

Working with People with a Diagnosis of Personality Disorder

Gareth Mitchell and Andrew White
June 2019



Diagnosis

- Two camps:
 - **Categorical** classification: clearly defined disorders.
 - **Dimensional** classification: trait pathology on a continuum.
- Historically categorical approach was adopted by main classification systems (DSM and ICD).
- Main criticism of categorical classification models:
 - Cumbersome diagnostic criteria (highly inferential and often overlap).
 - In most instances people are diagnosed with borderline, antisocial, or personality disorder NOS.
 - Issues of comorbidity.
- Recent editions have signalled a shift:
 - **DSM-5 (2013)**: Hybrid dimensional-categorical model (included in appendix as opposed to main body).
 - **ICD-11(2019)**: dimensional model based on severity of pathology.

Herpertz, S.C., Huprich, S.K., Bohus, M., Chanen, A., Goodman, M., Mehlum, L., Moran, P., Newton-Howes, G., Scott, L. and Sharp, C. (2017). The challenge of transforming the diagnostic system of personality disorders. *Journal of Personality Disorder*, 31(5), 577-589.

Tyrer, P., Reed, G. and Crawford, M.J. (2015). Classification, assessment, prevalence, and effect of personality disorder. *The Lancet*, 385, 717-26.

	ICD-10 (1990)	DSM-IV-TR (2000) / DSM-5 (2013)
A	Schizoid	Schizoid
	>(construes as along psychotic continuum)	Schizotypal
	Paranoid	Paranoid
	Anankastic	Obsessive Compulsive
B	Emotionally Unstable	Borderline
	Dissocial	Antisocial
		Narcissistic
	Histrionic	Histrionic
C		Depressive (removed in DSM-5)
	Anxious (Avoidant)	Avoidant
	Dependent	Dependent
	Other Specific Personality Disorder: eccentric / haltlose / narcissistic / passive-aggressive	
	Mixed Personality Disorder	

- ICD-11 (May 2019) vs. ICD-10 (1990)
 - Transition from traditional personality disorder categories to emphasising severity of disturbance.
 - Recognises that personality dysfunction is dimensional (exists on a continuum) and can change in severity over time.
- ICD-11 two step diagnostic process:
 - **Step 1**: does individual display **features of a personality disorder**?
 - **Step 2**: identify the **severity** of the disturbance
 - Severity can be qualified with a description of domain traits (not categories but set of dimensions that correspond to underlying structure of personality functioning – we can all be placed on these dimensions).

ICD-11 DIAGNOSIS OF PERSONALITY DISORDER

- **Pervasive disturbance** in experience and thoughts about **self, others and world** – manifested in **maladaptive patterns** of cognition, emotional experience, emotional expression and behaviour.
- Maladaptive patterns are **relatively inflexible**.
- Significant problems in **psychosocial functioning** (interpersonal relating).
- Occurs across **wide range of situations** (i.e. not limited to a specific relationship or setting).
- Relatively **stable over time** and of **long duration**.
- Generally manifests in childhood and clearly evident in **adolescence**.
- **Late onset**: no evidence of personality disorder or early manifestations thereof before **age 25**

DOMAIN TRAITS

Negative Affective features	<ul style="list-style-type: none">• Tendency to manifest broad range of distressing emotions (anxiety, anger, self-loathing, irritability, vulnerability, depression, etc.).• In response to relatively minor actual or perceived stressors.
Dissocial features	<ul style="list-style-type: none">• Disregard for social obligations and conventions and rights and feelings of others.• Lack of empathy; hostility and aggression; ruthlessness; difficulty in maintaining prosocial behaviour; overly positive view of self; entitlement; manipulative and exploitative of others.
Features of disinhibition	<ul style="list-style-type: none">• Persistent tendency to act impulsively in response to immediate internal or environmental stimuli without consideration of longer term consequences.• Irresponsibility; impulsivity; distractibility and recklessness.
Anankastic features	<ul style="list-style-type: none">• Narrow focus on control and regulation of own and other's behaviour in order to conform to particular ideal.• Perfectionism; perseveration; emotional and behavioural constraint; stubbornness; deliberativeness; orderliness; rules and obligations.
Features of detachment	<ul style="list-style-type: none">• Emotional and interpersonal distance, marked by social withdrawal and/or indifference to people• Avoidance of intimate relationships and close friendships• Aloofness; interpersonal coldness; reserve; passivity; lack of assertiveness; reduced experience and expression of emotion

LEVEL OF SEVERITY

Mild

- **Notable** problems in **many interpersonal relationships** and the performance of expected occupational and social roles.
- **Some relationships** are **maintained** and/or some roles carried out.
- **No substantial harm** to self or others.

Moderate

- **Marked** problems in **most interpersonal relationships** and in performance of expected occupational and social roles across **wide range of situations**.
- Past history and future expectation of **harm to self or others** that **has not** caused long-term damage or endangered life.

Severe

- **Severe** problems in interpersonal functioning affecting **all areas of life**.
- **Social dysfunction** is **profound**.
- Ability or willingness to perform expected occupational or social roles is absent or severely compromised.
- Past history and future expectation of **harm to self or others** that has caused **long-term damage** or has **endangered life**.

Supporting People with this Diagnosis (in Crisis)



- If possible, link in with any existing network – share decision-making, risk, not reinventing the wheel...
- Contrary to pressures for through-put, spend some time listening, validating (but maintain an action-orientation; not reinforcing behaviour).
- Think about function of behaviour through a compassionate lens.
- Admissions rarely helpful so avoid unless absolutely necessary.

- **Avoid medication!** Unless robustly diagnosed co-morbid depressive or anxiety disorder (in accordance with NICE guidance).
- Current evidence indicates that antidepressants have very limited efficacy in treating affect dysregulation, symptoms of low mood and anxiety associated with Personality Disorder, and should therefore not be prescribed routinely.
- The evidence also indicates that second generation antipsychotics and anticonvulsants may have some efficacy in reducing the intensity of affect dysregulation for some individuals diagnosed with Personality Disorder.
- NICE guidance furthermore recommends that neither polypharmacy nor long-term prescription for the specific symptoms of PD is appropriate and that prescriptions should be regularly reviewed and careful consideration be given to balancing potential side-effects and long term metabolic risks with thorough assessment of efficacy and benefits.

C&I Personality Disorder Service

- **Therapies Team:** MBT, Schema, Adapted DIT & Extended Assessment.
- **Community Team:** Adapted SCM (inc. Section 75).
- Both of teams have high entry thresholds in response to systemic pressures. Ability to engage/role for service is key (not the same as verbalising motivation to engage).
- **Psychologically Informed Consultation and Training (PICT)**





Camden and Islington
NHS Foundation Trust

Thank you.