

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:

Adjustment disorder with Depressed Mood

Major Depressive Disorder

Substance Use Disorder

Narcissistic Personality Disorder

Bipolar Disorder

Borderline Personality Disorder

Substance-Induced Mood Disorder

Histrionic Personality Disorder

Discussion: Ms. Consternation's presentation could be explained by a variety of conditions. She certainly is demonstrating some symptoms of depression such as dysphoria, sleep disruption, low energy and poor concentration. An identifiable stressor (the loss of relationship) is present and thus could be causing an Adjustment Disorder. However, if the symptoms meet criteria for Major Depressive Disorder that condition should be diagnosed regardless of the presence of acute contributing psychosocial stressors. There is also some history of drug and alcohol usage which could potentially be contributing to her difficulties. Prior to ascribing psychiatric difficulties solely to a major psychiatric condition, one must always fully explore the possible contributions from psychoactive substance usage. Ms. Consternation does display some measure of grandiose thinking about herself and others and a degree of impulsivity and overindulgence in pleasurable activities with potential for negative consequences, i.e., substance use and multiple interoffice relationships. These behaviors along with decreased sleep could be consistent with mania and thus a bipolar disorder. Finally, her difficulties with interpersonal relationships, shifting perceptions of others, and emotional reactivity point to a possible personality disorder most likely in the cluster B category.

What further evaluations would you consider essential for Ms. Consternation?

Neuroimaging

Thyroid function tests

Urine Drug Screen

Psychiatric evaluation

Psychological testing

Discussion: The primary type of evaluation needed to sort through the possible differential diagnoses is a thorough psychiatric interview. Psychological testing may be a helpful adjunct which sometimes can detect more subtle signs of personality pathology that may not be readily apparent during the interview. It can also provide some measure of how forthcoming the individual is in providing their history. While neuroimaging studies continues to demonstrate abnormal areas of brain functioning and structure with numerous psychiatric conditions, the sensitive and specificity for detecting such changes in individuals are not yet sufficient to aid in typical clinical practice. Thyroid testing should always be performed when persons present with

depressive symptoms. Urine drug screening is indicated to further explore her level and variety of substance use.

What psychiatric treatment regimens might benefit Ms. Consternation?

Mood stabilizing medications

Individual Psychotherapy

Group Psychotherapy

Substance abuse rehabilitative treatment

Discussion: Persons with personality disorders typically will require some form of psychotherapy for greatest improvement in functioning. With borderline personality disorder a very specific type of psychotherapy (Dialectical Behavioral Therapy) that combines group and individual therapies has been shown to be effective in reducing rates of re-hospitalization with these patients. Patients with comorbid personality and/or substance use disorders will have less robust responses to antidepressant treatment for depressive symptoms. Persons with borderline personality disorder sometimes do benefit from additional psychotropic medications such as mood stabilizing medications like lithium or antipsychotic medications such as olanzapine. However, these should not be considered first-line treatments because of their risk of serious side effects such as toxicity, organ damage, metabolic syndrome, and abnormalities of motor function such as permanent tardive dyskinesia with antipsychotics.

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%

The best answer is A) 10%.

Mortality from suicide is quite high in persons with borderline personality disorder as compared to the general population. Thus, even though these patients frequently engage in acts of self-harm or make threats of such, these signs must be taken seriously and dealt with appropriately because

of the great difficulty in determining when they will actually either accidentally or intentionally seriously harm themselves.

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

The correct answer is D) Is interpersonally exploitative

While persons with narcissistic personality disorder may exhibit all of the above characteristics, interpersonal exploitativeness, i.e., (taking advantage of others to achieve his or her own ends), is the only one that is a specific DSM-V criterion of narcissistic personality disorder. Reckless disregard for the safety and rights of others is most consistent with Antisocial Personality disorder. Feelings of abandonment are more consistent with borderline personality disorder. Shallowness of emotions is more consistent with Histrionic Personality Disorder.

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

The correct answer is B) Borderline and Schizotypal.

Transient paranoid ideation, dissociative symptoms, and sometimes other psychotic symptoms can occur when persons with borderline personality are subjected to extremely stressful situations. Schizotypal personality disorder is most closely associated with schizophrenia and such patients may have disturbances of cognition and perception that border on psychotic at

times. While persons with paranoid personality disorder may border on delusional at times, those with schizoid personality disorder typically do not experience symptoms of psychosis.

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

The correct answer is C) Other Specified Personality Disorder, e.g. "Mixed personality features".

It is very common for a persons with significant personality disorder pathology to have features of several difference personality disorders rather than fitting neatly into one of the 10 specific personality disorders listed in DSM-V. Because of this known phenomenon many have recommended conceptualizing personality disorders along dimensions of basic personality styles. Such a method is outlined in the appendix of the DSM-V. Such an approach would allow greater flexibility for clinicians in encapsulating the particular mixture of traits an individual patient exhibits rather than being forced to diagnosis the condition as best fitting one of the ten main categories.

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.

The correct answer is B) Relating your personal problems to the patient in order to enhance rapport.

Patients with personality disorders are often quick to encroach upon and erode the professional doctor-patient relationship. This typically occurs gradually and innocuously. They may ask to be called by their first name and vice versa. They may ask for extra time or other special treatment during appointments. They may attempt to interact with the treating professional outside the office. They may offer business services or gifts. Finally they may develop emotional attachments to providers and engage in personal relationships. All of these types of boundary violations should be guarded against and not allowed to proceed by the clinician.

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

The correct answer is D) Relatively chronic and lifelong but with some chance of remission with time and proper treatment.

Personality disorders have long been conceptualized as relatively fixed in adulthood with little chance of significant change. This understanding is being refined as some research has demonstrated that with time and proper treatment many persons with personality disorders can experience significant remission of some of the more problematic aspects of these disorders especially the impulsivity and emotional instability of the cluster B personality disorders.

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

The correct answer is C) hyporeactive electrodermal responses.

Several areas of research indicate that the fearlessness associated with persons with antisocial personality disorder has measurable physiological correlates such as the ability to "not sweat under pressure." As a group they have been shown to have disruptions in amygdala fear processing and some have genetic abnormalities in their MAO enzyme and serotonin transporter functioning. They typically have inconsistent work histories. Impaired smooth pursuit eye movements have been demonstrated in persons with schizotypal personality disorder.

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

The correct answer is A) it is distinct from obsessive-compulsive disorder.

Patients with obsessive compulsive disorder (OCD) have repetitive thoughts and rituals that are irrational, time-consuming, and difficult for the person to control. Persons with obsessive-compulsive personality disorder (OCPD) have more global obsessive tendencies but lack the specific compulsive rituals. While some patients may have both conditions this is not the typical presentation for either condition. OCPD one of the more prevalent personality disorders affecting from 2- 8% of the general population. SSRI antidepressants are effective in treating OCD but not typically OCPD.