

## Lecture 16

### Prevalence of PDs

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Disorder	Lifetime Prevalence in Population (approx.)	Description
<b>Personality Disorders Characterized by Odd or Eccentric Behavior</b>		
Paranoid Personality Disorder	0.5%–2.5%	Pervasive suspiciousness of the motives of others but without outright paranoid delusions
Schizoid Personality Disorder	Unknown	Social aloofness and shallow or blunted emotions
Schizotypal Personality Disorder	3%	Persistent difficulty forming close social relationships and odd or peculiar beliefs and behaviors without clear psychotic features
<b>Personality Disorders Characterized by Dramatic, Emotional, or Erratic Behavior</b>		
Antisocial Personality Disorder	3%–6% in men, 1% in women	Chronic antisocial behavior, callous treatment of others, irresponsible behavior, and lack of remorse for wrongdoing
Borderline Personality Disorder	2%	Tumultuous moods and stormy relationships with others, unstable self-image, and lack of impulse control
Histrionic Personality Disorder	Est. 2%–3%	Overly dramatic and emotional behavior; demands to be the center of attention; excessive needs for reassurance, praise, and approval
Narcissistic Personality Disorder	Under 1%	Grandiose sense of self; extreme needs for admiration
<b>Personality Disorders Characterized by Anxious or Fearful Behavior</b>		
Avoidant Personality Disorder	.05%–1%	Chronic pattern of avoiding social relationships due to fears of rejection
Dependent Personality Disorder	Unknown	Excessive dependence on others and difficulty making independent decisions
Obsessive–Compulsive Personality Disorder	1%	Excessive needs for orderliness and perfectionism, excessive attention to detail, rigid ways of relating to others

Sources: APA, 2000; Kessler et al., 1994.

- Current figures 0.05-13% of population (lowest in Aus., highest in US)
- In clinical samples 25-40%
- Sex biases: DSM seems to more often label stereotypical feminine behaviours as pathological
  - o E.g. Histrionic PD – flirty, emotional, seductive, attention-seeking

#### Aetiology (possibly)

- Quantitative and/or qualitative exaggerations of normal personality variations (Eysenckian model)
  - o Linear transition model – normality  $\leftrightarrow$  abnormality
- Shared environment (socialisation, family etc.) does not contribute to PDs
- Almost 50/50 between psychobiology and environment
- Psychobiology
  - o Hormones
  - o Nervous system (arousability)
  - o Brain abnormalities
  - o Genetic disposition (esp. for antisocial, schizotypal and borderline)
- (Non-shared) environment
  - o Attachment, trauma, neglect, deprivation, diet, disease etc.

#### Classification and diagnosis problems

- The categorical (binary) approach (the clinical approach)
  - o Not evidence-based
  - o Problems with reliability (alpha as low as 0.1)
  - o Problems with construct validity (e.g. general psychoses vs. Cluster A)
  - o Low agreement on the distinction between normal and abnormal behaviour (false positives/negatives)
    - No room for 'healthy' types or expressions

- Genetic influences are usually based on single genes (vs. polythetic approach)
- Comorbidity
  - 75-85% chance that one will be diagnosed with more than one PD
  - 50-80% of BPD individuals have a mental illness diagnosis that accounts for all their symptoms (primarily of the bipolar spectrum)
- The quasi-dimensional approach (Claridge, 2006)
  - Determination of the existence of a PD (categorical pathogenesis)
  - Determination of the nature/severity of PD (dimensional pathoplasticity)
  - Eysenckian model – linear model which provides a formula of the NEO-PI-R traits and has a cut-off

#### Problems with treatment and intervention

- No clear evidence of effective therapies (for all PDs)
- People with personality disorders usually see their behaviours as normal (egosyntotic – don't see changes within themselves)
- Unlikely to perceive their own behaviour as cause (externalisation of locus of distress)
- Unlikely they will voluntarily seek treatment

#### DSM-V alternative PD classification (section III) – The Hybrid Model (categorical and dimensional)

- Definition: personality disorders represent the failure to develop a sense of self (identity and direction) and the capacity for interpersonal functioning (empathy and intimacy) that are adaptive in the context of the individual's developmental stage or cultural norms and expectations
  - Can relate to other disorders, substance abuse, clinical conditions (not exclusively)
  - Impairments are relatively stable across time and situation
  - Impairment started in adolescence or later
- Six PD types
  - Antisocial/psychopathic (expanded antisocial to include psychopathy)
  - Avoidant
  - Borderline
  - Narcissistic
  - Obsessive-compulsive
  - Schizotypal
- One trait specific PD (similar to 'specified' PD)
  - Symptoms from some PDs and then other symptoms
  - Specifiers: personality trait responsible for heterogeneity of symptomatology