



# » Personality disorders

## ...any place for medicines?

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# Personality disorders

- **Long standing**, pervasive and inflexible patterns of behaviour
- **Impair** social and occupational functioning
- Cause emotional **distress**
- Are **common**
  - 0.5 – 2.5% in general population
  - Prevalence increases through general practice, psychiatric outpatients to secure settings

# Personality disorder groups

## Cluster A

### Odd/eccentric

- Paranoid
- Schizoid
- Schizotypal

## Cluster B

### Dramatic/eccentric

- Antisocial
- **Borderline**
- Histrionic
- Narcissistic

## Cluster C

### Anxious

- Avoidant
- Dependent
- Obsessive-compulsive

# Borderline personality disorder

- Transient psychotic symptoms
  - Mood instability (including suicidality)
  - Impulsivity
  - Frequent crises
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- High prevalence of co-morbid mental illness, particularly depression and bipolar illness

# Personality disorder v illness

## Psychiatric illness

- It's not your fault
- You need treatment

## Personality disorder

- It's under your control
- Do something about it

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# Why are medicines used?

- Paranoia
- Mood instability
- Irritability/aggression
- Sleep problems
- Depression

..... but should not be first line treatments,  
particularly where co-morbid mental illness is  
unlikely to be present



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# NICE

## Clinical guidelines for

- Borderline PD
- Antisocial PD

have been published

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# Borderline PD

## Recommendations relating to medicines

- Do not treat BPD itself with medicines
- Treat co-morbid diagnoses (depression, bipolar illness etc)
- Short term use of a sedative medicine during crisis

# Borderline personality disorder

In summary....

- Group most likely to be treatment seeking
- Symptoms often transient /sub-syndromal
- Medicines often started during crisis and not stopped
- Remember
  - Short-term treatment with regular review (unless co-morbid illness)
  - Consider toxicity in overdose

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