

# The historical context of the treatment of personality disorder

April 2011

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Or  
Personality Disorders

Why bother?

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# Personality disorders

- What are they?
- How much is there about? (prevalence)
- What is the cost? (health economics)
- What is the personal cost? (morbidity)
- How do they affect other problems? (comorbidity and treatment effects)
- What happens next? (prognosis)
- Management principles
- Questions



# Defining features

- Enduring pattern of inner experience and behaviour that deviates markedly from the expectations of the individuals culture
- Inflexible and pervasive
- Leading to clinically significant distress or impairment in social, occupational, or other important areas



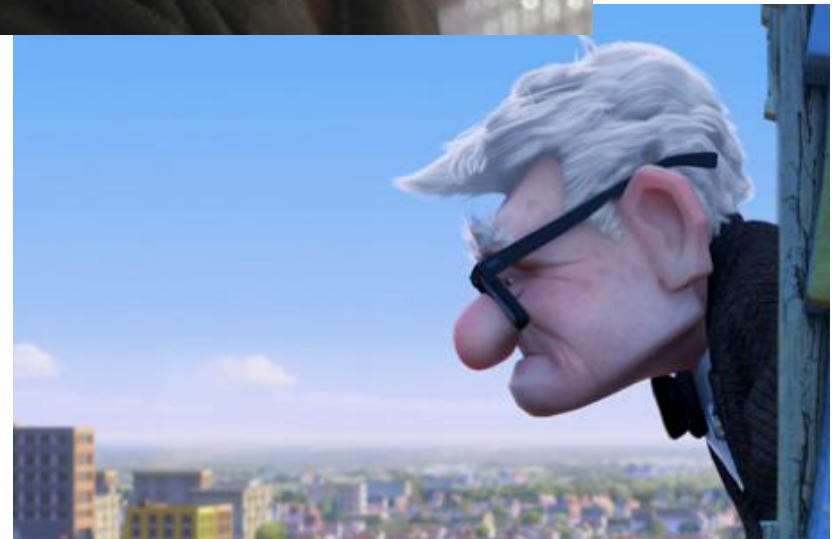
# Historical context

- Morally insane
- Immature personality disorder
- Inadequate personality disorder
- Borderline personality disorder
- Dangerous and Severe PD



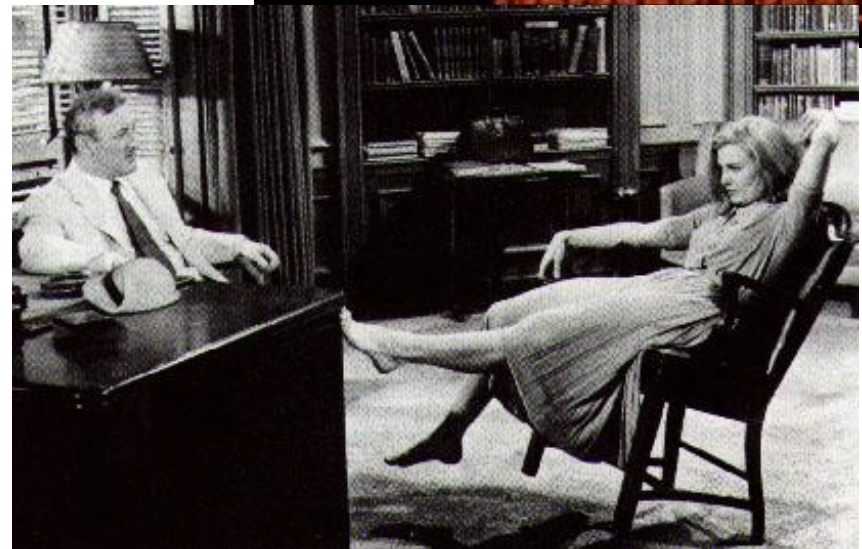
# Cluster A: 'odd, eccentric'

- **Schizoid** – detachment from emotional engagement and restricted emotional expression
- **Paranoid** – distrust and suspiciousness, others motives are interpreted as malevolent
- **Schizotypal** – schizophrenia spectrum



# Cluster B ‘flamboyant, dramatic, emotional, erratic’

- **Emotionally unstable** (‘borderline’) – instability in interpersonal relationships, affect and self image, impulsivity, self harm
- **Histrionic** – excessive emotionality and attention seeking
- **Dissocial/antisocial** – disregard for and violation of the rights of others
- **Narcissistic** – grandiosity, need for admiration, lack of empathy

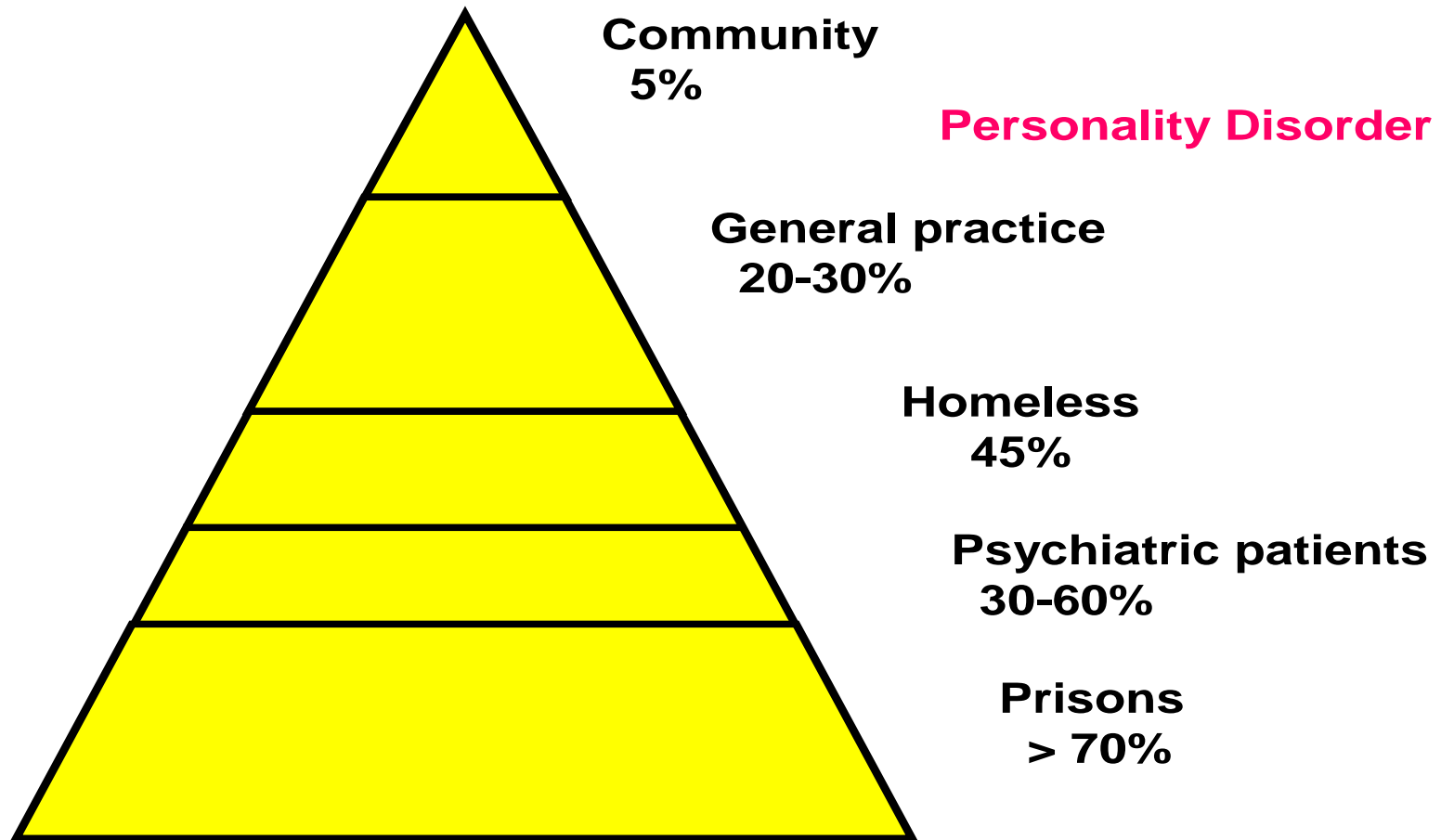


# Cluster C 'anxious, fearful'

- **Obsessive-compulsive**
  - preoccupation with orderliness, perfectionism and control
- **Dependent** – submissive and clinging behaviour related to an excessive need to be taken care of
- **Avoidant** – social inhibition, feelings of inadequacy and hypersensitivity to negative evaluation



# How common is PD?



# The Cost

- Compared to depression, greater use of:
  - psychiatric medication
  - hospitalisation
  - psychotherapy
  - day care
  - social care



# The Cost

- 8-12% suicide rate in BPD

Pompili 2005

- 22%+ alcohol dependent people have PD

Fernandez 2006

- Parenting: 70% mothers involved in childcare proceedings had PD

Adshead 2003



# Presentations

- Recurrent deliberate self harm
- Symptoms of depression and anxiety
- Eating disturbances
- Interpersonal problems...
- Medically unexplained physical symptoms



# Morbidity

- High consumption of psychotropic medication
- Frequent attenders at GP, as emergencies
- ‘Difficult consulting behaviour’
- ‘Revolving door’ /repeated psychiatric hospitalisation



# What causes PD?

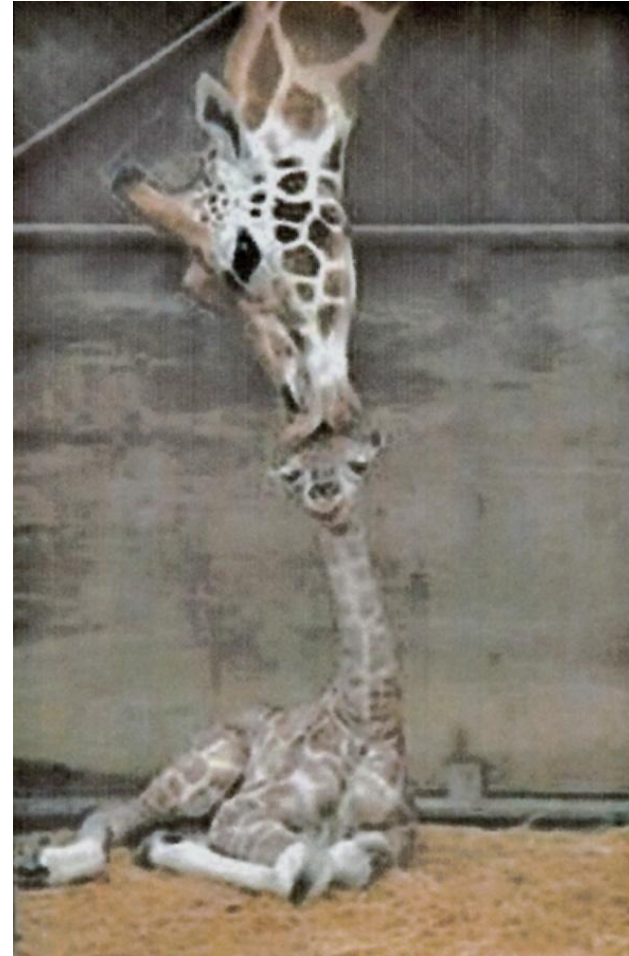
- Lack of secure attachments ►► affective instability
- General risks for all PD:
  - parental psychopathology
  - family breakdown
  - traumatic events



# Emotionally unstable PD

- Describe parenting as neglectful or overprotective
- Greater temperamental needs, historically all nurturance perceived as inadequate
- PDs increased in children grossly neglected or abused
  - physical or sexual
  - cluster B

Johnson 1999



# How does PD affect other problems?

- Makes problems harder to treat

Tyrer 1993

- Makes adverse outcomes more likely

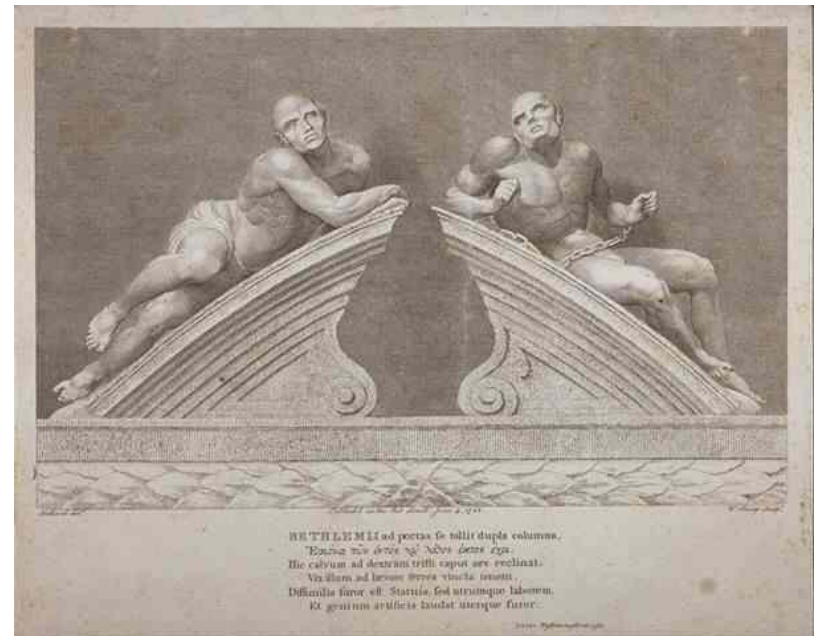
Moran 2003

- Makes patients harder to help

Moran 2001

- Increases cardiovascular risks

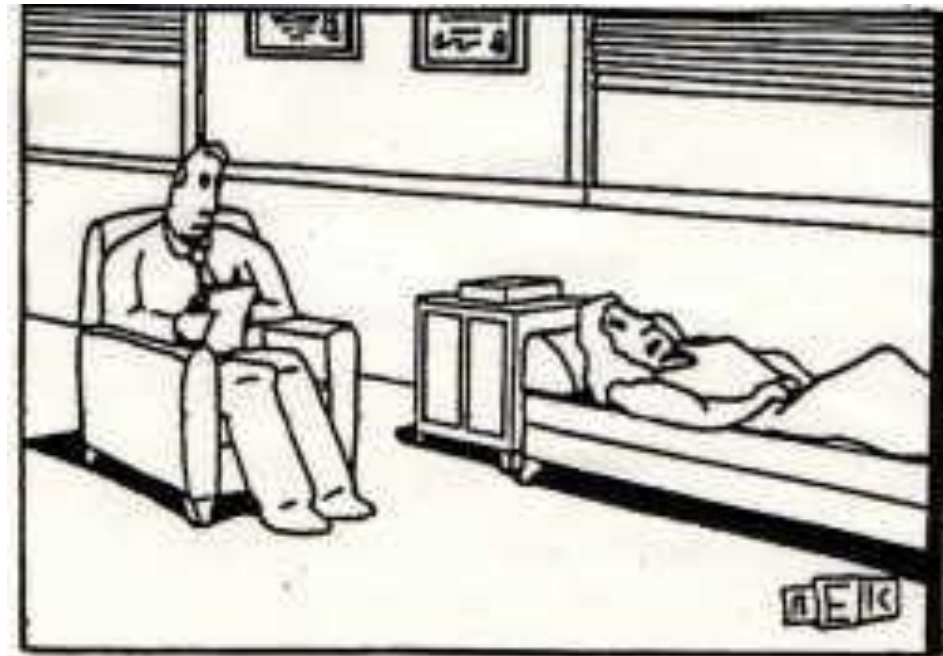
Moran 2007



# Trajectory

- J shaped curve for clusters B and C (traits not disorders)
- Antisocial personality disorder falls off >45
- Still controversial

(Fonagy 2006)



"Well, I do have this recurring dream that one day I might see some results."

# Organisational responses



*National Institute for  
Mental Health in England*

- DSPD initiatives
- No longer a diagnosis of exclusion
- PD services in England

Personality disorder:  
No longer a diagnosis of exclusion

Policy implementation guidance for the development of  
services for people with personality disorder



# Care pathways

