

Department of Psychiatry, First
Faculty of Medicine, Charles
University and General
University Hospital in Prague



SPECIFIC PERSONALITY DISORDERS



Disorders of Adult Personality and Behaviour (F60-F69)

- F60 Specific personality disorders
- F61 Mixed and other personality disorders
- F62 Enduring personality changes, not attributable to brain damage and disease
- F63 Habit and impulse disorders
- F64 Gender identity disorders
- F65 Disorders of sexual preference
- F66 Psychological and behavioural disorders associated with sexual development and orientation
- F68 Other disorders of adult personality and behaviour
- F69 Unspecified disorder of adult personality and behaviour

F60 Specific Personality Disorders

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- F60.0 Paranoid personality disorder
- F60.1 Schizoid personality disorder
- F60.2 Dissocial personality disorder
- F60.3 Emotionally unstable personality disorder
- F60.4 Histrionic personality disorder
- F60.5 Anankastic personality disorder
- F60.6 Anxious (avoidant) personality disorder
- F60.7 Dependent personality disorder
- F60.8 Other specific personality disorders
- F60.9 Personality disorder, unspecified

F60 Specific Personality Disorders

■ **Specific personality disorders**

- severe disturbances in the personality and behavioural tendencies of the individual
- not directly resulting from disease, damage, or other insult to the brain, or from another psychiatric disorder
- usually involving several areas of the personality
- nearly always associated with considerable personal distress and social disruption
- usually manifest since childhood or adolescence and continuing throughout adulthood.

F60 Specific Personality Disorders

- Personality disorder is persistent and appears already within late childhood and adolescence being fully manifested in adulthood (diagnosing after the age of 16-17 years)
- The disorder is usually associated with significant problems in occupational and social performance
- Causes of personality disorders are mostly genetic though the influence of upbringing, parent-child relationship and social environment play also their roles.

F60.0 Paranoid Personality Disorder

- **Paranoid personality disorder** - characterized by excessive sensitiveness to setbacks, persistent refusal to forgive insults and slights, suspiciousness, tendencies to misconstrue the neutral or friendly actions of others as hostile or contemptuous, suspiciousness concerning fidelity of sexual partner, tendencies to experience excessive self-importance and preoccupation with unsubstantiated conspiratorial explanations of events.
- Personality (disorder):
 - expansive paranoid
 - fanatic
 - querulant
 - paranoid
 - sensitive paranoid

F60.1 Schizoid Personality Disorder

- **Schizoid personality disorder** - few activities provide pleasure, emotional coldness, limited capacity to express either warm or hostile feelings with indifference to either praise or criticism, little interest in having sexual experiences with another person, preference for solitary activities, excessive preoccupation with fantasy and introspection, lack of close friends and marked insensitivity to prevailing social norms and conventions.

F60.2 Dissocial Personality Disorder

■ **Dissocial personality disorder:**

- gross disparity between behaviour and the prevailing social norms
- a callous disregard for the feelings of others, incapacity to maintain enduring relationships, gross attitude of irresponsibility
- very low tolerance to frustration, a low threshold for discharge of aggression and violence
- incapacity to experience guilt and to profit from experience including punishment
- a tendency to blame others, or to offer plausible rationalizations for the behaviour bringing the patient into conflict with society

■ **Personality (disorder):**

- amoral
- antisocial
- asocial
- psychopathic
- sociopathic

F60.3 Emotionally Unstable Personality Disorder

- **Emotionally unstable personality disorder:**
 - characterized by a definite tendency to act impulsively without consideration of the consequences, together with affective instability
 - outbursts of anger may lead to violence, particularly in response to criticism (impulsive type)
- Two types may be distinguished:
 - impulsive type - characterized predominantly by emotional instability and lack of impulse control,
 - borderline type - characterized in addition by disturbances in self-image, aims, and internal preferences, by chronic feelings of emptiness, by intense and unstable interpersonal relationships, and by a tendency to self-destructive behaviour, including suicide gestures and attempts
- Personality (disorder):
 - aggressive
 - borderline
 - explosive

F60.4 Histrionic Personality Disorder

- **Histrionic personality disorder:**
 - self-dramatization, pseudologia phantastica, exaggerated expression of emotions, enhanced suggestibility, shallow and labile affectivity, continual seeking for excitement, appreciation by others, and activities in which the patient is the centre of attention, over-concern with physical attractiveness together with inappropriate seductiveness, egocentricity, manipulative behaviour
- **Personality (disorder):**
 - hysterical
 - psychoinfantile

F60.5 Anankastic Personality Disorder

■ **Anankastic personality disorder:**

- characterised by feelings of excessive doubts, preoccupation with details, perfectionism interfering with task completion, excessive conscientiousness and pedantry, rigidity
- intrusion of insistent and unwelcome thoughts or impulses that do not attain the severity of an obsessive-compulsive disorder

■ **Personality (disorder):**

- compulsive
- obsessional
- obsessive-compulsive

F60.6 Anxious (Avoidant) Personality Disorder

- **Anxious (avoidant) personality disorder:**
 - characterized by persistent and pervasive feelings of tension and apprehension, preoccupation with being criticized or rejected by others, avoidance of social or occupational activities because of fears of disapproval or rejection

F60.7 Dependent Personality Disorder

■ **Dependent personality disorder:**

- characterized by pervasive passive reliance on other people to make one's major and minor life decisions, great fear of abandonment, feelings of helplessness and incompetence, passive compliance with the wishes of elders and others, and a weak response to the demands of daily life
- lack of vigour may show itself in the intellectual or emotional spheres
- there is often a tendency to transfer responsibility to others.

■ **Personality (disorder):**

- asthenic
- inadequate
- passive
- self-defeating

F62 Enduring Personality Changes, not Attributable to Brain Damage and Disease

- F62 Enduring personality changes, not attributable to brain damage and disease
- F62.0 Enduring personality change after catastrophic experience
- F62.1 Enduring personality change after psychiatric illness
- F62.8 Other enduring personality changes
- F62.9 Enduring personality change, unspecified

F62.0 Enduring Personality Change after Catastrophic Experience

- **Enduring personality change after catastrophic experience:**
 - present for at least two years, following exposure to catastrophic stress
 - characterized by a hostile or distrustful attitude toward the world, social withdrawal, feelings of emptiness or hopelessness, a chronic feeling of "being on edge" as if constantly threatened, and estrangement.
 - enduring personality change after psychiatric illness (mostly schizophrenia) may appear due to the traumatic experience of suffering from a severe psychiatric illness
- **Personality change after:**
 - concentration camp experiences
 - disasters
 - prolonged:
 - captivity with an imminent possibility of being killed
 - exposure to life-threatening situations such as being a victim of terrorism
 - torture

Treatment of Personality Disorders

■ Psychotherapy

- people who complain about lack of confidence and have difficulties in making relationships are usually motivated for psychotherapy
- in emotionally unstable and dissocial personalities disorders the patient should recognize the situations which provoke his/her pathological reactions and should manage to avoid them
- psychotherapy of personality disorders is a very difficult task and to reach a partial effect requests patient's thorough motivation

■ Pharmacotherapy helps in emotional disorders

- anxiolytics and SSRI antidepressants suppress anxiety and depressive symptoms
- lithium and other thymoprophylactics (carbamazepin, valproic acid) reduces mood fluctuation and aggressive tendencies

F63 Habit and Impulse Disorders

F63 Habit and impulse disorders

F63.0 Pathological gambling

F63.1 Pathological fire-setting (pyromania)

F63.2 Pathological stealing (kleptomania)

F63.3 Trichotillomania

F63.8 Other habit and impulse disorders

F63.9 Habit and impulse disorder,
unspecified

F63.0 Pathological Gambling

- **Pathological gambling:**
 - consists of frequent, repeating episodes of gambling which dominate patient's life leading to social, occupational, material and family detriment
 - it means an intense urge to gamble and preoccupation with ideas of the act of gambling which finally leads to large debts, criminal acting, loss of job and family
- **Psychotherapy** and regime therapy is alike the treatment of alcoholism (group psychotherapy — Anonymous gamblers, 12-steps psychotherapy, family therapy, etc.).

F63.1 Pathological Fire-Setting (Pyromania)

■ **Pyromania:**

- characterized by attempts at, or acts of setting fire to property or objects without any apparent motive
- connected with an intense interest in watching fires burn and feelings of increasing tension before the act, and intense excitement immediately after it has been carried out

F63.2 Pathological Stealing (Kleptomania)

- **Kleptomania - pathological stealing:**
 - means that the patient suffers from intense impulses to steal objects that are not acquired for personal use or monetary gain
 - this disturbance may appear within the symptomatology of eating disorders

F63.3 Trichotillomania

- **Trichotillomania:**

- characterized by noticeable hair loss due to a recurrent failure to resist impulses to pull out hairs

F64 Gender Identity Disorders

- F64 Gender identity disorders
- F64.0 Transsexualism
- F64.1 Dual-role transvestism
- F64.2 Gender identity disorder of childhood
- F64.8 Other gender identity disorders
- F64.9 Gender identity disorder, unspecified

F65 Disorders of Sexual Preference

- F65 Disorders of sexual preference
- F65.0 Fetishism
- F65.1 Fetishistic transvestism
- F65.2 Exhibitionism
- F65.3 Voyeurism
- F65.4 Paedophilia
- F65.5 Sadomasochism
- F65.6 Multiple disorders of sexual preference
- F65.8 Other disorders of sexual preference
- F65.9 Disorder of sexual preference, unspecified

- F66 Psychological and behavioural disorders associated with sexual development and orientation
 - F66.0 Sexual maturation disorder
 - F66.1 Egodystonic sexual orientation
 - F66.2 Sexual relationship disorder
 - F66.8 Other psychosexual development disorders
 - F66.9 Psychosexual development disorder, unspecified

- F68 Other disorders of adult personality and behaviour
 - F68.0 Elaboration of physical symptoms for psychological reasons
 - F68.1 Intentional production or feigning of symptoms or disabilities, either physical or psychological (factitious disorder)
 - F68.8 Other specified disorders of adult personality and behaviour

- F69 Unspecified disorder of adult personality and behaviour

For details see lecture Paraphilias.

The Law and Ordinary Psychiatric Practice

- Consent to medical treatment and to hospitalization - the patient should be informed about the treatment procedures and probable side-effects of them to be able to give „informed consent“.
- Compulsory admission and treatment (“admission without consent”) is realized in emergency situations (suicidal attempts, aggressive behaviour due to mental disorder towards other people, disorders of behaviour endangering patient’s life). A compulsory admission should be reported to the local court within 24 hours; the court will decide within one week’s period whether the admission has been justified.

Civil Law

- Testamentary capacity means that the individual is able to make a valid will. If there are some doubts about it, the validity of the testament can be challenged. The testator should be of „sound disposing mind“ at the time of making it.
- Four legal criteria:
 1. the testator understands what a will is and what its consequences are
 2. he knows the nature and extent of his property
 3. he knows the names of close relatives and can assess their claims to his property
 4. he is free from an abnormal state of mind.
- Serious and persistent mental disorders cause incapacity of making decisions; the court appoints a guardian who is looking after patient's affairs.

Criminal Law

- A person who committed a crime in a state of mental disorder undergoes psychiatric examination:
 - the expert gives a report on the mental state of the offender at the time of crime and on his/her present mental condition
 - according to the report conclusions the court decides about diminished or missing responsibility of the offender and about fitness to plead
 - if the offender is dangerous to other people on the ground of medical reasons the court can order compulsory treatment (psychiatric, antialcoholic, antitoxicomanic, sexuological)

Psychiatric (Court) Report

- Psychiatric report is worked out at the request of police, prosecutor, counselor, court or any part of the action in court. It includes
 - the data of the examination
 - family and personal history
 - the account of the crime given by the accused person
 - present mental state
 - mental state at the time of the crime
 - fitness to plead
- Finally the expert replies the questions put by the court.
- The court takes account of a report as of any other proof; it means that it is not binding for its final decision.