

INTRODUCTION

Personality disorders (PDs) are a type of mental health condition characterized by long-standing patterns of behaviour, thoughts, and emotions that deviate from societal norms and cause significant distress or impairment in functioning. Unlike the ICD-10 Personality Disorder categories, the ICD-11 classification distinguishes general characteristics of personality dysfunction (such as the ability for self-direction and understanding others' perspectives) from aspects of personality traits.

The prevalence and diagnosis of personality disorders in older age adults in the UK is an area of growing concern due to the aging population and the potential impact on healthcare services. While research on PDs has increased in recent years, there is a lack of knowledge on the extent to which these affect the population over 65 years.

Limitations of current research on PDs in older age adults include the lack of large-scale, population-based studies. Moreover, many of the existing studies have focused on clinical populations or specific age groups, which may not be representative of the general population. Additionally, there is a lack of longitudinal studies that follow individuals over time to track the development and progression of PDs.

OBJECTIVES

In one large UK mental health organisation, this phenomenon was observed among the older adults admitted to the inpatient ward. A new diagnostic pathway was established to complete a thorough file review and produce a formulation and diagnosis. A review was therefore conducted locally in the form of a survey, aiming to identify boundaries and limitations faced by healthcare professionals in the Trust when diagnosing personality disorders in older adults.

METHODS

An online survey was created and was distributed electronically to healthcare professionals in the Trust, between January 2023 and March 2023. The survey contained 3 questions on demographic characteristics, asking the person's job description, their work setting (inpatient, outpatient), and their age group.

The rest of the survey focused on establishing the professional's knowledge of PDs, aiming to collect data on their ability and confidence in diagnosing them, as well as limitations and suggestions for improvement. Professionals included community mental health team managers, doctors, health care assistants, Mental Health nurses, occupational therapists, and psychologists.

Data from the survey was collected in the form of qualitative answers to questions and comments. A qualitative approach was chosen as at this stage the research team was interested in collecting detailed information about the current experience of professionals encountering PDs when treating older adults.

Results were collected in March 2023 after the end of the 3 months the survey was open.

RESULTS

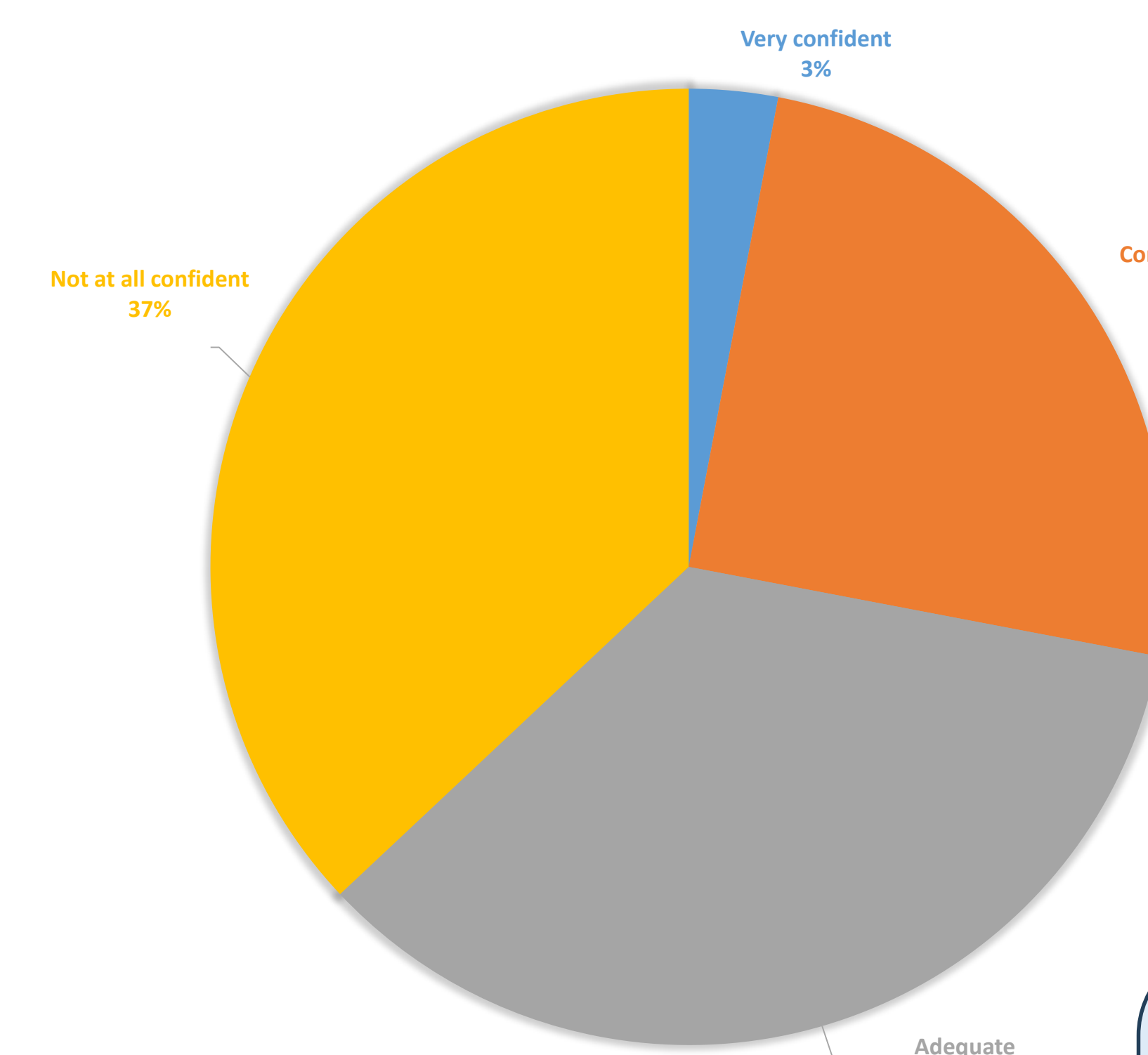
A total of 35 professionals took the survey, including 15 Consultant Psychiatrists, 2 community team managers, 6 nurses, 1 occupational therapist, 2 psychologists, and 9 junior doctors. Of those, 21 worked in the Community, 8 in Liaison, and 6 in the inpatient setting.

Of the 35 participants, 75% indicated they are routinely required to carry out Assessments for personality disorders. Responders unanimously commented that they do not use any specific diagnostic tool but rely on longitudinal history taking, and ICD-10 and DSM-V criteria.

Only 1 person responded they are extremely confident in carrying out diagnostic assessments, while 37% indicated they are not at all confident. Comments in response to this included the need for more training and structured questionnaires/diagnostic tools. Thirty-four responders reported diagnosing PDs in older adults is more challenging compared to the general adult population. The reasons given included the effects of comorbidities and the natural changes of aging.

The majority of responders expressed an appreciation of the importance of a correct diagnosis, giving as reasons the value of a person's understanding of their symptoms, the options for targeted therapy and care as well as the effect on service workload and the financial implications of underdiagnosis on the healthcare service.

STAFF'S SELF-REPORTED LEVEL OF CONFIDENCE WHEN DIAGNOSING PD'S IN OLDER ADULTS



A PD diagnosis is stigmatising, due to prejudice in and out of services.

It can be more difficult to diagnose PDs in older adults compared to the working-age population.

More training is needed & the use of standardized tools for diagnosis.

A correct diagnosis is extremely important. It can be empowering and helpful to understand symptoms.

We need more training and structured questionnaires for diagnosis.

DISCUSSION

This local review on the confidence and awareness of healthcare professionals in diagnosing personality disorders in older age adults raises important issues regarding the recognition and management of PDs in the elderly population. Results from the survey conducted in a mental health organisation suggest that healthcare professionals are generally less confident in diagnosing PDs in older age compared to younger adults.

It has been suggested by professionals in this review and by studies identified in literature, that the more complex nature of the disorder in the older age population might account for the difficulties in diagnosing. Older adults may present with different symptomatology, symptom severity, and comorbidities that can complicate their presentation. A further diagnostic challenge is the lack of diagnostic tools and the reliance on clinical interviews guided by diagnostic criteria. It is important to consider that the Structured Clinical Interview based on the DSM diagnostic criteria that is used for diagnosis of personality disorders in adults, is not validated for use in Older Adults.

On a local level it was identified that healthcare professionals may underestimate the prevalence of PDs in the elderly population, which may result in a failure to identify and treat these disorders. Highlighted was also the need for improved education and training of healthcare professionals locally, was also identified. Professionals should be educated of the unique challenges and complexities involved in diagnosing PDs in older adults, and to be equipped with the necessary skills and knowledge, as well as diagnostic aids. Furthermore, healthcare professionals need to be informed of the high prevalence and impact of PDs on the elderly population.

Larger scale research, including other mental health organisations in the UK and globally would yield results of better quality that can apply to a larger population. Moreover, a mixed-methods approach that combines self-report measures with observational data and clinical records would provide a more comprehensive picture of the current clinical practice. Qualitative interviews or focus groups that explore the factors that contribute to low confidence and awareness levels and the use of standardized diagnostic assessments to assess the actual diagnostic accuracy of healthcare professionals in diagnosing PDs in older age adults, would produce more objective outcome measures.

CONCLUSIONS

This review acknowledges the gaps in knowledge and practice on the diagnosis of PDs in older adults and attempts to explore the reasons behind this. To the best of the authors' knowledge, this is the first attempt to investigate diagnostician-related factors in literature.

While there is a growing recognition of the importance of understanding the prevalence and diagnosis of PDs in older age adults, the current research on this topic is limited. Further research is required to better understand the unique needs and challenges of this population and to develop effective diagnostic and treatment strategies. At the same time, improved education and training for healthcare professionals can increase the accuracy of diagnosis and ensure that patients receive appropriate treatment and care.

REFERENCES

1. Tyrer P, Reed GM, Crawford MJ: Classification, assessment, prevalence, and effect of personality disorder. *Lancet* 2015; 385(9969):717-726.
2. Bach B, Kramer U, Doering S, et al: The ICD-11 classification of personality disorders: a European perspective on challenges and opportunities. *Bord Personal Disord Emot Dysregul* 2022; 9:12.
3. Mordekar A, Spence SA: Personality disorder in older people: how common is it and what can be done? *Adv Psychiatr Treat* 2008; 14:71-77.
4. Bangash A: Personality disorders in later life: epidemiology, presentation and management. *BJPsych Adv* 2020; 26:208-218.
5. Johnson J, Gooding P, Wood AM, et al: Prevalence of personality disorder in the general British population: a national household survey. *Psychol Med* 2018; 48(9):1514-1520.
6. Oltmanns JR, Smith GT, Oltmanns TF, et al: General personality pathology and relationship quality in daily life: a longitudinal study. *J Pers Disord* 2018; 32(1):33-49.
7. Tyrer P, Howard R: Late-onset Personality Disorder: a condition still steeped in ignorance. *BJPsych Adv* 2020; 26:219-220.
8. Beatson J, Broadbear JH, Sivakumaran H, et al: Missed diagnosis: The emerging crisis of borderline personality disorder in older people. *Aust N Z J Psychiatry* 2016; 50(12):1139-1145.
9. Rendu A, Moran P, Patel A, et al: Economic impact of personality disorders in UK primary care attenders. *BJPsych* 2002; 181:62-66.

CONTACT AUTHORS

Christina.Bampagianni@sabp.nhs.uk