

Antisocial Personality Disorder



Antisocial Personality DO

Diagnostic Features (Section II)

- The essential feature of antisocial personality disorder is a pervasive pattern of disregard for, and violation of, the rights of others that begins in childhood or early adolescence and continues into adulthood.
 - Has also been referred to as: *psychopathy*, *sociopathy*, or *dyssocial personality disorder*

Diagnostic Features (Section III)

- Typical features of antisocial personality disorder are:
 - A failure to conform to lawful and ethical behavior
 - An egocentric, callous lack of concern for others
 - Accompanied by deceitfulness, irresponsibility, manipulativeness, and/or risk taking

Antisocial Personality Disorder: Section II

Diagnostic Criteria

- A. A pervasive pattern of disregard for and violation of the rights of others, occurring since age 15 years, as indicated by three (or more) of the following:
 - 1. Failure to conform to social norms with respect to lawful behaviors, as indicated by repeatedly performing acts that are grounds for arrest.
 - 2. Deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure.
 - 3. Impulsivity or failure to plan ahead.
 - 4. Irritability and aggressiveness, as indicated by repeated physical fights or assaults.
 - 5. Reckless disregard for safety of self or others.
 - 6. Consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations.
 - 7. Lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another.
- B. The individual is at least age 18 years.
- C. There is evidence of conduct disorder with onset before age 15 years.
- D. The occurrence of antisocial behavior is not exclusively during the course of schizophrenia or bipolar disorder.

Antisocial Personality DO: Section III

Proposed Diagnostic Criteria

- A. Moderate or greater impairment in personality functioning, manifested by characteristic difficulties in two or more of the following four areas:
1. **Identity:** Egocentrism; self-esteem derived from personal gain, power, or pleasure.
 2. **Self-direction:** Goal setting based on personal gratification; absence of prosocial internal standards, associated with failure to conform to lawful or culturally normative ethical behavior.
 3. **Empathy:** Lack of concern for feelings, needs, or suffering of others; lack of remorse after hurting or mistreating another.
 4. **Intimacy:** Incapacity for mutually intimate relationships, as exploitation is a primary means of relating to others, including by deceit and coercion; use of dominance or intimidation to control others.
- B. Six or more of the following seven pathological personality traits:
1. **Manipulativeness** (an aspect of **Antagonism**): Frequent use of subterfuge to influence or control others; use of seduction, charm, glibness, or ingratiation to achieve one's ends.
 2. **Callousness** (an aspect of **Antagonism**): Lack of concern for feelings or problems of others; lack of guilt or remorse about the negative or harmful effects of one's actions on others; aggression; sadism.
 3. **Deceitfulness** (an aspect of **Antagonism**): Dishonesty and fraudulence; misrepresentation of self; embellishment or fabrication when relating events.
 4. **Hostility** (an aspect of **Antagonism**): Persistent or frequent angry feelings; anger or irritability in response to minor slights and insults; mean, nasty, or vengeful behavior.
 5. **Risk taking** (an aspect of **Disinhibition**): Engagement in dangerous, risky, and potentially self-damaging activities, unnecessarily and without regard for consequences; boredom proneness and thoughtless initiation of activities to counter boredom; lack of concern for one's limitations and denial of the reality of personal danger.
 6. **Impulsivity** (an aspect of **Disinhibition**): Acting on the spur of the moment in response to immediate stimuli; acting on a momentary basis without a plan or consideration of outcomes; difficulty establishing and following plans.
 7. **Irresponsibility** (an aspect of **Disinhibition**): Disregard for—and failure to honor—financial and other obligations or commitments; lack of respect for—and lack of follow-through on—agreements and promises.

Note. The individual is at least 18 years of age.

Specify if:

With psychopathic features.

Antisocial Personality DO: Section III

Specifiers

- A distinct variant often termed *psychopathy* (or “primary” psychopathy)
 - Marked by a lack of anxiety or fear (Negative Affectivity domain)
 - Withdrawal (Detachment domain)
 - High levels of attention seeking (Antagonism domain)
- Trait and personality functioning specifiers
 - May be used to record other personality features that may be present in antisocial personality disorder but are not required for the diagnosis
 - E.g, Traits of Negative Affectivity (e.g., anxiousness), are not diagnostic criteria for antisocial personality disorder (see Criterion B) but can be specified when appropriate
 - The level of personality functioning can also be specified
 - Although moderate or greater impairment in personality functioning is required for the diagnosis of antisocial personality disorder (Criterion A)

Associated Features Supporting Diagnosis

- High prevalence of associated:
 - Anxiety disorders
 - Depressive disorders
 - Substance use disorders (80-85%)
 - Somatic symptom disorder
 - Gambling disorder (and other disorders of impulse control)
- Co-occurrence of other personality disorders:
 - Other “Cluster B”: borderline, histrionic, and narcissistic personality disorders
- Childhood onset of conduct disorder (before age 10 years) and accompanying attention-deficit/hyperactivity disorder
 - Increased likelihood that conduct disorder will evolve into antisocial personality disorder:
 - Child abuse or neglect
 - Unstable or erratic parenting
 - Inconsistent parental discipline

Prevalence

- Based on the DSM-IV criteria for ASPD, recent epidemiological studies report a prevalence of 2-3 % in the general population
 - Approximately 3 % in men and 1 % in women
 - In prison samples, studies have found rates of ASPD to be 47 % in men and 21 % in women

Development and Course

- Etiology
 - Genetics: ~1/2
 - SNAP25, others, likely multiple small-effect mutations
 - Environmental Factors: ~1/2
 - Low socioeconomic status
 - Urban
 - Childhood violence, neglect, abuse
 - Brain Imaging:
 - Decreased volume and functioning in the prefrontal cortex and amygdala
- Chronic course
 - May become less evident or remit as the individual grows older
 - Particularly by the fourth decade of life.

Differential Diagnosis

- Must be 18 years and must have a history of some symptoms of conduct disorder before age 15
 - For individuals older than 18 years, a diagnosis of conduct disorder is given only if the criteria for antisocial personality disorder are not met
- Substance use disorders (80-85%)
 - Must have had ASPD as a child before substance use
 - If substance and ASPD concurrent, dx with both
- Schizophrenia and bipolar disorders
 - If ASPD only in these contexts, not ASPD
- Other personality disorders
 - Frequently overlap with Cluster B, if meet criteria for more than one, can dx all
- Criminal behavior not associated with a personality disorder
 - ASPD must be distinguished from criminal behavior undertaken for gain that is not accompanied by the personality features characteristic of this disorder
 - Only when antisocial personality traits are inflexible, maladaptive, and persistent and cause significant functional impairment or subjective distress do they constitute antisocial personality disorder

Treatment

- 19.8% improve with no intervention
- Psychotherapy: (25-62% benefit effects in different studies)
 - CBT—some improvement, but not significant
 - MST—useful for younger pts, difficult for adults
- Pharmacological: No evidence base to use yet, BUT:

Recent Paper: “Clozapine: an effective treatment for seriously violent and psychopathic men with antisocial personality disorder in a UK high-security hospital” (CNS Spectr. 2014 Apr 3:1-12. [Epub ahead of print])

 - Clozapine: most “anti-aggressive” anti-psychotic (↓ violence in SZ pts)
 - 7 highly violent patients in high-security hospital (none = SZ or SZAD)
 - Showed significant improvement on clozapine (serum levels 150-350 ng/mL)
 - Benefit in all symptom domains, especially impulsive behavioral dyscontrol and anger
 - Number of violent incidents committed by 6 of the 7 patients reduced significantly, and all patients' risk of violence reduced
 - 3/7 transferred to lower security units
 - Very few other studies on pharmacologic tx in ASPD
 - Several studies show positive effect of clozapine in BPD (5/7=BPD)
 - May target the same spectrum of symptoms in both BPD and ASPD

