Personality disorders

Personality disorders (or *'**specific personality disorders**'* according to the international classification of diseases) are referred to as permanent character deviations from the norm if they significantly reduce the quality of life of the person, or both present aspects. It is a frequent co-morbidity in psychiatric and addictological patients. They are included in the category in the MKN F60 (https://mkn10.uzis.cz/prohlizec/F60) (Personality and behaviour disorders in adults).

Diagnostic criteria

It is a set of distinctive, for the environment or the unpleasant personality traits, opinions and behaviours in question, which are significantly maladaptive in most social situations and significantly disrupt the social and work functioning.

Diagnostics are based on both own clinical examination and objective medical history.

Typical of personality disorders is:

- Disorder and character changes are less or more pronounced since childhood.
- The person in question does not admit his disorder, in the case of social failures he usually blames the surroundings, and he considers the pathological features of the personality to be his own, so he does not want to change them.
- In the long run, the disorder has a relatively stable course, although in emotionally tense situations there may be an accentuation of character traits.
- The clinical picture remains without treatment from adulthood basically immutable.
- Personality seems unbalanced, there is no kind of harmonious interplay between its properties, which is why conflicts with the environment, or social download.

Earlier naming of a fault group as ***psychopathia*** is now considered obsolete and is not used in psychiatric practice for pejorative events. The term was also used before *anomalous personality*, which is also obsolete today and was the designation of people who were remarkably different from the standard, but whose nature could not be described as pathologically tuned.

⚠ Differential diagnosis must be taken into account in particular the long -term and relatively constant course of the disease - personality disorders similar states may occur, for example, in withdrawal syndrome, schizophrenia, Depression, intoxication or some endocrine diseases⚠

Aetiology and pathogenesis

The causes of disorders include hereditary influences, then influences psychosocial (especially education).

However, personality change can also occur during life due to psychological trauma, endocrinopathy, stress, drug use, vascular diseases of CNS, expansionary processes of intracranial or other mental illness. It can then be difficult to distinguish whether it is a personality disorder as such or another diagnosis (e.g. consequences of a psychotic disease, or organic psychosyndromes).

Some characteristics highlight (relativity, pessimism) over time, others alleviate (aggressive and dissocial tendencies).

Specific personality disorders

In practice, an expert may encounter a case where diagnostic criteria for 2 or more disorders are met. Usually, however, sets of certain character traits are more pronounced, so individual personality disorders subtypes have been introduced.

Paranoid personality disorder (F60.0)

It manifests itself as a little social, relational, relentless and almost without a sense of humor. He has a tendency provoke conflicts and tends to be permanently resentment. They lack the ability to forgive, emotionally neutral remarks about themselves tend to distort and see contempt for their person. They feel that they are not sufficiently appreciated by their surroundings. They do not trust their partners, they suspect them of infidelity. The problem occurs especially in aggressive individuals who can react very violently. There are feelings of guilt and constructs close to you delusions of thought. They almost never admit their own mistakes.

Schizoid personality disorder (F60.1)

This disorder is characterized by a lack of interest in relationships and friends, emotional cold and closedness. They have no pleasure in almost any activity . They tend to be indifferent to praise and criticism. They can act authoritatively and eccentrically with their bizarre ideas and unusual logic. They have **lower adjustment ability**

with social norms. They often deal with their fantasies and their own philosophy, as a result of which they are detached from the real world (but not in terms of qualitative disorders of perception and thinking typical of the disease schizophrenic circuit – see section on differential diagnosis.

Disocial personality disorder (F60.2)

People with this disorder can repeatedly commit crimes. Many are unable to experience guilt. They accuse the environment and society of possible failures, never themselves. They are indifferent and ruthless to others, they lack empathy. They do not last longer in employment, as parents repeatedly fail, neglect or abuse the child. Partner relationships with them also do not last longer. They do not respect social rules, or they are fighting directly against them. They do not have sufficiently developed higher feelings (*„ moral insanity “*). They easily establish contacts with others, but are not able to maintain them permanently. They are frustrated by any failures, they can be irritated very quickly by any obstacle, they are aggressive, they often lie. Fault features are obvious already in childhood, when it manifests itself in truancy, theft, bullying or animal cruelty (frequent diagnosis for people under 18 is the so-called "conduct disorder", antisocial diagnosis is only possible for people over 18) . They are often the subject of disputes in court proceedings, where an expert opinion is required.

note. This part of "symptoms" depends on the person. Even this personality disorder could be considered as a spectrum of = never proves to be the same in humans.

Emotionally unstable personality disorder (F60.3)

He is a significantly choleric person with significant fluctuations in behavior and disproportionately effective action. He does not manage these affectes and then often manifests himself aggressively towards the environment, but also towards himself. They often act without considering possible risks and thus cause complications for themselves and their surroundings. Low endurance, poor activity planning, rotation of sexual partners and predisposition to substance abuse are typical. He may suffer from feelings of emptiness, which he compensates for by participating in the most risky events. It is also significantly increased risk of suicide. Emotionally unstable personality disorder is further divided into types impulsive and border.

Impulsive type

Individuals with this disorder are unable to control themselves sufficiently. They are impulsive, act recklessly and provoke conflict. They do not accept criticism of their behavior, and this criticism is also often the trigger for an outburst of anger. Failure to control your explosions can only result in violent acts or destruction of property. Their mood is unpredictable.

Borderline type

This disorder is characterized by emotional instability. Individuals have a disturbed idea of themselves, their goals and preferences (and sexual). Their partner problems – are volatile and the intensity of experience fluctuates. They alternately damn and idealize the partner. In a relationship, they are afraid of rejection. He suffers from a constant feeling of inner emptiness. They are at constant risk *suicidal behaviour* and *self-harm*.

Histrionic personality disorder (F60.4)

This disorder was previously referred to as *hysterical psychopath*. Typical for people with this disorder is the tendency to dramatize banal conflicts, excessive theatricality (histrión = actor), emotional blackmail, human manipulation and inadequate affectivity (often pretended). Elastic and superficial emotion is striking, infantile manifestations and the effort to be the center of attention. He achieves this in various ways, women are characterized by striking dressing, seductive behavior and the effort to be a sexually attractive object.

People with historic features require constant reassurance in their qualities, often sob sharply and stormily in case of failure, they can even pretend various seizures (whether these are really tonic-clonic convulsions, or a mere simulation can be detected by a painful stimulus to which this person responds with a motor or verbal response, while a patient with a type attack *grand mal* no.)

Histrian people also tend to be vengeful and mythical lying (pseudologia phantastica). They are characterized by sophisticated intrigue and slander, for example in the workplace, which can lead to the disintegration of the friendly team. They can look very convincing, they can lie with great dexterity and distort the statements of others. He will explain everything in his favor. They are suggestible (are subject to the action of other persons), at the same time it works suggestively. They can also very convincingly incorporate emotions into the narrative. It is very destructive in partnerships. Due to the desire for adventure, they are at increased risk of drug abuse, rotation of sexual partners, but on the other hand, there are often various sexual dysfunctions. In women, anorgasmia often occurs. However, such a person, on the other hand, is able to sacrifice (considerably, not for the good of the thing itself, but for the admiration of others).

These people can occur in emotionally tense situations dissociative (conversion) disorders - psychogenic amnesia, fusion, or dissociation stupor. A narcissistic personality with a lack of empathy, attention and envy is similar. Individuals with narcissistic features fantasize about tremendous success, wealth, self-perfection and have extremely high self-confidence.

Clinical image

- propensity for theatricality and dramatization
- unstable and superficial emotivity, infantile manifestations
- the desire to be the center of attention (the focus of attraction, seductive behaviour), requires constant admiration, reassurance that she is loved
- adventurous nature
- The classic hysterical symptoms also belong here:
- feeling of constant tension and dissatisfaction, sharp affections
- inclinations to blame, blaming others
- manipulation, indistinguishable crying, vengeance
- tendency to mythical lying (pseudologia phantastica), purposeful reactions

Ananastic personality disorder (F60.5)

In this case, it is a disorder that reduces the quality of life of the patient himself. Typical are constant doubts, *'underestimating'* and the mistrust in themselves and their skills. As a compensation, the person resorts to excessive concept of details in activities and action, so he certainly has a tendency towards perfectionism. In their working life, they can excel in above -average and flawless results, but they need much more time for constant control than others. They leave the decision -making to others, if they have to decide themselves, the others must submit its decision. In their attitudes and values they are rather rigid, they do not like to deviate from routine. Decompensation is manifested as obsessive-compulsive disorder.

Anxious (avoidable) personality disorder (F60.6)

This disorder is characterized by a lack of self -confidence, which implies anxiety tuning and concerns. Individuals are convinced of their inability, they are considered inferior, unnecessary. In society, they rather avoid contact, they are extremely sensitive to criticism and rejection.

Dependent personality disorder (F60.7)

Also referred to as *'**passive personality**'* . Individuals with this disorder are happy in society, but in their tasks *'**submissive**'* , they like and willingly subordinate to the wishes and orders of others. They let others decide for themselves, they feel their own inability to decide. They are dependent on their partners and very badly tolerate breakups. They also need the surroundings to give them certainty.

Other specific personality disorders (F60.8)

Here are the terms like personality unstable, or unabated personality, when they are people with extremely low will and ability to control themselves. Such a person is also subject to the influence of the environment, gives the impression of a lazy person and the risk is noticeably increased drug abuse. Permanent efforts for material enrichment are also typical, often in an illegal way. Another case is **passive aggressive personality**, which often contradicts the opinions and will of the environment without visible reason, refuses to obey orders, or constantly complains about something. Procrastination is typical when performing the tasks entrusted to them, or intrigue. These people tend to be less successful in social and professional life

Persistent personality changes (F62)

This diagnosis is appropriate in the patient if the personality change has occurred as a result traumatic experience, after a mental illness or due to excessive long-term stress. Persistent change of personality after a catastrophic experience (F62.0) occurs in humans after such extreme pathopsychological stimuli that premorbid personality is not decisive. These are, for example, persons who have long been imprisoned by kidnappers, tortured, or after staying in concentration camps. The speech usually precedes post-traumatic stress disorder, after which a host, distrustful attitude towards the outside world develops and social isolation occurs. The prognosis is poor, it is often a chronic disability.

Persistent change of personality after a mental illness (F62.1) is a designation for responding to a mental illness, it is not a continuation of it in the true sense of the word. Dependence on others is typical, fear of stigmatization by the public, dysphoria to depression, hypobulia, anhedonia.

Epidemiology

It is very difficult to determine the prevalence of personality disorders, as individuals suffering from these disorders rarely seek professional help themselves. Estimates speak of approximately 10% of the population. Comorbidities are also a problem, as decompensation of these disorders creates anxious or depressive disorders, dissociative (konversive) syndromes, in extreme cases the clinical picture may appear to be a psychotic disease.

Treatment and prognosis

The prognosis is usually poor, as genetic predispositions have a majority influence. However, it can alleviate or highlight the manifestations of the disease in the environment in which the individual lives. In this case, it applies especially psychotherapy, pharmacotherapeutic treatment comes second. Of the psychotherapeutic procedures, the following are mainly used:

- dynamic psychotherapy focused on the knowledge of character traits that make individuals and their surroundings uncomfortable with life
- interpersonal psychotherapy in conflict management, eg in marriage
- cognitive-behavioral psychotherapy on *„ learning “* pathological patterns of behavior by which the individual manifests himself in critical situations

Pharmacotherapy has a rather secondary meaning. Small doses are given antidepressant, possibly anxiolytics, however, there is a risk of long-term use and subsequent addiction. Lithium administration can also have an effect, in extreme cases it can also be given antipsychotics (pimozide, zuklopenthixol, risperidone).

Links

related articles

- Schizophrenia
- Depression
- Panic disorder
- Psychotherapy
- Abuse of addictive substances

external links

- https://en.wikipedia.org/wiki/porucha
- Personality disorders-American Psychiatric Association (https://www.psychiatry.org/patients-families/personality-disorders/what-ae-personality-disorders)

used literature

- Poruchy osobnosti – česká Wikipedie
- Poruchy osobnosti – American Psychiatric Association

Used literature

- RABOCH, Jiří a Petr ZVOLSKÝ, et al. *Psychiatrie.* první vydání. Praha : Galén, 2001. 622 s. ISBN 80-7262-140-8.