Personality Disorder

INTRODUCTION

Personality disorder (PD) is a common condition (or more accurately, a group of conditions) which is poorly understood by many clinicians[1]. A diagnosis of PD often carries associated stigma, even with health professionals, and this can influence the care that patients receive[1].

Primary Care carries much of the clinical responsibility for patients with PD, and this can be challenging over the longer term. Until recently, this diagnosis came with a tacit admission that "not much can be done". However, much improvement can come about if clinicians work collaboratively with patients who have these conditions, following correct diagnosis.

There is also increasing evidence that treatment **can** be effective, albeit only for borderline and antisocial PD[1,2,3,4]. For this reason, this module focuses mostly on these two subtypes of PD.

Objectives include:
- what does the term "Personality Disorder" mean?
- what PDs are there, and how are they defined and classified?
- what are the clinical features of the different types of PD and how do you diagnose them?
- what evidence exists for treatment of PD?

The cases below are designed to illustrate the problems described in the aims of the module. They are real cases, but are **not** meant to be the focus of the group's discussion. Instead, PBSGL groups are encouraged to think of similar cases in their own place of work.

Studying all the cases is not compulsory. If the group runs short of time, and completing the group feedback is still to be done, it is better to leave out a case completely. The feedback, where group members say what changes they will make in practice as a result of the meeting, is an essential part of the learning process – more important than "completing the cases".