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## PSYCHIATRY BOARD REVIEW MANUAL

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## Diagnosis and Treatment of Personality Disorders

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# Diagnosis and Treatment of Personality Disorders

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## I. INTRODUCTION

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Personality disorders have been described and grouped in many ways, dating as far back as Freud's<sup>1</sup> description of the oral, anal, and phallic types. In all models, personality disorders generally represent psychopathology less severe than the major psychoses, but severe enough to impair occupational or interpersonal functioning. Common features in the definitions of personality disorders are that the characteristics must be longstanding, persistent, pervasive, and cause distress to the individual or others. Despite advances in empirically defining personality disorders, debate continues as to how personality and personality disorders are best described.

The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* defines personality disorders as "an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment."<sup>2</sup> This document groups the personality disorders into 3 clusters (A, B, and C). The clusters lack a clear empirical or theoretical basis but reflect a descriptive overview of the types of personality disorders. Cluster A is characterized by odd or eccentric behaviors and includes schizotypal, paranoid, and schizoid personality disorders. Cluster B, characterized by dramatic and unstable behavior, is comprised of anti-social, borderline, histrionic, and narcissistic personality disorders. Cluster C, marked by anxious, fearful behaviors, includes avoidant, dependent, and obsessive-compulsive personality disorders.

The concept of a separate axis for the diagnosis of personality disorders was introduced with the 3rd edition of the *DSM*.<sup>3</sup> This strategy of classification was meant to encourage clinicians to diagnose not only the patient's immediate clinical problem (eg, a depressive episode), but also his or her chronic maladaptive behavior problems. Within the *DSM* classification, each category of personality disorder has 8 to 10 diagnostic criteria, and an individual must meet a specified number of them in any combination to qualify for a diagnosis. The 10th revision of the *International Classification of Diseases (ICD-10)* describes the personality disorders according to a similar system.<sup>4</sup> **Table 1** compares the most recent nosology of the *ICD-10* and *DSM-IV*. Research into the personality disorders has been hampered by the variety of terms and criteria used to define groups. Although their concordance is moderate at present, the use of standardized instruments for case definition will make it easier to compare future studies.

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## II. CASE PRESENTATION

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A 20-year-old college student, accompanied by his parents, unwillingly visits a psychiatrist's office. His parents are concerned because he was asked to leave school 2 weeks ago as a result of questionable ethical behavior. The patient refuses to discuss the details of his dismissal and justifies getting caught cheating on an examination as the fault of the person whose test was easily accessible. From the onset of the interview, the patient calls the psychiatrist by her first name and suggests that it would be more comfortable to talk over coffee.

During the interview, it becomes apparent that there is a theme to the patient's interactions with peers. For