



Personality Disorders

A new approach to the diagnosis of personality disorders was developed for *DSM-5* to help address shortcomings of *DSM-IV* personality disorders (for example, overuse of the *DSM-IV* personality disorder not otherwise specified diagnosis). This alternate approach can be found in Section III, where it is provided for further research to determine whether it is potentially clinically useful and should be included in future editions of *DSM*. Since this alternate model still requires further study, an update of *DSM-IV* personality disorder criteria are provided in *DSM-5* Section II.

In the Section III alternate model, the revised A Criterion for the general criteria for personality disorder has been developed on the basis of a literature review of reliable clinical measures of core impairments in personality functioning central to personality pathology and validated as specific for semi-structured interview diagnoses of personality disorders in samples of over 2,000 patients and community subjects.

These questions are from *DSM-5 Self-Exam Questions: Test Questions for the Diagnostic Criteria*, which will be available in August. It may be preordered from American Psychiatric Publishing at American Psychiatric Publishing at <http://www.appi.org/SearchCenter/Pages/SearchDetail.aspx?ItemId=62467>. The questions were developed under the leadership of Philip Muskin, M.D., a professor of clinical psychiatry at Columbia University College of Physicians and Surgeons. The book, available in August, contains 500 questions for all the categories of psychiatric disorders and includes Section III.

1. Which of the following best describes the diagnostic model

proposed in the alternate model for personality disorders in *DSM-5* to classify personality disorders?

- a) Categorical
- b) Dimensional
- c) Hybrid
- d) Polythetic
- e) Socratic

Correct Answer: C. Hybrid.

Rationale: Shortly after the publications of *DSM-III*, debates about the relative merits of categorical versus dimensional approaches to personality disorder diagnoses arose. Critiques of a categorical approach included the arbitrary cutoff between “normal” and “disordered” as well as the use of polythetic (that is, having many, but not all properties in common) criterion, which resulted in heterogeneity among patients with the same diagnosis. Dimensional diagnoses, although having greater validity, make it difficult to distinguish between traits and disorders. *DSM-5* has settled on a hybrid model, which uses elements of both categorical and dimensional diagnoses.

2. In addition to an assessment of pathological personality traits, *DSM-5* requires an assessment of which of the following for a personality disorder diagnosis?

- a) Level of impairment in personality functioning
- b) Comorbidity with Axis I disorders
- c) Degree of introversion versus extroversion
- d) Stability of the personality traits over time
- e) Familial inheritance of specific traits

Correct Answer: A. Level of impairment in personality functioning.

Rationale: In the alternate model for personality disorders in *DSM-5*, the diagnosis of a personality disorder requires two dimensional assessments: (1) an evaluation of the level of impairment in personality functioning and (2) an assessment of pathological personality traits.

3. Which of the following is a domain of the *DSM-5* trait model of personality?

- a) Neuroticism
- b) Extraversion
- c) Disinhibition
- d) Agreeableness
- e) Conscientiousness

Correct Answer: C. Disinhibition.

Rationale: In describing personality traits in the proposed alternate model for personality disorders, *DSM-5* has used an adaptation of the Five Factor Model of Personality. That original model uses the following domains to characterize both adaptive and maladaptive traits: neuroticism, extraversion, agreeableness, conscientiousness, and openness to experience. As the *DSM-5* personality disorders are meant to describe psychopathology, the five factors have been modified to emphasize the maladaptive expressions of each. Thus the dimensions used by *DSM-5* are negative affectivity, detachment, antagonism, disinhibition and psychoticism.

In contrast, there is evidence that caffeine withdrawal and caffeine intoxication are clinically significant and sufficiently prevalent.

Note that hallucinogen use disorder, inhalant use disorder, stimulant use disorder, and tobacco use disorder are all included in the substance use disorder section of *DSM-5*.