



Personality Disorders



Personality disorders are associated with ways of thinking and feeling about oneself and others that significantly and adversely affect how an individual functions in many aspects of life. They fall within 10 distinct types: paranoid personality disorder, schizoid personality disorder, schizotypal personality disorder, antisocial personality disorder, borderline personality disorder, histrionic personality, narcissistic personality disorder, avoidant personality disorder, dependent personality disorder and obsessive-compulsive personality disorder.

During the development process of the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), several proposed revisions were drafted that would have significantly changed the method by which individuals with these disorders are diagnosed. Based on feedback from a multilevel review of proposed revisions, the American Psychiatric Association Board of Trustees ultimately decided to retain the DSM-IV categorical approach with the same 10 personality disorders.

The proposed revisions that were not accepted for the main body of the manual were approved as an alternative hybrid dimensional-categorical model that will be included in a separate chapter in Section III of DSM-5. This alternative model is included to encourage further study on how this new methodology could be used to assess personality and diagnose personality disorders in clinical practice.

DSM-5 moves from the multi-axial system to a new assessment that removes the arbitrary boundaries between personality disorders and other mental disorders.

Assessing on a Single Axis

Until now, DSM has organized clinical assessment into five areas, or axes, addressing the different aspects and impact of disorders. This multi-axial system was introduced in part to solve a problem that no longer exists: Certain disorders, like personality disorders, received inadequate clinical and research focus. As a consequence, these disorders were designated to Axis II to ensure they received greater attention. However, the axis system was seen by some clinicians as burdensome and time consuming. Given that there is no fundamental difference between disorders described on DSM-IV's Axis I and Axis II, DSM-5 has shifted to a single axis system.

This system combines the first three axes outlined in past editions of DSM into one axis with all mental and other medical diagnoses. Doing so removes artificial distinctions among conditions, benefitting both clinical practice and research use.

Evolving the Diagnosis of Personality Disorders

The Personality Disorders Work Group began its efforts on DSM-5 by reviewing recent research on these disorders and considering general feedback from the field about the categorical approach.

The Work Group's first revision represented a significantly different approach to diagnosis. It attempted to break down the concise models of personality disorders, which sometimes are too rigid to fit patients' symptoms, and replaced them with a trait-specific method. Using this model, clinicians would

have determined if their patients had a personality disorder by looking at the traits suggested by their symptoms and ranking each trait by severity.

As evidenced by the field's reaction, this new model was too complex for clinical practice. After considering that response and additional research, the Work Group evolved the diagnostic criteria for personality disorders to marry the most useful aspects of DSM-IV criteria with features from the first revision's trait-based approach.

The result was reflected in a second proposal, a hybrid model that included evaluation of impairments in personality functioning (how an individual typically experiences himself or herself as well as others) plus five broad areas of pathological personality traits.

Although this hybrid proposal was not accepted for DSM-5's main manual, it is included in Section III for further study. Using this alternate methodology, clinicians would assess personality and diagnose a personality disorder based on an individual's particular difficulties in personality functioning and on specific patterns of those pathological traits.

The hybrid methodology retains six personality disorder types:

- Borderline Personality Disorder
- Obsessive-Compulsive Personality Disorder
- Avoidant Personality Disorder
- Schizotypal Personality Disorder
- Antisocial Personality Disorder
- Narcissistic Personality Disorder

Each type is defined by a specific pattern of impairments and traits. This approach also includes a diagnosis of Personality Disorder—Trait Specified (PD-TS) that could be made when a Personality Disorder is considered present, but the criteria for a specific personality disorder are not fully met. For this diagnosis, the clinician would note the severity of impairment in personality functioning and the problematic personality trait(s).

This hybrid dimensional-categorical model and its components seek to address existing issues with the categorical approach to personality disorders. APA hopes that inclusion of the new methodology in Section III of DSM-5 will encourage research that might support this model in the diagnosis and care of patients, as well as contribute to greater understanding of the causes and treatments of personality disorders.

DSM is the manual used by clinicians and researchers to diagnose and classify mental disorders. The American Psychiatric Association (APA) will publish DSM-5 in 2013, culminating a 14-year revision process. For more information, go to www.DSM5.org.

APA is a national medical specialty society whose more than 36,000 physician members specialize in the diagnosis, treatment, prevention and research of mental illnesses, including substance use disorders. Visit the APA at www.psychiatry.org. For more information, please contact Eve Herold at 703-907-8640 or press@psych.org.

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