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| ICD- 10 | Description | Further Details |
| *Paranoid* | Suspicious, sensitive to critisim, pre- occupied with onspirational explanantions, distrust of others. | * Interpret the actions of others being deliberately demeaning. * Oversensitive, jealous, make mountains out of mole hills, blame others for failure (projection), over value own ability. * Pt. member of cults (with “yes” men around them) and isolate those who don’t agree. * Self importance * Bears grudges * ↑ in M * Under stress, develop transient paranoid psychotic symptoms. |
| *Schizoid* | Emotionally cold, detached, lack of interest in others, excessive introspection and fantasy. | * Resent being pushed into social situations * Eccentric interests (e.g. loch ness monster) * Preference of numbers more than people ( spend a lot of time alone with computers ­­🡪 depression RF.) * Condition overlaps with Asperger’s syndrome i.e. schizoid disorder of children/ austism- without delay in language or cognitive development) |
| *Schizotypical* | Interpersonal discomfort with peculiar ideas, perceptions, appearance and behaviour. | * Deficits in interpersonal relationships * ↑↑ in first degree biological relative of those suffering from schizophrenia |
| Dissocial | Callus lack of concern for others, irresponsibility, irritability, aggression, inability to maintain enduring relationships, disregard and violation of others rights. | * Hx of childhood misconduct and truancy * Irresponsible social behaviour * Failure to learn from pat experience ( e.g. punishment * Lack of guilt * Pt. > 18 yrs (for diagnosis) * Pt. prone to alcohol and drug misuse therefore ↑ risk of premature death |
| Emotionally unstable – Impulsive | Inability to control anger or plan. With unpredictable affect and behaviour. | * ↑ in males * ↑ probability oppressing in domestic abuse cases ( gives them feeling of power) * May show genuine regret |
| Emotionally unstable –  Borderline | Unclear identity, intense unstable relationships, unpredictable behaviour and affect. Threat or acts of self harm, impulsivity.  Affective instability and impulsivity | * Instability of self image, interpersonal relationships and mood. * Chronic feeling of emptiness and boredom * Liability 🡪 unstable relatioships 🡪 emotional crises 🡪 self harm. * Often seen with multiple personality disorders * ↑ in F, pt. more prone to dysthymia, depression and substance misuse. * Extreme stress causes psychotic episodes * Borderline ( as boardeline for psychosis) |
| Histrionic | Self dramatization, shallow affect, egocentricity, crave attention and excitement, impulsivity. | * ↑ in females * Under stress- present as conversion disorders, somatization disorder, drug overdose. |
| Narcissistic | Grandiosity, lack of empathy, need for admiration | * Arrogant * Exploits others |
| *Anxious (avoidant)* | Tension, self consciousness, fear of negative evaluation of others, timid , insecure. | * Aviod personal contact * Fear of critisim/ rejection |
| *Anakastic (OCD)* | Doubt, indecisiveness, caution, pedantry, rigidity, perfectionisim, pre-occupation with orderliness and control. | * Excessive orderliness * Inflexible * Preoccupation with detail * Humourless |
| *Dependant* | Clinging, submissive, excess, need for care, feels helpless when not in a relationship. | * Other make decisions * Needs to be taken care of |
| Psychopathic | Extreme case of dissocial/ antisocial PD | * Individuals need to meet criteria of PCL-R ( psychopathy check list revised). Covers; affective interpersonal and behavioural features of psychopathy). Assessment= list of 20 Questions (2= max score for each question, where 0= no evidence 1= possibility but not enough evidence) 25 += positive diagnosis:  1. Superficial charm 2. Grandiose sense of self worth 3. Need for stimulation/ bored 4. Pathological lying 5. Manipulative 6. Lack of guilt 7. Shallow affect 8. Callous/ lack of empathy 9. Parasitic lifestyle 10. Poor behavioural control 11. Promiscuous sexual behaviour 12. Early behavioural problems 13. Lack of realistic long term goals 14. Impulsivity 15. Irresponsibility 16. Failure to accept responsibility for own actions 17. Many short term marital relationships 18. Juvenile delinquency (offense in young age) 19. Revocation of conditional release 20. Criminal versatility |

**PD an be classified (DSM) as:**

* **Cluster A (eccentric) :** paranoid, schizoid
* **Cluster B (dramatic):** Dissocial, Boarderline, histrionic, narcccistic
* **Cluster C (anxious):** dependent, anxious, anankastic

**PD & psych disorders:**

* Co-exist
* PD may pre-dispose to psych disorders (schizotypal 🡪 schizophrenia)
* PD is mistaken for psych disorder/ vice versa
* Personality may be affected by psych disorder

**Epidemiology:**

* 2%- 15% of pop. ( half of these have 2+ personality disorders)
* Common: schizoid, avoidant, anankastic, boarderline
* Co-exist with psych disorders
* ↑↑ in certain groups:
* Prisioners ( 50% of M, 30% of F)
* Sufferers of eating disorders/ substance misuse
* Psych disorder pt.’s

Aetiology:

* Childhood: upbringing, Hx of abuse\*\*
* Aggressive behaviour more common in M linked to sex xhromosome abnormalilties (XYY)

Management:

* Help avoid situations that cause problems ( alcohol abuse, confrontation)
* Modify life style, to focus on strengths
* Avoid long hospital stays 🡪 may make situation worse, risk to ther pt.’s
* Borderline benefit form psychotherapy