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The Patients who suffered by Personality disorder needs early diagnosis

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Abstract

Personality disorders are a group of mental health disorders that affect an individual's thoughts, feelings, and behaviours. These disorders often cause significant distress and impairment in daily life functioning, relationships and work. Early diagnosis is essential in managing and treating personality disorders. This study will discuss the importance of early diagnosis, factors that contribute to the development of personality disorders, and the most common types of personality disorder.

Keywords: Personality disorders; Mental health disorders; Early diagnosis; Risk factors

Introduction

Personality disorders refer to a group of mental health conditions that affect how an individual thinks, perceives, relates to, and behaves towards others and one. These disorders usually manifest in adolescence and persist into adulthood, resulting in a significant impairment of social, occupational, and emotional functioning. While personality disorders are common, they often go undiagnosed, leading to a myriad of long-term negative consequences for both the individual and society. Therefore, this essay will explore the importance of early diagnosis of personality disorders for affected individuals, their families, and the larger community. The essay will define personality disorders, highlight the risk factors, present evidence-based screening and diagnosis tools, and discuss the benefits of early detection in managing the disorder [1].

Background

Personality disorders are mental health conditions that are characterized by rigid and enduring patterns of behavior, cognition, and emotional responses that deviate from cultural norms, affecting social and occupational functioning. These disorders are grouped into three main clusters: Cluster A, which comprises odd or eccentric disorders, Cluster B, which includes dramatic, erratic, or emotional disorders, and Cluster C, which include anxious or fearful disorders [2]. It is important to note that individuals can present symptoms of multiple disorders, and diagnosis can be challenging. Also, personality disorders often occurs comorbidly with other mental health conditions, such as anxiety or depressive disorders, further complicating diagnosis and treatment.

While the exact cause of personality disorders is unknown, research has identified risk factors, including genetic predisposition, adverse childhood experiences, and environmental stressors [3]. Additionally, studies have found a higher prevalence of personality disorders in certain populations, including those with low socioeconomic status or those who have experienced trauma or abuse, among others. Therefore, early screening and diagnosis of personality disorders are critical for timely interventions to improve outcomes for affected individuals.

Common personality disorders

There are ten types of personality disorders, grouped into three clusters, which are:

Cluster A: The odd or eccentric cluster

 Paranoid Personality disorder: characterized by persistent pervasive mistrust and suspicion of others.

- Schizoid Personality disorder: characterized by a lack of interest in social relationships and difficulty expressing emotion.
- Schizotypal Personality disorder: characterized by peculiar beliefs and behaviours, social anxiety, and eccentricity.

Cluster B: The dramatic, emotional, and erratic cluster

- Antisocial personality disorder: characterized by a disregard for the rights of others, criminal behavior, and impulsivity.
- Borderline personality disorder: characterized by instability in interpersonal relationships, emotions, and self-image.
- Histrionic personality disorder: characterized by attentionseeking behavior and a tendency to exaggerate emotions for dramatic effect.
- Narcissistic personality disorder: characterized by an inflated sense of self-importance, a lack of empathy, and entitlement.

Cluster C: The anxious and fearful cluster

- Avoidant personality disorder: characterized by social inhibitions, fear of rejection or disapproval, and low self-esteem.
- Dependent personality disorder: characterized by excessive need for reassurance and approval, a lack of self-confidence, and difficulty making decisions.
- Obsessive-compulsive personality disorder: characterized by perfectionism, rigidity, and excessive attention to detail.

The most common personality disorders are Borderline, Narcissistic, and Antisocial personality disorders, which are associated with high morbidity and mortality rates. Borderline Personality disorder affects approximately 1.6% of the general population, and it manifests in early adulthood, with a higher prevalence in women. The disorder is associated with self-harm, suicidal ideation, and substance abuse [4].

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Narcissistic Personality disorder affects between 0.5% to 1% of the general population, with a higher prevalence in men. Individuals with this disorder have an inflated ego, grandiosity, and a sense of entitlement. They lack empathy for others and are often manipulative and exploitative [5].

Antisocial Personality disorder affects approximately 3% of men and 1% of women in the general population. Individuals with this disorder are often involved in criminal behavior, have a disregard for the rights of others, and exhibit impulsivity.

Factors contributing to the development of personality disorders

Personality disorders are often a result of a combination of genetic, environmental, and social factors. Environmental factors play a significant role in the development of personality disorders. These include experiences of trauma and neglect, a history of physical and emotional abuse, and a lack of support from family and friends. Social factors such as poverty, limited education, and social isolation, also contribute to the development of personality disorders [6].

Genetics is another significant factor that contributes to the development of personality disorders. Research has found that these disorders tend to run in families, indicating that some individuals may inherit a genetic predisposition to having a personality disorder. Additionally, the interaction between genes and environmental factors can influence gene expression, leading to the development of these disorders [7].

Importance of early diagnosis

Early diagnosis of personality disorders is critical in managing the symptoms and improving the individual's quality of life. Detecting the presence of a personality disorder at an early stage increases the chances of effective treatment as the disorder is less entrenched. Individuals with untreated personality disorders may experience a decline in mental health and social functioning [8].

Early intervention also reduces the chances of hospitalization, arrests, and violent behavior towards oneself or others. The earlier the disorder is identified, the easier it becomes to minimize its impact on the individual's life. However, early detection is often challenging, and most individuals with personality disorders go untreated for an average of ten years. Early diagnosis involves recognizing the subtle and persistent symptoms of the disorder and seeking professional help as soon as possible [9].

Benefits of early diagnosis

Early diagnosis of personality disorders is vital for several reasons. Firstly, early diagnosis enables the affected individuals to receive appropriate intervention and treatment. Evidence suggests that early interventions, such as psychotherapy or medication, can improve outcomes and prevent the disorder from worsening [10]. Individuals who receive early diagnosis and treatment report less disruption in their lives, improved social and occupational functioning, and better quality of life, compared to those who received delayed interventions.

Secondly, early diagnosis and treatment of personality disorders can reduce the burden on families, caregivers, and society. Personality disorders have a significant impact on the affected individual's families, with high levels of stress, disruptions in family dynamics, and a negative impact on the mental health of [11]. Therefore, early identification and treatment of personality disorders can support family members and reduce the burden of caring for individuals with personality disorders.

Finally, early diagnosis and management of personality disorders can enhance the economic productivity of affected individuals and society. Individuals with personality disorders often experience significant disruptions in educational and occupational trajectories, leading to reduced economic productivity [12]. Early diagnosis and intervention can prevent these disruptions, resulting in improved educational and occupational outcomes and increased economic productivity.

Screening and diagnosis

Diagnosing personality disorders can be challenging, as individuals may not seek treatment or may be unaware of their symptoms. However, several tools can be used for screening and assessment. The Personality Diagnostic Questionnaire (PDQ-4) is a self-report questionnaire that assesses personality disorders based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) classification criteria [13]. The PDQ-4 provides a quick assessment of personality disorders and can be administered by healthcare providers or used as a self-administered questionnaire.

The Structured Clinical Interview for DSM-IV Axis II Personality Disorders (SCID-II) is a semi structured interview that assesses personality disorders based on DSM-IV criteria [12]. It is administered by trained clinicians and provides detailed information on the type and severity of personality disorders. The Dimensional Clinical Personality Inventory (DCPI) is a self-report instrument that assesses features of personality disorders, such as impulsivity, interpersonal difficulties, and emotional dysregulation [13]. The DCPI is useful in assessing personality features of individuals who may not meet full diagnostic criteria for personality disorders.

Conclusion

In conclusion, personality disorders are common mental health conditions that significantly impact social, occupational, and emotional functioning. Early diagnosis of personality disorders is critical, as timely interventions can improve outcomes, reduce the burden on families and caregivers, and enhance economic productivity. While diagnosis can be challenging, several evidence-based screening and assessment tools exist. Healthcare providers, policymakers, and society at large should promote early diagnosis and intervention of personality disorders to prevent long-term negative consequences for affected individuals and society.

Early diagnosis of personality disorders is essential for effective treatment and management of the disorder. A combination of environmental, genetic, and social factors contributes to the development of personality disorders. The most common types of personality disorders are Borderline, Narcissistic, and Antisocial personality disorders. Identifying the symptoms of these disorders, seeking professional help, and providing adequate support can help individuals living with personality disorders lead fulfilling lives. It is important to note that individuals diagnosed with a personality disorder require comprehensive, individualized care, which includes a combination of medication, psychotherapy, and support.

Conflict of Interest

No conflict of interest declared.

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References

 Lotrich F, Pollock B (2005) Aging and clinical pharmacology: implications for antidepressants. J Clin Pharmacol 45: 1106–1122.

- Patorno E, Bohn R, Wahl P, Avorn J, Patrick AR, et al. (2010) Anticonvulsant medications and the risk of suicide, attempted suicide, or violent death. JAMA 303: 1401–1409.
- Olesen JB, Hansen PR, Erdal J, Abildstrøm SZ, Weeke P, et al. (2010) Antiepileptic drugs and risk of suicide: a nationwide study. Pharmacoepidem Dr S 19: 518–524.
- Leipzig R, Cumming R, Tinetti M (1999) Drugs and falls in older people: a systematic review and meta-analysis: I. Psychotropic drugs. J Am Geriatr Soc 47: 30–39.
- Gill S, Bronskill S, Normand S, Anderson GM, Sykora K, et al. (2007) Antipsychotic drug use and mortality in older adults with dementia. Ann Intern Med 146: 775–786.
- Casey D, Haupt D, Newcomer J, Henderson DC, Sernyak MJ, et al. (2004) Antipsychotic-induced weight gain and metabolic abnormalities: implications for increased mortality in patients with schizophrenia. J Clin Psychiatry 65(Suppl 7): 4–18.
- Schneider LS, Dagerman KS, Insel P (2005) Risk of Death with Atypical Antipsychotic Drug Treatment for Dementia. JAMA 294: 1934–1943.

- Meijer WEE, Heerdink ER, Nolen WA, Herings RMC, Leufkens HGM, et al. (2004) Association of Risk of Abnormal Bleeding With Degree of Serotonin Reuptake Inhibition by Antidepressants. Arch Intern Med 164: 2367–2370.
- Rasmussen K, Sampson S, Rummans T (2002) Electroconvulsive therapy and newer modalities for the treatment of medication-refractory mental illness. Mayo Clin Proc 77: 552–556.
- Hamilton M (1960) A rating scale for depression. J Neurol Neurosurg Psychiatr 23: 56–62.
- Cohen R, Brunoni A, Boggio P, Fregni F (2010) Clinical predictors associated with duration of repetitive transcranial magnetic stimulation treatment for remission in bipolar depression: a naturalistic study. J Nerv Ment Dis 198: 679–681
- 12. DigheDeo D, Shah A (1998) Electroconvulsive Therapy in Patients with Long Bone Fractures. J ECT 14: 115–119.
- Takahashi S, Mizukami K, Yasuno F, Asada T (2009) Depression associated with dementia with Lewy bodies (DLB) and the effect of somatotherapy. Psychogeriatrics 9: 56–61.