Overview of Personality Disorder

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Spectrum

Personality

Personality is a person's characteristic style of thinking, feeling and behaving

Personality Disorder

(DSM-5)

*"A personality disorder is an **enduring pattern** of inner experience and behavior that **deviates markedly** from the expectations of the individual's culture, is **pervasive and inflexible**, has an onset in adolescence or early adulthood, is **stable over time**, and leads to **distress or impairment"***

Personality Disorder

- The science of personality disorder has taken centre stage in mental health during the last two decades.
- Personality disorders are the most stigmatized, misunderstood and underdiagnosed conditions in psychiatry

Personality Disorder

- A generation of mental health professionals have not been trained to treat and manage people with personality disorders.
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- At present, evidence-based treatments are available only for borderline personality disorder.

Personality disorders

- Community-prevalence of 4%-11%.
- 6.5% of Australian adults have at least one personality disorder (Jovev & Jackson, 2006).
- 50% of psychiatric outpatients
- The highest prevalence in the criminal justice system

Personality disorders

- The highest prevalence in the criminal justice system
- High service usage
- High treatment costs
- High risk of suicide (10% of all suicides) (Rao et al 2019)
- ***Limited recognition as a public health issue***

Grenyer et al 2017

Classification of Personality disorder

ICD 11

- Unitary diagnosis of Personality Disorder
- Focuses on core personality dysfunction
- 3 levels of severity
    1. Mild
    2. Moderate and
    3. Severe
- Trait domain qualifiers:
    1. Negative Affectivity
    2. Detachment
    3. Disinhibition
    4. Dissociality and
    5. Anankastia
- can specify a Borderline Pattern qualifier.

DSM-5

- Cluster A (odd-eccentric cluster)
- Cluster B (dramatic-emotional cluster)
- Cluster C (anxious fearful cluster)

Borderline Personality Disorder (BPD)

- Most commonly diagnosed PD
- Most severe PD
- Contributes to 95% of all PD suicides (Rao et al 2019)

Essential treatment principles

- Psychoeducation to patient and family
- Shared formulation
- Setting up the collaborative contract for care
- Avoid hospitalization as much as possible
- Judicious use of medications
- Collaborative approach and consensus on how to achieve the goals
- Balancing **validation** and **change**
- Change focused interventions: Skills to regulate emotions, manage crisis, IP dynamics etc.
- **Focus on emotions- (clinicians and patients)**
- Help them to connect their actions with feelings
- Fostering self responsibility-treat them like adults- don't treat them as fragile

Essential treatment principles

- Pay attention to therapeutic relationship
- Seek supervision- speak to your colleagues
- Clinicians who are trained, active, willing, hopeful, enthusiastic seem to do well with BPD
- Encourage patients to **'get a life'**
- Improve functionality- work, relationships

Take home message

"As long as you don't judge, as long as you try to validate the valid and as long as you can tolerate emotions (yours and theirs) and teach them skills to improve their quality of life, you can contribute to their recovery journey"

Give it a go!

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