

**Indian Institute of Technology Kanpur
National Programme on Technology Enhanced Learning (NPTEL)**

**Course Title
Psychiatry an Overview**

**Module-03
Psychiatric Disorders and their treatment-1**

**Lecture-13
Obsessive Compulsive Disorders**

**by
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So welcome back to another lecture of this psychiatry and overview in the next 3 lectures will try to cover some special topics after this overview of adult psychiatry and child psychiatry which we did in the last lectures one of them is a very common term which we use a lot of terminology in psychiatry is a the common language like depression and schizophrenia which people use loosely but in clinical setting it may mean differently so today we're going to talk and take overview of what we commonly known as a group of disorders called personality disorders.

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Personality disorders

You all would have heard people mentioning to each other that his personality disorder there is paranoid personalities that one of the most common things which is being used to comment on people who are suspicious, but what exactly are these personality disorders and how do we decide whether they are a group of problems of common living are part of the range of normal behavior or their disorders, so if you look closely but at the concept of personality.

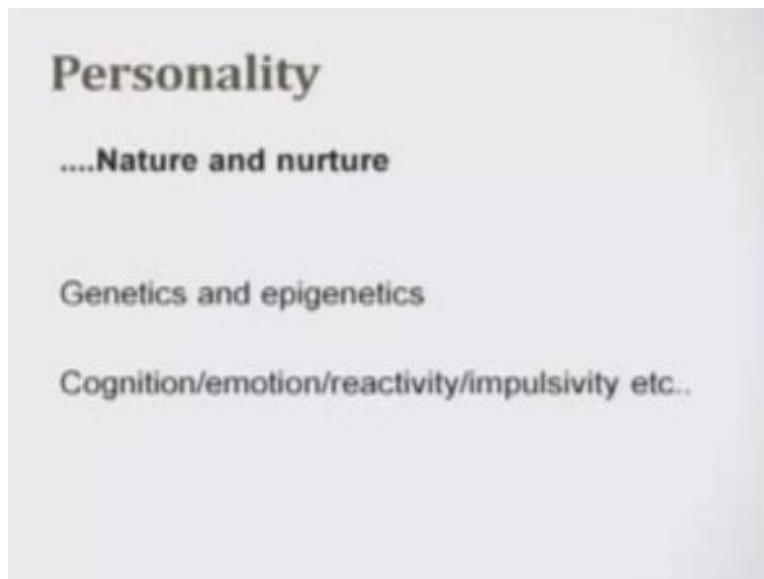
So what is personality one some of you believe that and a lot of people used to believe that it child is born like a blank slate and you can the nurture can write down the whole story on the child's temperament we talk about the genetics and epigenetics if you remember in the initial lectures and neurophysiology, so personality what is born with the temperament normally we talk of temperament he would talk about attention span the activity level the emotional reactivity.

The, the way the child reacts to others the more state and so on so forth but based on this temperament which is almost like a blueprint one is born with which is probably a core

the personality actually starts forming in late teens and early adulthood and that is your behavior pattern which persists throughout life so each one of us with variations even we may have a common genetic pool but still there are variations in genes the variation is in the expression of the genes which changes your behavior.

So people have different patterns of behavior which more or less process throughout the life and that is your personality so, so you have to look if you look at anybody you have to look at it traits, traits are more or less permanent be able patterns and states are transitory waver patters were person may behave differently depending on the external circumstances so if it is situation to be sad you're sad that is a state but if you said all across all situations that becomes a trait. As I said it is the interplay between the genes.

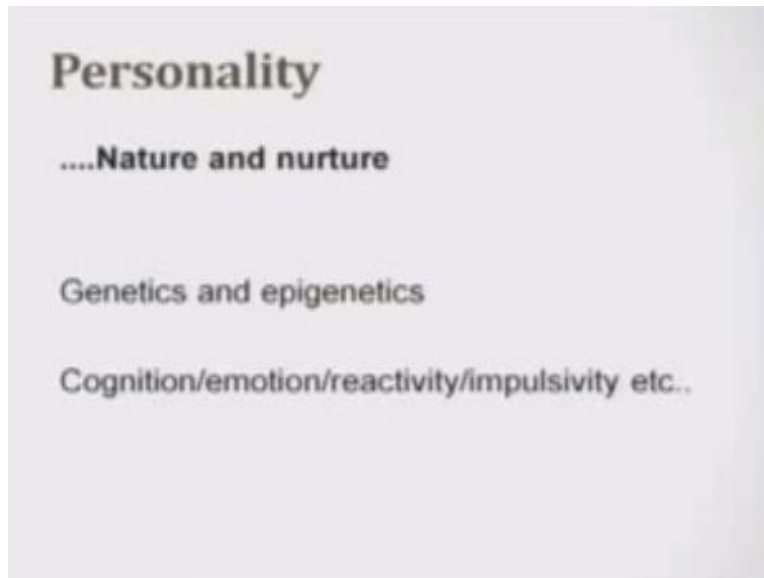
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Which bring your temperament and you are the old blueprint of your life and that is modified by a pre genetics the world divide of nature and nurture but largely if you look at it the personality that is formed of all let me put it a different way the blocks of human

mind the functioning of human mind which constitute personality or cognition emotion reactivity.

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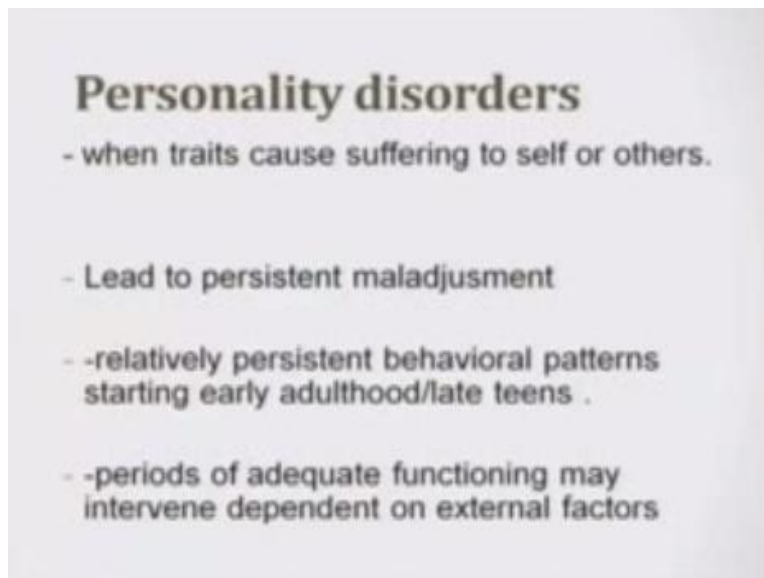
Impulsivity so on so forth if you put all this thing two together the dynamics of all this various suspect and the subsequent behavior which are more or less predictable patterns constitute the personality so when does the press all of us have different type of personal issues if you just to a random survey around yourself look at 100 people you will find all variety and no 2 people will be alike but still you largely cut the concern whether that person is behaving normally.

Most of us behave normally in given situation more of in the sense that we have our own patterns but more or less they are adjusted to the world around us so when do we start thinking that the disorder, it is a disorder when your pattern of behavior your cognition your emotion and, and the subsequent output starts causing suffering either to self leading a lot of mileage adjustment all your behavior causes problems to other not on one

occasion not as a , as a passing incident, incident not as a transitory phase of your mind state like you suppose you suffer ,suffer a failure in life.

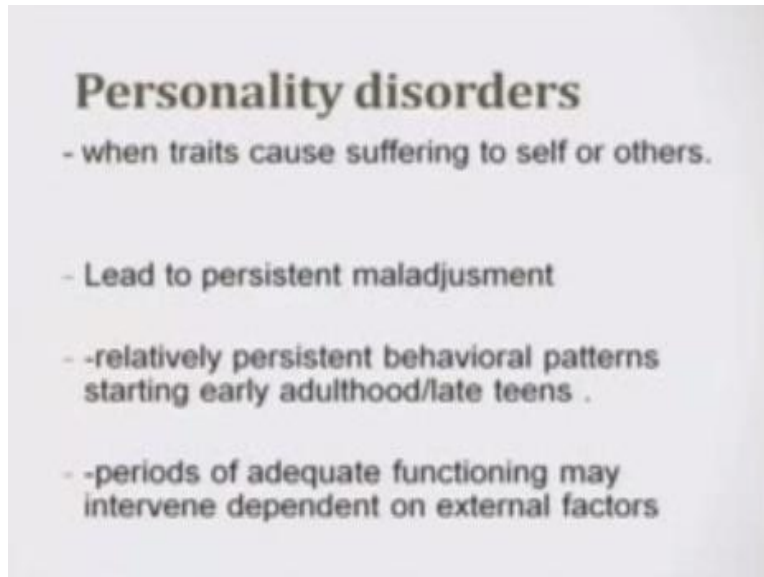
And you get very angry but if it happens once it's alright it is a possible state induced emotional his balance but if it continuing some way that every time you fail you have the same behavior set that causes problem that could be indicated to your make the, the coping pattern it leads to persistent maladjustment.

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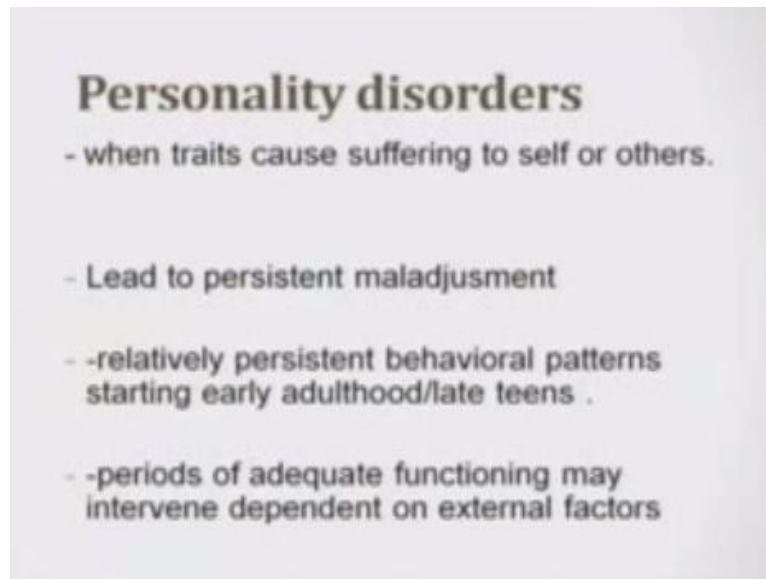
It is, a relatively persistent behavioral patterns as I said is starting early adulthood and late teens and periods of adequate functioning which may intervene dependent on external factors what is important here is two things one that suppose you are behaving in a certain late teens certain age of for example till 25 or 30 and then your behavioral pattern.

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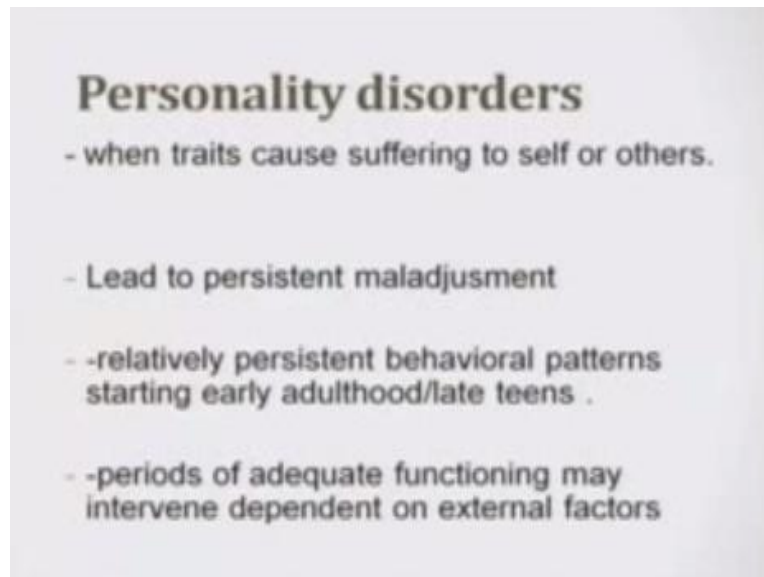
Changes and then it continues so there is a possibility it may not be a personality disorder because personality disorders do not start as a illness as remember you are talking about bipolar illness, schizophrenia and some other illnesses those illnesses.

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Have a starting point whereas if you look at this intense the behavioral patterns in fact have been there all through and if you go back and take the history and check about certain behavior of the person it can go up to late teens and early adulthood and maybe the informant of the best patient herself will tell you that this type of behavior is always been there, there has been no change in the behavior.

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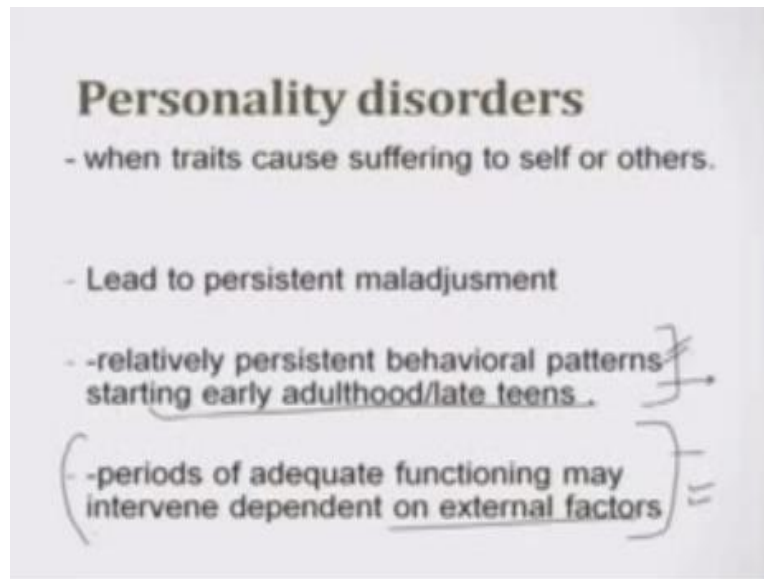


Now alternate diagnosis difficult because its present diagnosing a personality disorder takes can take quite some time because and then let me show you an example they may be periods of adequate functioning depending on how the external circumstances are going, but take a situation where somebody comes and tells you that this person gets in gets into the episodes of extreme sadness or our extreme excitability or anger outburst now what do check , you check since how long it has been going on 1 how long does it persist .

Because people get excitement anger irritability if you remember in bipolar illness also so what will differentiate the water will differentiate is the direction the type of episode not people with many or hypomania can have a single episode so kind of personality disorder person very, very one of the personality disorder were we talk about impulsivity and bipolar illness people can have Portland personality people can have it so what you have to look at and some of these illnesses.

Can really trace be traced back to late teens but what we have to look actually whether the episodes.

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Are spontaneous whether they are triggered by some stimulus plus the episodes that personality disorder will be shorter maybe link to some external incident some, some incidents are or a reaction to some external stimuli stressful situation where the bipolar manic episode maybe spontaneously triggered but again having said this the diagnosis still remains difficult and we have to generally establish what we call this these are like diagnostic criteria.

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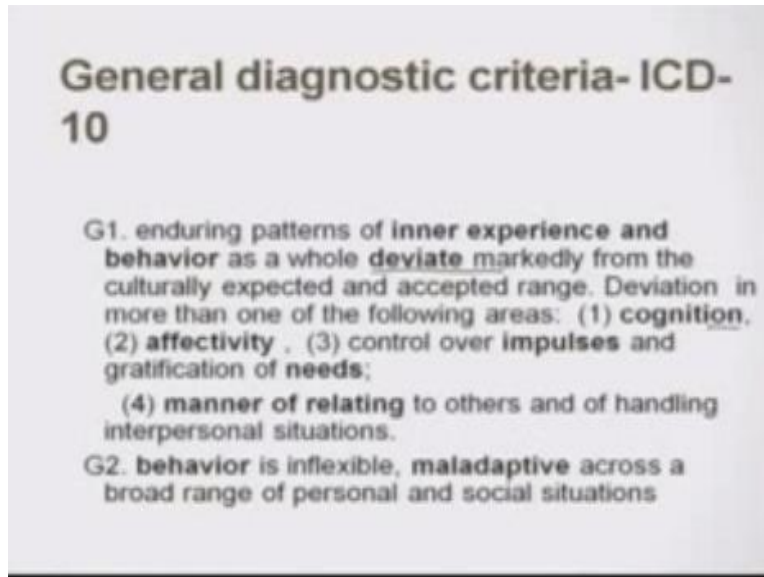
General diagnostic criteria- ICD-10

- G1. enduring patterns of **inner experience and behavior** as a whole **deviate** markedly from the culturally expected and accepted range. Deviation in more than one of the following areas: (1) **cognition**, (2) **affectivity**, (3) control over **impulses** and gratification of **needs**;
(4) **manner of relating** to others and of handling interpersonal situations.
- G2. **behavior** is inflexible, **maladaptive** across a broad range of personal and social situations

They has to be an enduring pattern of inner experience and behavior which as a whole deviates markedly from the culturally expected so as I said if you look at people around you, you will find whole range of behavior but you consider it normal because why what do you call normal you call it normal because we would also have would have experienced same thing at some point of time so if you talk somebody said on failure we know that it is normal.

Or you get angry at somebody bumps a car into you get angry that is normal behavior but if the person deviates in the sense that there has been a long pattern with the person reports it can be.

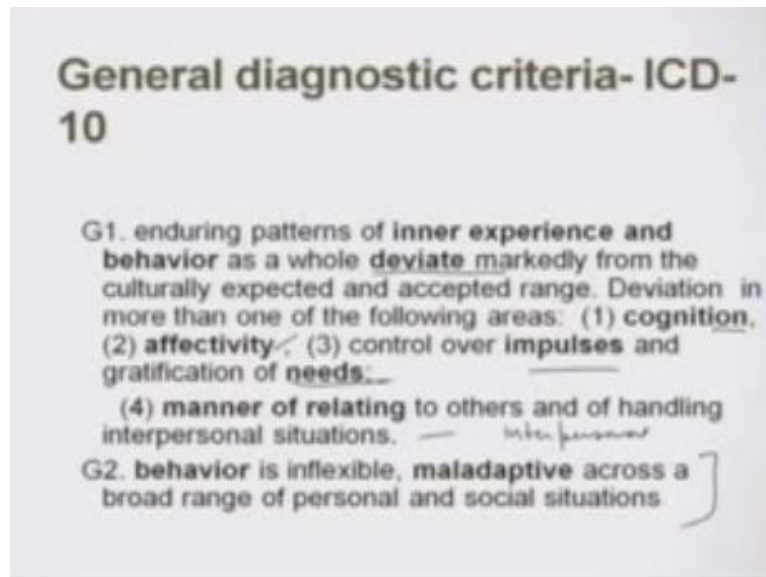
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In cognition, in mood control over impulses the way you look at your needs there has been, there is a observed deviation in the manner the person relates to others so this you call as interpersonal so there is a problem there could be a problem in and mind you these are patterns of behavior which have been continuing and they do not have a onset person nobody will tell you that this person was different and now is become like this he was different.

And now he has become suspect illnesses but people tell me has been always been like this suspect personality disorder behavior is inflexible.

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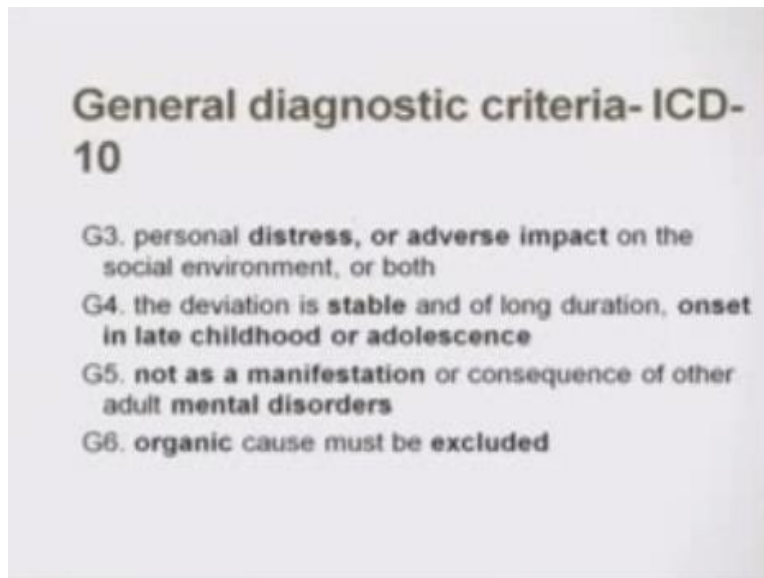


So most of us there is another sign of normalcy is that the behavior is flexible even in situations where you are finding it maladjustment is there you will still try to adopt to it but personality disordered person continues to have maladaptation across a wide variety of situations so if you have if you're trying to assess somebody who has personality disorder one cannot restrict to one simple thing it okay if somebody has a behavior abnormal in one situation.

Access across broad range was when look at broad range only then you will see whether the person is having the same pattern of behavior in most situation whereas somebody who does not have a personality disorder will adapt to the situation these people are more inflexible they have the same pattern maladaptive patterns so that is one sign of having a disorder or not because if you when we will talk about personality disorders you were suddenly feel that oh I also have it.

Then that is partly because a little bit of that trait we have a common genetic pool little bit of thread trait exists in all of us which has not expressed toward a level of disorder so the other, other criteria's.

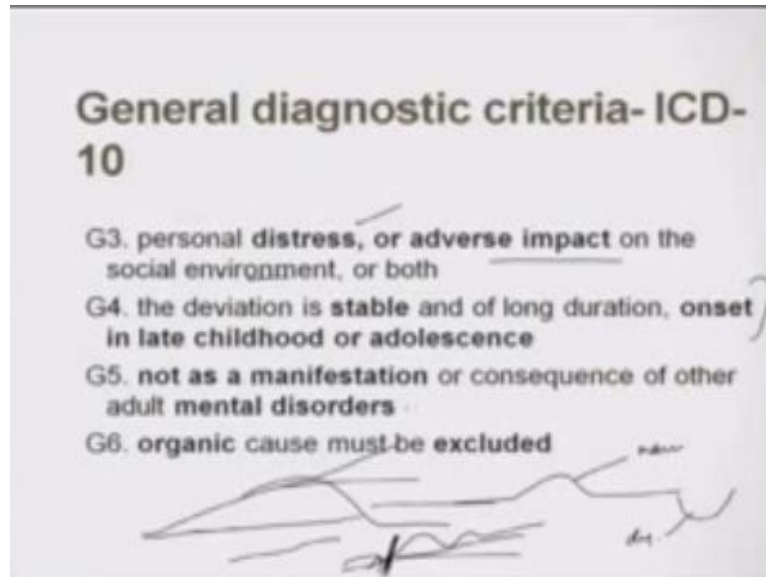
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There is a personal distress is adverse impact on social environment now this deviation is stable this is important the people may be going normally like this is a range of normal supposed to take it as a line and they may be a deviation and then come back to note that this is an episode of illness it can happen in many or depression in a personality disorder this deviation starting early is more or less stable is not progressive it is not that it'll go worsening or it's not that it will improve income.

There may be episodes like this it may there may be improvement but more or less it is continuous and starts in while the person is developing that means prior to 18 years somewhere around 16 18.

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And again the diagnostic signs of schizophrenia bipolar or obsessive compulsive disorder should be ruled out organic causes like one of the common thing if you remember I told you that when people have a frontal-lobe tumor their personality may get fairness gauge if you remember he had this rod across his left temporal his personality changed but that was organic thing so we, we know there are personality changes after frontal lobe injury.

Or tumor we know that after temporal lobe memory is loss but in frontal-lobe this something got pics dementia where it starts with personality changes so we should rule out that there is no organic cost to it but then it may not be a personality disorder it is it will be called organic personality change so broadly if you look into the type of personality disorders so they are they have been.

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Personality disorders: DSM-IV

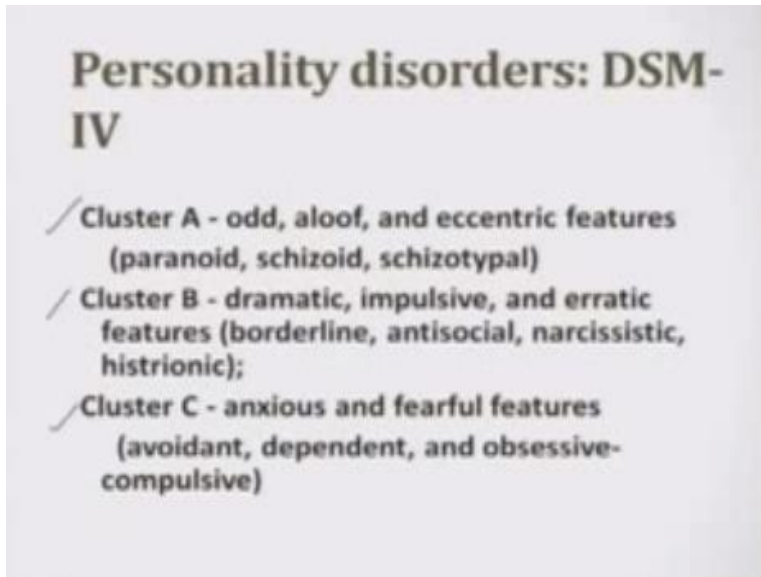
**Cluster A - odd, aloof, and eccentric features
(paranoid, schizoid, schizotypal)**

**Cluster B - dramatic, impulsive, and erratic
features (borderline, antisocial, narcissistic,
histrionic);**

**Cluster C - anxious and fearful features
(avoidant, dependent, and obsessive-
compulsive)**

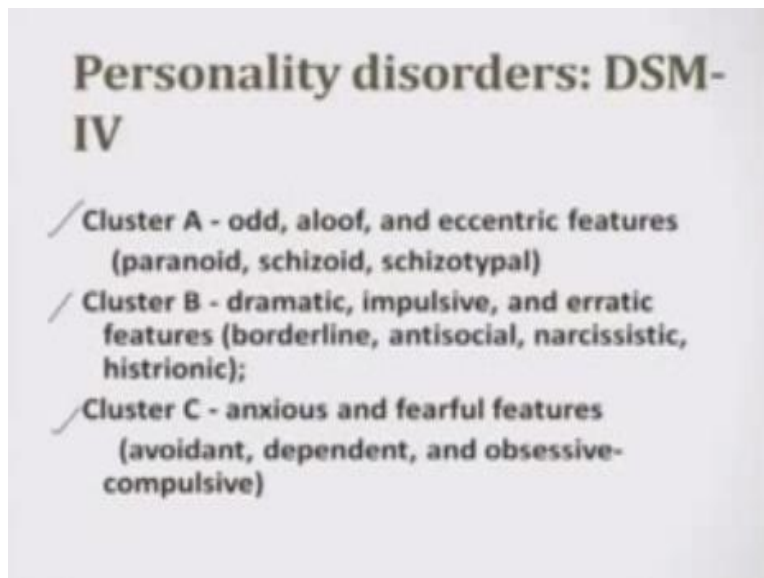
Divided into clusters cluster A, cluster B, cluster C.

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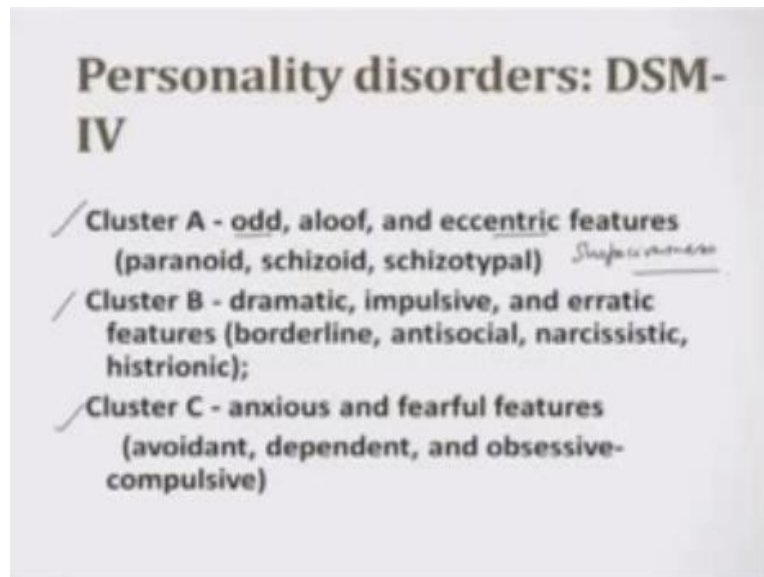
Some time you are not able to really pinpoint what type of it is but you know the broad features of clusters so you can always say cluster A traits maybe you, you are the person doesn't have personality disorder some traits.

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And there is, there is some highlighting points of each of these clusters like cluster A the hallmark is the odd behavior the person can be aloof, eccentric and add suspiciousness to it.

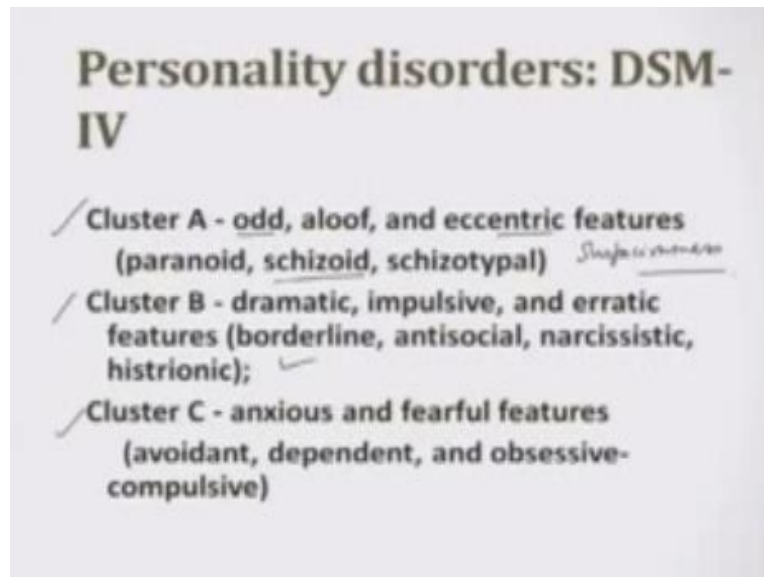
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Now person who is schizoid has been if you ask the history the typical thing is that it be a odd behavior aloof never trying to make friend doesn't want to make friends schizotypal people have a lot of our thinking either obsessive symptoms magical thinking and very eccentric behavior paranoid personality disorders are people who do not have schizophrenia they are well rooted in the world but they always and we all know such people around us will never trust anybody.

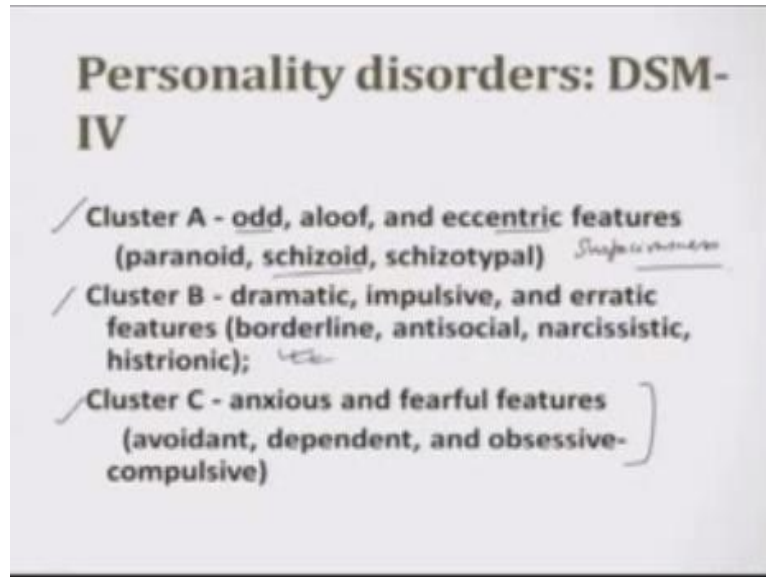
Then well mistrusted even if you are doing good for them they will feel so then there is a cluster B.

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Which is marked by the emotional expressivity the way they express themselves very dramatic impulsive very erratic behavior you will never show with these people at how they are going to react in the next moment and to what think they will react into what they will not react and the third is cluster C these are people are very, very anxious I will talk about detail in detail about all this.

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So broadly so we all have these traits maybe we do not have cluster A but all of have some amount of being dramatic some amount of impulsivity, some amount of anxious but largely our nature and natural combination has made us having behavioral patterns which are more or less in a normal range and they do not cause distress to self or others on a persistent basis.

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So the common estimations are like paranoids point 52.5 schizotypal 3% antisocial 3% borderline.

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Psychiatric comorbidity

about one half of all psychiatric patients have personality disorder, frequently comorbid with other diagnosis

personality factors interfere with the response to treatment and increase personal incapacitation, morbidity, and mortality of these patients

personality disorders are also a predisposing factor for many other psychiatric diseases, including substance use disorders, suicide, mood disorders, impulse-control disorders, eating disorders, and anxiety disorders.

Now do personality disorders formulate a different block of mindset yes, but a lot of these personality disorder people because of this whole disturbance in the behavioral patterns?

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They are often comorbidity with the diagnosis their behavioral patterns and their response to help being offered.

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Often interferes with the response to treatment and the incapacitation.

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Psychiatric comorbidity

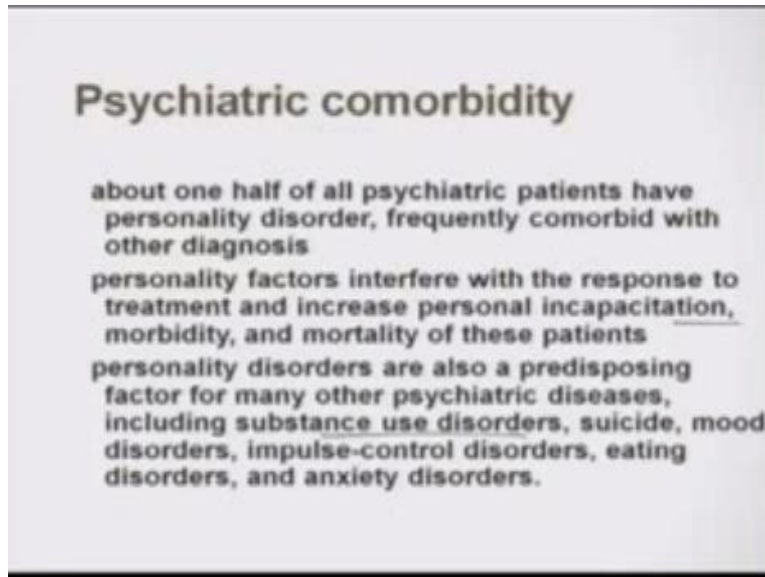
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They can also get predispose that this, these are very common thing like substance use.

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What we commonly know as addictions suicide more disorders impose this control and anxiety disorder.

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Psychiatric comorbidity

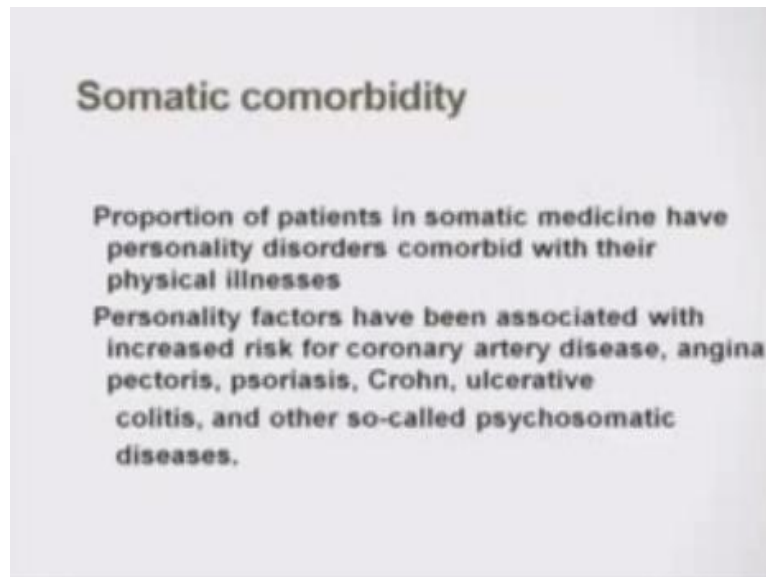
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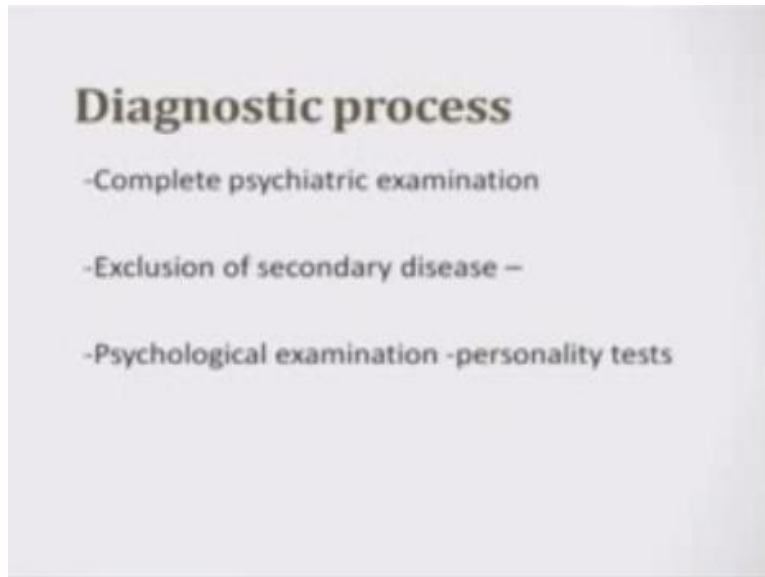
These factors predispose.

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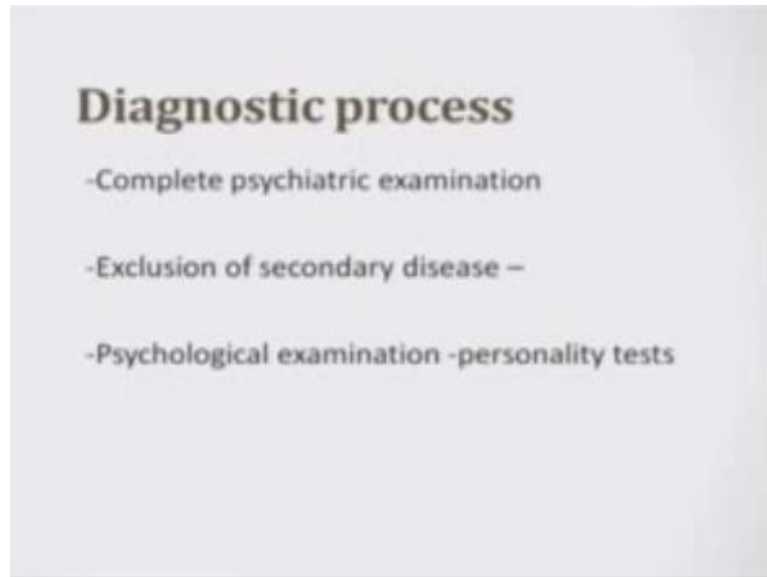
Them to having a lot of so is like disorders and personality they are both complicating each other a lot of this have physical illnesses is they are some of the popular thing you would have heard that will type of personality but type of personality is not a personality disorder type of personality has some traits is always keeps them on a Porsche and they always out to gain something very anxious so they are predisposed to coronary artery disease and angina, psoriasis, crohn's disease and so-called is whole range of psychosomatic medicine.

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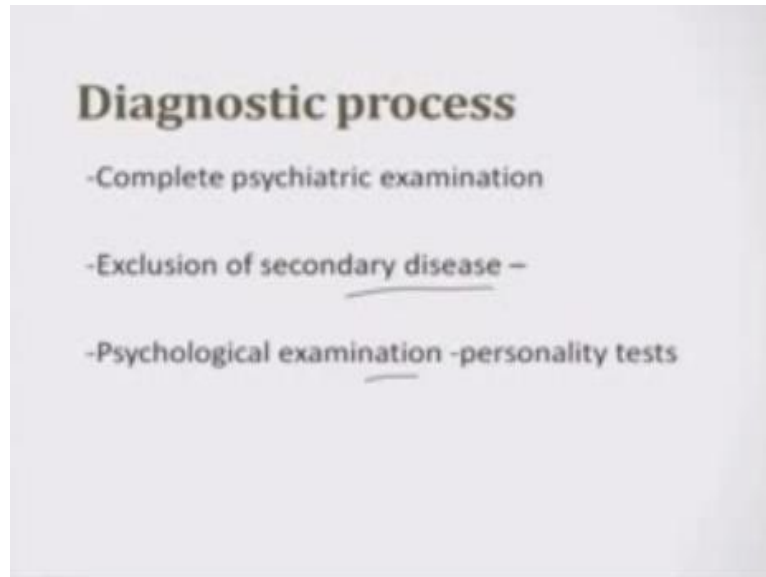
So what do you do when we suspect a personality disorder as I said it is difficult because one doesn't suspect personality disorder when they come up with the problems but if you are told that you obviously you will ask since when it is having somebody tells it has been always been there then you just start suspecting so complete.

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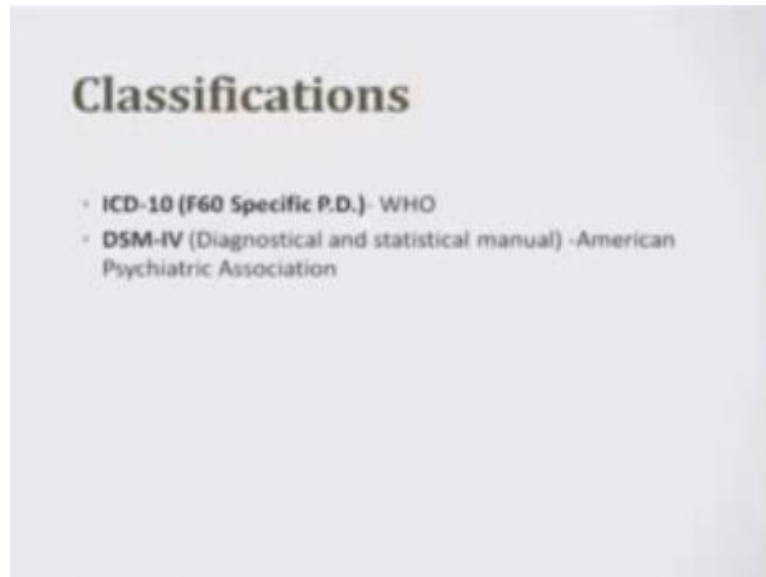
Psychiatry examination rule out some other diseases psychological examination.

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Personality test they are useful in telling you the predominant personality traits but not very useful in making diagnoses in that sense.

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So the 2 type of as we know you know ICD-10 which is a WHO based international classification of disease and DSM- 4 now we have DSM 5.

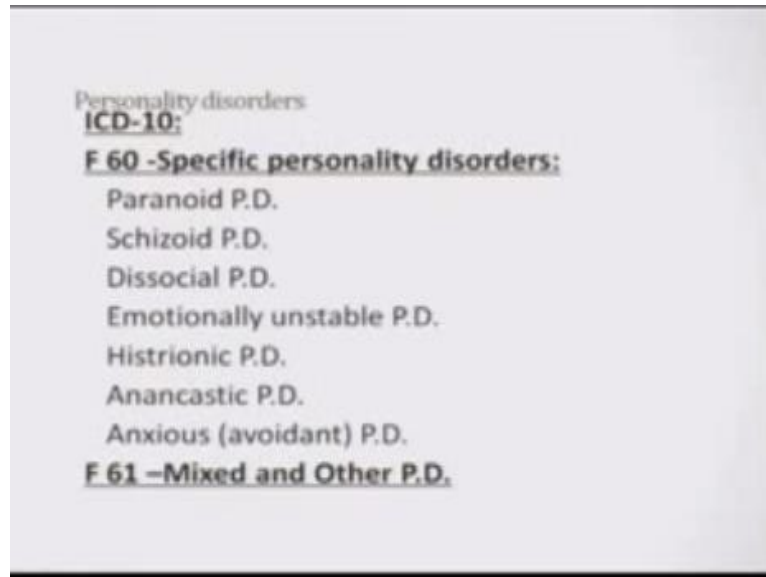
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Classifications

- ✓ ICD-10 (F60 Specific P.D.) - WHO
- ✓ **DSM-IV** (Diagnostical and statistical manual) - American Psychiatric Association

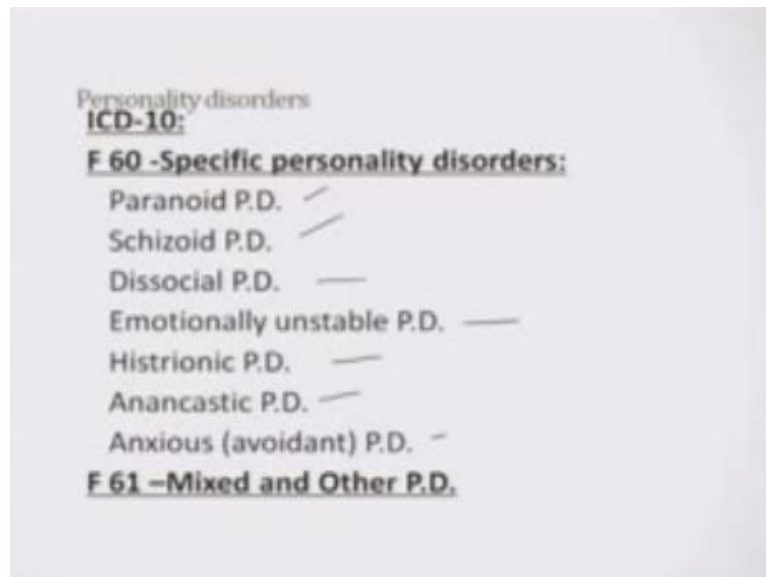
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DSM V

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So as, as we mention paranoid, schizoid alright and this is antisocial emotionally unstable histrionic, Anancastic, anxious.

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So you know the group this is cluster A this is cluster B and this is cluster C.

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Personality disorders

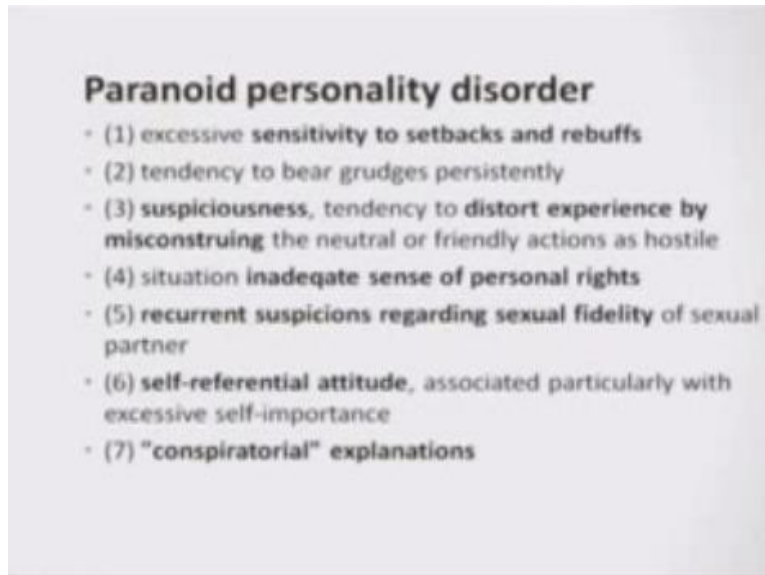
ICD-10:

F 60 -Specific personality disorders:

Paranoid P.D. — } A
Schizoid P.D. — }
Dissocial P.D. — }
Emotionally unstable P.D. — } B
Histrionic P.D. — }
Anancastic P.D. — } C
Anxious (avoidant) P.D. — }

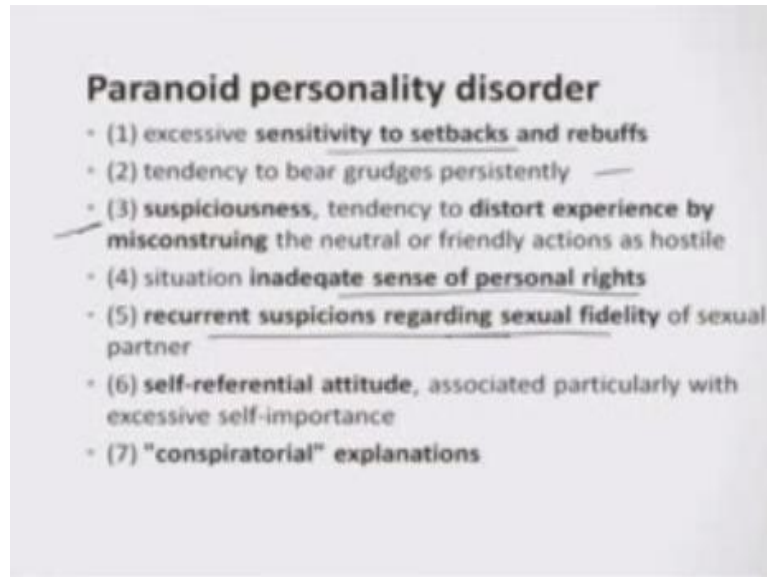
F 61 -Mixed and Other P.D.

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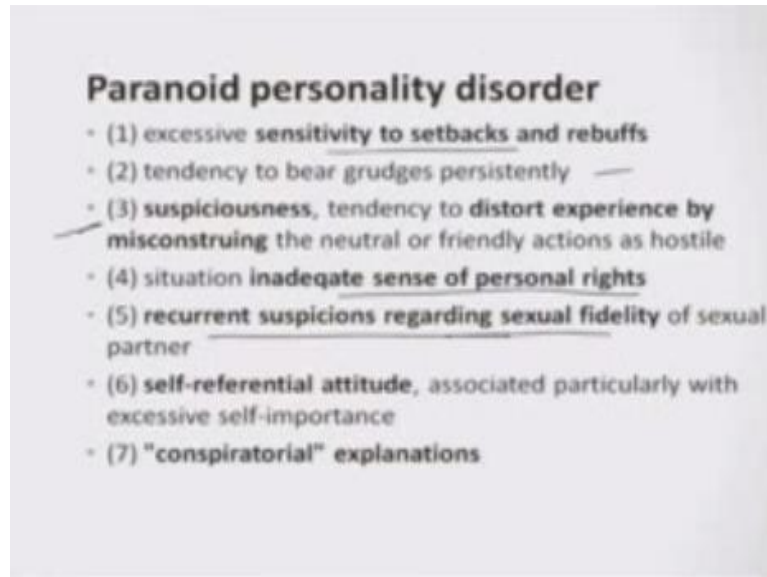
So what are the hallmarks as I said if you look at paranoid extreme sensitive to setbacks and rebuffs these are other people who immediately will actually if you look at it they will personalize everything anything was happening around there somehow they will personalize and bring it to themselves a tendency to be a gracious suspiciousness and inadequate sense of personal rights so it's not always suspiciousness it's like sense of entitlement this is a very common thing in the society you may have encountered or not sometimes becomes really difficult.

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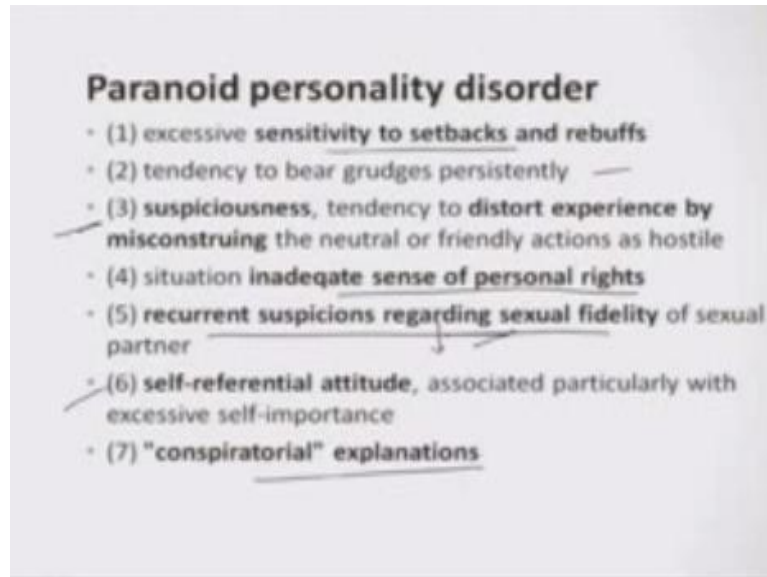
Especially in this male and female gender politics where females are not financially independent or this I should not say this word but almost upset when two husbands and has been one should put this the whole social life of the wife it and the suspect okay, whom are you talking with this cyber revolution with all these SMS and what is happen and everything available freely the lot of people suspect okay, whom are you SMS to whom are you what is happening are all that.

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And become difficult for recreation to decide whether this is a delusion or it is overvalued idea self-referential as I said and for everything which goes wrong they will have a conspiracy theory.

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If you observe carefully and you will know such personalities there they are there.

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Schizoid personality disorder

- (1) few, if any, **activities** provide pleasure
- (2) **emotional coldness** or flattened affectivity
- (3) limited capacity to **express** feelings
- (4) an appearance of **indifference** to valuation
- (5) **little sexual** interest with another person
- (6) consistent choice of **solitary** activities
- (7) preoccupation with **fantasy and introspection**
- (8) low or no need of any confiding **relationships**
- (9) insensitivity to social norms and **conventions**

All over schizoid is rare than paranoid the other people who are just aloof in their own world emotionally called their indifference to what people are saying solitary activities they are preoccupied with fantasy and low or no need of any confirmed in relationship this is some of this schizoid people eventually return to schizophrenia so this may be one of the precursors some of the studies there so and then insensitive to social norms and conventions.

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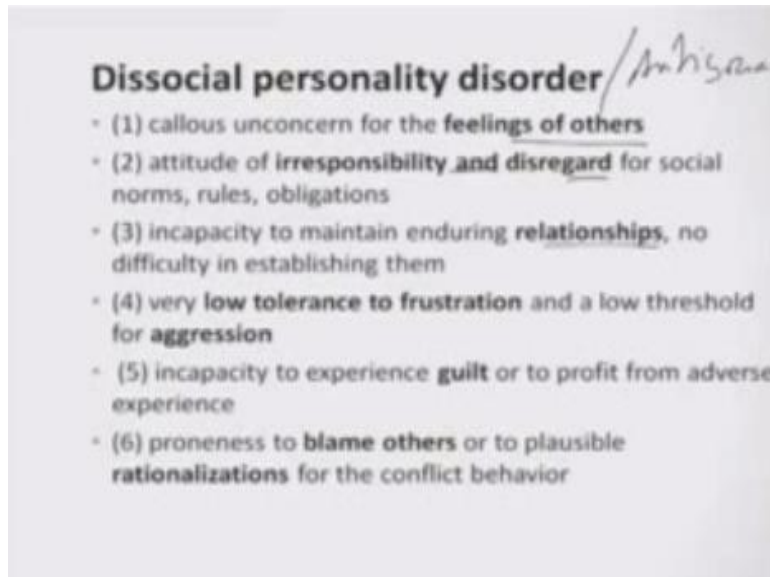
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Dissocial personality disorder

- (1) callous unconcern for the **feelings of others**
- (2) attitude of **irresponsibility and disregard** for social norms, rules, obligations
- (3) incapacity to maintain enduring **relationships**, no difficulty in establishing them
- (4) very **low tolerance to frustration** and a low threshold for **aggression**
- (5) incapacity to experience **guilt** or to profit from adverse experience
- (6) proneness to **blame others** or to plausible **rationalizations** for the conflict behavior

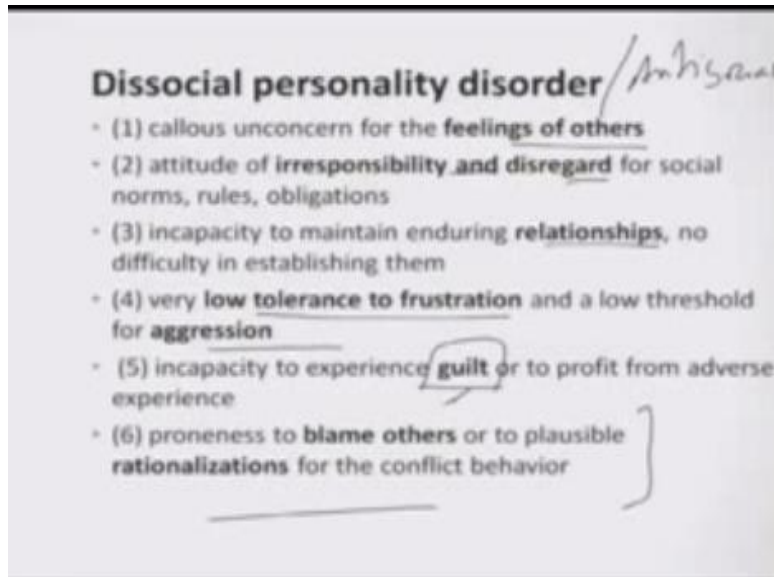
This social is also antisocial I don't have to tell you who are these people we all know a lot of criminals high percentage in all prisons and now they have and they are one of criminal is not antisocial but you see the repeated pattern they have un concern for the feelings of others attitudes, of irresponsibility and disregard you can get a list on the paper of international level people are hunting for this criminals and terrorists and some of these mafias in composition mountain and their relationship.

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They really don't give a damn to what is happening the frustration tolerance is very low even a small thing which upsets them blow them off to violence some of them may initially have the sense of guilt but as they grow on as the move on in life the guilt disappears and they have a rationalization for all the conflict behavior always trying to prove themselves right.

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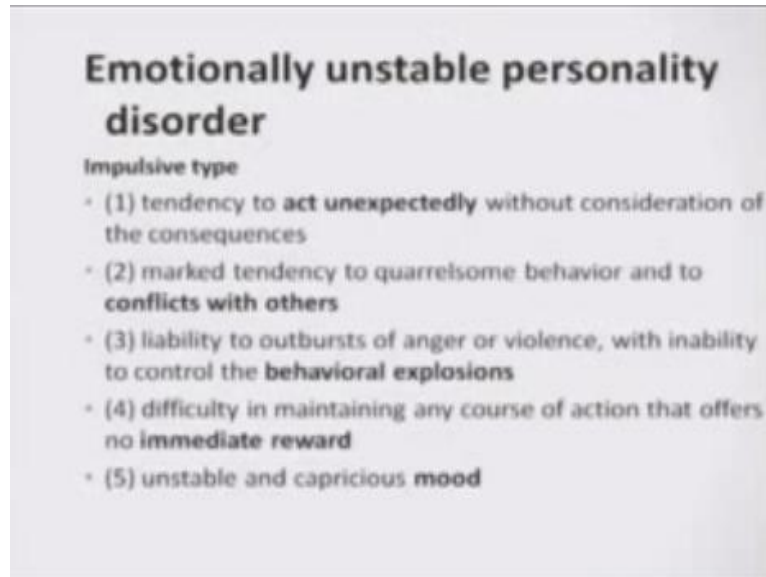


Dissocial personality disorder / Antisocial

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- (5) incapacity to experience guilt or to profit from adverse experience
- (6) proneness to blame others or to plausible rationalizations for the conflict behavior

Some of the politicians may actually appear like this but whether they are we don't know.

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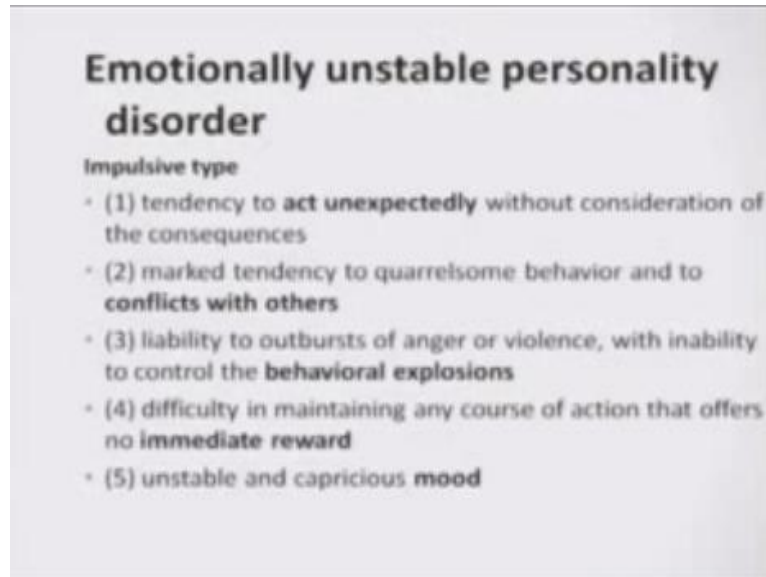


At this, this and the next group and 2 things which you are going to see more commonly antisocial we have seen we always have antisocial people but there is something, something which is not very, very well diagnosed in the united states of America, Australia and England we are seeing more and more maybe because we are diagnosing more or maybe because social structure is changing so that the biology which predisposes people to have this.

Which was not expressed in a more stable environment maybe a few decades back as the environment also guess these stabilize and it becomes a high-pressure life this these disorders which we commonly level is borderline personality are getting more and more expressed so a borderline person with predisposition to bottle and personality or having a this disorder in a stable environment, environment with a supportive environment may not have been exhibited.

But it is coming more on and on as you see the society is changing in the transition period pressured life so the 2 type of stuff in this.

(Refer Slide Time: 24:35)



What is a impulsive type these are the people with whom you can never be sure , we will suddenly act unexpectedly you working a job and this person may suddenly feel bad and leave and this creates conflict with everybody this see this all connected or this may really lead to a behavioral explosion somebody , would suddenly take a often stored you are saying and not listen to the joke actually and start jumping around did have difficulty in maintaining any course of action that offers know immediately what so this impulsive people you see a lot of small kids are very impulsive they are doing something they leave this and start jumping on the other these are , the people who want immediate reward if it does not happen they do not have the patience and the mood is very, very unstable.

(Refer Slide Time: 25:27)

Emotionally unstable personality disorder

Impulsive type

- (1) tendency to act unexpectedly without consideration of the consequences
- (2) marked tendency to quarrelsome behavior and to conflicts with others
- (3) liability to outbursts of anger or violence, with inability to control the behavioral explosions
- (4) difficulty in maintaining any course of action that offers no immediate reward
- (5) unstable and capricious mood

You will not know any reason now this mood this mode changes will not be asked pro longer as intense sometimes it can be like bipolar which has a definite on seven different missions is like going up and down person is alright and then suddenly sometimes alright sometime it will happen sometime all sort of variation.

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Emotionally unstable personality disorder

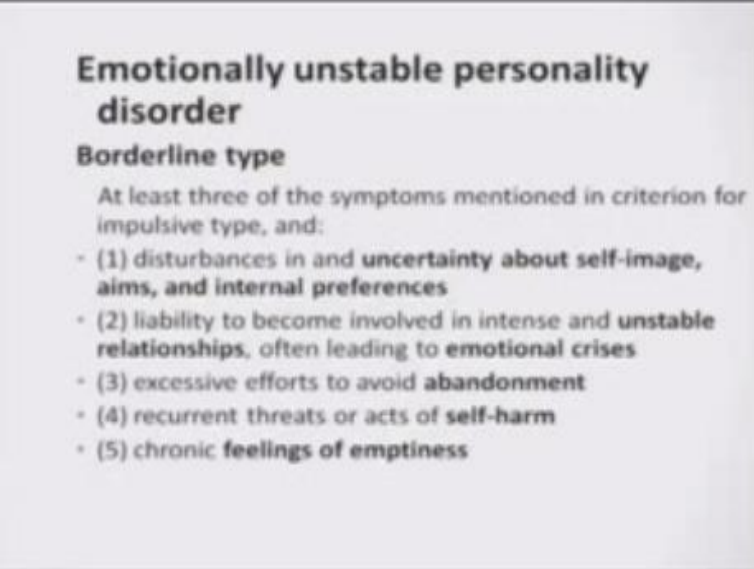
Impulsive type

- (1) tendency to act unexpectedly without consideration of the consequences
- (2) marked tendency to quarrelsome behavior and to **conflicts with others**
- (3) liability to outbursts of anger or violence, with inability to control the **behavioral explosions**
- (4) difficulty in maintaining any course of action that offers no immediate reward
- (5) unstable and capricious mood

Handwritten notes: A squiggly line above the title, a squiggly line below the list, and a squiggly line with a double equals sign and a plus sign to the right of the last item.

And the.

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Emotionally unstable personality disorder

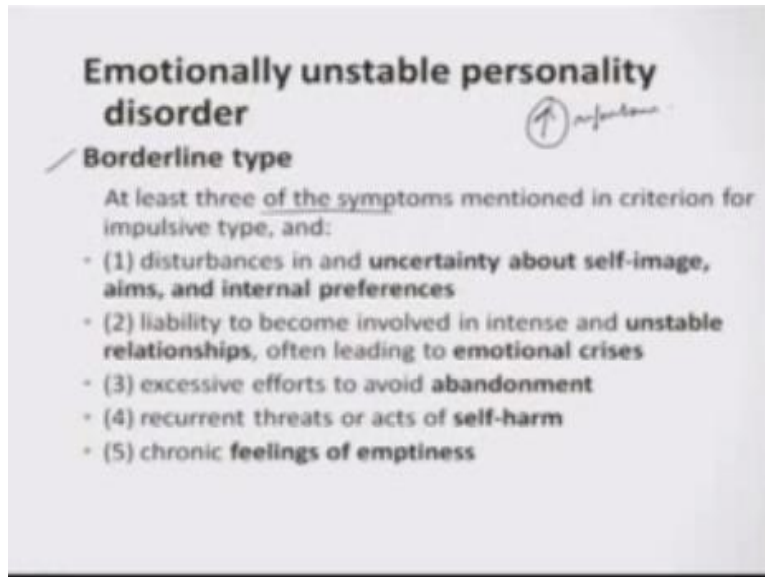
Borderline type

At least three of the symptoms mentioned in criterion for impulsive type, and:

- (1) disturbances in and **uncertainty about self-image, aims, and internal preferences**
- (2) liability to become involved in intense and **unstable relationships**, often leading to **emotional crises**
- (3) excessive efforts to avoid **abandonment**
- (4) recurrent threats or acts of **self-harm**
- (5) chronic **feelings of emptiness**

Almost the flip side of it is borderline type so you have an impulsive type which is expressing without control the can mood control is gone in the impulsive type borderline at least three of the symptoms in the criteria for impulses.

(Refer Slide Time: 26:08)



Emotionally unstable personality disorder

① personality

✓ **Borderline type**

At least three of the symptoms mentioned in criterion for impulsive type, and:

- (1) disturbances in and **uncertainty** about self-image, aims, and **internal preferences**
- (2) liability to become involved in intense and **unstable relationships**, often leading to **emotional crises**
- (3) excessive efforts to avoid **abandonment**
- (4) recurrent threats or acts of **self-harm**
- (5) chronic **feelings of emptiness**

So borderline will have to have.

(Refer Slide Time: 26:10)

Emotionally unstable personality disorder

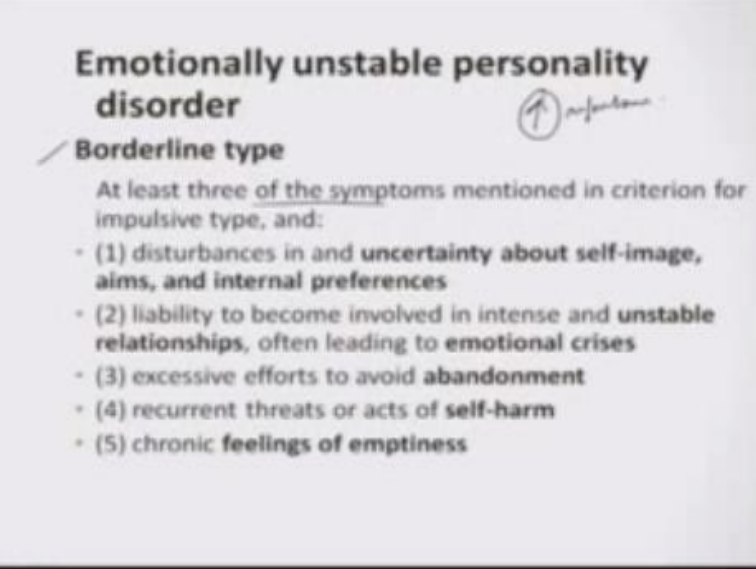
Impulsive type

- (1) tendency to act unexpectedly without consideration of the consequences
- (2) marked tendency to quarrelsome behavior and to **conflicts with others**
- (3) liability to outbursts of anger or violence, with inability to control the **behavioral explosions**
- (4) difficulty in maintaining any course of action that offers no immediate reward
- (5) unstable and capricious mood

Handwritten notes: A wavy line above the title, a checkmark next to (4), and a wavy line with "++" next to (5).

At least 3 of this.

(Refer Slide Time: 26:17)



Emotionally unstable personality disorder

↑ not a misnomer

✓ **Borderline type**

At least three of the symptoms mentioned in criterion for impulsive type, and:

- (1) disturbances in and **uncertainty about self-image, aims, and internal preferences**
- (2) liability to become involved in intense and **unstable relationships**, often leading to **emotional crises**
- (3) excessive efforts to avoid **abandonment**
- (4) recurrent threats or acts of **self-harm**
- (5) chronic **feelings of emptiness**

And so borderline is a misnomer actually at one point of time it was considered to be a borderline between neurosis and psychosis a lot of these people behave almost like a psychotic person almost so we get it is a misnomer now we know it is more connected with what we call effective regulation these people have problems with control of mood the impulsive type.

(Refer Slide Time: 26:46)

Emotionally unstable personality disorder

Borderline type

At least three of the symptoms mentioned in criterion for impulsive type, and:

- (1) disturbances in and **uncertainty about self-image, aims, and internal preferences**
- (2) liability to become involved in intense and **unstable relationships**, often leading to **emotional crises**
- (3) excessive efforts to avoid **abandonment**
- (4) recurrent threats or acts of **self-harm**
- (5) chronic **feelings of emptiness**

Handwritten notes: A circle with an upward arrow and the word "impulsive" is written next to the title. The words "Affective instability" are written next to the list. A small box with a checkmark is written next to the last item.

But borderline the real borderline which is emotionally unstable also has uncertainty about self-image and you know such people who are not sure about what they are heading for what they want is this type of traits all of us have it all of us face similar things but we all grow out so we may, we may not end up in borderline personality we have some trait.

(Refer Slide Time: 27:09)

Emotionally unstable personality disorder

Borderline type

At least three of the symptoms mentioned in criterion for impulsive type, and:

- (1) disturbances in and uncertainty about self-image, aims, and internal preferences
- (2) liability to become involved in intense and **unstable relationships**, often leading to **emotional crises**
- (3) excessive efforts to avoid **abandonment**
- (4) recurrent threats or acts of **self-harm**
- (5) chronic **feelings of emptiness**

Handwritten notes: A circle with an arrow pointing up is next to the title. To its right, 'impulsive' and 'affective' are written with arrows pointing to 'Borderline type'. To the right of item (4), 'self-harm' is written with an arrow pointing to 'self-harm'.

But we all grow out of it and we know.

(Refer Slide Time: 27:12)

Emotionally unstable personality disorder

Borderline type

At least three of the symptoms mentioned in criterion for impulsive type, and:

- (1) disturbances in and uncertainty about self-image, aims, and internal preferences
- (2) liability to become involved in intense and **unstable relationships**, often leading to **emotional crises**
- (3) excessive efforts to avoid **abandonment**
- (4) recurrent threats or acts of **self-harm**
- (5) chronic **feelings of emptiness**

Handwritten notes: "↑" in a circle, "impulsive", "affective", "regulation", "self-harm", "emptiness".

They, they get into unstable relationships.

(Refer Slide Time: 27:15)

Emotionally unstable personality disorder

↑ *impulsive* *affective*
instability

Borderline type

At least three of the symptoms mentioned in criterion for impulsive type, and:

- (1) disturbances in and uncertainty about self-image, aims, and internal preferences
- (2) liability to become involved in intense and unstable relationships, often leading to emotional crises
- (3) excessive efforts to avoid abandonment
- (4) recurrent threats or acts of self-harm *self-harm*
- (5) chronic feelings of emptiness *emptiness*

They do not have a persistent close relationships so every time it goes down they will they will idealize some person and get into the lives very close and after some time they will start not evaluating the person not liking it so going too much into relationship and then getting out every time this the swing continues of going close and then going away this creates a emotional crisis every now and then they keep lending a relationship problem.

(Refer Slide Time: 27:45)

Emotionally unstable personality disorder

↑ *impulsive* *affective* *regulation*

Borderline type

At least three of the symptoms mentioned in criterion for impulsive type, and:

- (1) disturbances in and uncertainty about self-image, aims, and internal preferences
- (2) liability to become involved in intense and unstable/relationships, often leading to emotional crises
- (3) excessive efforts to avoid abandonment
- (4) recurrent threats or acts of self-harm *cutting*
- (5) chronic feelings of emptiness

→ *empty*

I had a friend and very close and suddenly left so you can suspect the other person that left him but it was the party will find this person has never had somebody very close.

(Refer Slide Time: 27:55)

Emotionally unstable personality disorder

↑ *impulsive* *affective* *regulation*

Borderline type

At least three of the symptoms mentioned in criterion for impulsive type, and:

- (1) disturbances in and uncertainty about self-image, aims, and internal preferences
- (2) liability to become involved in intense and unstable relationships, often leading to emotional crises
- (3) excessive efforts to avoid abandonment
- (4) recurrent threats or acts of self-harm *cutting*
- (5) chronic feelings of emptiness

→ *self-harm*

This extreme fear of rejection that somebody is going to leave them, there are threat of active cell phone res cutting, popping pills on every small thing what they do what we call a deliberate self-harm.

(Refer Slide Time: 28:10)

Emotionally unstable personality disorder

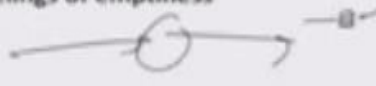
↑ *impulsive* *affective* *impulsive*

Borderline type

At least three of the symptoms mentioned in criterion for impulsive type, and:

- (1) disturbances in and uncertainty about self-image, aims, and internal preferences
- (2) liability to become involved in intense and unstable relationships, often leading to emotional crises
- (3) excessive efforts to avoid abandonment
- (4) recurrent threats or acts of self-harm
- (5) chronic feelings of emptiness

DS II



Most of these people are cannot low precision stolen every small thing we just blow them off and they have chronic feeling or emptiness even if they are trying to do something they will not stop they will not wait for something to happen even if they are doing the sense of emptiness is always there so it this impulsive and borderline they are almost on a spectrum one at the extreme of mood is control the other permanent sense of emptiness problem with self-image this fear.

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Emotionally unstable personality disorder

Borderline type

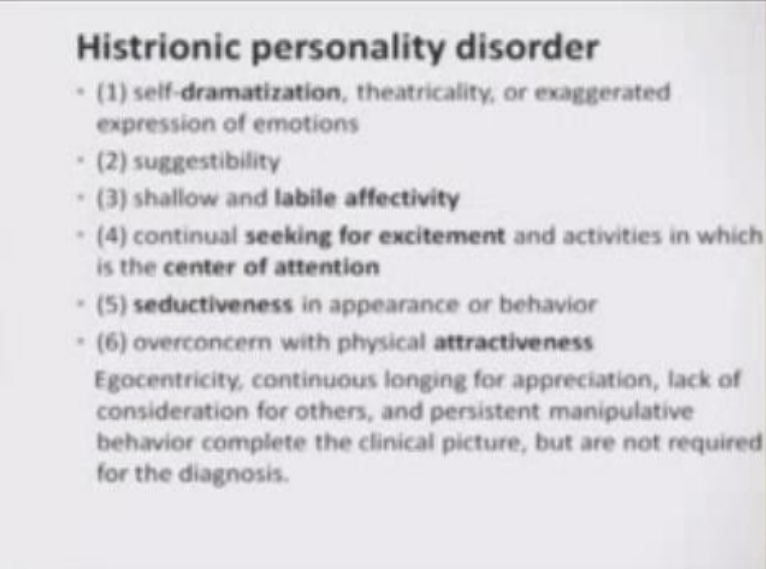
At least three of the symptoms mentioned in criterion for impulsive type, and:

- (1) disturbances in and uncertainty about self-image, aims, and internal preferences
- (2) liability to become involved in intense and unstable relationships, often leading to emotional crises
- (3) excessive efforts to avoid abandonment
- (4) recurrent threats or acts of self-harm
- (5) chronic feelings of emptiness

Handwritten notes: "↑" with "emotional" and "affective" written next to it. "DS II" written next to item (3). "myself" and "harm" written next to item (4). "G" and "B" written next to item (5).

Of that somebody will reject them and in that process the either get too close to become very pally at times and then the same person they will start hitting, so if you just run your mind around you I am sure you will find with this something with an increase whether because a better diagnosis or it is increasing in border line we are not sure histrionic we know people.

(Refer Slide Time: 29:14)



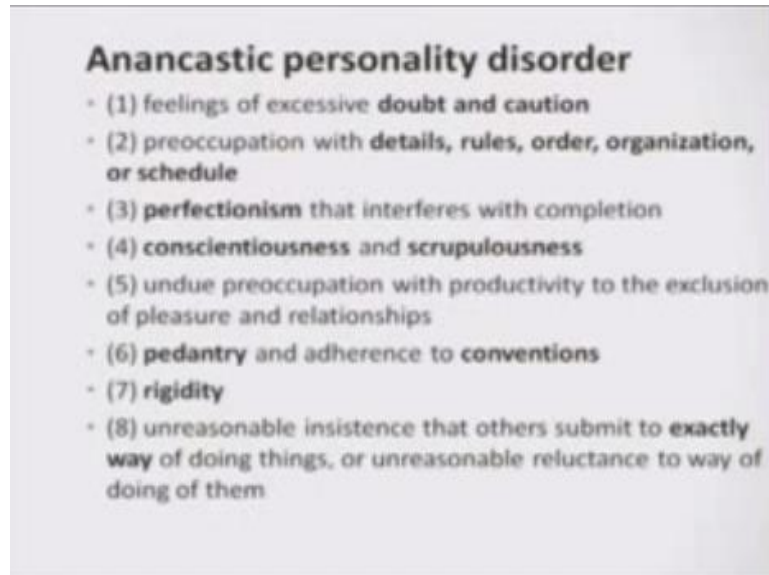
Histrionic personality disorder

- (1) self-**dramatization**, theatricality, or exaggerated expression of emotions
- (2) suggestibility
- (3) shallow and **labile affectivity**
- (4) continual **seeking for excitement** and activities in which is the **center of attention**
- (5) **seductiveness** in appearance or behavior
- (6) overconcern with physical **attractiveness**

Egocentricity, continuous longing for appreciation, lack of consideration for others, and persistent manipulative behavior complete the clinical picture, but are not required for the diagnosis.

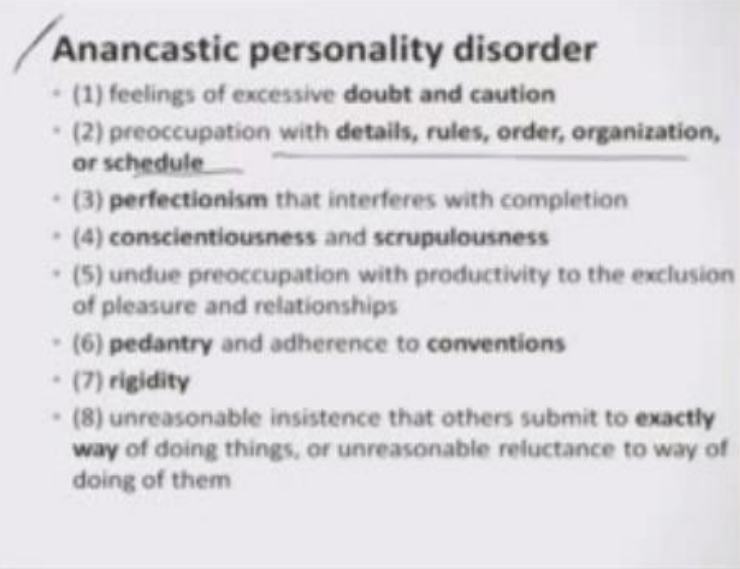
Who serve dramatized every small thing they will create into a drama and we know too bothered about the how they are looking being seductive seeking excitement.

(Refer Slide Time: 29:24)



Anancastic is a precursor to obsessive there people who are very, very pedantic who are always preoccupied with details rules organization schedule perfectionist they will not sit quietly then always trying to organize things.

(Refer Slide Time: 29:44)



Anancastic personality disorder

- (1) feelings of excessive **doubt and caution**
- (2) preoccupation with **details, rules, order, organization, or schedule**
- (3) **perfectionism** that interferes with completion
- (4) **conscientiousness** and **scrupulousness**
- (5) undue preoccupation with productivity to the exclusion of pleasure and relationships
- (6) **pedantry** and adherence to **conventions**
- (7) **rigidity**
- (8) unreasonable insistence that others submit to **exactly way** of doing things, or unreasonable reluctance to way of doing of them

(Refer Slide Time: 29:45)

Anxious (avoidant) personality disorder

- (1) persistent **feelings of tension and apprehension**
- (2) belief that one is **socially inept**, personally unappealing, or **inferior to others**
- (3) excessive preoccupation with being **criticized or rejected** in social situations
- (4) unwillingness to become involved with people unless certain of being liked
- (5) **restrictions in lifestyle** because of need for physical security
- (6) **avoidance of** social or occupational activities that involve significant **interpersonal contact, because of fear** of criticism, disapproval, or rejection.

And create problems anxious important is not so common but there are people who are unable to decide about for themselves they always unsure of themselves always want somebody else to decide for them.

(Refer Slide Time: 29:57)

Dependent personality disorder

- (1) encouraging or allowing others to make the most of one's **important life decisions**
- (2) **subordination** of own needs to others on whom is dependent, and compliance with their wishes
- (3) unwillingness to make reasonable demands on the people one depends on
- (4) feeling uncomfortable or **helpless when alone**, because of exaggerated fears of inability to care for oneself
- (5) preoccupation with **fears of being left to care for oneself**
- (6) limited capacity to make everyday **decisions without an advice** and reassurance from others

Dependent is also just like that that for everything they need somebody else to decide for them because of the fear of being left care.

(Refer Slide Time: 30:06)

Dependent personality disorder

- (1) encouraging or allowing others to make the most of one's **important life decisions**
- (2) **subordination** of own needs to others on whom is dependent, and compliance with their wishes
- (3) unwillingness to make reasonable demands on the people one depends on
- (4) feeling uncomfortable or **helpless when alone**, because of exaggerated fears of inability to care for oneself
- (5) preoccupation with fears of being left to care for oneself
- (6) limited capacity to make everyday **decisions without an advice** and reassurance from others

(Refer Slide Time: 30:07)

Mixed and other personality disorders(F61)

Features of several of the specific personality disorders are present

but

not to the extent that the criteria for any of the specified personality disorders in that **category** are met.

Makes this where we cannot decide one thing and the mixed type of traits.

(Refer Slide Time: 30:14)

Complications

- secondary mental illnesses (depression, medication, drug or alcohol abuse or addiction, eating disorders, impulse-control disorders, anxiety disorders, brief psychosis)
- suicidal behavior
- acts of self-harm
- violence and crime behaviour
- risk behaviour (sexually transmitted infections, drug abuse...)

So as I said the secondary complications suicidal behavior acts of self-harm mostly in borderline violence.

(Refer Slide Time: 30:20)

Complications

- secondary mental illnesses (depression, medication, drug or alcohol abuse or addiction, eating disorders, impulse-control disorders, anxiety disorders, brief psychosis)
- suicidal behavior ✓
- acts of self-harm — —
- violence and crime behaviour —
- risk behaviour (sexually transmitted infections, drug abuse...) —

Risk behavior.

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And what you do with mainstay of treatment is psychotherapy pharmacotherapy that means drugs we give only symptomatic.

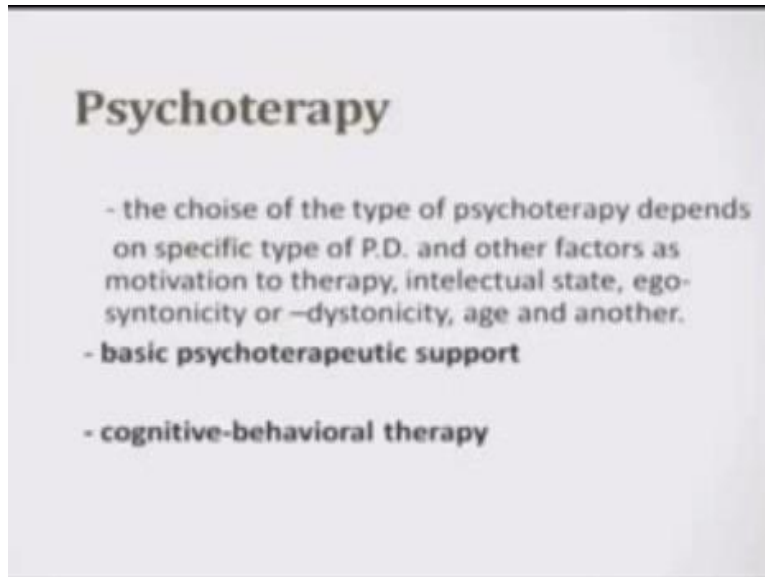
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Treatment

Motivation to the therapy, compliance and efficiency is different from case to case.

- **Psychotherapy** - basis
- **Pharmacotherapy** - in some cases, symptomatic

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And psychotherapy difference on what type of personality you are doing motivation intellectual state, ego syntonicity, that means they are comfortable with themselves so they are not comfortable with themselves so—but, so the basic principle is you do a basic support to their emotional crisis to situations when they land up with deliver self- harm or damage and then I specific cognitive behavior.

(Refer Slide Time: 30:53)

Psychoterapy

- the choise of the type of psychoterapy depends on specific type of P.D. and other factors as motivation to therapy, inte|ectual state, ego-syntonicity or -dystonicity, age and another.
- basic psychoterapeutic support
- cognitive-behavioral therapy —→

Therapy.

(Refer Slide Time: 30:54)



But target could be permanent symptoms are actual state problems so I would end at this is a very long topic but we are seeing more and more personality disorder especially increasing borderline impulsive type and all, probably its relative to the changing societal situation we are seeing increasing the expression of obsessive symptoms and anxiety over all anxiety is gone up but personality disorder is a tricky situation is still because labeling somebody means a label for all for life.

So one should be careful but if you just look around yourself you will still find people who were either disorder or at least have traits so I will ended this and then the next lecture, next to lectures we will talk about something with a special topic which does not come into the mainstream psychiatry but it is everywhere and that is sleep thank you.

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