

Personality disorders

Personality disorders appear in late childhood or adolescence and continue into adulthood. When asked to take a history of a personality disorder, a longitudinal history starting from family atmosphere in which the person was raised, performance in school and relationship with class fellows should be asked about. Then move onto other relationships, job history, forensic history and substance use. Personality disorders are typically associated with maladaptive behaviour and social disruption.

Antisocial personality disorder

In OSCEs patient with antisocial personality disorder is usually in hospital after assaulting some one. Spend a couple of minutes taking a history of the present admission/presentation. When and how did the assault occur? Who was involved? Did any one get injured? Was the patient under the influence of a substance at the time of assault? Who called the police? Does he regret the incident and is he remorseful?

1. Do you get along with people?
2. Are you in touch with your family/friends? Establish inability to maintain enduring relationships?
3. Do you normally plan things or do you do them impulsively?
4. Do people go out of their way to give you a hard time?
5. How do you express your anger?
6. Do you ever get so angry that you feel like shouting?
7. How often does this happen?
8. Have you ever hit anyone?
9. Have you done anything that could have gotten you into trouble with police?
10. When you were younger did you ever hit an animal?
11. Did you ever set fire to a property or try to damage it in any other way?
12. What was school like? Did you ever skip school?
13. Work history
14. Substance history

Conduct disorder

Cruelty to animals and people
Destructiveness to property/Fire setting/Stealing
Truancy/Lying/Bullying
Severe disobedience/temper tantrums

Borderline Personality Disorder

- Repeated episodes of self harm
- Fear of abandonment
- Intense idealisation in relationships (wholly good or wholly bad)

- Impulsive behaviour leading to unprotected sexual relationships, substance abuse etc.
- Mood swings
- Difficulty controlling anger and inappropriate expression of anger leading to problems with law, holding jobs and maintaining relationships
- Feelings of emptiness
- Inability to see goals through
- Poor self image
- Periods of paranoia

Causes of BPD

- Traumatic experiences in childhood (neglect)
- Physical or sexual abuse
- Early loss of parents
- Chemical imbalance (serotonin) leading to impulsive behaviour and mood problems

Treatment

- Talking therapies
 - CBT: Identifies negative thinking pattern
 - Psychotherapy
 - Cognitive analytic therapy
 - Dialectical behaviour therapy
- In patient therapeutic communities
Residents live together and share responsibilities of taking decisions. They are encouraged to talk about their feelings in a group setting, which gives them the opportunity to see how others react to their behaviour and way of thinking. Therapeutic communities are staffed by trained nurses and doctors.
- Medications: Anti depressants and antipsychotics (low dose)
- Crisis admissions

Organisations

- Borderline UK
- National Association for People Abused in Childhood (NAPAC)
- Association of therapeutic communities
- Samaritans