

Personality disorder in substances misusing populations

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Declarations

- Member of London Joint Working Group for Substance Misuse and Hepatitis C - received administrative and conference support from Reckitt Benckiser Pharmaceuticals
- Dr Owen Bowden-Jones has not personally received any funding from industry

- **Question 1**

Specialist personality disorder service in area?

- **Question 2**

What is the prevalence of PD your own treatment populations?

- **Question 3**

Have diagnosed a patient with PD in last month?

Overview

- Diagnostic framework for PD
- Personality disorder and substance misuse
 - Diagnostic challenges
 - Prevalence
- Treatment of PD

Definitions

- ICD-10
 - ‘ a severe disturbance in the characterological condition and behavioural tendencies of the individual usually involving several areas of the personality and nearly always associated with considerable personal and social disruption.’
- DSM -IV
 - ‘an enduring pattern of inner experience and behaviour that deviates markedly from the expectations of the individual’s culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment.’

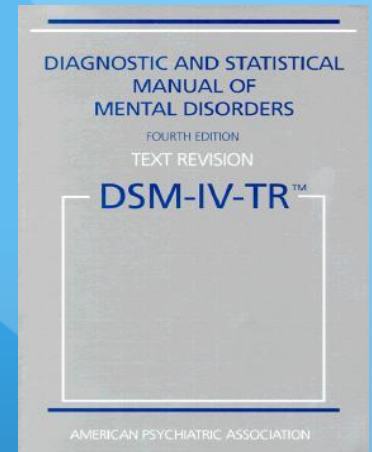
ICD-10



- F60.0 Paranoid
- F 60.1 Schizoid
- F 60.2 Antisocial
- F 60.3 Borderline
- F 60.4 Histrionic
- F 60.5 Anankastic
- F 60.6 Anxious
- F 60.7 Dependent
- F 60.8 Other
 - Narcissistic
 - Passive-aggressive

DSM IV

- Multi-axial approach
- Axis I: Clinical disorders, including major mental disorders, and learning disorders
- ***Axis II: Personality disorders and mental retardation***
- Axis III: Acute medical conditions and physical disorders
- Axis IV: Psychosocial and environmental factors contributing to the disorder



DSM-IV Clusters

- Paranoid
- Schizoid
- Schizotypal



• Cluster A

- Antisocial
- Borderline
- Histrionic
- Narcissistic



• Cluster B

- Avoidant
- Dependent
- Obsessive-compulsive

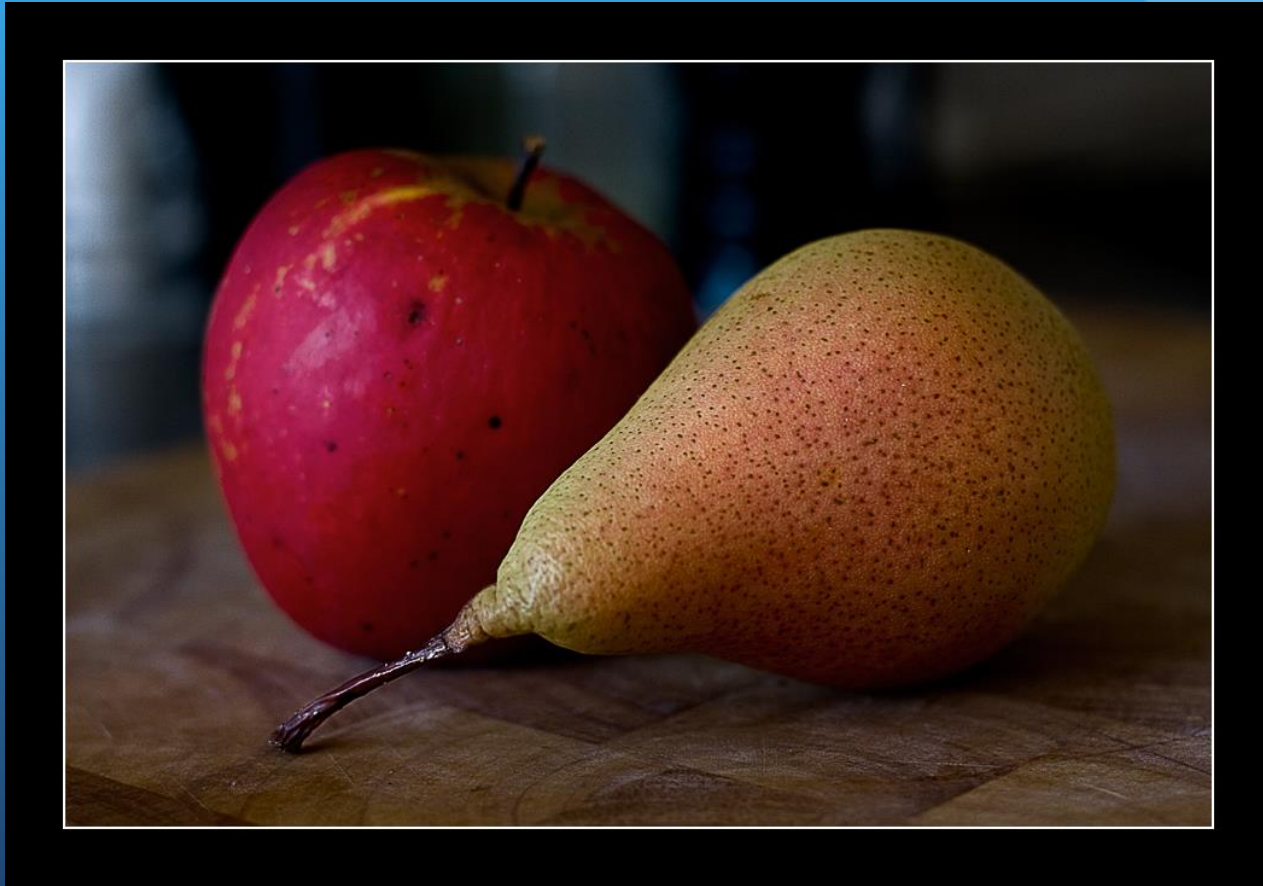


• Cluster C

Diagnostic issues

- SCID -II
- Minnesota Multiphasic Personality Inventory (MMPI)
- Milton Clinical Multiaxial Inventory (MCMI)
- Personality Disorder Questionnaire (PDQ)
- Personality Disorder Interview (PDI)
- International Personality Disorder Examination (IPDE)
- Wisconsin Personality Inventory (WISPI)
- Standardized Assessment of Personality (SAP)
- Borderline Syndrome Index (BSI)
- Personality Assessment Schedule (PAS)
- Structured Clinical Interview for DSM-IV Axis II (SCID-II)
- Schedule for normal and abnormal personality (SNAP)

Different scales, different results



Then add in co-morbidity.....



Personality disorder and substance misuse

How to diagnose PD in substance misusing individual ?

- Enduring patterns of maladaptive behaviour such as repeated criminal acts to obtain drugs or violent behaviour when intoxicated
- Pre-morbid personality (evidence of Conduct Disorder)
- Period of behaviour when abstinent
- **Substance misuse specific factors**
 - E.g. Genetic loading for substance misuse
- **PD specific factors**
 - E.g. self-lacerations
- Clinician's intuition
- **Prevalence 40-100%** Seivewright & Daly 1997; Nadeau *et al* 1999; George & Krystal 2000

Prevalence of PD in substance misusing populations

Cross-sectional survey

Three alcohol and four drug treatment centers

Four urban areas in UK

Randomly selected 216 drug, 64 alcohol patients
from treatment services

Measurements

- **Case-notes**
 - Demographic data
- **Key-workers**
 - Clinical information about patient
- **Patient interviews**
 - Quick Personality Assessment Schedule (PAS-Q)

Numbers and characteristics of subjects

- Key-workers responses (99.2% drugs; 98.0% alcohol)
- Complete patient interview and case-note data (78.8%)
- Cases excluded in absence of full data set

- Predominately male (67.1% drug; 62.9% alcohol)
- Overwhelmingly white (92.1% drug; 95.2% alcohol)
- <40 years
 - Drug: male 76% female 81.2%
 - Alcohol: male 46.2% female 79.6%

	Drug service	Alcohol service
PD present	37.0	53.2
Cluster A	3.7	6.5
Cluster B	30.1	24.2
Cluster C	13.0	35.5

Prevalence of PD by different populations

	General ¹	CMHT ²	Drug treatment ³	Alcohol treatment ³
PD present	4.4	39.0	37.0	53.2
Cluster A	1.6	7.8	3.7	6.5
Cluster B	1.2	18.4	30.1	24.2
Cluster C	2.6	25.5	13.0	35.5

1. Coid *et al* Br J Psychiatry 2006

2. Newton-Howes *et al* Soc Psychiatry Psychiatr Epidemiol 2010

3. Bowden-Jones *et al* Addiction 2004

Number of patients with diagnosed PD and PD traits in drug and alcohol service in UK



Identification of PD by substance misuse staff

- Staff found patients with PAS-Q defined PD
 - More chaotic
 - More aggressive
 - Less engaged
 - Less compliant with treatment
- 8% of those with PD correctly identified by staff
- Low sensitivity (20.4%) High specificity (100%)

Identification of PD by substance misuse staff

- Unfamiliarity with diagnostic label
- Reluctance to use PD label (“the stickiest of labels”)
- Higher threshold for diagnosis within substance misuse populations

Treatment of Personality Disorder



*National Institute for
Mental Health in England*

Personality disorder: No longer a diagnosis of exclusion

Policy implementation guidance for the development of
services for people with personality disorder



mental health questions? ask NIMHE
www.nimhe.org.uk

2003

- A diagnosis of PD should not lead to exclusion from health care
- Develop specialist multi-disciplinary PD team for each area
- Develop specialist day patient services in areas of high concentrations of morbidity
- Address gap in training through undergraduate and postgraduate curricula



*National Institute for
Health and Clinical Excellence*

Issue date: January 2009

Borderline personality disorder

**Borderline personality disorder:
treatment and management**

NICE clinical guideline 78
Developed by the National Collaborating Centre for Mental Health



*National Institute for
Health and Clinical Excellence*

Issue date: January 2009

Antisocial personality disorder

Treatment, management and prevention

NICE clinical guideline 77
Developed by the National Collaborating Centre for Mental health

Principles of treatment

- Multi-agency care
- Person-centered care
- Optimistic and trusting therapeutic relationship
- Involvement of families and carers
- Managing endings and transitions
- Importance of staff training and supervision

Treatment- what works?

Borderline PD	Antisocial PD
Psychological	Psychological
Individual DBT for women	Group CBT
Pharmacological	Pharmacological
Short term anti-psychotics?	For co-morbidity only

Conclusions

- PD poorly diagnosed by substance misuse staff....
- ...however staff good at identifying complexity.
- Prevalence in substance misuse services is significant
- Specialist services for PD are recommended....
-however provision remains limited
- Evidence base for treatment of PD still developing and little specific for those with substance misuse problems

Awareness Brings Hope



May is Borderline Personality Disorder
Awareness Month

