Personality disorders, from classification to pharmacotherapy

Peter Tyrer
Imperial College
With acknowledgements to my research assistant, Hamish
What are the essential components of personality disorder?
ingrained patterns of behaviour indicated by inflexible and disabling responses that significantly differ from how the average person in the culture perceives, thinks and feels, particularly in relating to others.
An enduring pattern of psychological experience and behavior that differs prominently from cultural expectations, as shown in two or more of:
  
  cognition
  (i.e. perceiving and interpreting the self, other people or events);
  
  affect (i.e. the range, intensity, lability, and appropriateness of emotional response); interpersonal functioning;
  or impulse control.
ICD-10 additional ‘criteria’

- markedly disharmonious attitudes and behaviour, involving usually several areas of functioning, e.g. affectivity, arousal, impulse control, ways of perceiving and thinking, and style of relating to others;
- the abnormal behaviour pattern is enduring, of long standing, and not limited to episodes of mental illness;
- the abnormal behaviour pattern is pervasive and clearly maladaptive to a broad range of personal and social situations;
- the above manifestations always appear during childhood or adolescence and continue into adulthood;
- the disorder leads to considerable personal distress but this may only become apparent late in its course;
- the disorder is usually, but not invariably, associated with significant problems in occupational and social performance.
DSM-IV additional criteria

- An enduring pattern of psychological experience and behavior that differs prominently from cultural expectations, as shown in two or more of: cognition (i.e. perceiving and interpreting the self, other people or events); affect (i.e. the range, intensity, lability, and appropriateness of emotional response); interpersonal functioning; or impulse control.

- The pattern must appear inflexible and pervasive across a wide range of situations, and lead to clinically significant distress or impairment in important areas of functioning.

- The pattern must be stable and long-lasting, have started as early as at least adolescence or early adulthood.

- The pattern must not be better accounted for as a manifestation of another mental disorder, or to the direct physiological effects of a substance (e.g. drug or medication) or a general medical condition (e.g. head trauma).
But this is only the first stage

These are **general** criteria, that everyone with personality disorder has to reach before they get diagnosed with any **specific** personality disorder

In practice, people never use these general criteria, they go straight to the specific diagnoses
Why is this?

- Because the general criteria are always trumped by the specific diagnoses as they are so much more exciting.

- And in the DSM system these can be identified precisely using operational criteria.
Making the diagnosis absolutely precise in DSM

- Operational criteria are used to define each personality disorder prototype so that each individual can be assessed for each disorder.

- The dividing line between disorder and non-disorder is determined by the number of criteria reached for each disorder.
(i) suspects, without sufficient basis, that others are exploiting, harming, or deceiving him or her;  
(ii) is preoccupied with unjustified doubts about the loyalty or trustworthiness of friends or associates; 
(iii) is reluctant to confide in others because of unwarranted fear that the information will be used maliciously against him or her; 
(iv) reads hidden demeaning or threatening meanings into benign remarks or events;  
(v) persistently bears grudges, i.e., is unforgiving of insults, injuries, or slights  
(vi) perceives attacks on his or her character or reputation that are not apparent to others and is quick to react angrily or to counterattack;  
(vii) has recurrent suspicions, without justification, regarding fidelity of spouse or sexual partner.

Any four of these (prototypical) polythetic criteria) leads to diagnosis of paranoid personality disorder
(i) suspects, without sufficient basis, that others are exploiting, harming, or deceiving him or her (Czar)
(ii) is preoccupied with unjustified doubts about the loyalty or trustworthiness of friends or associates (Trotsky)
(iii) is reluctant to confide in others because of unwarranted fear that the information will be used maliciously against him or her (Lenin)
(iv) reads hidden demeaning or threatening meanings into benign remarks or events (Beria)
(v) persistently bears grudges, i.e., is unforgiving of insults, injuries, or slights (Zhukov)
(vi) perceives attacks on his or her character or reputation that are not apparent to others and is quick to react angrily or to counterattack (Zinoviev)
(vii) has recurrent suspicions, without justification, regarding fidelity of spouse or sexual partner. (Nadezhda Alliluyeva)
How do we know Joseph had a paranoid personality?
Well, he went to his grave believing it was a Communist Plot
Why our current descriptions of personality disorder are ridiculous?

- We have eleven different personality disorders in the DSM/ICD classification.
- DSM = Diagnostic and Statistical Manual of Mental Disorders
- ICD = International Classification of Diseases
- They have no good empirical evidence supporting their existence – they are ‘committee diagnoses’ only.
Parking Lot of the Personality Disordered

Key:
1. Paranoid
2. Narcissist
3. Sociopathic
4. Antisocial
5. Passive-Aggressive
6. Borderline
7. Obsessive Compulsive
8. Schizotypal
9. Dissociative
10. Cluster C
11. Cluster A

Cornered again!!
Largest car: prominent hood ornament
<table>
<thead>
<tr>
<th>Personality Disorder</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paranoid</td>
<td>Cornered again</td>
</tr>
<tr>
<td>Narcissist</td>
<td>Largest car, big hood ornament</td>
</tr>
<tr>
<td>Dependent</td>
<td>Relies on being close to other cars</td>
</tr>
<tr>
<td>Borderline</td>
<td>Rams into car of ex-lover</td>
</tr>
<tr>
<td>Histrionic</td>
<td>Parks dramatically in centre</td>
</tr>
<tr>
<td>Obsessive</td>
<td>Perfect alignment in parking</td>
</tr>
<tr>
<td>Antisocial</td>
<td>Deliberately obstructs other cars</td>
</tr>
<tr>
<td>Avoidant</td>
<td>Hides in corner</td>
</tr>
<tr>
<td>Schizotypal</td>
<td>Inter-galactic parking</td>
</tr>
<tr>
<td>Schizoid</td>
<td>Cannot tolerate being close to other cars</td>
</tr>
</tbody>
</table>
Epitaph

Goodbye paranoid, narcissistic, and borderline
You are failed diagnoses that have run out of time
You have never belonged to an ordered system
As you’re a legacy of defrauded wisdom
Background  Proposals by the UK Government for preventive detention of people with 'dangerous severe personality disorders' highlight the unresolved issue of whether personality disorders should be regarded as mental illnesses.

Aims  To clarify the issue by examining the concepts of psychopathy and personality disorder, the attitudes of contemporary British psychiatrists to personality disorders, and the meaning of the terms 'mental illness' and 'mental disorder'.

Method  The literature on personality disorder is assessed in the context of four contrasting concepts of illness or disease.

Results  Whichever of the four concepts or definitions is chosen, it is impossible to conclude with confidence that personality disorders are, or are not, mental illnesses; there are ambiguities in the definitions and basic information about personality disorders is not available.

BACKGROUND

The legislative background
Psychiatrists, and perhaps British psychiatrists more than most, are ambivalent about whether to regard personality disorders as mental illnesses. Until recently, there was no compelling reason for attempting to resolve the issue, but the situation was transformed in 1999 when the UK Government made it clear that it intended to introduce legislation in England and Wales for the compulsory and potentially indefinite detention of people with what it called 'dangerous severe personality disorder', whether or not they had been convicted of a serious criminal offence (Home Office & Department of Health, 1999). It is likely that some of these people, almost all of them men, will be detained in prisons and others in high-security hospitals. However, the European Convention on Human Rights, which was incorporated into UK legislation by the Human Rights Act 1998, prohibits the detention of anyone who has not been convicted by a competent court unless they are 'of unsound mind, alcoholics or drug addicts or vagrants' or their detention is 'for the prevention of cover personality disorders as well as mental illnesses (Department of Health & Home Office, 2000).

Implications of the term 'personality disorder'
The term 'psychopathic' was coined by the German psychiatrist Koch in 1891, and he said firmly that 'even in the bad cases the irregularities do not amount to mental disorder' (Lewis, 1974). What Koch meant by mental disorder, however, was largely restricted to insanity and idiocy, and his concept of 'psychopathic inferiorities' embraced most non-psychotic mental illness as well as what we now call personality disorder or psychopathy. Even so, Kurt Schneider subsequently argued that personality disorders are simply 'abnormal varieties of sane psychic life' (Schneider, 1950), and therefore of little concern to psychiatrists, a view that is still influential in Germany today.

Many - perhaps most - contemporary British psychiatrists seem not to regard personality disorders as illnesses. Certainly, it is commonplace for a diagnosis of personality disorder to be used to justify a decision not to admit someone to a psychiatric ward, or even to accept them for treatment - a practice that understandably puzzles and irritates the staff of accident and emergency departments, general practitioners and probation officers, who find themselves left to cope as best they can with extremely difficult, frustrating people without any psychiatric assistance. The reasons for this attitude were explored by Lewis & Appleby (1988). Using ratings of case vignettes by 240 experienced psychiatrists,
But welcome to DSM-V

- We like dimensions and the trait facets and symptoms that underlie them
- But we also feel very attached to our cars in the car park
- So we’ll attach dimensions and trait facets to some of these diagnoses and keep the others in the used car showroom
The Personality and Personality Disorders Work Group has proposed five specific personality disorder (PD) types for DSM-5, to be rated on a dimension of fit: antisocial/psychopathic, avoidant, borderline, obsessive-compulsive, and schizotypal. Each type is identified by core impairments in personality functioning, pathological personality traits, and common symptomatic behaviors. The other DSM-IV-TR PDs and the large residual category of personality disorder not otherwise specified (PDNOS) will be represented solely by the core impairments combined with specification by individuals' unique sets of personality traits. (37 of these)