

Personality Disorders

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Epidemiology

- Estimated prevalence rate in the general population is 10%
- NESARC-R 2010 Prevalence based on DSM-IVR

Personality Ds	Great Britain	NESARC-R
Paranoid	0.7	1.9
Schizoid	0.8	0.6
Schizotypal	0.1	0.6
Any Cluster A	1.6	2.1

Epidemiology



Personality Ds	Great Britain	NESARC-R
Antisocial	0.6	3.8
Borderline	0.7	2.7
Histrionic	--	0.3
Narcissistic	--	1.0
Any Cluster B	1.2	5.5

Epidemiology



Personality Ds	Great Britain	NESARC-R
Avoidant	0.8	1.2
Dependent	0.1	0.3
Obsessive-Compulsive	1.9	1.9
Any Cluster C	2.6	2.3
Any Personality Ds	10.1	9.1

What is a personality disorder-DSM 5?

- Associated with significant difficulties in self-appraisal and self-regulation, as well as with impaired interpersonal relationships.
- The patterns deviate markedly from the expectations of an individual's culture and manifest in two or more of the following areas: cognition, affectivity, interpersonal relationships, and impulse control (seen in other mental disorders thus confusion).
- Personality disorders are enduring patterns of inner experience and behavior that are inflexible and pervasive which cause clinically significant distress or impairment in social, occupational and other areas of functioning

What is a personality disorder-DSM 5?



- The pattern is stable and of long duration, and its onset can be traced back at least to adolescence or early adulthood.
- The enduring pattern is not better explained as a manifestation of consequence of another mental disorder.
- The enduring pattern is not attributable to the physiologic effects of a substance (drug/EtOH, medication) or another medical condition (TBI).

Cluster A Personality Ds

Paranoid PD



A. A pervasive distrust and suspiciousness of others such that their motives are interpreted as malevolent, beginning in early adulthood and present in a variety of contexts as indicated by four (or more) of the following:

- 1. Suspects, without sufficient basis, that others are exploiting, harming, or deceiving him or her.
- 2. Is preoccupied with unjustified doubts about the loyalty or trustworthiness of friends or associates.
- 3. Is reluctant to confide in others because of unwarranted fear that the information will be used maliciously against him or her.

Cluster A Personality Ds

Paranoid PD



- 4. Reads hidden demeaning or threatening meanings into benign remarks or events.
- 5. Persistently bears grudges (ie, is unforgiving of insults, injuries, or slights)
- 6. Perceives attacks on his or her character or reputation that are not apparent to others and is quick to react angrily or to counterattack.
- 7. Has recurrent suspicions without justification, regarding fidelity of spouse or sexual partner.

Cluster A Personality Ds

Paranoid PD



B. Does not occur exclusively during the course of schizophrenia, a bipolar disorder or depressive disorder with psychotic features, or another psychotic disorder and is not attributable to the physiological effects of another medical condition.

Cluster A Personality Ds

Paranoid PD

- Whether PDD is more common in men than women is uncertain.
- Etiology is unknown and one of the least studied PD
- Negative childhood experiences, such as physical, sexual and emotional abuse is associated with PPD.
- Family history studies have found a greater morbid risk of PDD in the first degree relatives with Delusional disorder than with schizophrenia.

Cluster A Personality Ds

Schizoid PD



A. A pervasive pattern of detachment from social relationships and a restricted range of expression of emotions in interpersonal settings, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:

- 1. Neither desires nor enjoys close relationships, including being part of a family.
- 2. Almost always chooses solitary activities.
- 3. Has little, if any interest in having sexual experiences with another person.

Cluster A Personality Ds

Schizoid PD



- 4. Takes pleasure in few, if any activities.
- 5. Lacks close friends or confidants other than first-degree relatives.
- 6. Appears indifferent to the praise or criticism of others.
- 7. Shows emotional coldness, detachment, or flattened affectivity.

Cluster A Personality Ds

Schizoid PD



B. Does not occur exclusively during the course of schizophrenia, a bipolar disorder or depressive disorder with psychotic features, another psychotic disorder, or autism spectrum disorder and is not attributable to the physiological effects of another medical condition.

Cluster A Personality Ds

Schizoid PD



- Schizoid PDD is one of the rarest PD occurring in less than 1% of the population.
- More common in men than women.
- Schizoid PD is rarely studied but it is believed that constitutional factors contribute to the childhood pattern of shyness that precedes the disorder. Introversion, which characterizes Schizoid (as well as Avoidant and Schizotypal) is inherited. Prenatal exposure to famine has been shown to increase the risk of Schizoid PD suggesting environmental factors very early in development.

Cluster A Personality Ds

Schizotypal

A. A pervasive pattern of social and interpersonal deficits marked by acute discomfort with, and reduced capacity for, close relationships, as well as by cognitive or perceptual distortions and eccentricities of behavior, beginning in early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

- 1. Ideas of reference (excluding delusions of reference).
- 2. Odd beliefs or magical thinking that influences behavior and is inconsistent with subcultural norms (eg superstitiousness, belief in clairvoyance, telepathy, or “sixth sense” in children or adolescents, bizarre fantasies or preoccupations).

Cluster A Personality Ds

Schizotypal PD



- 3. Unusual perceptual experiences , including bodily illusions.
- 4. Odd thinking and speech (eg vague, circumstantial, metaphorical, overelaborate, or stereotyped).
- 5. Superstitious or paranoid ideation.
- 6. Inappropriate or constricted affect.

Cluster A Personality Ds

Schizotypal PD



- 7. Behavior or appearance that is odd, eccentric or peculiar.
- 8. Lack of close friends or confidants other than first-degree relatives.
- 9. Excessive social anxiety that does not diminish with familiarity and tends to be associated with paranoid fears rather than negative judgments about self.

Cluster A Personality Ds

Schizotypal PD



- B. Does not occur exclusively during the course of schizophrenia, bipolar disorder or depressive disorder with psychotic features, another psychotic disorder, or autism spectrum disorder.
- Less than 1% of the population have this disorder.
- No male to female prevalence differences.
- Schizotypal PD is related to Schizophrenia and believed to be a part of spectrum disease. Family studies demonstrate Schizophrenic patients have higher incidence of Schizotypal PD and vis versa.