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Personality Disorders

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Personality Disorders

Personality disorders remain some of the challenging conditions in contemporary healthcare. That is because there is no universal agreement on the diagnostic mechanisms for the disorders. In the following 5 summaries, researchers explore some of the diagnostic and management strategies that healthcare could employ to revitalize approaches to the conditions.

Summary of article #1

Oladottir et al. (2022) conducted a primary cluster analysis to develop an insightful understanding of the heterogeneous expression symptoms of borderline personality disorder (BPD) beyond the confines of the current literature. While structuring the diagnostic composition of BPD, emphasis is put on a combination of categorical and dimensional models. The heterogeneous hybrid models potentially eliminate clusters that could be vital to the diagnosis of BPD. To personalize treatment, individuals must be accorded the required precision to handle the cluster variations. The study consisted of 141 psychiatric patients who had been diagnosed with BPD. Using Ward's method, a hierarchical cluster analysis was conducted and the participant personality traits were measured using the Swedish universities Scales of Personality (SSP). Oladottir et al. (2022) reached findings that could revitalize diagnosis and the eventual personalization of treatment. Based on the findings, there are distinct clusters that include the internalizing cluster, the externalizing cluster, and the lower psychology cluster. The variations in clusters were evident in specific factors that included emotional regulation and control, severity, and trait composition. The findings of the study indicate that BPD diagnosis and management could achieve better outcomes if it is addressed through cluster variations. Generalization through the hybrid heterogeneous expression of symptoms barely matches the desired accuracy in diagnosis and the eventual management of the condition.

Summary of article #2

Calvo et al. (2016) also delve into the controversy surrounding the diagnosis of borderline personality disorder (BPD). Since its inclusion in the Diagnostic and Statistical Manual of Mental Disorders (DSM), borderline personality disorder (BPD) has been regarded as one of the most complex and contentious personality disorders, owing to the temporal

instability of its measurement, arbitrary criterion cut-offs, lack of reliability and validity, high clinical heterogeneity, and extensive comorbidity though some of these characteristics can be found in other personality disorders. That has triggered the need for more studies to address the variations to reach the required diagnostic accuracy threshold. The goal was to assess the efficacy of the personality traits found in Section III of the DSM-5 for BPD diagnosis in an outpatient clinical sample using the Spanish version of the PID-5. Two clinical samples were examined including a BPD sample of 84 participants and a non-BPD sample of 45 participants. The analysis accommodated sample differences in PID-5scores. In most PID-5 characteristic features and domains, the BPD sample had vastly greater ratings. The clusters of negative affectivity and disinhibition, [6] restricted affectivity, as well as the trait elements of emotional lability and impulsivity, were more [3][4] strongly linked with BPD in BPD patients following regression logistic analyses. The findings of this study affirm the need to re-structure DSM diagnostic classification with consideration for a combination of the PID-5traitdomains.

Summary of article #3

Fan et al. (2016) delved into more social avenues in diagnosing personality disorders. In their understanding, Fan et al. (2016) noted that people are triggered into personality disorders by variations including cultural differences. To that extent, it becomes imperative that diagnosing personality disorders extend to some cultural paradigms that mark differences among individual behaviors in real life. Fan et al. (2016) focused on China as a high-powered culture that could bear influence on the personality disorder trends among people in the confines of such a homogenous cultural space. Clinical disparities in psychiatric patients around the world, including China, may be influenced by cultural and personality traits. Diverse personality disorder functioning styles may be uniquely related to one culturally focused Chinese Adjective Descriptors of Personality (CADP) created to gauge normal personality qualities. To test their hypothesis, the researchers used CADP, the Parker Personality Measure (PERM), and the Plutchik-van Praag Depression Inventory (PVP) tests on 201 healthy individuals and 67 personality disorder patients. The PVP scale, all 11 PERM personality disorder functional styles, and CADP Emotional and Unsocial traits were all considerably higher in patients. In both groups, the PVP was significantly linked with some CADP features and PERM styles. Only one CADP trait, Unsocial, predicted 11 PERM styles in healthy volunteers. The findings of this study confirm that all five CADP traits were explicitly related to almost all 11 personality disorder functioning styles, indicating that CADP might be used as support to diagnose personality disorders in China. The findings should be employed to expand the DSM diagnosis that keeps attracting controversy.

Summary of article #4

Kyllonen and Harrison (2018) are advancing heights of understanding and diagnosing personality disorders. Even though personality and cognitive ability are distinct (sets of) variables, the researchers claim and illustrate in the study that their effects are difficult to distinguish since personality influences cognitive test performance and cognitive ability impacts personality assessment item responses. Tests of correct answers are commonly used to assess cognitive

capacity, while rating-scale self-reports are commonly used to assess personality. Conclusions about the personality–ability relationship are frequently influenced by assessment methodologies as well as construct similarities and differences. The researchers look at some of the most important questions surrounding the link between cognitive performance and personality. The construct-method contrast, the sources of test score variance, the demarcation between maximal and usual performance, and the specific role of motivation in low-stakes testing are all examples. The researchers looked at a generic response model for cognitive and personality tests that [8][9] identified the origins of test score variance. With debates emerging on the diagnosis of personality disorders, correlative assessments through cognitive abilities should be considered. As Kyllonen and Harrison (2018) noted in the review, individuals manifest varying performances and abilities that can be engineered to diagnose personality disorder to individual unit precision.

Summary of article #5

Aspeland and Arnevik (2016) understand the challenge of disorder overlap both in diagnosis and management. Personality disorders (PDs) are common in people with substance use disorders (SUDs), according to as claimed in contemporary literature. Personality difficulties are investigated as dimensional constructs, which strive to capture the essence of personality disease, as a result of a study on co-occurrence estimates in this patient group. In the study, Aspeland and Arnevik (2016) hypothesize that personality disorders might be measured in SUD patients who were still in the early stages of treatment. The researchers wanted to see how severe personality problems were among adult SUD patients in Norway. The Severity Indices of Personality Difficulties self-report questionnaire was used to measure personality problems (SIPP-118). With a participant sample of 155, the study indicated that SUD patients manifest personality disorder issues at a significantly higher level than those indices marked in normal individuals. In SUD patients, personality issues could be assessed with excellent degrees of internal consistency and convergent validity. This elevates the diagnosis of personality disorders through SUD pathology thereby extending the scope of DSM diagnosis of personality disorders.

Conclusion

The above study summaries indicate the need to explore the diagnosis and management of personality disorders further. While platforms have been developed to understand the disorders, it is notable that the distinctions are limited and people cannot be accorded the necessary personalized care. More research on the topic would unearth better outcomes for the patients.

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