

Personality disorder

Personality disorders are a class of Mental Health Disorders characterised by enduring maladaptive patterns of behaviour, cognition and inner experience, deviating markedly from those accepted by the individual's culture. These patterns develop early, are inflexible and are associated with significant distress or disability. 5% of the population suffer from one or more personality disorders¹. Personality disorders are long term, disabling conditions. In terms of burden on the health economy;

- 24% of people attending GP consultations suffer from PD: they attend five times more frequently than other patients. They feel dissatisfied with GP care ² and are less concordant with treatment and more stressful for GPs to manage. They consult repeatedly, and engage in 'difficult consulting behaviour' ³.
- 45% of patients with medically unexplained motor symptoms suffer from PD ⁴.
- People with PD cost more in terms of medication, psychiatric care, and social care than people with major depressive disorder ⁵.
- 8% of people with emotionally unstable (borderline) PD die by suicide, but also self-harm regularly in a non-lethal way, and account for 9% of mental health related visits to emergency departments. They are ten times more likely to present to emergency departments than the rest of the population⁶.
- PD makes other conditions harder to treat; people suffering from PD and depression or anxiety are less likely to respond to antidepressants, CBT and self help⁷, and PD in psychosis increases the risk of suicide by 25%⁸.

Effective Treatment for Personality Disorder is available and NICE recommends each Mental Health Trust provides a specialist multidisciplinary PD service.

1. Coid J, Yang M, Tyrer P, Roberts A, Ullrich S. Prevalence and correlates of personality disorder in Great Britain. *British Journal of Psychiatry* 2006; 188:423-431.
2. Moran P, Jenkins R, Tylee A, Blizard R, Mann A. The prevalence of personality disorder among UK primary care attenders. *Acta psychiatrica Scandinavica* 2000; 102(1):52-57.
3. Hahn SR, Thompson KS, Wills TA, Stern V, Budner NS. The difficult doctor patient relationship: somatization, personality and psychopathology. *J Clin Epidemiol.* 1994; 47:647-657.
4. Crimlisk, H. L., K. Bhatia, H. Cope, A. David, C. D. Marsden, and M. A. Ron. 1998. Slater revisited: 6 year follow up study of patients with medically unexplained motor symptoms *BMJ* 316 (7131) (Feb 21): 582-6.
5. Bender D, Dolan R, Skodol A, Sanislow C, Dyck I, McGlasgan T et al. Treatment utilization by patients with personality disorders. *Am J Psychiatry* 2001; 158(2):295-302.
6. Pascual JC, Corcoles D, Castano J, Gines JM, Gurrea A, Martin-Santos R et al. Hospitalization and Pharmacotherapy for Borderline Personality Disorder in a Psychiatric Emergency Service. *Psychiatric Services* 2007; 58(9):1199-1204.
7. Tyrer, P., Seivewright, N., Ferguson, B., & Murphy, S. 1993, "The Nottingham Study of Neurotic Disorder: Effect of personality status on response to drug treatment, cognitive therapy and self-help over two years", *British Journal of Psychiatry*, vol. 162, pp. 219-226.

8. Moran, P., Walsh, E., Tyrer, P., Burns, T., Creed, F., & Fahy, T. 2003, "Does co-morbid personality disorder increase the risk of suicidal behaviour in psychosis?" *Acta psychiatrica Scandinavica*, vol. 107, no. 6, pp. 441-448.