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# Antisocial Personality Disorder

## M2 Psychiatry Sequence

Michael Jibson  
Fall 2008



# Cluster B Personality Disorders

## Antisocial Personality Disorder

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- “A pattern of disregard for, and violation of, the rights of others.” (DSM-IV)
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# Antisocial Personality Disorder

## Diagnostic Criteria for Antisocial Personality Disorder (DSM-IV)

- A. *There is a pervasive pattern of disregard for and violation of the rights of others occurring since age 15 years, as indicated by three (or more) of the following:*
- (1) *failure to conform to social norms with respect to lawful behaviors as indicated by repeatedly performing acts that are grounds for arrest*
  - (2) *deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure*
  - (3) *impulsivity or failure to plan ahead*
  - (4) *irritability and aggressiveness, as indicated by repeated physical fights or assaults*
  - (5) *reckless disregard for safety of self or others*
  - (6) *consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations*
  - (7) *lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another*
- B. *The individual is at least age 18 years.*
- C. *There is evidence of Conduct Disorder with onset before age 15 years.*
- D. *The occurrence of antisocial behavior is not exclusively during the course of Schizophrenia or a Manic Episode.*



# Antisocial Personality Disorder

## Clinical Vignettes



# Antisocial Personality Disorder

## Antisocial Personality Disorder

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- Prevalence: 3% of males and 1% of females
  - Sex ratio: M:F=3:1
  - Comorbidity: Substance abuse, attention deficit disorder, depression, anxiety
  - Family: Somatization disorder, substance abuse, Cluster B disorders, esp. antisocial personality disorder
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# Antisocial Personality Disorder

## Major Clinical Issues

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- Violence
  - Criminal behavior
  - Suicide
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# Antisocial Personality Disorder

## Treatment

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- Psychotherapy - Not generally useful, although it may alleviate depression and anxiety, especially if the patient is immobilized (e.g., in jail)
- Medication - May be useful for comorbid disorders; uncontrolled rage may be helped somewhat by antipsychotics or mood stabilizers



# Antisocial Personality Disorder

## Physician-patient Interaction

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- Firm limits are essential
  - Substance abuse is a major problem
  - complicated by genuine distress and incessant manipulation
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Slide 5: American Psychiatric Association: *Diagnostic and Manual of Mental Disorders*, 4<sup>th</sup> ed, Text Revision (*DSM-IV-TR*), Washington, DC, American Psychiatric Association, 2000, p. 706