

Personality Disorders: Review Questions

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QUESTIONS

Choose the single best answer for each question.

Questions 1 through 3 refer to the following case study.

A 23-year-old woman presents to a hospital emergency department (ED) with self-inflicted cigarette burns. She describes feelings of “devastation” following the ending of a recent relationship. Two weeks before presentation she met a man at a night club, and several days later she moved into his apartment. Almost immediately they began to have intense and bitter fights. The evening before her presentation to the ED, he asked her to leave, despite her threats that she may kill herself. She went back to her apartment and impulsively stabbed herself with a lit cigarette, a behavior she shyly admits she has done before to help her cope with the pain of rejection. She states that she has been secretly self-mutilating since she was a child, when it helped her deal with the pain of being sexually abused. When she is feeling angry, overwhelmingly sad, or even bored, she often self-mutilates. She reports that she often feels very badly about herself as a result of this behavior. After the emergency department physician treats her burns, she tells the physician that he is “the best doctor ever” and she would like him to be her primary care physician.

- 1. Which of the following personality disorders (PDs) is most likely suspected?**
 - A) Antisocial PD
 - B) Borderline PD
 - C) Dependent PD
 - D) Histrionic PD
 - E) Narcissistic PD
- 2. Which of the following major mental illnesses is this patient particularly vulnerable to developing?**
 - A) Bipolar disorder
 - B) Conversion disorder
 - C) Major depression
 - D) Obsessive-compulsive disorder
 - E) Schizoaffective disorder
- 3. Based on this patient’s history of being sexually abused, which of the following best explains why she secretly burns herself?**

- A) To manipulate relationships
- B) To obtain attention
- C) To obtain the care and nurturing she believes she needs in order to function
- D) To release endogenous opiates
- E) To simulate illness

Questions 4 and 5 refer to the following case study.

A 24-year-old female college student is brought to her physician by her parents. The patient refuses to take a required speech course, which she needs to finish college. She says that she wants to finish college, but she can’t bring herself to speak in front of a classroom of people. She is terrified of the prospect of doing a poor job and becoming embarrassed. The patient reports that she has always been very shy and that she tends to stay at home and keep to herself. She still lives with her parents. With further questioning, the physician discovers that the patient was timid as a child in school and was always quite anxious about the prospect of being called on in class. She would like a boyfriend, but has been reluctant to accept dates for fear of embarrassment. Although pleasant and poised, she describes an image of herself of being socially inept and personally unappealing.

- 4. Which of the following PDs is most likely suspected?**
 - A) Avoidant PD
 - B) Dependent PD
 - C) Schizoid PD
 - D) Schizotypal PD
 - E) Paranoid PD
- 5. Which of the following medications is best recommended for treating this patient’s anxiety?**
 - A) Amitriptyline
 - B) Clonazepam
 - C) Haloperidol
 - D) Lithium
 - E) Valproic acid

(turn page for answers)

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EXPLANATION OF ANSWERS

1. (B) Borderline PD. Borderline PD is characterized by “a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity.”¹ This patient meets many criteria for this disorder: frantic efforts to avoid abandonment, an unstable and intense interpersonal relationship, engaging in intense conflicts, impulsive self-mutilating behavior, and idealization of the physician. Although individuals with antisocial PD tend to be impulsive and aggressive and engage in conflicts, they generally do not display such intensity of affect concerning relationships. They are also less likely to idealize their physicians. Also, self-mutilation is not a criteria for antisocial PD. Patients with dependent PDs tend to be submissive and clinging to maintain relationships; they generally do not resort to threats of suicide or self-mutilating behavior. They have difficulty expressing disagreements because of fear of losing support, so they tend not to engage in intense conflicts. Patients with histrionic PD are characterized by a pattern of “excessive emotionality and attention seeking.”¹ Although a patient with histrionic PD may form a relationship quickly and describe themselves as devastated when it ends, they are unlikely to experience the intense attachment characteristic of patients with borderline PD. Flattering the physician is characteristic of a patient with histrionic PD, but self-mutilation is highly unlikely. Unlike patients with borderline PD, patients with histrionic PD lack problems with rage or self-destructiveness.² Patients with narcissistic PD have an idealized self-image, and are unlikely to self-mutilate.

2. (C) Major depression. Patients with cluster B PDs (ie, borderline, narcissistic, antisocial, and histrionic PDs) are particularly prone to developing mood disorders. Bipolar disorder and major depression share some syndromes. Patients with bipolar disorder can often display the symptoms of impulsivity, recklessness, and self-destructiveness found in this patient. However, the prevalence of bipolar disorder in the overall population is only approximately 1.5%. In contrast, major depression has a lifetime prevalence in the general population of as high as 17%.³ Patients with borderline PD may have transient, stress-related symptoms of paranoia and dissociation. However, they are unlikely to have the sustained period of psychotic symptoms that meets the criteria for schizoaffective disorder.

3. (D) To release endogenous opiates. Individuals with a history of trauma (eg, childhood sexual abuse) often self-mutilate; some investigators believe that patients engage in this behavior because self-mutilation can cause the release of endogenous opiates. Investigators have treated self-mutilators with opiate-receptor blockers to decrease the frequency of this behavior.⁴ Individuals

who suffer from factitious disorder with physical features inflict injury on themselves specifically to simulate illness and obtain care or attention. Unlike this patient, however, a patient with factitious disorder inflicts injury and pretends that it arose from another source.

4. (A) Avoidant PD. Individuals with avoidant PD display a “pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation.”¹ This patient displays several of the characteristics of avoidant PD, including shyness that interferes with her personal and academic life. She also views herself as unappealing and socially inept, which may contribute to her reluctance to engage in new relationships. Patients with dependent PD also have negative views of themselves but seek out relationships, in contrast to patients with avoidant PD. Individuals with schizoid PD avoid interpersonal relationships but are not interested in having relationships, unlike patients with avoidant PD. Schizotypal patients are also less interested in relationships and tend to have cognitive and perceptual distortions similar to patients with schizophrenia. Patients with paranoid PD tend to avoid relationships because of a pervasive distrust and suspiciousness of others.

5. (B) Clonazepam. Clonazepam is a high-potency benzodiazepine that has proven efficacy for both social phobia and avoidant PD.⁵ Benzodiazepines are first-line agents for most of the anxiety disorders. Amitriptyline is a tricyclic antidepressant which is most effective for the treatment of major depression. Haloperidol is an antipsychotic drug used for conditions such as schizophrenia; no evidence suggests it would be helpful in social phobia or avoidant PD. Lithium is a mood stabilizer used primarily to treat individuals with bipolar type illnesses. Valproic acid is an anticonvulsant used in patients with epilepsy and bipolar mood disorders; this agent is not used for anxiety disorders or avoidant PD.

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