

## Personality disorders Case Series: VMSIII 2013-2014

Case vignette: Ms. Consternation was having difficulty fitting in at her new job. While she had initially been enamored with her new boss and the position, after a few months at work she was beginning to regret her decision to accept the position. She no longer viewed it as the ideal position and was beginning to see numerous flaws in her supervisor's management style. She herself perceived her own performance as excellent and wondered why she had not been promoted yet or at least duly recognized for her outstanding contributions to the company.

Interoffice relationships were another issue for Ms. Consternation. She had made what she thought was a very favorable initial impression with all of her coworkers. She was quick to organize afterhours social events where she demonstrated to the others that she could both "work and play hard." Although she admitted that perhaps she overindulged with alcohol and "party drugs" on a few nights out she did not think it was much different than that of her peers. She admitted dating several of her coworkers one of whom she developed an intense relationship with. This had led to some difficulties in the workplace. She felt that others were envious and jealous of her. Ultimately, when her partner suggested they best end their relationship, Ms. Consternation had great difficulty accepting this. She began to call in sick from work. She had difficulty sleeping. Her concentration and energy at work declined. She alternated between angry tirades to coworkers about her ex-partner and becoming demonstrably tearful and asking for suggestions on how to win-them-back.

Because of her declining performance at work and disruptions of others' ability to work, her supervisor recommended she see someone at her company's Employee Assistance Program (EAP). From there Ms. Consternation was referred to her primary care physician for possible depression. The primary care physician obtained some of the history as above but Ms. Consternation primarily reported low energy, poor sleep, and unhappiness. The primary care physician diagnosed her with depression and prescribed her a serotonin specific reuptake inhibitor antidepressant. Ms. Consternation proceeded in treatment with her PCP over the ensuing months, serially trying a variety of antidepressant medications. None of them seemed to provide much relief and she continued to struggle at work.

**Formulate a differential diagnosis for Ms. Consternation:**

**What psychiatric treatment regimens might benefit Ms. Consternation?**

**Quiz Questions:**

**1. Patients with borderline personality frequently self-mutilate and make suicidal gestures. The rate of actual mortality from suicide in these patients is closest to:**

- A) 10%
- B) 1%
- C) 15%
- D) 5%

**2. Narcissistic personality disorder is best distinguished from other personality disorders by which of the following:**

- A) Reckless disregard for the safety and rights of others
- B) Feelings of abandonment when their needs for intense admiration are not met
- C) Shallowness of emotions when interacting with others
- D) Is interpersonally exploitative

**3. Psychotic symptoms are most likely to occur with which of the following personality disorders:**

- A) Borderline and Schizoid
- B) Borderline and Schizotypal
- C) Schizotypal and Schizoid
- D) Schizoid and Paranoid

**4. The most commonly diagnosed personality disorder is:**

- A) Borderline personality disorder
- B) Antisocial personality disorder
- C) Other Specified Personality Disorder, e.g. "Mixed personality features"
- D) Personality Change Due to Another Medical Condition

**5. Which of the following is a “boundary” issue that should be avoided when treating a person with a personality disorders?**

- A) Maintaining regularly scheduled appointment times
- B) Relating your personal problems to the patient in order to enhance rapport
- C) Accepting small non-expensive gifts from patients.
- D) Seeking support for yourself from peers or supervisors.

**6. The prognosis for personality disorders is best described as:**

- A) Chronic and lifelong with little chance of remission
- B) transient and related to acute stressors
- C) Relatively stable from childhood because of the strong genetic component
- D) Relatively chronic and lifelong but with some chance of remission with time and proper treatment

**7. Patient’s with antisocial personality disorder have been found to have.**

- A) consistent work behavior
- B) no genetic risk factors for their behavior
- C) hyporeactive electrodermal responses
- D) impaired smooth pursuit eye movements

**8. Which is true about obsessive-compulsive personality disorder?**

- A) it is distinct from obsessive-compulsive disorder
- B) it is a prodromal condition to obsessive-compulsive disorder
- C) it is a relatively rare personality disorder affecting 1-2% of the general population
- D) SSRI antidepressants are an effective treatment