Other Conditions That Mimic Psychosis: Personality Disorders
Objectives

• To review the personality disorders that most resemble schizophrenia-spectrum disorders.
  ▪ Paranoid Personality Disorder
  ▪ Borderline Personality Disorder
  ▪ Schizoid Personality Disorder
  ▪ Schizotypal Personality Disorder
    ▪ This list is not all-inclusive and there are other conditions which are not personality disorders which can also mimic primary psychotic disorders.
Core Signs & Symptoms of Psychosis

**Disorganized Signs**
- Grossly Disorganized or Catatonic Behavior
  - Disorganized Speech

**Positive Symptoms**
- Delusions
- Hallucinations

**Negative Signs & Symptoms**
Schizophrenia

Disorganized Symptoms
- Grossly Disorganized or Catatonic Behavior

Positive Symptoms
- Delusions

Hallucinations

Negative Symptoms

≥ 2/5 key symptom domains
Each present for a significant portion of time during a 1 month period. (Or less if successfully treated).

At least one of these must be (1), (2), or (3)
Schizophrenia

**Disorganized Symptoms**
- Grossly Disorganized or Catatonic Behavior

**Positive Symptoms**
- Delusions

**Hallucinations**

**1. Hallucinations**
**2. Delusions**
**3. Disorganized Speech**
**4. Grossly Disorganized or Catatonic Behavior**

**5. Negative Symptoms**

For a significant portion of the time since the onset of the disturbance, **level of functioning in ≥ 1 major area, is markedly below** the level achieved prior to onset.

- Work
- Interpersonal Relations
- Self-care
When the **onset is in childhood or adolescence**, there is failure to achieve expected level of:
- **Interpersonal**
- **Academic,** or
- **Occupational functioning**
If there is a history of autism or childhood-onset communication disorder...
...additional diagnosis of schizophrenia is made only if there are prominent delusions or hallucinations
Continuous signs of disturbance **persist for at least 6 months**

This includes at least 1 month of **active-phase symptoms** (or less if successfully treated)

The **6 month period** may include periods or **prodromal** or **residual** symptoms

- May manifest as only **negative symptoms**
- May manifest as ≥ 2 symptoms in **attenuated form**
Schizophrenia

• **No major depressive or manic episodes** have occurred **concurrently** with the active-phase symptoms

→ **Depressive or Bipolar disorder** with psychotic features has been ruled out
Or

- **Mood episodes** have occurred concurrently with active-phase symptoms (but have been present for a *minority of the total duration* of the active and residual periods of illness)

→ **Schizoaffective disorder** has been ruled out
Brief Psychotic Disorder

Delusional Disorder

Schizophreniform Disorder

Schizophrenia

Symptoms resolve at the 1 month mark.

Symptoms resolve at the 6 month mark.
Paranoid Personality Disorder
POLL: Which of the following best describes Paranoid Personality Disorder?

A. A pattern of distrust and suspiciousness such that others’ motives are interpreted as malevolent.

B. A pattern of acute discomfort in close relationships, cognitive or perceptual distortions, and eccentricities of behavior.

C. A pattern of instability in interpersonal relationships, self-image, and affects, and marked impulsivity.

D. A pattern of detachment from social relationships and a restricted range of emotional expression.
POLL: Which of the following signs and symptoms of Schizophrenia are most likely to be confused for Paranoid Personality Disorder?

A. Hallucinations  
B. Delusions  
C. Disorganized Speech  
D. Disorganized or Catatonic Behavior  
E. Negative Signs & Symptoms
Delusions

Fixed false beliefs that are not amenable to change...
...even in light of conflicting evidence.
Delusion

The belief is...

• based on an incorrect inference about external reality
• firmly held despite what almost everyone else believes
• firmly held despite what constitutes incontrovertible and obvious proof or evidence to the contrary
• not one ordinarily accepted by other members of the person’s culture or subculture.
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.
Paranoid Personality Disorder

Does not occur exclusively during the course of...
• schizophrenia,
• a bipolar disorder, or
• depressive disorder with psychotic features,
• or another psychotic disorder
• and is not attributable to the physiological effects of another medical condition

If criteria are met prior to the onset of schizophrenia, add "premorbid," i.e., “paranoid personality disorder (premorbid).”
Borderline Personality Disorder
POLL: Which of the following best describes Borderline Personality Disorder?

A. A pattern of distrust and suspiciousness such that others’ motives are interpreted as malevolent.

B. A pattern of acute discomfort in close relationships, cognitive or perceptual distortions, and eccentricities of behavior.

C. A pattern of instability in interpersonal relationships, self-image, and affects, and marked impulsivity.

D. A pattern of excessive emotionality and attention seeking.
POLL: Which of the following signs and symptoms of Schizophrenia are most likely to be confused for Borderline Personality Disorder?

A. Hallucinations
B. Delusions
C. Disorganized Speech
D. Disorganized or Catatonic Behavior
E. Negative Signs & Symptoms
Delusions

Fixed false beliefs that are not amenable to change... even in light of conflicting evidence.
Disorganized behavior is odd, unusual, or unexplainable behavior attributable to psychosis.

Catatonia is a syndrome of decreased reactivity to the environment involving decreased motor activity, decreased engagement during the interview or physical exam, and/or excessive and peculiar motor activity.
Borderline Personality Disorder

A pervasive pattern of instability of....
• interpersonal relationships,
• self-image,
• and affects,
• and marked impulsivity

Beginning by early adulthood and present in a variety of contexts,
As indicated by five (or more) of the following:
1. Frantic efforts to avoid real or imagined abandonment (other than suicidality or SIB)

2. A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.

3. Identity disturbance: markedly and persistently unstable self-image or sense of self.
4. Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating). (Not including suicidality or SIB)

5. Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior.

6. Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days).
7. Chronic feelings of emptiness.

8. Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights).

9. Transient, stress-related paranoid ideation or severe dissociative symptoms.
Schizoid Personality Disorder
POLL: Which of the following best describes Schizoid Personality Disorder?

A. A pattern of distrust and suspiciousness such that others’ motives are interpreted as malevolent.

B. A pattern of detachment from social relationships and a restricted range of emotional expression.

C. A pattern of acute discomfort in close relationships, cognitive or perceptual distortions, and eccentricities of behavior.

D. A pattern of instability in interpersonal relationships, self-image, and affects, and marked impulsivity.
POLL: Which of the following signs and symptoms of Schizophrenia are most likely to be confused for Schizoid Personality Disorder?

A. Hallucinations
B. Delusions
C. Disorganized Speech
D. Disorganized or Catatonic Behavior
E. Negative Signs & Symptoms
Negative Signs & Symptoms

Inability to initiate and persist in goal-directed activities...

...or diminished emotional expressiveness

Negative Signs & Symptoms are so-named because they represent an absence or a subtraction from what is expected for healthy individuals.
These are the lack of a normal function

Negative Signs & Symptoms

Diminished emotional expressiveness
Impoverished speech
Lack of motivation
Decreased ability to enjoy things
Social withdrawal
The Five “A”s of Negative Signs & Symptoms

- Affective Flattening – diminished emotional expressiveness
- Alogia – diminished speech output or lack of additional unprompted speech
- Avolition – lack of motivation
- Anhedonia – decreased ability to enjoy things
- Asociality – social withdrawal
A pervasive pattern of detachment from social relationships and a restricted range of expression of emotions in interpersonal settings...

Beginning by early adulthood and present in a variety of contexts,

As indicated by four (or more) of the following:
Schizoid Personality Disorder

1. Neither desires nor enjoys close relationships, including being part of a family.

2. Almost always chooses solitary activities.

3. Has little, if any, interest in having sexual experiences with another person.
4. Takes pleasure in few, if any, activities.

5. Lacks close friends or confidants other than first-degree relatives.

6. Appears indifferent to the praise or criticism of others.

7. Shows emotional coldness, detachment, or flattened affectivity.
Schizoid Personality Disorder

Does not occur exclusively during the course of...

• schizophrenia,
• a bipolar disorder, or
• depressive disorder with psychotic features,
• another psychotic disorder,
• or autism spectrum disorder,
• and is not attributable to the physiological effects of another medical condition

If criteria are met prior to the onset of schizophrenia, add "premorbid," i.e., “schizoid personality disorder (premorbid)."
Schizotypal Personality Disorder
POLL: Which of the following best describes Schizotypal Personality Disorder?

A. A pattern of distrust and suspiciousness such that others’ motives are interpreted as malevolent.

B. A pattern of detachment from social relationships and a restricted range of emotional expression.

C. A pattern of acute discomfort in close relationships, cognitive or perceptual distortions, and eccentricities of behavior.

D. A pattern of instability in interpersonal relationships, self-image, and affects, and marked impulsivity.
POLL: Which of the following signs and symptoms of Schizophrenia are most likely to be confused for Schizotypal Personality Disorder?

A. Hallucinations
B. Delusions
C. Disorganized Speech
D. Disorganized or Catatonic Behavior
E. Negative Signs & Symptoms
Core Signs & Symptoms of Psychosis

**Disorganized Signs**
- Grossly Disorganized or Catatonic Behavior
- Disorganized Speech

**Positive Symptoms**
- Delusions
- Hallucinations

**Negative Signs & Symptoms**
Schizotypal Personality Disorder

A pervasive pattern of **social and interpersonal deficits** marked by....

• acute discomfort with, and reduced capacity for close relationships,
as well as by...

• cognitive or perceptual distortions,
• and eccentricities of behavior

Beginning by early adulthood and present in a variety of contexts,
As indicated by **five (or more)** of the following:
1. Ideas of reference (excluding delusions of reference).

2. Odd beliefs or magical thinking that influences behavior and is inconsistent with subcultural norms (e.g. superstitiousness, belief in clairvoyance, telepathy, or “sixth sense”; in children or adolescents, bizarre fantasies or preoccupations).

3. Unusual perceptual experiences, including bodily illusions.
4. Odd thinking and speech (e.g., vague, circumstantial, metaphorical, overelaborate, or stereotyped).

5. Suspiciousness or paranoid ideation.

6. Inappropriate or constricted affect.
Schizotypal Personality Disorder

7. Behavior or appearance that is odd, eccentric, or peculiar.

8. Lack of close friends or confidants other than first-degree relatives.

9. Excessive social anxiety that does not diminish with familiarity and tends to be associated with paranoid fears rather than negative judgments about self.
Schizotypal Personality Disorder

Does not occur exclusively during the course of...

- schizophrenia,
- a bipolar disorder, or
- depressive disorder with psychotic features,
- another psychotic disorder,
- or autism spectrum disorder,

If criteria are met prior to the onset of schizophrenia, add "premorbid," i.e., “schizotypal personality disorder (premorbid).”
Summary

• **Paranoid Personality Disorder**
  ▪ A pattern of distrust and suspiciousness such that others’ motives are interpreted as malevolent.

• **Borderline Personality Disorder**
  ▪ A pattern of instability in interpersonal relationships, self-image, and affects, and marked impulsivity.

• **Schizoid Personality Disorder**
  ▪ A pattern of detachment from social relationships and a restricted range of emotional expression.

• **Schizotypal Personality Disorder**
  ▪ A pattern of acute discomfort in close relationships, cognitive or perceptual distortions, and eccentricities of behavior.
What we reviewed today...

- Hallucinations
- Delusions
- Disorganized Speech
- Grossly Disorganized or Catatonic Behavior
- Disorganized Signs
- Negative Signs & Symptoms
- Schizoid Personality Disorder
- Borderline Personality Disorder
- Paranoid Personality Disorder
- Positive Symptoms
- Delusions
- Schizotypal Personality Disorder
- Hallucinations
Next Steps...

• Set up a training for your clinicians.

• Stay tuned for future webinars!...
Lauren Hanna, M.D.
LHanna1@northwell.edu
The Zucker Hillside Hospital
Northwell Health

The project described was supported by Funding Opportunity Number CMS-1L1-15-003 from the U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services.

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Thank you!

www.CareTransitionsNetwork.org
CareTransitions@TheNationalCouncil.org

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