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Paranoid Personality Disorders

M2 Psychiatry Sequence

Michael Jibson
Fall 2008



Cluster A Personality Disorders

Paranoid Personality Disorder

- “A pattern of distrust or suspiciousness such that others’ motives are interpreted as malevolent.” (DSM-IV)
-



Cluster A Personality Disorders

Diagnostic Criteria for Paranoid Personality Disorder (DSM-IV)

- A. *A pervasive distrust and suspiciousness of others such that their motives are interpreted as malevolent, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:*
- (1) suspects, without sufficient basis, that others are exploiting, harming, or deceiving him or her*
 - (2) is preoccupied with unjustified doubts about the loyalty or trustworthiness of friends or associates*
 - (3) is reluctant to confide in others because of unwarranted fear that the information will be used maliciously against him or her*
 - (4) reads hidden demeaning or threatening meanings into benign remarks or events*
 - (5) persistently bears grudges, i.e., is unforgiving of insults, injuries, or slights*
 - (6) perceives attacks on his or her character or reputation that are not apparent to others and is quick to react angrily or to counterattack*
 - (7) has recurrent suspicions, without justification, regarding fidelity of spouse or sexual partner*
- B. *Does not occur exclusively during the course of Schizophrenia, a Mood Disorder With Psychotic Features, or another Psychotic Disorder and is not due to the direct physiological effects of a general medical condition.*



Paranoid Personality Disorder

Clinical Vignettes



Cluster A Personality Disorders

Paranoid Personality Disorder

- Prevalence: 2% of population.
 - Sex ratio: F:M=3:1
 - Comorbidity: Brief reactive psychosis, delusional disorder, anxiety, substance abuse, depression, schizophrenia
 - Family: Delusional disorder, schizophrenia, Cluster A disorders
-



Cluster A Personality Disorders

Paranoid Personality Disorder

- Treatment
 - Psychotherapy - Treatment of choice, but patients have limited introspection
 - Medication - Anxiolytics are often useful; antipsychotics sometimes helpful
-



Cluster A Personality Disorders

Paranoid Personality Disorder

- Physician-patient interaction
 - A straightforward approach, without an expectation of personal warmth is most effective
 - Greater empathy may actually make the patient more anxious
-



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Slide 5: American Psychiatric Association: *Diagnostic and Manual of Mental Disorders*, 4th ed, Text Revision (*DSM-IV-TR*), Washington, DC, American Psychiatric Association, 2000, p. 694