

Recognition and management

PERSONALITY DISORDERS IN THE OLDER ADULT

OVERVIEW – WHY ARE THEY IMPORTANT?

- ✗ Very prevalent (60% of inpatients >65)
- ✗ Never the presenting complaint
- ✗ If not recognised can lead to drop-out or clinical failure
- ✗ High rate of poor outcomes – suicide, substance abuse, social failure, relapse, readmission

OVERVIEW – WHAT IS PERSONALITY DISORDER?

- ✗ Inner experience, thoughts, feelings, beliefs, behaviour not in keeping with culture which leads to distress to self or others or impairment.
- ✗ Often the distress is felt more by others

AXIS I VS AXIS II

- ✗ Temporary state vs ongoing trait
- ✗ Something I “have” rather than “I am”
- ✗ Recognition easy
- ✗ Easier to treat
- ✗ Better insight
- ✗ Personality
- ✗ Ongoing trait vs Temporary state
- ✗ Something “I am” rather than “I have”
- ✗ Harder to recognise
- ✗ Harder to treat
- ✗ Less insight (blames others)
- ✗ More prone to Axis I disorder

ASSESSMENT

- ✖ Info from client plus collaterals
- ✖ Look for patterns
- ✖ Interpersonal difficulties
- ✖ Blaming others
- ✖ Trouble keeping jobs/relationships
- ✖ If you see these patterns ask specific questions

TYPES OF PD

- ✗ “Odd/ eccentric” – **paranoid**, schizoid, schizotypal
- ✗ “Dramatic/ erratic” – antisocial, **borderline**, **histrionic**, **narcissistic**
- ✗ “Anxious/ fearful” – avoidant, **dependent**, obsessive-compulsive
- ✗ Mixed
- ✗ Older adult – OCPD, narcissistic, dependent

DIFFERENTIAL DX

- ✗ OCD
- ✗ Cyclothymic disorder
- ✗ Schizophrenia
- ✗ Delusional disorder
- ✗ Social phobia
- ✗ Somatization disorder

POPULATION OF INPATIENTS OVER 3 YEARS

- ✗ Westmead and POW
- ✗ Young adults 72% have a PD
- ✗ Older adult 59% have a PD
- ✗ Patients with PD had longer admissions, more readmissions, worse symptoms, fewer social supports, poorer coping strategies

STRATEGIES TO SUSTAIN CARE

- ✖ We cannot cure the PD quickly but we can manage the deficits caused by the PD
- ✖ Treat the Axis I disorder
- ✖ Empathic understanding
- ✖ Do not blame
- ✖ Provide social supports, physical supports
- ✖ Teach coping strategies

Janine Stevenson

janine.stevenson@sydney.edu.au

PERSONALITY, AGE AND OUTCOME

PERSONALITY DISORDER PREVALENCE

- ✖ Young adults 74%
- ✖ Middle aged 71.9%
- ✖ Older adults 59%

DEMOGRAPHIC AND CLINICAL DETAILS

| | | Young (N=76) | Middle (N=57) | Old (N=98) |
|-------------------|---------------|-----------------|------------------|---------------|
| Age | Range | 17-40 | 41-64 | 65-99 |
| | Mean | 27.49 | 52.33 | 76.23 |
| Gender | Female | 72% | 52% | 60% |
| Language | English | 71% | 78% | 80.4% |
| Marital Status | Married | 28.9% | 42.1% | 38.2% |
| | Separated | 6.6% | 33.3% | 16.7% |
| | Never married | 64.5% | 15.8% | 10.8% |
| | Widowed | 0% | 8.8% | 34.3% |

DEMOGRAPHICS CONTD

| | | Young % | Middle % | Old % |
|------------------------|----------------|------------|-------------|----------|
| Education | Primary | 27.6 | 56 | 82.3 |
| | Matriculation | 19.7 | 7 | 4.9 |
| | Tertiary | 52.7 | 36.8 | 12.8 |
| Living Arrangement | Alone | 14.5 | 29.8 | 45.9 |
| | Family | 81.5 | 66.6 | 45.9 |
| | Supported care | 3.9 | 3.5 | 8.1 |
| Employment | Full-time | 21.1 | 22.8 | 2 |
| | Part-time | 18.4 | 8.8 | 2.9 |
| | Not working | 60.5 | 68.4 | 95.1 |
| Psychiatric history | No | 13.2 | 19.3 | 26.5 |
| | Recent | 23.7 | 15.8 | 24.5 |
| | Chronic | 63.2 | 64.9 | 49.0 |

PRIMARY DIAGNOSIS ON ADMISSION

| | 18-40 years | 41-64 years | 65+ years |
|---------------|-------------|-------------|-----------|
| Depression | 26% | 43.1% | 57.1% |
| Schizophrenia | 34.6% | 25.8% | 20.4% |
| BAD | 9.3% | 15.5% | 12.2% |
| D & A | 5.3% | 6.9% | 3.1% |

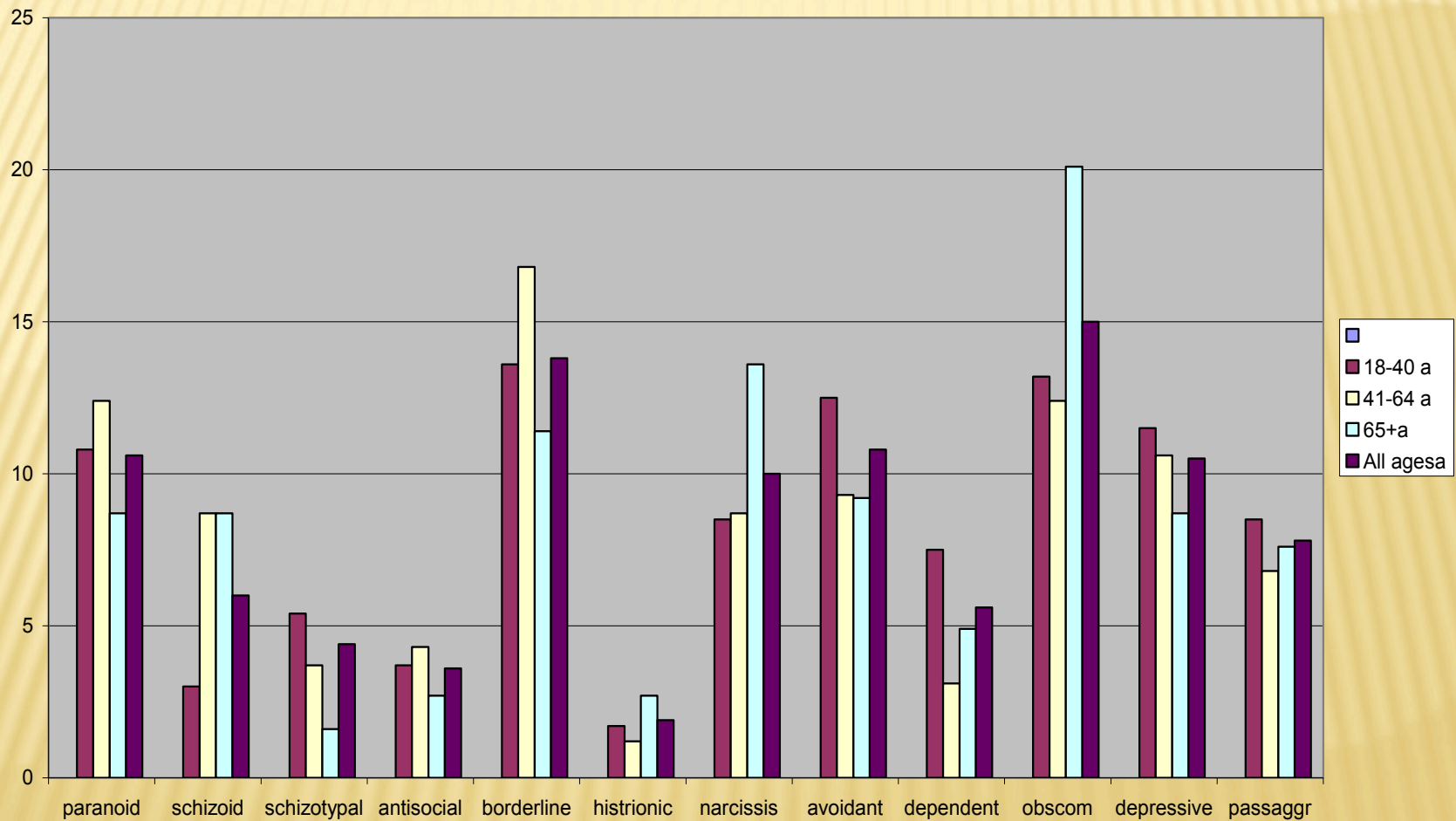
PRIMARY DIAGNOSIS ON ADMISSION

CONTD

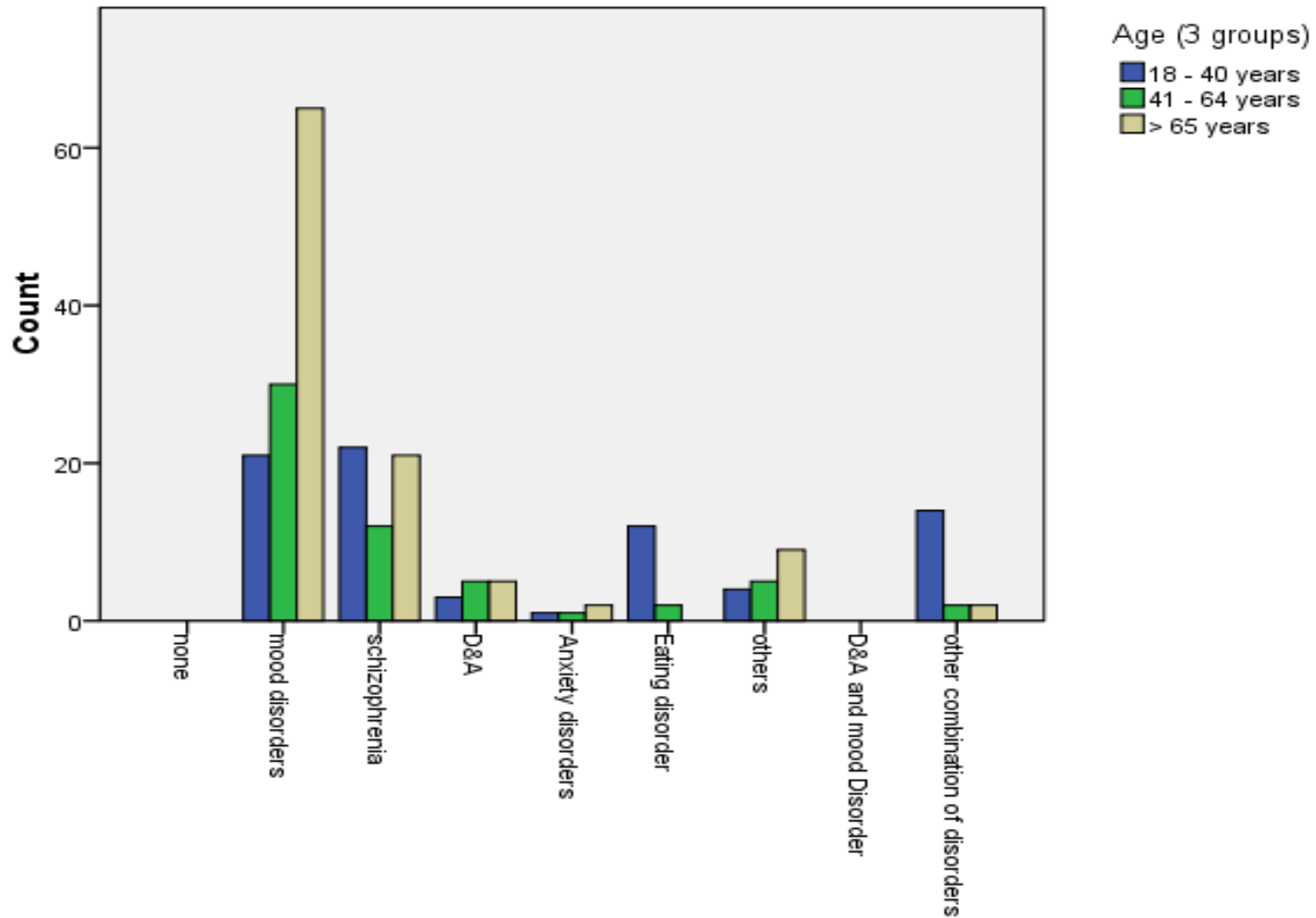
| | 18-40 years | 41-64 Years | 65+ years |
|------------------|-------------|-------------|-----------|
| Eating disorder | 20% | 3.4% | 0% |
| Anxiety disorder | 1.3% | 0% | 0% |
| Other | 2.6% | 5.1% | 7.1% |

SPECIFIC CATEGORIES IN 3 AGE GROUPS

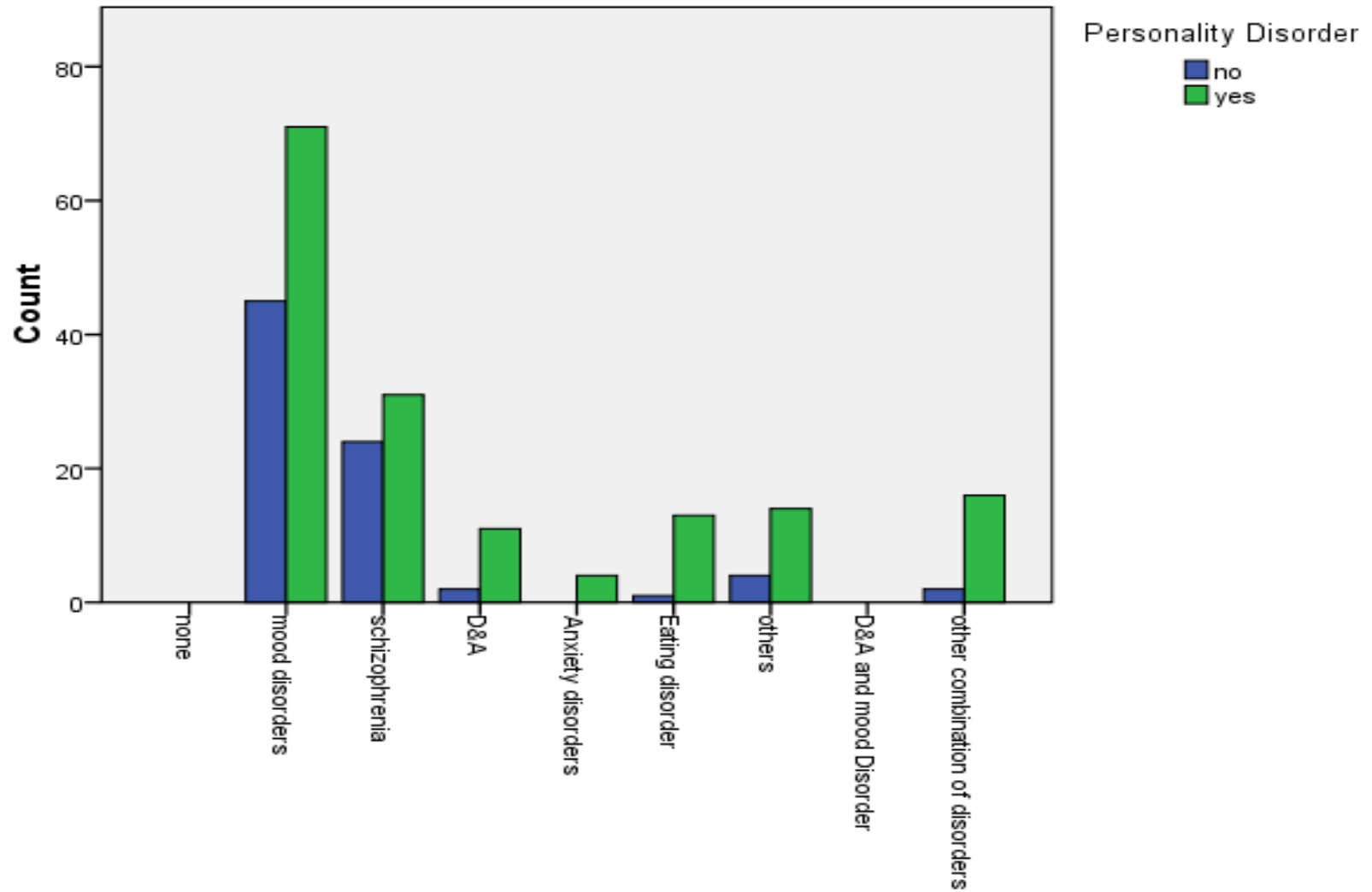
Categorical diagnoses across three age groups

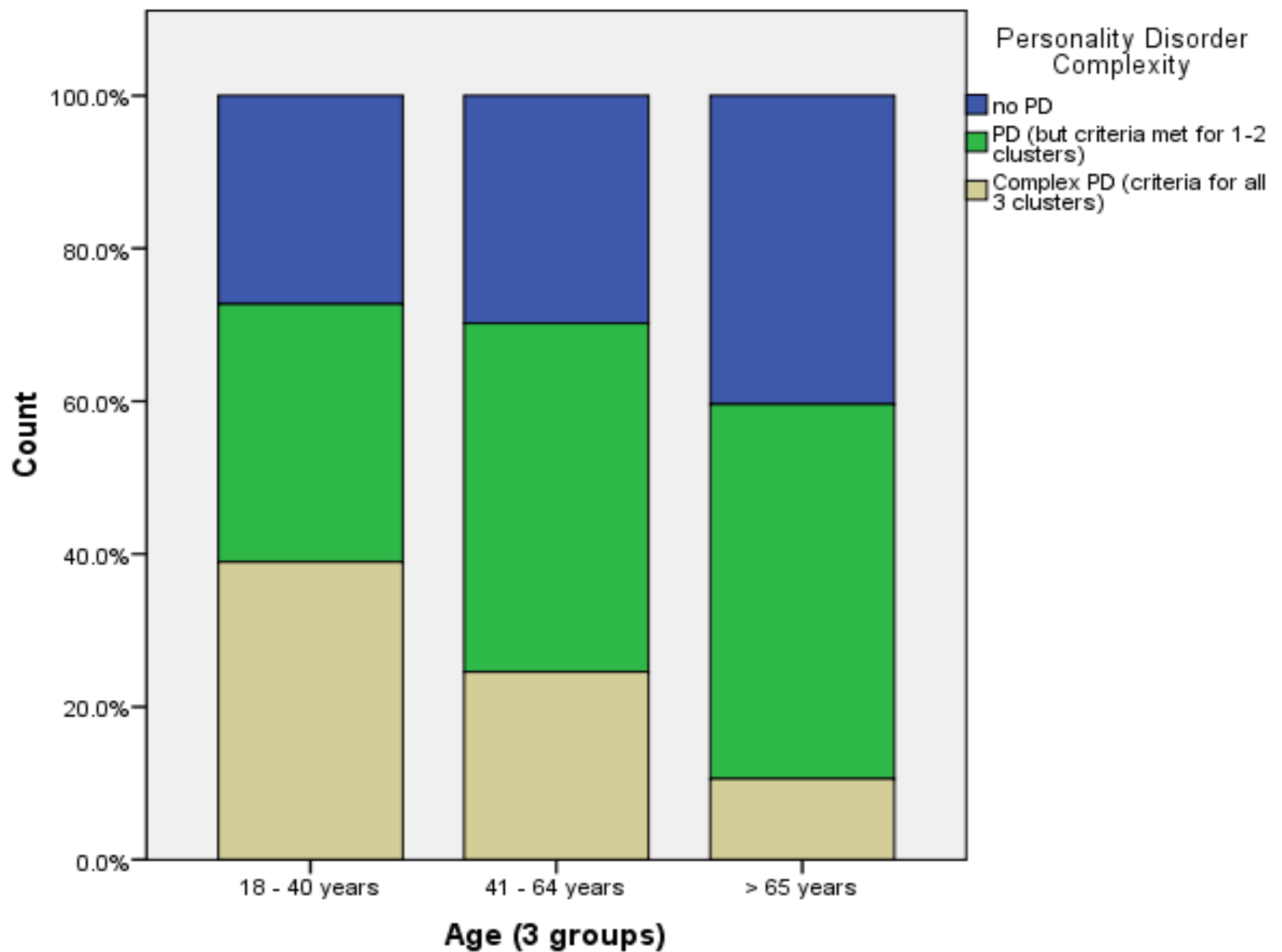


AXIS I DIAGNOSES IN 3 AGE GROUPS

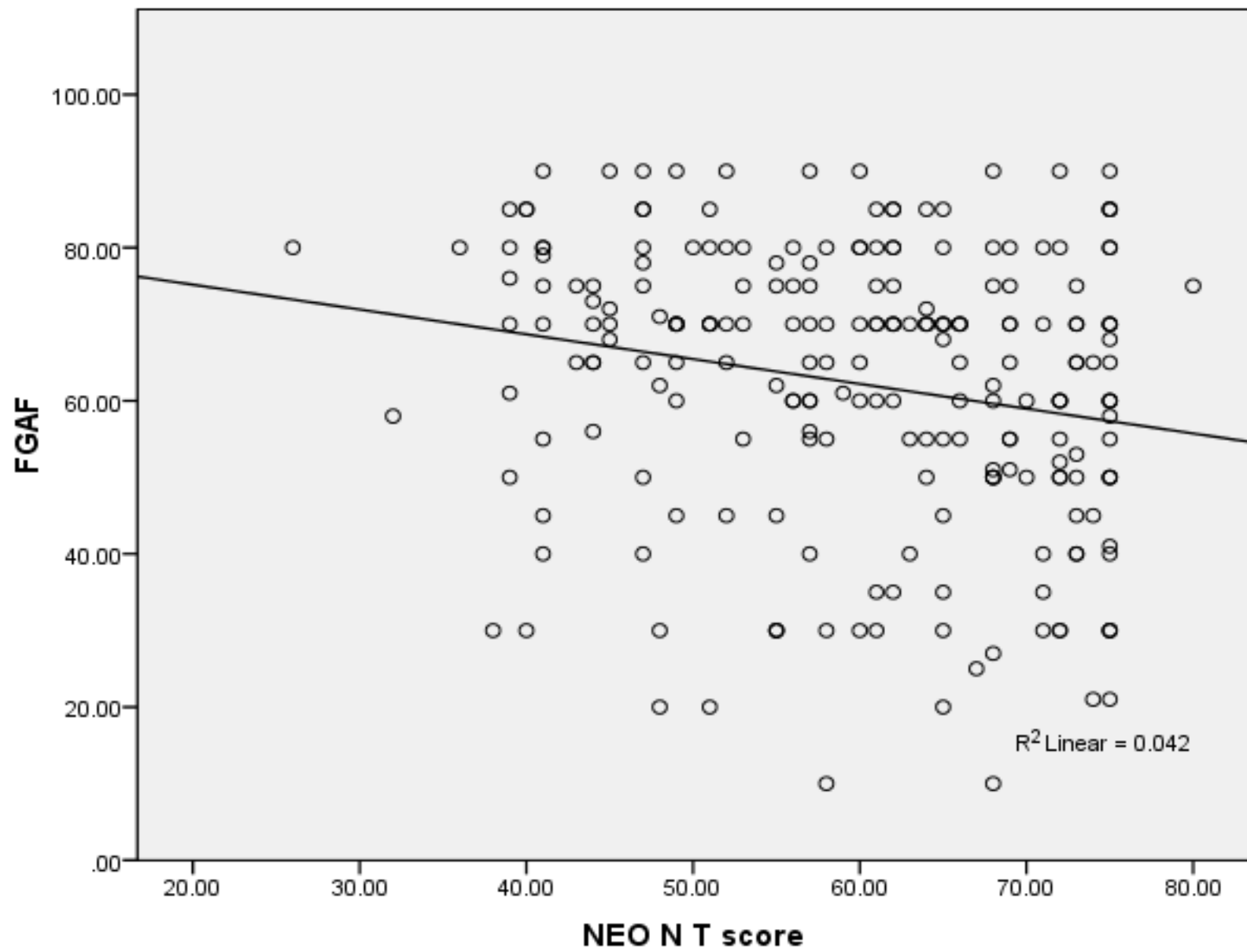


PD PREVALENCE ACCORDING TO AXIS I DX

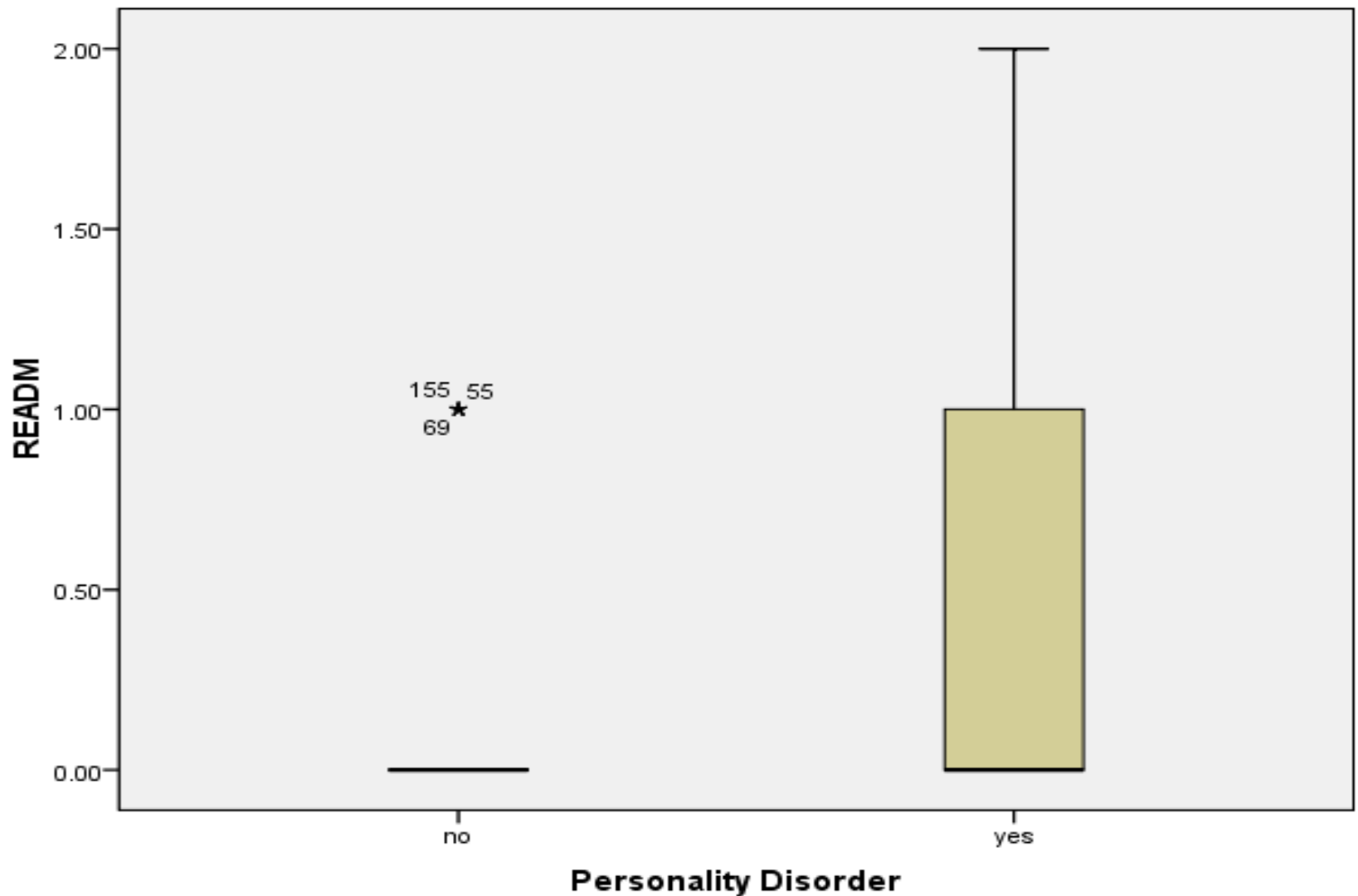




| outcome measure | Agreeableness | conscientiousness | extraversion | neuroticism | openness |
|--------------------|---------------|-------------------|--------------|-------------|----------|
| readmission | _____ | ↓ | _____ | _____ | _____ |
| Mental health | ↑ | ↑ | ↑ | ↓ | _____ |
| Physical morbidity | _____ | _____ | _____ | _____ | _____ |
| Personal wellbeing | ↑ | ↑ | ↑ | ↓ | _____ |
| Social functioning | ↑ | ↑ | ↑ | ↓ | _____ |
| symptoms | ↓ | ↓ | ↓ | ↑ | _____ |



Readmission rates: with and without PD



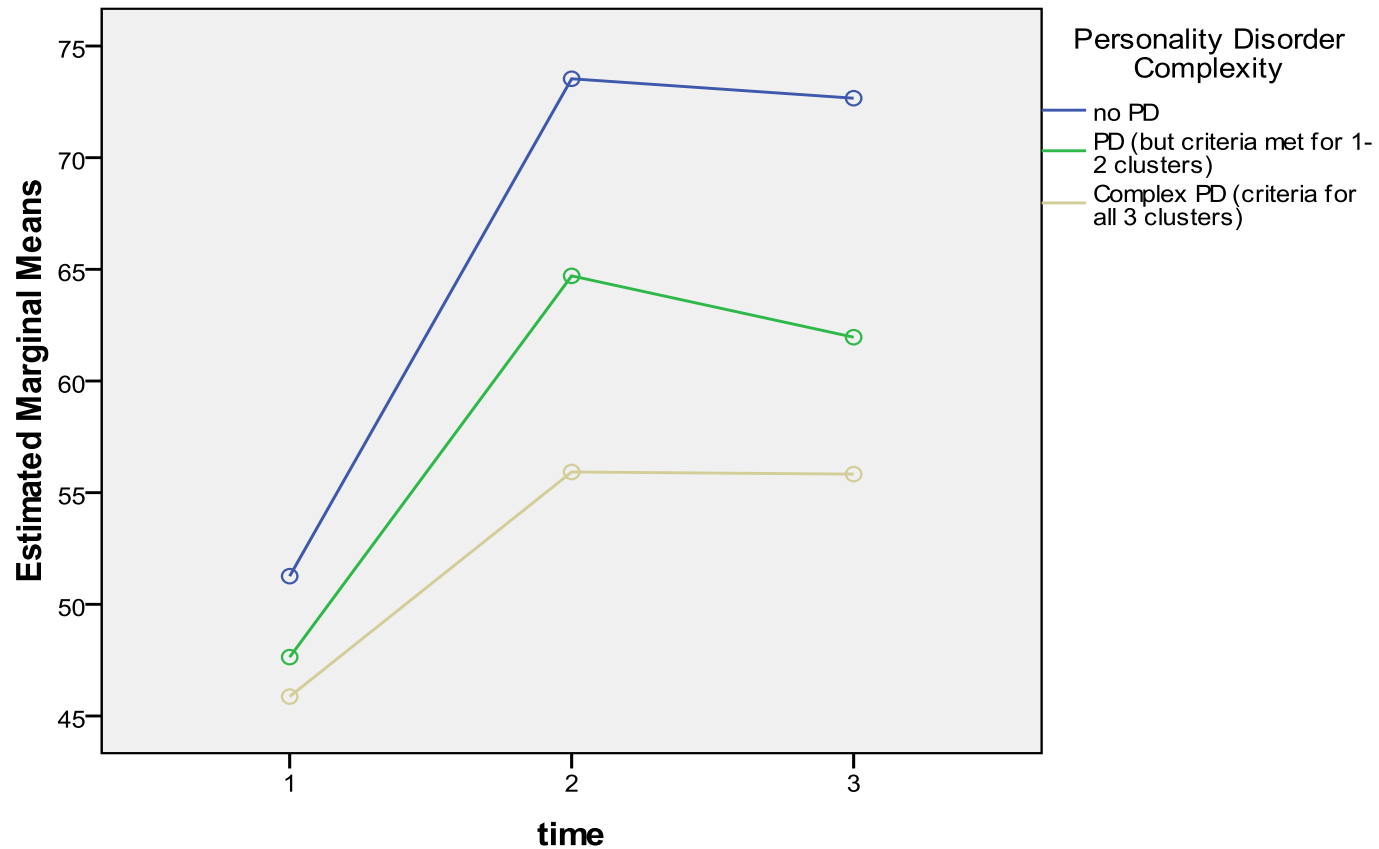
SOCIAL SUPPORTS

COMPARING PD AND NON PD GROUPS

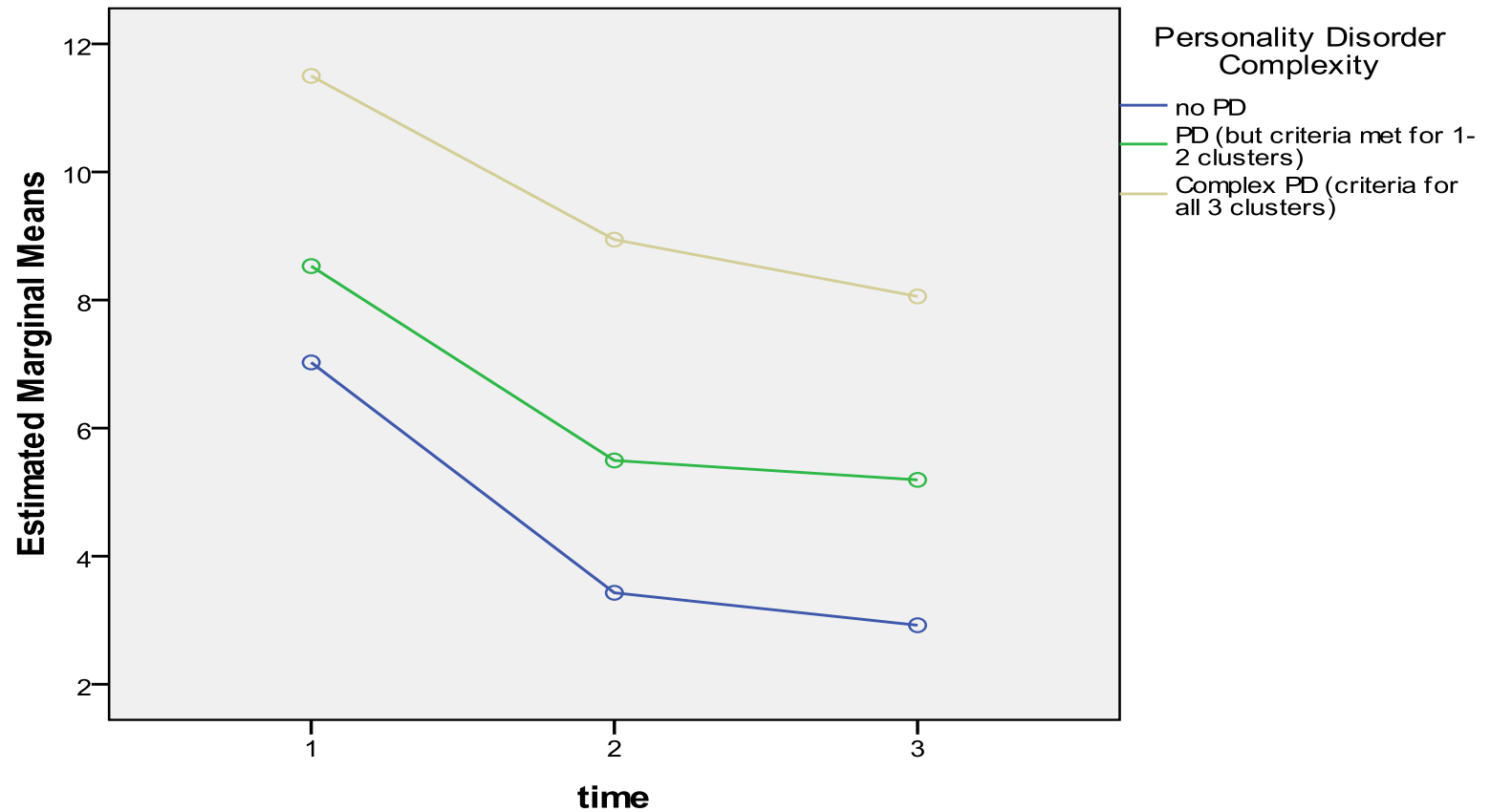
| | t | df | Sig |
|--|--------------|------------|-------------|
| Number of Social supports | 2.593 | 102 | .011 |
| Satisfaction with social supports | 2.368 | 102 | .020 |

SOFAS

Estimated Marginal Means of MEASURE_1

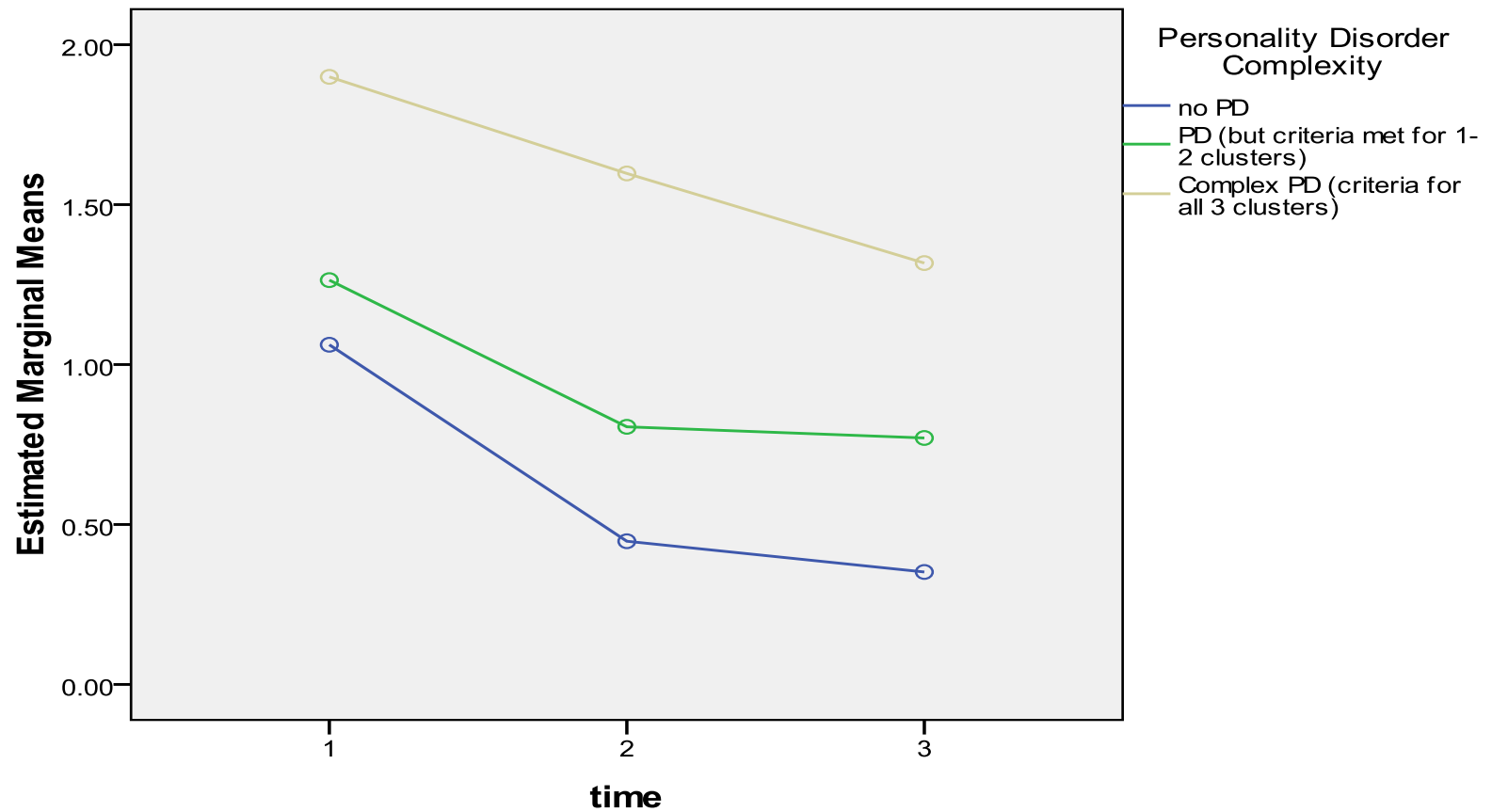


Estimated Marginal Means of MEASURE_1

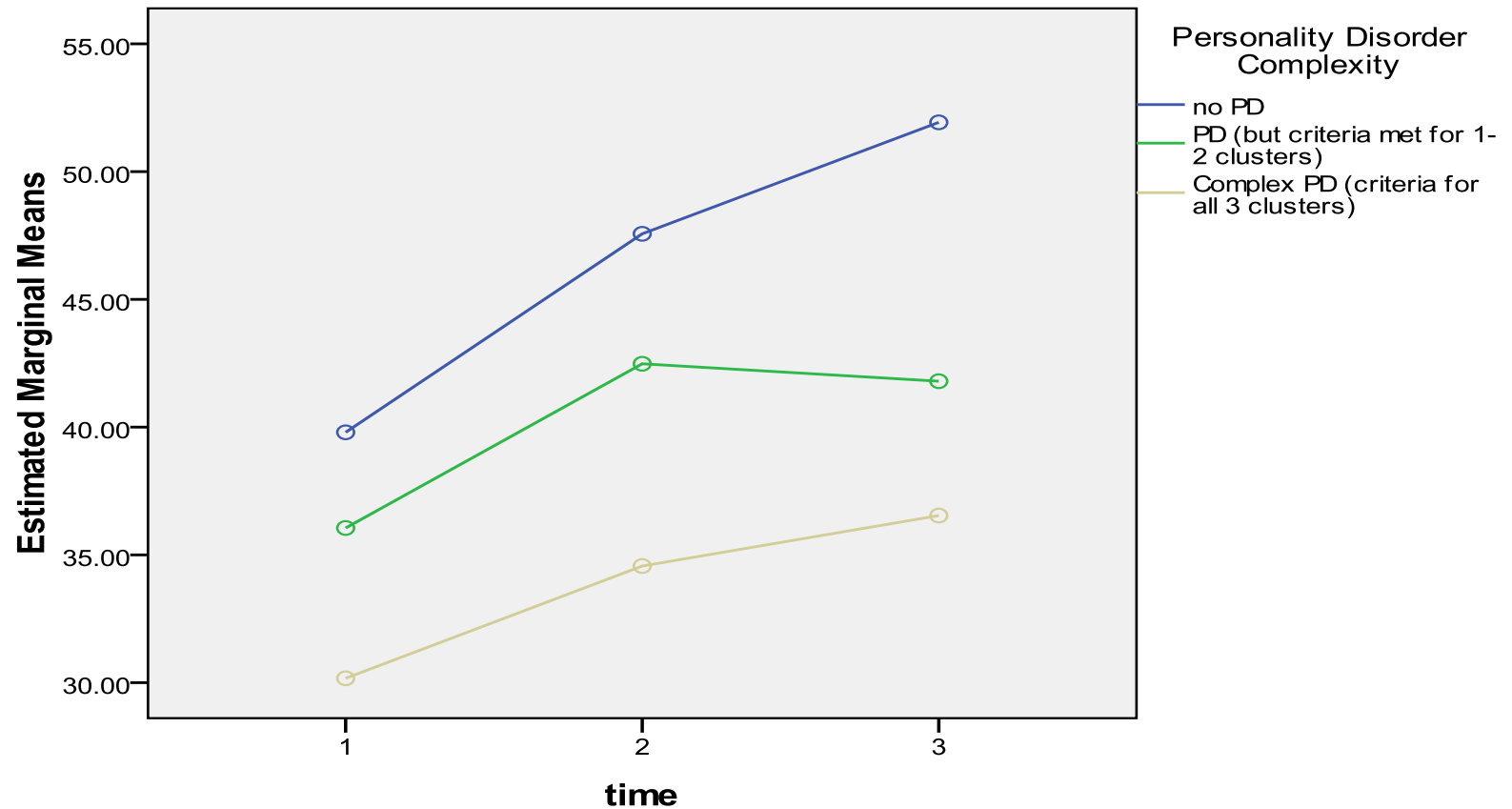


SCL GSI

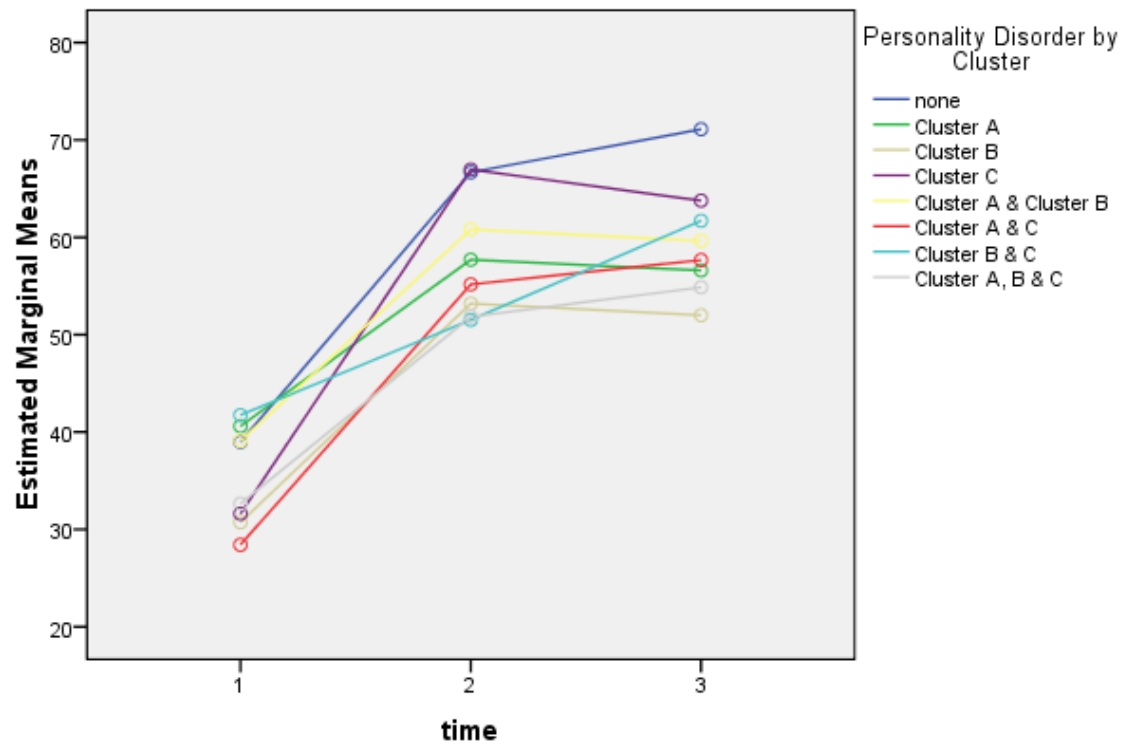
Estimated Marginal Means of MEASURE_1



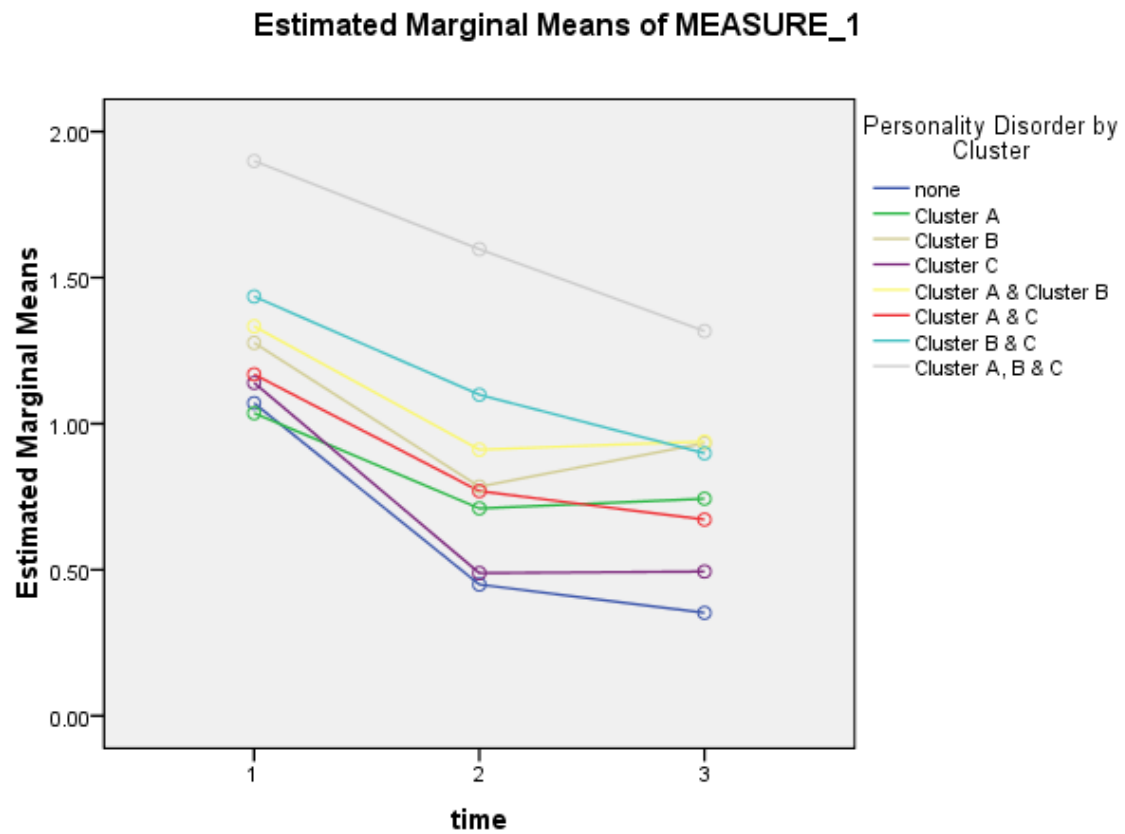
Estimated Marginal Means of MEASURE_1



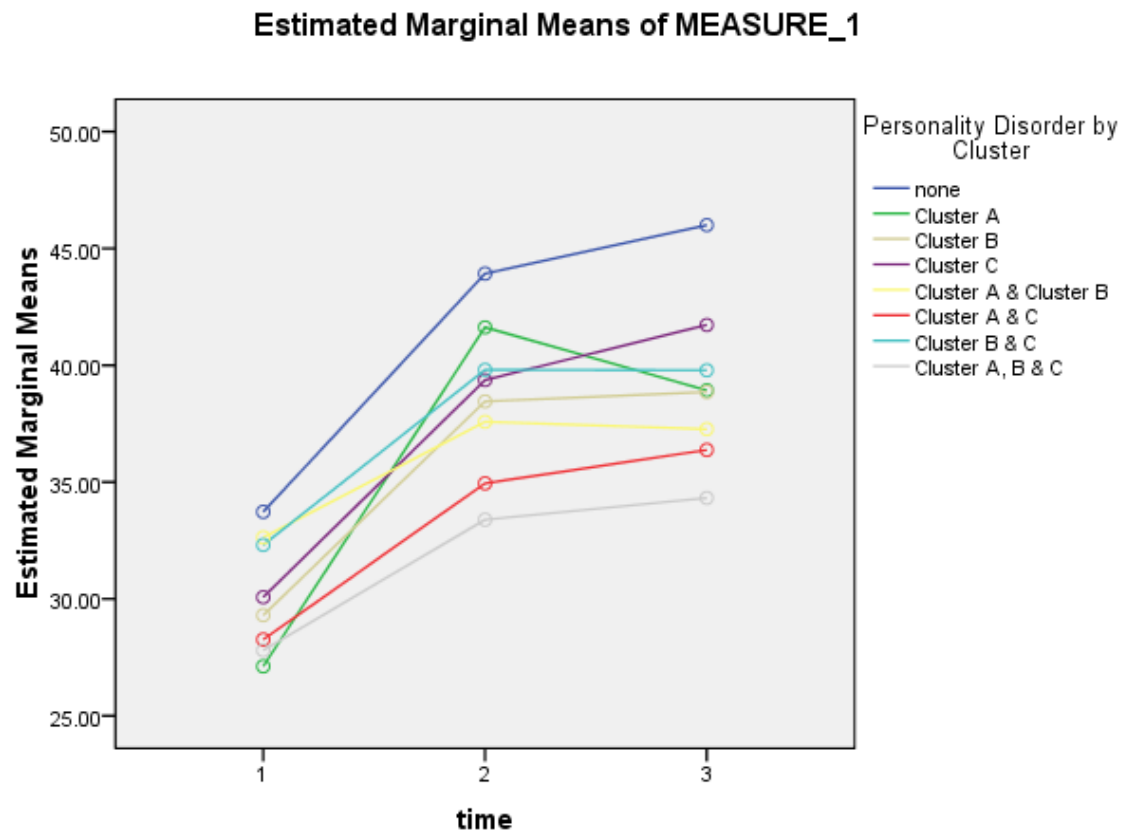
Estimated Marginal Means of MEASURE_1



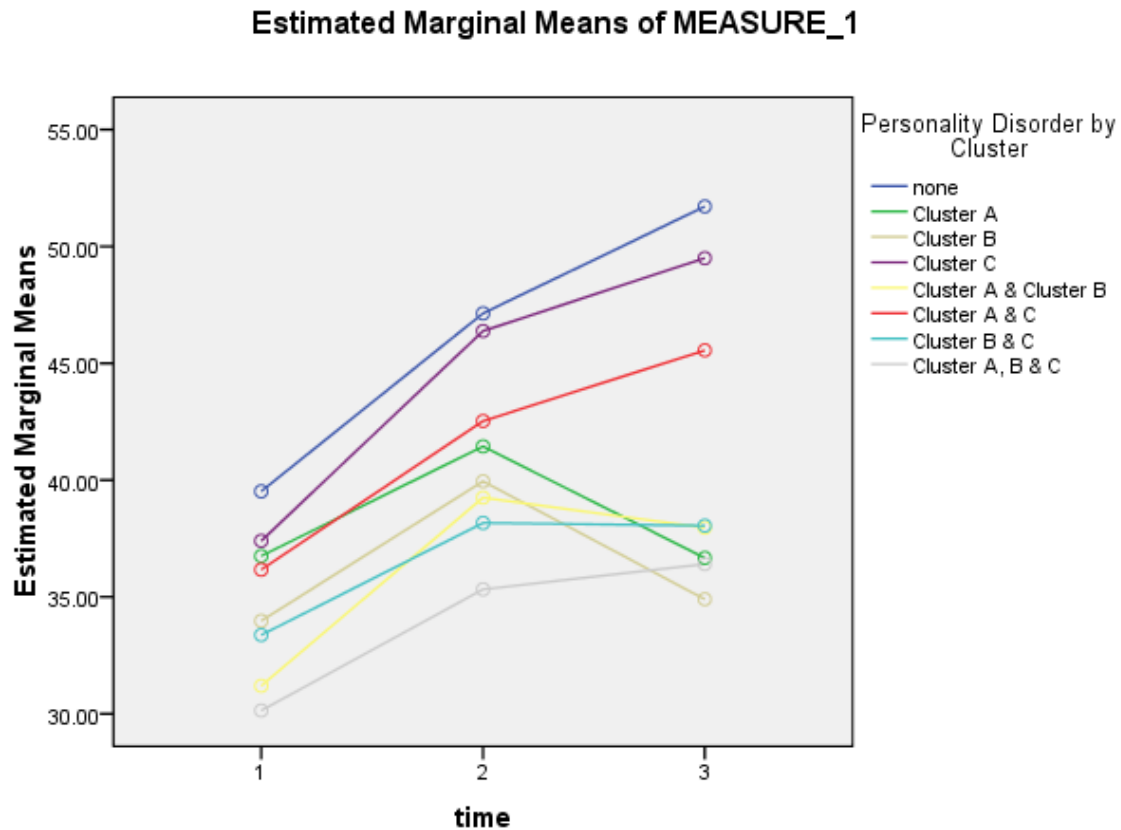
SCL GSI



MENTAL MORBIDITY



PERSONAL WELLBEING INDEX



NON RECOGNITION OF PD CLINICALLY

| Age group | Not recognised % | Clinician Diagnosed % | SCID II diagnosed % |
|-------------|---------------------|-----------------------------|---------------------------|
| 18-40 years | 86.8 | 13.2 | 73.7 |
| 41-64 years | 82.5 | 17.5 | 71.9 |
| > 65 years | 88.9 | 11.1 | 58.8 |
| Total | 86.6 | 13.4 | 100 |

IMPLICATIONS

- ✖ PD is common in inpatients
- ✖ PD is common in all axis I dx not just affective disorders
- ✖ PD is still an issue in the elderly though severity is less
- ✖ All PD irrespective of severity has an adverse affect on outcome
- ✖ PD is not being recognised by clinicians