate or make amends
  - Everyone out to help themselves

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Antisocial PD – Associated Features

- Frequently **lack empathy**
  - **Callous**, cynical, contemptuous
  - Inflated + arrogant self-appraisal, glib, superficial charm
  - Excessively opinionated, self-assured, cocky
  - Can be voluble, verbally facile (technical terms, jargon)

- **Psychopathy**
  - Lack of empathy, inflated self-appraisal, **superficial charm**
  - More predictive of **recidivism** in prison/forensic settings

- Sexual relationships → irresponsible, exploitative
  - Many partners, no sustained monogamous relationship

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Antisocial PD – Associated Features

- Irresponsible as parents
  - Malnutrition of child, minimal hygiene
  - Child's dependence of neighbors/non-resident relatives for food/shelter
  - Failure to arrange for caretakers for young child
  - Repeated squandering of money required for household

- Social function
  - Dishonorable discharges from armed services
  - Fail to be self-supporting → may become impoverished, homeless
  - **Penal institutions**

- More likely to die prematurely by **violent means**
  - **Suicides, accidents, homicides**

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Antisocial PD – Associated Features

- Comorbidity
  - May have dysphoria, tension, inability to tolerate boredom
  - Anxiety, depressive, SUD, somatic symptom, gambling, impulse disorders
  - Meet other PD criteria → **borderline, histrionic, narcissistic**

- Features INCREASING likelihood of developing antisocial PD
  - **Childhood onset conduct disorder (age <10) + ADHD**
  - Child abuse/neglect, unstable/erratic parenting, inconsistent discipline
    - May incr likelihood conduct disorder will evolve into antisocial PD

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Antisocial PD – Prevalence

- 12-month prevalence = **0.2 – 3.3%**
  - Highest prevalence (>70%) among AUD, SUD, prison, forensics
  - Higher if **adverse socioeconomic or sociocultural factors**

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Antisocial PD – Development & Course

- Chronic course
  - As individuals age → becomes **LESS evident + remit** (esp in 40s)
    - Less criminal behavior
    - Decrease in antisocial behavior + substance use
  - Cannot be diagnosed before age 18

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Antisocial PD – Risk & Prognostic Factors

- Genetic & Physiological
  - More common among **first-degree biological relatives**
    - Higher risk to biological relatives of **females with antisocial PD**
    - Higher risk of somatic symptom disorder, SUD in relatives
    - Male family members → incr risk of **antisocial PD, SUD**
    - Female family members → incr risk of **somatic symptom disorder**

  - Adoption studies → both genetic + environmental factors
    - **Both** adopted + biological children of parents with antisocial PD have an increased risk of antisocial PD, somatic symptom disorder, SUD
    - **Adopted-away children resemble biological parents more**

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Antisocial PD – Culture-Related Issues

- Associated with
  - **Lower SES**
  - **Urban settings**
  - Dx may be misapplied in setting where antisocial traits = protective survival strategy

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Antisocial PD – Gender-Related Issues

- Much more common in **MALES**
  - May be underdiagnosed in females (due to emphasis on aggression)

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Antisocial PD – Differential Diagnosis

- Conduct disorder (after age 18)
- Substance use disorders → can dx both
- Schizophrenia + bipolar disorders
- Other personality disorders
- Criminal behavior not assoc with personality disorder

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Antisocial PD – Differential Diagnosis

	Different vs AsPD	Similarities to AsPD	Unique to AsPD
Narcissistic	• Need admiration • Envy others • No hx conduct disorder • No criminal behavior	• Tough-minded, glib • Superficial • Exploitative • Lack empathy	• Impulsivity • **Aggression** • **Deceit**
Histrionic	• More exaggerate in emotions • No antisocial behaviors • Manipulative to gain nurturance	• Impulsivity, reckless • Superficial, seductive • Manipulative • Excitement seeking	• **Manipulative to gain** profit, power, material gratification
Borderline	• Manipulative to gain nurturance • More emotionally unstable	• Manipulative	• **Manipulative to gain** profit, power, material gratification • **More aggressive**
Paranoid	• Not motivated by desire for personal gain or exploit others • Desire for revenge	• Antisocial behavior	

Borderline Personality Disorder

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Borderline PD – Diagnostic Criteria

- Instability of **interpersonal relationships, self-image, affects, marked impulsivity** (5+/9):
  - Frantic efforts to **avoid abandonment** (real/imagined)
  - **Unstable + intense interpersonal relationships** (idealize, devalue)
  - **Identity disturbance**
  - **Impulsivity, 2 areas, potentially self-damaging**
  - **Recurrent suicidality or self-harm**
  - **Affective instability** (due to marked mood reactivity)
  - **Chronic emptiness**
  - **Inappropriate anger** or difficulty controlling
  - Transient, stress-related **paranoid ideation** or **severe dissociative sx**

DSM5

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Borderline PD – Diagnostic Features

- A1) Frantic efforts to avoid real or imagined **abandonment**
  - Perception of impending **separation/rejection,** loss of **external structure**
  - May lead to profound changes in self-image, affect, cognition, behavior
  - Very sensitive to **environmental circumstances**
  - Intense **abandonment fears** + **inappropriate anger**
    - Even if time-limited separation or unavoidable changes
    - "Abandonment" implies they are **"bad"**
  - **Intolerance of being alone**, needing to have other people with them
  - Frantic efforts → may be **impulsive, suicidality, self-harm**

- A2) Unstable + intense **relationships**
  - May initially idealize caregivers/lover, demand time, share intimate details
  - May quickly switch to devaluing, other person doesn't care/give enough
  - Expect other person will be there (to **meet own needs on demand**)
  - **Sudden + dramatic shifts** in view of others → disillusionment

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Borderline PD – Diagnostic Features

- A3) **Unstable self-image** or sense of self
  - **Sudden + dramatic shifts** in self-image → goals, values, plans
    - Career, sexual identity, values, types of friends
  - Usually based on being bad or evil → may feel they **do not exist at all**
    - When lacking meaningful relationship, nurturing, support
  - Worse performance in **unstructured** work, school situations

- A4) **Impulsivity, in 2 areas**, potential self-damaging
  - Gamble, spend irresponsibly, binge eat, abuse substances, unsafe sex, driving

- A5) Recurrent **suicidal behavior**, gestures, threats, self-mutilation
  - **Completed suicides in 8-10%** of such individuals
  - Often reason presenting for help
  - **Precipitated by threats** of separation/rejection or incr responsibility
  - Self-harm may occur during dissociative experiences
    - Reaffirms ability to feel or ridding sense of being evil

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Borderline PD – Diagnostic Features

- A6) **Affective instability** due to marked mood reactivity
  - Intense episodic dysphoria, irritability, anxiety (hours-days)
  - Baseline dysphoria → disrupted by anger, panic, despair (rarely relieved)
  - May reflect extreme reactivity to interpersonal stresses
- A7) Chronic feelings of **emptiness**
  - May constantly seek something to do
- A8) Inappropriate + intense **anger**, difficulty controlling anger
  - Extreme sarcasm, bitterness, verbal outbursts
  - Often when caregiver is neglectful, withholding, uncaring, abandoning
  - Often followed by shame + guilt → contribute to feeling of being evil
- A9) Transient, stress-related **paranoid ideation** + dissociation
  - Generally insufficient for additional diagnosis
  - Return of caregiver's nurturance may result in remission of sx

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Borderline PD – Associated Features

- Pattern of **undermining themselves**
  - When goal about to be realized (dropping out, regressing, breaking up)
- **Stress-related psychotic symptoms**
  - Hallucinations, body-image distortions, ideas of reference, hypnagogic
- May feel more secure with **transitional objects**
  - Pets, inanimate possessions (vs interpersonal relationship)
- Recurrent job loss, interrupted education, separation, divorce

DSM5

SimplePsych

Borderline PD – Associated Features

- **Premature death from suicide**
  - Esp if co-occurring **depressive disorder or SUDs**
  - Physical handicaps may result from self-harm, suicide attempts

- Common childhood histories
  - **Physical/sexual abuse, neglect, hostile conflict, early parental loss**

- Common comorbidities
  - Mood disorders, PTSD, ADHD
  - Eating disorders (bulimia)
  - SUDs
  - Personality disorders

SimplePsych

Borderline PD – Prevalence

- Median population prevalence = **1.6 – 6%**

- Primary care setting = **6%**
- Outpatient mental health = **10%**
- Psychiatric inpatients = **20%**

- Prevalence may decrease in older age groups

SimplePsych

Borderline PD – Development & Course

- Considerable variability
  - Most common → **chronic instability in early adulthood**
    - Episodes of serious affective + impulsive dysregulation
    - High levels of health + mental health resource utilization
  - Impairment + risk of suicide → greatest in **young-adult years**, then wane

- Often lifelong → can **improve with therapeutic intervention**
  - During age 30-40s → greater stability (relationships, vocation)
  - After 10 years → **50% NO longer meet full criteria**

SimplePsych

Borderline PD – Risk & Prognostic Factors

- Genetic & Physiological
  - **5x more common** among **first-degree biological relatives**
  - Incr familial risk of **mood disorder, SUDs, antisocial PD**

SimplePsych

Borderline PD – Culture-Related Issues

- Identified in many settings around the world

- Adolescents/young adults → may **transiently** display behaviors
  - Not actually borderline PD
  - Emotional instability, “existential” dilemmas, uncertainty
  - Anxiety-provoking choices, conflicts about sexual orientation
  - Social pressures to decide on careers

SimplePsych

Borderline PD – Gender-Related Issues

- Predominantly **FEMALES (75%)**

SimplePsych

Borderline PD – Differential Diagnosis

- Depressive + bipolar disorders → can dx both

- Personality change due to AMC
- Substance use disorders

- Other personality disorders

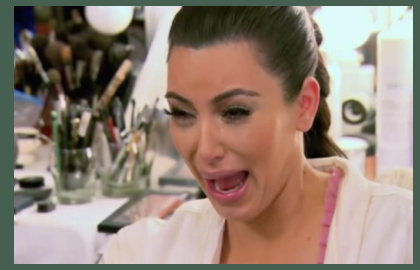
- Identity problems
  - Distinguish from identity concerns related to development phase (adol)

SimplePsych

Borderline PD – Differential Diagnosis

	Different vs BPD	Similarities to BPD	Unique to BPD
Histrionic		• Attention seeking • Manipulative behavior • Rapidly shifting emotions	• **Self-destructiveness** • **Angry disruptions** in close relationships • Chronic feelings of deep **emptiness, loneliness**
Schizotypal		• Paranoid ideas or illusions	• More **transient** paranoia • More interpersonally reactive • Responsive to external structuring
Paranoid & Narcissistic	• Relative stability of self-image	• Angry reaction to minor stimuli	• Self-destructiveness • **Impulsivity** • **Abandonment** concerns
Antisocial	• To gain profit, power, material gratification	• Manipulative behavior	• To gain **concern of caretakers**
Dependent	• Reacts with increasing appeasement, submissiveness • Urgently seeks replacement	• Fear of abandonment	• Reacts with feelings of **emptiness, rage, demands**

Histrionic Personality Disorder



SimplePsych

Histrionic PD – Diagnostic Criteria

- Excessive emotionality + attention seeking (5+/8):
  - **Uncomfortable if not center of attention**
  - **Inappropriate sexually seductive/provocative behavior**
  - **Rapidly shift emotions, shallow expression**
  - **Uses physical appearance**, to draw attention consistently
  - **Impressionistic speech**, lacking in detail
  - **Dramatic,** theatrical, exaggerate expression of emotion
  - **Suggestible**
  - Considers **relationships more intimate** than they actually are

SimplePsych

Histrionic PD – Diagnostic Features (1)

- A1) If not **center of attention** → uncomfortable, unappreciated
  - Often lively + dramatic → tend to draw attention to self
  - May initially charm → enthusiasm, openness, **flirtatiousness**
  - Qualities wear thin due to continual demands for attention
  - If not center → **may do something dramatic** to draw focus

- A2) Inappropriate **sexually seductive**/provocative behavior
  - Occurs in wide variety of social, occupational, professional relationships
  - Not only directed toward sexual/romantic interest

- A3) **Rapidly shifting**, shallow emotional expression

SimplePsych

Histrionic PD – Diagnostic Features (2)

- A4) Uses **physical appearance** to draw attention
  - Overly concerned with impressing others by appearance
  - **Excessive time**, energy, money on clothes/grooming
  - "Fish for compliments" about appearance → easily upset

- A5) **Impressionistic speech**, lacking detail
  - Strong opinions with dramatic flair → **vague reasons, no facts**
    - (describes someone as wonderful, but no examples)

- A6) Self-**dramatization**, theatricality, exaggerated emotions
  - Excessive **public display** of emotions (affection, sobbing, tantrums)
  - Emotions seem on/off too quickly

SimplePsych

Histrionic PD – Diagnostic Features (3)

- A7) High degree of **suggestibility**
  - Easily influenced by others, fads → play hunches, adopt convictions quick
  - Overly trusting (esp authority figures)

- A8) Considers **relationships more intimate** than actually
  - Referring to physicians by first name

SimplePsych

Histrionic PD – Associated Features

- Difficulty achieving **emotional intimacy** (romantic, sexual)
  - Often act out a role (victim, princess) → but unaware
  - May seek to control partner
    - Emotional manipulation, seduction, dependency
  - Impaired relationship with **same-sex friends** (sexually provocative)
  - May alienate friends (demanding attention)
  - Often become depression, upset when not center of attention

- Crave novelty, stimulation, excitement
  - Tendency to become bored → want **immediate satisfaction**
  - Often intolerant of situations involving **delayed gratification**
  - Initial enthusiasm with jobs/projects → **interest may lag quickly**
  - May neglect long-term relationships → **excitement of new relationships**

SimplePsych

Histrionic PD – Associated Features

- Suicide risk = **unknown**
  - Clinical experience → incr risk of suicidal gestures
    - Threats to get attention, coerce better caregiving

- Comorbidities
  - Higher rates of **SSD, conversion disorder, MDD**
  - Borderline, narcissistic, antisocial, dependent

DSM5

SimplePsych

Histrionic PD – Prevalence

- NESARC = **1.8%**

SimplePsych

Histrionic PD – Culture-Related Issues

- Norms for interpersonal behavior, appearance, expressiveness
  - Vary across cultures, gender, age groups
  - Evaluate whether they cause sig distress or impairments

SimplePsych

Histrionic PD – Gender-Related Issues

- More frequently diagnosed in **FEMALES**
  - Similar to clinical setting sex ratio
  - Some studies suggest similar gender prevalence rates

SimplePsych

Histrionic PD – Differential Diagnosis

- Personality change due to AMC
- Substance use disorder
- Other personality disorders and personality traits

SimplePsych

Histrionic PD – Differential Diagnosis

	Different vs HPD	Similarities to HPD	Unique to HPD
Borderline	• Self-destructiveness • Angry disruptions • Chronic emptiness • Identity disturbance	• Attention seeking • Manipulative • Rapidly shifting emotions	
Antisocial	• Manipulative to gain profit, power, material gratification	• Impulsivity, reckless • Superficial, seductive • Manipulative • Excitement seeking	• More **exaggerated emotions** • No antisocial behaviors • Manipulate to **gain nurturance**
Narcissistic	• Want praise for their "superiority" • Emphasize VIP status or wealth of friends	• Crave attention • May exaggerate relationships with	• Willing to be viewed as fragile or dependent if **gets attention**
Dependent	• Not flamboyant or exaggerated emotions	• Dependent on others for praise + guidance	

Narcissistic Personality Disorder

SimplePsych

Narcissistic PD – Diagnostic Criteria

- Grandiosity, need for admiration, lack of empathy (5+/9):
  - **Grandiose sense of self-importance**
  - **Fantasies of unlimited success**, power, brilliance, beauty, ideal love
  - Believes self as **"special" + unique**, should only assoc with **high-status**
  - **Needs excessive admiration**
  - **Sense of entitlement**
  - **Interpersonally exploitative**
  - **Lacks empathy**
  - **Often jealous/envious of others,** believes others envious of him/her
  - **Arrogant, haughty behaviors or attitudes**

SimplePsych

Narcissistic PD – Diagnostic Features (1)

- A1) **Grandiose** sense of self-importance
  - Overestimate abilities, inflate accomplishments, boastful, pretentious
  - Assume others attribute same value, surprised if not praised

- A2) **Fantasies** of unlimited success, power, brilliance, beauty
  - May ruminate about “long overdue” admiration, privilege
  - Compare themselves favorably to famous/privileged people

- A3) Believe they are superior, special, **unique**
  - Expect others to recognise them as such
  - Can only be understood or assoc with **other special/high-status people**
  - May attribute “unique”, “perfect”, “gifted” qualities to those associated
  - Believe their needs are special, **beyond ordinary people**
  - **Self-esteem enhanced** by idealized value they assign to those associated
  - Insist on having only the “top” person, or being affiliated with the “best”
  - Devalue those who disappoint them

SimplePsych

Narcissistic PD – Diagnostic Features (2)

- A4) Require excessive **admiration**
  - **Self-esteem very fragile** → may fish for complements, with great charm
  - May be preoccupied with their success → need constant admiration

- A5) **Sense of entitlement**
  - Unreasonable expectation of especially favorable treatment
  - Expect to be catered to → frustrated if not

- A6) **Interpersonal exploitation** (conscious or unwitting)
  - Due to sense of entitlement + lack of empathy
  - Expect to be given whatever they want, no matter effect on others
  - Only form relationships if other person seems likely to help them
    - Advance their purposes, enhance their self-esteem
  - Often usurp special privileges, extra resources

SimplePsych

Narcissistic PD – Diagnostic Features (3)

- A7) **Lack of empathy**
  - Assume others totally concerned about their welfare
  - Discuss own concerns in inappropriate + lengthy detail
  - Often contemptuous + impatient when others talk about themselves
  - May be oblivious to hurtful remarks they may inflict
  - When recognized → others' needs viewed disparagingly as weakness
  - Emotional coldness, lack of reciprocal interest

- A8) Often **envious of others**, believe others envious of them
  - Begrudge others' success → feel they deserve instead
  - Harshly devalue contributions of others

- A9) **Arrogant/haughty behaviors**, patronizing attitudes
  - Complain about others' "rudeness" or "stupidity"
  - Condescending evaluation of physicians

SimplePsych

Narcissistic PD – Associated Features (1)

- Vulnerability in self-esteem
  - **Very sensitive to injury** (from criticism or defeat)
  - May not show outwardly → feel humiliated, degraded, hollow, empty
  - React with disdain, rage, defiant counterattack
  - May lead to social withdrawal
  - Appearance of humility to mask/protect grandiosity

- Impaired interpersonal relations
  - Problems from entitlement, need for admiration, lack of empathy

- May have impaired vocational functioning
  - Unwillingness to take risk (where defeat possible)
  - Achievement may be disrupted due to **intolerance of criticism/defeat**

SimplePsych

Narcissistic PD – Associated Features (2)

- Psychiatric illness
  - Sustained feelings of shame/humiliation → **depressed mood**
  - Sustained grandiosity → **hypomania**
  - **Anorexia nervosa, SUDs**
  - **Histrionic, borderline, antisocial, paranoid**

SimplePsych

Narcissistic PD – Prevalence

- Community prevalence = **0 – 6%**

SimplePsych

Narcissistic PD – Development & Course

- Narcissistic TRAITS common in adolescents
  - Does NOT mean will go on to have narcissistic PD
- May have difficulties adjusting to aging process
  - Physical + occupational limitations

SimplePsych

Narcissistic PD – Gender-Related Issues

- Slightly more common in **MALES (50-75%)**

SimplePsych

Narcissistic PD – Differential Diagnosis

- Mania or hypomania
- Substance use disorders
- Other personality disorder and personality traits

SimplePsych

Narcissistic PD – Differential Diagnosis

	Different vs NPD	Similarities to NPD	Unique to NPD
Borderline	• Self-destructiveness • Impulsivity • Fear of abandonment	• Need for attention	• Need for **admiration**
Histrionic	• More emotional display	• Need for attention	• Excessive **pride** • **Disdain for others' sensitivities** • Need for admiration
Antisocial	• Impulsivity • Aggression • Deceit • Hx of conduct disorder	• Tough-minded, glib • Superficial • Unempathic • Exploitative	• Need for admiration • **Envy of others**
Obsessive-Compulsive	• Self-criticism	• Commitment to perfectionism • Believe others cannot do things well	• More likely to believe they have **achieved perfectionism**
Schizoid & Paranoid	• Suspiciousness	• Social withdrawal	• **Fears of imperfections or flaws revealed**

Avoidant Personality Disorder

SimplePsych

Avoidant PD – Diagnostic Criteria

- Social inhibition, feeling of inadequacy, hypersensitivity to negative evaluation (4+/7):
  - **Avoids occupational activities with sig interpersonal contact**
  - Unwilling to get involved with people (**needs certainty** of being liked)
  - **Restraint in intimate relationships** (fear of being shamed/ridiculed)
  - Preoccupied with **being criticized/rejected in social situations**
  - **Inhibited in new interpersonal situations** (due to feeling inadequate)
  - Views self as **socially inept, personally unappealing, inferior**
  - Unusually **reluctant to take personal/new risks** (embarrassment fear)

SimplePsych

Avoidant PD – Diagnostic Features (1)

- A1) **Avoids** work activities with sig interpersonal contact
  - Fears of criticism, disapproval, rejection
  - May decline job promotions due to new responsibilities/risk of criticism

- A2) Avoids making new friends, **need certainty** of being liked
  - Stringent tests → others assumed to be critical + disapproving
  - Will not join group activities, unless sig support + nurturance

- A3) Difficulty with **interpersonal intimacy**
  - Only established if assurance of **uncritical acceptance**
  - Restraint, difficulty talking about self, withhold intimate feelings
  - Fears of being exposed, ridiculed, shamed

SimplePsych

Avoidant PD – Diagnostic Features (2)

- A4) Preoccupied with being **criticized/rejected** in social situations
  - May feel extremely hurt → even if just **slightly disapproving/critical**
  - Tend to be **shy, quiet, inhibited, invisible**
    - Fear attention would be degrading/rejecting
    - Expect anything they say will be seen as "wrong" → won't say anything
  - Strongly react to subtle cues suggestive of mockery/derision
  - **Long to be active participants** in social life, but place welfare in others

- A5) Inhibited in **new interpersonal situations**
  - Feel inadequate, low self-esteem (social competence, personal appeal)

- A6) Believe self as socially **inept,** unappealing, inferior

- A7) **Reluctant to take personal risks**, new activities
  - Fear of embarrassment, exaggerate potential dangers/marginal somatic sx
  - Restricted lifestyle from need for certainty/security

SimplePsych

Avoidant PD – Associated Features

- **Vigilantly appraise** movements/expressions of others
  - Fearful/tense demeanor, anxious will react with **blushing/crying**
    - May elicit ridicule from others → confirms self-doubt

- Social + occupational impairment
  - Restricted interpersonal contacts → isolation
  - Small support network to deal with crises
  - **Desire affection/acceptance,** may fantasize about idealized relationships
  - Avoid social situations needed for basic job demands or advancement

- Comorbidity
  - Depressive, bipolar, anxiety disorders **(SOCIAL ANXIETY DISORDER)**
  - Personality disorders → often dx with **dependent, borderline, Cluster A**

SimplePsych

Avoidant PD – Prevalence

- NESARC = **2.4%**

SimplePsych

Avoidant PD – Development & Course

- Often starts in **infancy/childhood**
  - Shyness, isolation, fear of strangers + new situations
  - Distinguish from developmentally appropriate

- **Childhood shyness** → for most, gradually dissipates with age
  - **Common precursor** to avoidant PD
  - Increasingly shy + avoidance during adolescence/early adulthood

- With age (in adults) → tends become **less evidence or remit**

SimplePsych

Avoidant PD – Culture-Related Issues

- Variations in how avoidance is regarded

- Avoidant behavior may result from **acculturation** after immigration

SimplePsych

Avoidant PD – Gender-Related Issues

- **EQUALLY** frequent in males = females

SimplePsych

Avoidant PD – Differential Diagnosis

- Anxiety disorders
  - Social anxiety disorder → may be alternative conceptualization
  - Often co-occurs with agoraphobia
- Personality change due to AMC
- Substance use disorders
- Other personality disorders and personality traits

SimplePsych

Avoidant PD – Differential Diagnosis

	Different vs AvPD	Similarities to AvPD	Unique to AvPD
Dependent	• Want to be taken care of	• Inadequacy • Hypersensitivity to criticism • Need for reassurance • Likely to co-occur	• **Avoid humiliation + rejection**
Schizoid Schizotypal	• Content/prefer social isolation	• Social isolation	• **Want to have relations** • **Feel lonely**
Paranoid	• Fear of malicious intent	• Reluctance to confide in others	• Fear of being **embarrassed or found inadequate**

Dependent Personality Disorder

SimplePsych

Dependent PD – Diagnostic Criteria

- Need to be taken care of, submissive/clinging behavior, fears of separation (5+/8):
  - Difficulty **making everyday decisions** (needs excessive advice)
  - **Need others to assume responsibility** (for most major areas of life)
  - Difficulty **expressing disagreement** (fear of loss of support/approval)
  - Difficulty **initiating projects, doing things on own** (low self-confidence)
  - Excessive lengths to **obtain nurturance from others** (even if unpleasant)
  - **Uncomfortable/helpless when alone** (fears unable to care for self)
  - **Urgently seeks another relationship** (if close relationship ends)
  - Unrealistically preoccupied with **fears of being left to take care of self**

SimplePsych

Dependent PD – Diagnostic Features

- Dependent/submissive behaviors → to elicit caregiving
  - Arise from self-perception of being unable to function without others

- A1) Difficulty **making everyday decisions**
  - Need **excessive advice/reassurance** from others

- A2) Allow others to take initiative/**responsibility** for major areas
  - Tend to be passive → depend on parent/spouse (where to live, type of job)
  - Adolescents → clothing, friends, free time, which school/college
  - **Beyond age/situation-appropriate** requests for assistance
    - May occur if serious medical condition/disability

- A3) Difficulty expressing **disagreement**
  - Esp with those whom dependent on → fear losing support/approval
  - Will agree with things they feel are wrong → do not get angry

SimplePsych

Dependent PD – Diagnostic Features

- A4) Difficulty initiating projects, doing things **independently**
  - Lack self-confidence → will wait for others to start
  - Believe need help, others can do it better
  - Present self as **inept**, requiring constant assistance
  - If assured, supervised, approval → likely to function adequately
  - Fear of becoming/appearing more competent → abandonment
    - Often do not learn skills of independence → perpetuating

- A5) Excessive lengths to obtain **nurturance** from others
  - Even volunteering for unpleasant tasks (to bring care they need)
  - Willing to submit to **unreasonable demands**
  - Extraordinary self-sacrifices, tolerate abuse (verbal/physical/sexual)
  - Often results in **imbalanced/distorted relationships**

SimplePsych

Dependent PD – Diagnostic Features

- A6) **Uncomfortable**/helpless when alone
  - Exaggerated fears of being unable to care for themselves
  - Will "tag along" → just to avoid being alone (even if not interested)

- A7) Urgently **seeks another relationship** when close one ends
  - Believe they are unable to function without close relationship
  - Quickly + indiscriminately attached to another individual

- A8) Preoccupied with **fears of being left to care for self**
  - See self as totally dependent on others
  - Fears of abandonment → no grounds to justify (excessive, unrealistic)

SimplePsych

Dependent PD – Associated Features

- **Pessimism**, self-doubt, belittle themselves
  - Take criticism/disapproval as proof of their worthlessness
  - Seek overprotection/dominance from others
  - **Limited social relations** → just those whom dependent on
- **Occupational impairment** if independent initiative required
  - Avoid positions of responsibility → anxiety when faced with decisions
- Comorbidity
  - May have incr risk of **depressive, anxiety, adjustment disorders**
  - Personality disorders → **borderline, histrionic, avoidant**
- **Chronic physical illness, separation anxiety disorder** in **C&A**
  - May predispose to development of dependent PD

SimplePsych

Dependent PD – Prevalence

- NESARC = **0.5%**
- NCSR = **0.6%**

SimplePsych

Dependent PD – Development & Course

- Dependent behavior may be **developmentally appropriate**
  - Caution diagnosing in C&A

SimplePsych

Dependent PD – Culture-Related Issues

- Appropriateness of dependent behaviors vary
  - Consider age + cultural factors
  - Must be in excess of cultural norms, or unrealistic
  - Some societies → passivity, politeness, deferential treatment
  - Some societies → foster vs discourage dependent behaviors

SimplePsych

Dependent PD – Gender-Related Issues

- More frequently diagnosed in **FEMALES**
  - Some studies report similar rates male = female

SimplePsych

Dependent PD – Differential Diagnosis

- Other mental disorders + medical conditions
  - Distinguish from dependency as consequence of AMD/AMC
- Personality change due to AMC
- Substance use disorders
- Other personality disorders and personality traits

SimplePsych

Dependent PD – Differential Diagnosis

	Differences vs DepPD	Similarities to DepPD	Unique to DepPD
Borderline	• Reacts to abandonment with emotional emptiness, rage, demands • Unstable + intense relationships	• Fear of abandonment	• Reacts to abandonment with **incr appeasement, submissiveness** • Urgently **seeks a replacement**
Histrionic	• Gregarious flamboyance • Active demands for attention	• Need for reassurance, approval • May appear childlike, clingy	• **Self-effacing + docile behavior**
Avoidant	• Strong fear of humiliation + rejection • Withdraw until certain of acceptance	• Inadequacy • Hypersensitivity to criticism • Need for reassurance	• Pattern of **seeking + maintain connections to important others** (not avoiding)

Obsessive-Compulsive Personality Disorder

SimplePsych

Obsessive-Compulsive PD – Diagnostic Criteria

- Preoccupation with orderliness, perfectionism, mental and interpersonal control, at **expense** of flexibility, openness, efficiency (4+/8):
  - Preoccupied with **details, rules, lists, order, organization, schedules**
  - **Perfectionism** that interferes with task completion
  - Excessively **devoted to work/productivity**
  - **Overconscientious, scrupulous, inflexible** (morality, ethics, values)
  - **Unable to discard** (worn-out/worthless objects with no sentimental value)
  - **Reluctant to delegate/work with others** (unless exactly their way)
  - **Miserly spending** (towards self/others), **money for catastrophes**
  - **Rigidity, stubbornness**

SimplePsych

Obsessive-Compulsive PD – Diagnostic Features

- A1) Preoccupation with **organization**
  - Rules, details, order, lists, schedules
  - **Major point of activity is lost**, poorly allocated time
  - Excessively careful, prone to **repetition**, repeatedly checking for mistakes
  - **Oblivious** that others are annoyed at delays/inconveniences

- A2) **Perfectionism** interferes with task completion
  - **Time-consuming** attention to detail, missed deadlines
  - Other aspects of life may fall into disarray

SimplePsych

Obsessive-Compulsive PD – Diagnostic Features

- A3) Excessive devotion to **work/productivity**
  - Exclusion of leisure activities/friendships (not due to economic necessity)
  - Feel like they **do not have time** to relax/go out
  - May keep postponing a pleasurable activity → may never occur
  - Uncomfortable during leisure activities/vacation → **take work along**
  - Great concentration on **household chores** (repeated cleaning)
  - **Formally organized activities** when spending time with friends
  - Hobbies, recreational activities → serious tasks, organization, hard work
  - Emphasis on **perfect performance**

SimplePsych

Obsessive-Compulsive PD – Diagnostic Features

- A4) Excessively conscientious, scrupulous, **inflexible**
  - **About morals, ethics values** → rigid, strict standards
  - **Mercilessly self-critical** about own mistakes
  - Rigidly deferential to **authority/rules** → literal compliance
  - Not accounted for by culture/religion

- A5) **Unable to discard** worn-out/worthless objects
  - Even if **no sentimental value**
  - Admit to being "pack rats" → "never know when"
  - Upset if someone tries to get rid of saved things

- A6) Reluctant to **delegate** or work with others
  - Stubborn, insist others conform to their way
  - Very detailed instructions → irritated if alternative suggestions
  - May reject offers of help → believe no one else can do it

SimplePsych

Obsessive-Compulsive PD – Diagnostic Features

- A7) **Miserly**, stingy
  - Maintain **standard of living far below** what they can afford
  - Believe spending must be tightly controlled
  - To provide for **future catastrophe**

- A8) **Rigidity**, stubbornness
  - **One correct way** to do things, difficulty with others' ideas
  - **Plan ahead meticulously** → unwilling to consider changes
  - **Difficulty acknowledging viewpoints** of others
  - Others may become frustrated with constant rigidity
  - Even if may be interest to compromise → stubbornly refuse

SimplePsych

Obsessive-Compulsive PD – Associated Features

- Decision making may become **time-consuming, painful**
  - May never get started on anything

- If not able to maintain control → prone to become **angry/upset**
  - Anger usually not directly expressed → may **ruminate**
  - Righteous indignation over minor matters
  - Attentive to **relative status** in dominance-submission relationships
  - Excessive **deference to authority** they respect
  - Excessive resistance to authority they do not respect

- Occupational difficulties
  - Esp if new situations demanding flexibility/compromise

SimplePsych

Obsessive-Compulsive PD – Associated Features

- Expression of affection → **highly controlled, stilted fashion**
  - Uncomfortable in presence of others who are emotionally expressive
  - Everyday relationships → formal/serious quality, stiff
  - Hold themselves back until sure what they say is perfect
  - May be preoccupied with **logic, intellect**, intolerant of affective behavior
  - Difficulty expressing tender feelings → **rarely pay compliments**

- Comorbidity
  - If **anxiety disorders, OCD** → **incr likelihood of OCPD**
    - Majority of OCD → do NOT have OCPD
  - Overlap with **"type A" traits** → may be present in those **at risk for MI**
  - Assoc with **depressive, bipolar, eating disorders**

SimplePsych

Obsessive-Compulsive PD – Prevalence

- General population prevalence = **2 – 8%**
  - One of the MOST prevalent personality disorders

SimplePsych

Obsessive-Compulsive PD – Culture-Related Issues

- Consider cultural background
  - Habits, customs, interpersonal styles
  - Emphasis on work/productivity

SimplePsych

Obsessive-Compulsive PD – Gender-Related Issues

- More common in **MALES (2x)**

SimplePsych

Obsessive-Compulsive PD – Differential Diagnosis

- OCD → can have BOTH dx
- Hoarding disorder → can have BOTH
  - Fire hazard, difficulty walking through house
- Personality change due to AMC
- Substance use disorders
- Other personality disorders and personality traits
  - Traits **may be adaptive**, esp in situations that reward high performance

SimplePsych

Obsessive-Compulsive PD – Differential Diagnosis

	Similarities to OCPD	Differences vs OCPD	Unique to OCPD
Narcissistic	• May profess commitment to perfectionism • May believe others cannot do things well	• Believe they have achieved perfection	• Usually **self-critical**
Narcissistic & Antisocial		• Lack generosity • Indulge themselves	• **Miserly spending** towards self + others
Schizoid	• Apparent formality • Social detachment	• Lack of capacity for intimacy	• **Discomfort with emotions** • Excessive **devotion to work**

DSM5

Personality Change due to AMC

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Personality Change due to AMC – Diagnostic Criteria

- Persistent personality disturbance, change from previous characteristic personality pattern (at least 1 year in children)
- Evidence of **direct pathophysiological consequence** of AMC
- Not better explained by another mental disorder
- Not exclusively during delirium
- Significant distress or impairment

DSM5

SimplePsych

Personality Change due to AMC – Specifiers

- *Specify whether:*
  - **Labile type**
  - **Disinhibited type**
  - **Aggressive type**
  - **Apathetic type**
  - **Paranoid type**

  - **Other type**
  - **Combined type**
  - **Unspecified type**

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Personality Change due to AMC – Diagnostic Features

- Clinical presentation may depend on pathological process
  - Nature + location

  - **Frontal lobe**
    - Poor judgement, facetiousness, disinhibition, euphoria

  - **Right hemisphere stroke**
    - Unilateral spatial neglect, anosognosia, motor impersistence (cannot sustain movement)
    - Other neurological deficits

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Personality Change due to AMC – Associated Features

- Variety of causative neurological/medical conditions
  - Head trauma, cerebrovascular disease
  - **Huntington's disease, epilepsy**
  - CNS neoplasms, CNS infections
  - Endocrine (hypothyroidism, hypo/hyperadrenocorticism)
  - Autoimmune with CNS involvement **(SLE)**

- Associated lab findings, prevalence, course

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Personality Change due to AMC – Differential Diagnosis

- Chronic medical conditions assoc with pain + disability
  - Do NOT dx if change due to behavioral/psychological adjustment/response
- Delirium, major NCD
  - May be given in addition, if prominent part of clinical presentation
- Another mental disorder due to AMC
- Substance use disorders
  - Especially if long-standing
  - May use unspecified substance-related disorder
- Other mental disorders
- Other personality disorders

Other Specified Personality Disorder

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Other Specified Personality Disorder

- Does not meet full criteria
- Clinician choose to specific reason

- Mixed personality features

Unspecified Personality Disorder

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Unspecified Personality Disorder

- Does not meet full criteria
- Clinician choose NOT to specific reason