

Mot en integrerad syn på diagnos och behandling av personlighetssyndrom

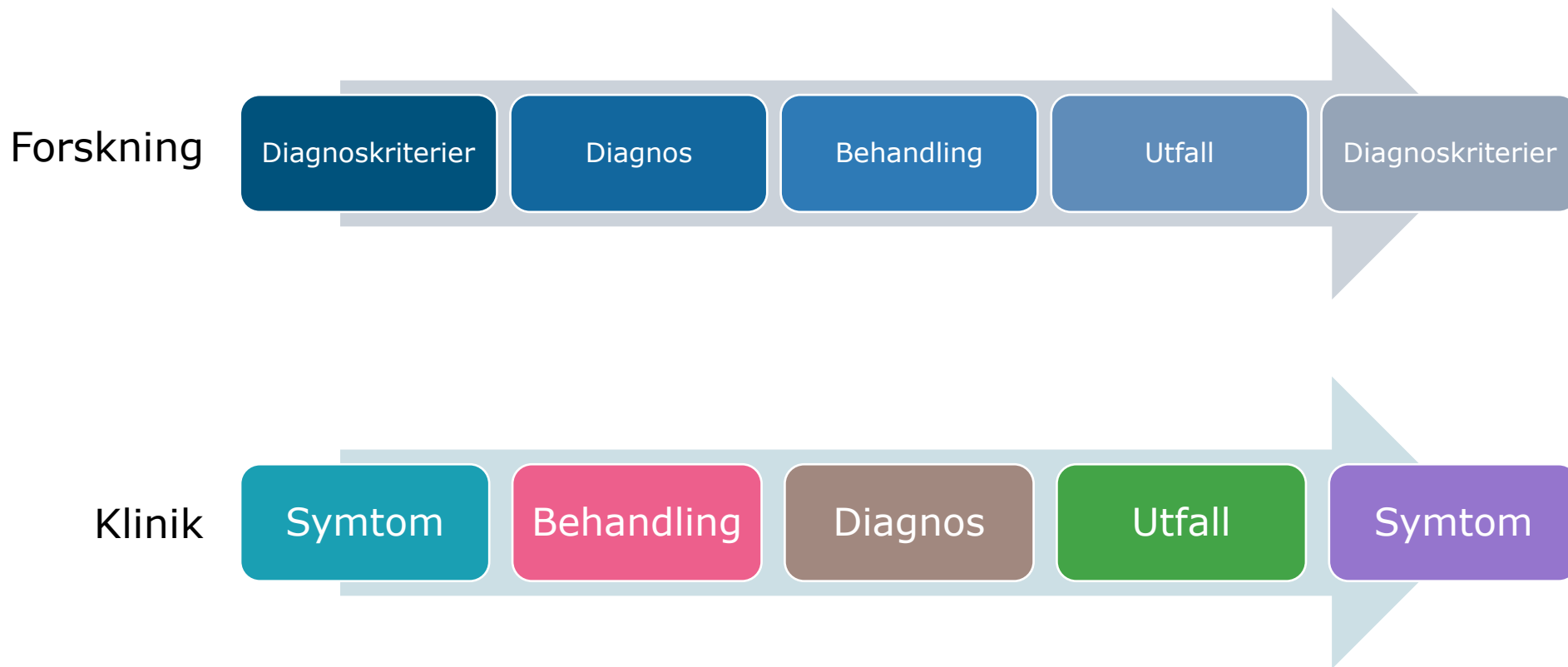
# ***Från kategorier till dimensioner och tillbaka***

Flavio Di Leone

Överläkare, psykoterapeut, doktorand

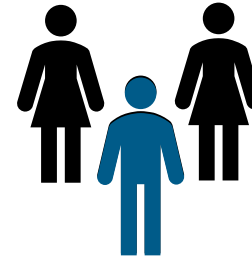
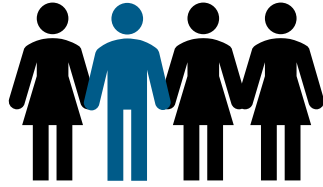
Sektionschef Mottagning för Personlighetssyndrom

# Rätt diagnos eller rätt behandling?



# Klassificering av personlighetsyndrom

DSM-5-PD	DSM-5-AMPD			Särskilda PS	ICD-11-PD	
	LPFS	Drag	Egenskaper		Allvarlighet	Drag
Paranoid	Ingen					Personlighets-svårighet
Schizoid	Lindrig					Lindrig
Schizotyp	Måttlig			Schizotyp		Måttlig
Antisocial (eng: Antisocial)	Svår			Antisocial (eng: Antisocial)		Svår
Borderline	Extrem			Borderline		
Histrionisk		Negativ affekt (vs. emotionell stabilitet)	Separationsångest, Ängslighet, Misstänksamhet, Depressivitet, Känslomässig instabilitet, Känslolöshet, Perseveration			Negativ affekt
Narcissistisk		Avstängdhet (vs. extraversion)	Anhedoni, Undvikande av närhet, Tillbakadragenhet, Begränsade känslouttryck, Undergivenhet, Depressivitet, Misstänksamhet	Narcissistisk		Avstängdhet
Ängslig (eng: Avoidant)		Antagonism (vs. vänlighet)	Uppmärksamhetssökande Bedräglighet, Manipulativt beteende, Grandiositet, Fientlighet	Ängslig (eng: Avoidant)		Antagonism
Osjälvständig		Dysinhibering (vs samvetsgrannhet)	Rigid perfektionism, Disträherbarhet, Impulsivitet, Ansvarslöshet, Risktagande			Dysinhibering
Tvångsmässig		Psykotism (vs. klarhet)	Excentricitet, Perceptuell dysreglering, Ovanliga föreställningar	Tvångsmässig		Anankasm
Ospecificerad/Andra specificerade PS				PS – Trait specified		Borderlinemönster



### Dimension

### Kategorier

Granularity:  
Highlight individual differences

Homogeneity:  
Generalise common factors

Ideographic

Nomothetic

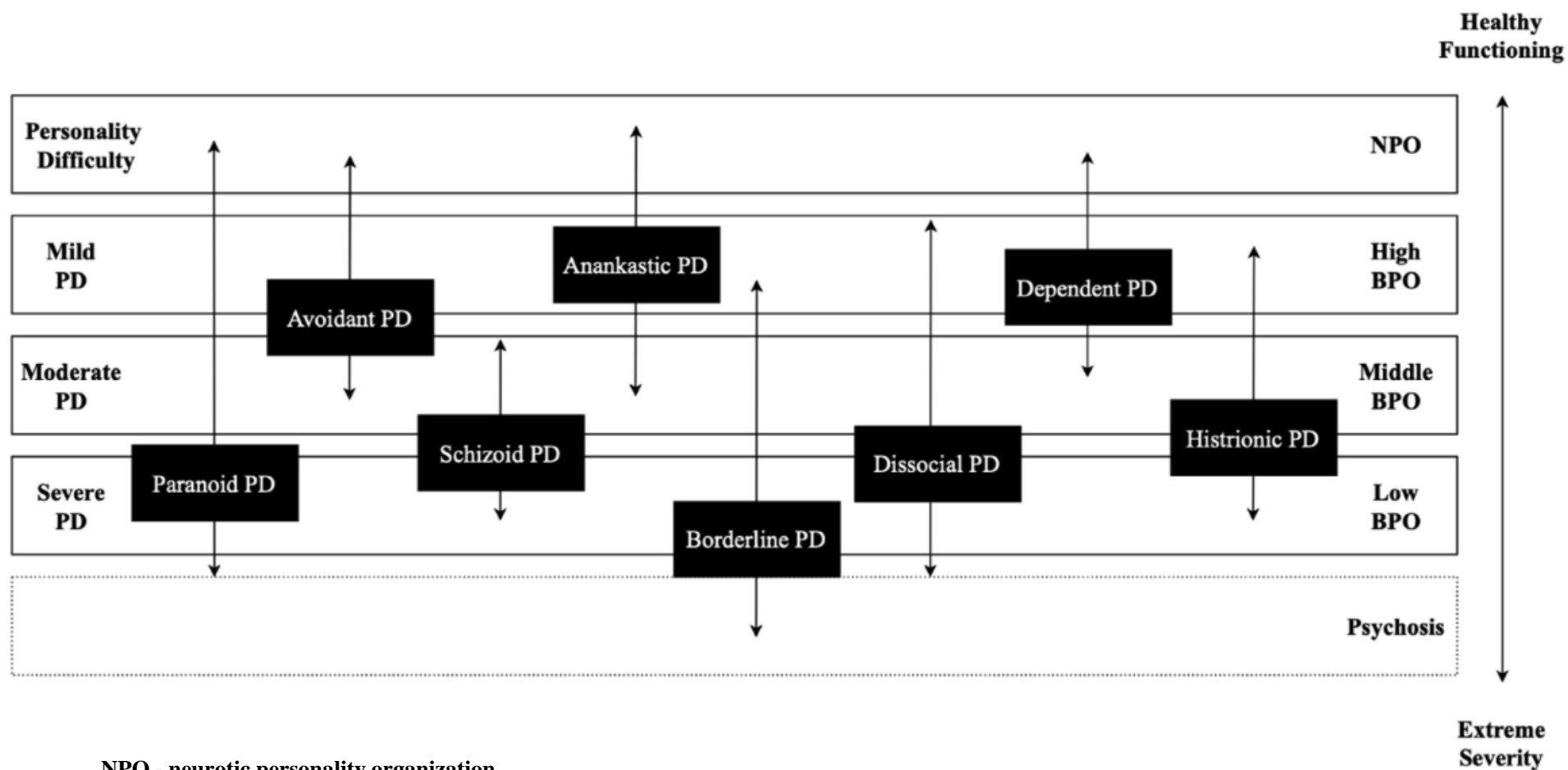
Functioning

Symptoms  
Behaviours

Patient-clinician communication  
Progress monitoring  
Descriptive utility

Professional communication  
Treatment planning  
Functionality

# DSM-5 Kategorier vs Svårighetsgrad av ICD-11



NPO - neurotic personality organization  
 BPO - borderline personality organization

# Personlighetsegenskaper enligt ICD-11 vs. DMS-5

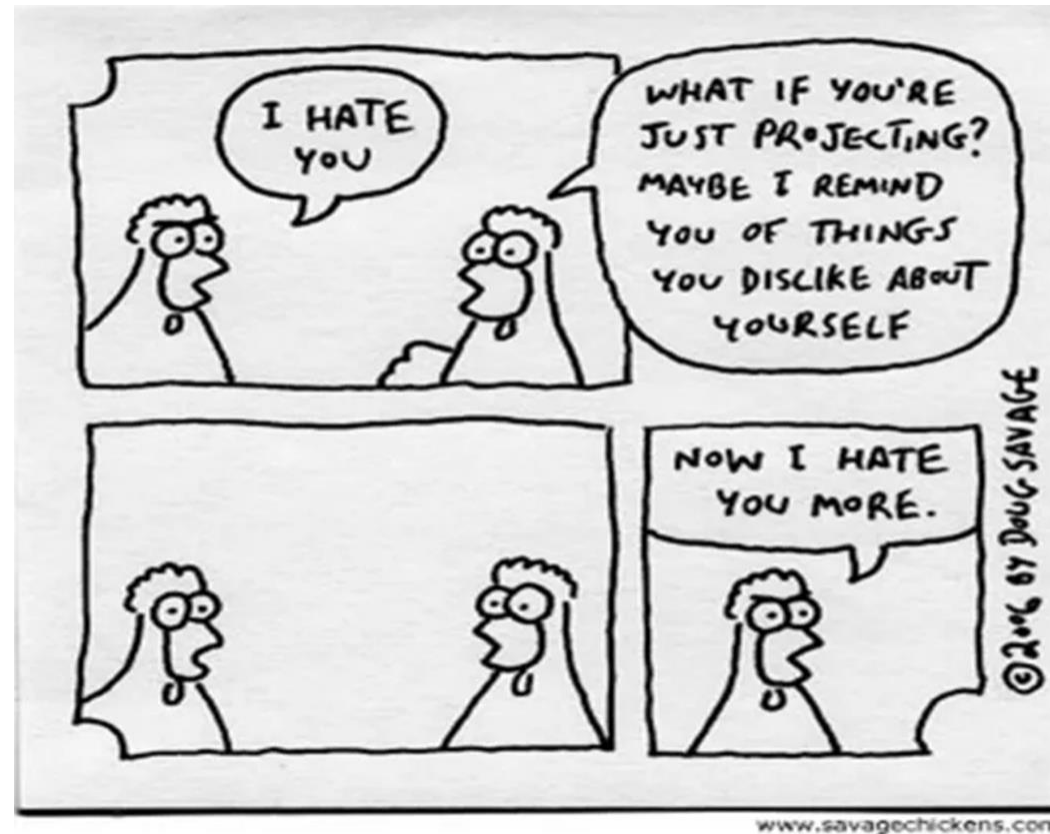
	SCID-II rated personality disorders									
	Cluster A			Cluster B				Cluster C		
	PAR	SCD	STY	ANT	BOR	HIS	NAR	AVO	DPT	OBS
ICD-II Domains										
Negative Affectivity	<b>0.45</b>	0.06	0.33	-0.09	<b>0.51</b>	<b>0.29</b>	0.05	<b>0.54</b>	<b>0.46</b>	<b>0.23</b>
Detachment	<b>0.43</b>	<b>0.46</b>	<b>0.41</b>	0.26	0.38	0.04	0.23	0.33	0.17	0.15
Dissociality	<b>0.52</b>	0.31	0.36	<b>0.60</b>	<b>0.43</b>	<b>0.32</b>	<b>0.71</b>	0.00	0.06	0.26
Disinhibition	0.48	0.28	0.44	<b>0.49</b>	<b>0.60</b>	<b>0.43</b>	0.45	0.18	0.34	0.13
Anankastia	0.44	0.22	0.40	0.15	0.48	0.34	0.25	0.35	0.24	<b>0.62</b>

# "If-then" contingency

Grunden för klinisk bedömning av personlighetsstörningar

Båda systemen misslyckas med att erkänna kontingenser:

- Kategoriella system inkluderar kontingenser **endast i vissa kriterier** - vilket kan bidra till kronifiering.
- Dimensionella system grundas på **funktionsnedsättning**, som vanligtvis är en följd av kontingenser.



# Vårdplanering enligt svårighetsgrad

Severity level	Expected presentation in acute form	Risk management
Personality Difficulty	Transient crisis without episodes of harm to self and others Circumstantial precipitating factors (“temperamental triggers”) Spontaneous resolution is the norm	Adaptation according to temperamental triggers of base treatment for main diagnosis or dominant symptom
Mild PD	Limited crisis/harm episodes Usually identifiable precipitating factors (situational triggers) Usually seek professional help after crisis resolution	Focus on autonomy and self-management. Psychoeducation on preventive intervention and coping skills (“tolerating distress”) Safety plan based on self-help
Moderate PD	Limited crises with repeated episodes Several combined precipitating factors (“cluster triggers”/escalating behaviours) Usually seek help at height of crisis	Direct crisis management, focus on preventing escalation. Adjunct/supportive intervention in case of recurrent precipitating factors (rupture/drop-out) Safety plan based on effective help-seeking and preventing escalation
Severe PD	Continuous crisis with consecutive episodes - very low threshold, extreme reactivity No identifiable precipitating factors (no pattern of triggers) Treatment ambivalence/non-responders to existing treatments	Proactive crisis management, focus on supporting recovery from crises. Safety plan describes and defines the rolls and functions of the support system (coordination of interventions); it includes rules and plans for hospitalization and medications when indicated.

*In press.* Di Leone, F.G., Liljedahl, S.I., Self-Harm and Global Aspects of Personality Disorder, in Bach, B. (ed.). ICD-11 Personality Disorders: Assessment and Treatment. Oxford University Press.

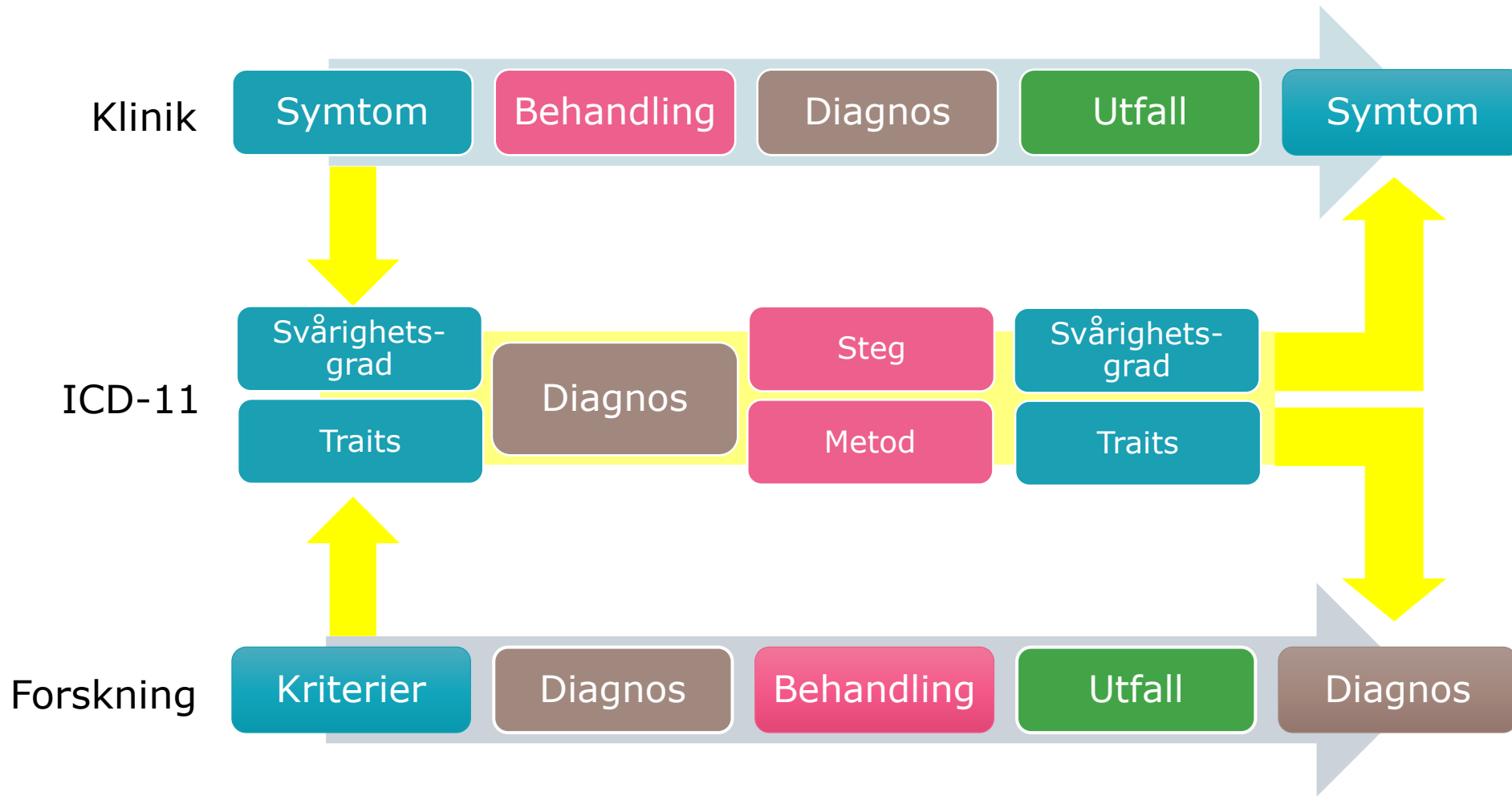


# Vårdplanering enligt personlighetsegenskaper

	Negativ affectivity	Anankastia	Dissociality	Dishinibition	Detachment	
BPD, NPD (APD)	■	■?	■	■	■	MBT
BPD, OCPD APD	■	■	■	■	■?	DBT
APD, DepPD (APD)	■	■?	■	■?	■?	TFT
BPD, NPD	■	■	■	■	■?	GPM



# Rätt diagnos *och* rätt behandling?



**TACK!**

[flavio.di.leone@vgregion.se](mailto:flavio.di.leone@vgregion.se)