

# **ICD-10: F60-62 Personality Disorders**

## **(F62.0 Chronic PTSD)**

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### **Introduction**

This block includes a variety of clinically significant conditions and behaviour patterns which tend to be persistent and are the expression of an individual's characteristic lifestyle and mode of relating to self and others. Some of these conditions and patterns of behaviour emerge early in the course of individual development, as a result of both constitutional factors and social experience, while others are acquired later in life.

### **F60-F62 Specific personality disorders, mixed and other personality disorders, and enduring personality changes**

These types of condition comprise deeply ingrained and enduring behaviour patterns, manifesting themselves as inflexible responses to a broad range of personal and social situations. They represent either extreme or significant deviations from the way the average individual in a given culture perceives, thinks, feels, and particularly relates to others. Such behaviour patterns tend to be stable and to encompass multiple domains of behaviour and psychological functioning. They are frequently, but not always, associated with various degrees of subjective distress and problems in social functioning and performance.

Personality disorders differ from personality change in their timing and the mode of their emergence: they are developmental conditions, which appear in childhood or adolescence and continue into adulthood. They are not secondary to another mental disorder or brain disease, although they may precede and coexist with other disorders. In contrast, personality change is acquired, usually during adult life, following severe or prolonged stress, extreme environmental deprivation, serious psychiatric disorder, or brain disease or injury (see F07.-).

Each of the conditions in this group can be classified according to its predominant behavioural manifestations. However, classification in this area is currently limited to the description of a series of types and subtypes, which are not mutually exclusive and which overlap in some of their characteristics.

Personality disorders are therefore subdivided according to clusters of traits that correspond to the most frequent or conspicuous behavioural manifestations. The subtypes so described are widely recognized as major forms of personality deviation. In making a diagnosis of personality disorder, the clinician should consider all aspects of personal functioning, although the diagnostic formulation, to be simple and efficient, will refer to only those dimensions or traits for which the suggested thresholds for severity are reached.

The assessment should be based on as many sources of information as possible. Although it is sometimes possible to evaluate a personality condition in a single interview with the patient, it is often necessary to have more than one interview and to collect history data from informants.

Cyclothymia and schizotypal disorders were formerly classified with the personality disorders but are now listed elsewhere (cyclothymia in F30-F39 and schizotypal disorder in F20-F29), since they seem to have many aspects in common with the other disorders in those blocks (e.g. phenomena, family history).

The subdivision of personality change is based on the cause or antecedent of such change, i.e. catastrophic experience, prolonged stress or strain, and psychiatric illness (excluding residual schizophrenia, which is classified under F20.5).

It is important to separate personality conditions from the disorders included in other categories of this book. If a personality condition precedes or follows a time-limited or chronic psychiatric disorder, both should be diagnosed. Use of the multiaxial format accompanying the core classification of mental disorders and psychosocial factors will facilitate the recording of such conditions and disorders.

Cultural or regional variations in the manifestations of personality conditions are important, but specific knowledge in this area is still scarce. Personality conditions that appear to be frequently recognized in a given part of the world but do not correspond to any one of the specified subtypes below may be classified as "other" personality disorders and identified through a five-character code provided in an adaptation of this classification for that particular country or region. Local variations in the manifestations of a personality disorder may also be reflected in the wording of the diagnostic guidelines set for such conditions.

## **F60 Specific personality disorders**

A specific personality disorder is a severe disturbance in the characterological constitution and behavioural tendencies of the individual,

usually involving several areas of the personality, and nearly always associated with considerable personal and social disruption. Personality disorder tends to appear in late childhood or adolescence and continues to be manifest into adulthood. It is therefore unlikely that the diagnosis of personality disorder will be appropriate before the age of 16 or 17 years. General diagnostic guidelines applying to all personality disorders are presented below; supplementary descriptions are provided with each of the subtypes.

### ***Diagnostic guidelines***

Conditions not directly attributable to gross brain damage or disease, or to another psychiatric disorder, meeting the following criteria:

- (a) markedly disharmonious attitudes and behaviour, involving usually several areas of functioning, e.g. affectivity, arousal, impulse control, ways of perceiving and thinking, and style of relating to others;
- (b) the abnormal behaviour pattern is enduring, of long standing, and not limited to episodes of mental illness;
- (c) the abnormal behaviour pattern is pervasive and clearly maladaptive to a broad range of personal and social situations;
- (d) the above manifestations always appear during childhood or adolescence and continue into adulthood;
- (e) the disorder leads to considerable personal distress but this may only become apparent late in its course;
- (f) the disorder is usually, but not invariably, associated with significant problems in occupational and social performance.

For different cultures it may be necessary to develop specific sets of criteria with regard to social norms, rules and obligations. For diagnosing most of the subtypes listed below, clear evidence is usually required of the presence of at least three of the traits or behaviours given in the clinical description.

## **F60.0 Paranoid personality disorder**

**Personality disorder characterized by:**

- (a) excessive sensitiveness to setbacks and rebuffs;

- (b)tendency to bear grudges persistently, e.g. refusal to forgive insults and injuries or slights;
- (c)suspiciousness and a pervasive tendency to distort experience by misconstruing the neutral or friendly actions of others as hostile or contemptuous;
- (d)a combative and tenacious sense of personal rights out of keeping with the actual situation;
- (e)recurrent suspicions, without justification, regarding sexual fidelity of spouse or sexual partner;
- (f)tendency to experience excessive self-importance, manifest in a persistent self-referential attitude;
- (g)preoccupation with unsubstantiated "conspiratorial" explanations of events both immediate to the patient and in the world at large.

**Includes:** expansive paranoid, fanatic, querulant and sensitive paranoid personality (disorder)

**Excludes:** delusional disorder (F22.-)  
schizophrenia (F20.-)

## **F60.1 Schizoid personality disorder**

**Personality disorder meeting the following description:**

- (a)few, if any, activities, provide pleasure;
- (b)emotional coldness, detachment or flattened affectivity;
- (c)limited capacity to express either warm, tender feelings or anger towards others;
- (d)apparent indifference to either praise or criticism;
- (e)little interest in having sexual experiences with another person (taking into account age);
- (f)almost invariable preference for solitary activities;
- (g)excessive preoccupation with fantasy and introspection;
- (h)lack of close friends or confiding relationships (or having only one) and of desire for such relationships;
- (i)marked insensitivity to prevailing social norms and conventions.

**Excludes:** Asperger's syndrome (F84.5)  
delusional disorder (F22.0)  
schizoid disorder of childhood (F84.5) schizophrenia (F20.-)  
schizotypal disorder (F21)

## **F60.2 Dissocial personality disorder**

Personality disorder, usually coming to attention because of a gross disparity between behaviour and the prevailing social norms, and

**characterized by:**

- (a)callous unconcern for the feelings of others;
- (b)gross and persistent attitude of irresponsibility and disregard for social norms, rules and obligations;

- (c) incapacity to maintain enduring relationships, though having no difficulty in establishing them;
- (d) very low tolerance to frustration and a low threshold for discharge of aggression, including violence;
- (e) incapacity to experience guilt or to profit from experience, particularly punishment;
- (f) marked proneness to blame others, or to offer plausible rationalizations, for the behaviour that has brought the patient into conflict with society.

There may also be persistent irritability as an associated feature. Conduct disorder during childhood and adolescence, though not invariably present, may further support the diagnosis.

**Includes:** amoral, antisocial, asocial, psychopathic, and sociopathic personality (disorder)

**Excludes:** conduct disorders (F91.-)  
emotionally unstable personality disorder (F60.3)

### **F60.3 Emotionally unstable personality disorder**

A personality disorder in which there is a marked tendency to act impulsively without consideration of the consequences, together with affective instability. The ability to plan ahead may be minimal, and outbursts of intense anger may often lead to violence or "behavioural explosions"; these are easily precipitated when impulsive acts are criticized or thwarted by others. Two variants of this personality disorder are specified, and both share this general theme of impulsiveness and lack of self-control.

#### **F60.30 Impulsive type**

The predominant characteristics are emotional instability and lack of impulse control. Outbursts of violence or threatening behaviour are common, particularly in response to criticism by others.

**Includes:** explosive and aggressive personality (disorder)

**Excludes:** dissocial personality disorder (F60.2)

#### **F60.31 Borderline type**

Several of the characteristics of emotional instability are present; in addition, the patient's own self-image, aims, and internal preferences (including sexual) are often unclear or disturbed. There are usually chronic feelings of emptiness. A liability to become involved in intense and unstable relationships may cause repeated emotional crises and may be associated with excessive efforts to avoid abandonment and a series of suicidal threats or acts of self-harm (although these may occur without obvious precipitants).

**Includes:** borderline personality (disorder)

### **F60.4 Histrionic personality disorder**

**Personality disorder characterized by:**

- (a) self-dramatization, theatricality, exaggerated expression of emotions; (b) suggestibility, easily influenced by others or by circumstances; (c) shallow and labile affectivity;
- (d) continual seeking for excitement and activities in which the patient is the centre of attention;

- (e) inappropriate seductiveness in appearance or behaviour;
- (f) over-concern with physical attractiveness.

Associated features may include egocentricity, self-indulgence, continuous longing for appreciation, feelings that are easily hurt, and persistent manipulative behaviour to achieve own needs.

**Includes:** hysterical and psychoinfantile personality (disorder)

## **F60.5 Anankastic personality disorder**

**Personality disorder characterized by:**

- (a) feelings of excessive doubt and caution;
- (b) preoccupation with details, rules, lists, order, organization or schedule; (c) perfectionism that interferes with task completion;
- (d) excessive conscientiousness, scrupulousness, and undue preoccupation with productivity to the exclusion of pleasure and interpersonal relationships;
- (e) excessive pedantry and adherence to social conventions;
- (f) rigidity and stubbornness;
- (g) unreasonable insistence by the patient that others submit to exactly his or her way of doing things, or unreasonable reluctance to allow others to do things;
- (h) intrusion of insistent and unwelcome thoughts or impulses.

**Includes:** compulsive and obsessional personality (disorder)  
obsessive-compulsive personality disorder

**Excludes:** obsessive-compulsive disorder (F42.-)

## **F60.6 Anxious [avoidant] personality disorder**

**Personality disorder characterized by:**

- (a) persistent and pervasive feelings of tension and apprehension; (b) belief that one is socially inept, personally unappealing, or inferior to others;
- (c) excessive preoccupation with being criticized or rejected in social situations;
- (d) unwillingness to become involved with people unless certain of being liked; (e) restrictions in lifestyle because of need to have physical security;
- (f) avoidance of social or occupational activities that involve significant interpersonal contact because of fear of criticism, disapproval, or rejection.

Associated features may include hypersensitivity to rejection and criticism.

## **F60.7 Dependent personality disorder**

**Personality disorder characterized by:**

- (a) encouraging or allowing others to make most of one's important life decisions;
- (b) subordination of one's own needs to those of others on whom one is dependent, and undue compliance with their wishes;
- (c) unwillingness to make even reasonable demands on the people one depends on;

- (d)feeling uncomfortable or helpless when alone, because of exaggerated fears of inability to care for oneself;
- (e)preoccupation with fears of being abandoned by a person with whom one has a close relationship, and of being left to care for oneself;
- (f)limited capacity to make everyday decisions without an excessive amount of advice and reassurance from others.

Associated features may include perceiving oneself as helpless, incompetent, and lacking stamina.

**Includes:** asthenic, inadequate, passive, and self-defeating personality (disorder)

### **F60.8 Other specific personality disorders**

A personality disorder that fits none of the specific rubrics F60.0-F60.7.

**Includes:** eccentric, "haltlose" type, immature, narcissistic, passive-aggressive, and psychoneurotic personality (disorder)

### **F60.9 Personality disorder, unspecified**

**Includes:** character neurosis NOS  
pathological personality NOS

### **F61 Mixed and other personality disorders**

This category is intended for personality disorders and abnormalities that are often troublesome but do not demonstrate the specific patterns of symptoms that characterize the disorders described in F60.-. As a result they are often more difficult to diagnose than the disorders in that category. Two types are specified here by the fourth character; any other different types should be coded as F60.8.

#### **F61 .05 Mixed personality disorders**

With features of several of the disorders in F60.- but without a predominant set of symptoms that would allow a more specific diagnosis.

#### **F61.11 Troublesome personality changes**

Not classifiable in F60.- or F62.- and regarded as secondary to a main diagnosis of a coexisting affective or anxiety disorder.

**Excludes:** accentuation of personality traits (Z73. 1)

### **F62 Enduring personality changes, not attributable to brain damage and disease**

This group includes disorders of adult personality and behaviour which develop following catastrophic or excessive prolonged stress, or following a severe psychiatric illness, in people with no previous

personality disorder. These diagnoses should be made only when there is evidence of a definite and enduring change in a person's pattern of perceiving, relating to, or thinking about the environment and the self. The personality change should be significant and associated with inflexible and maladaptive behaviour which was not present before the pathogenic experience. The change should not be a manifestation of another mental disorder, or a residual symptom of any antecedent mental disorder. Such enduring personality change is most often seen following devastating traumatic experience but may also develop in the aftermath of a severe, recurrent, or prolonged mental disorder. It may be difficult to differentiate between an acquired personality change and the unmasking or exacerbation of an existing personality disorder following stress, strain, or psychotic experience.

Enduring personality change should be diagnosed only when the change represents a permanent and different way of being, which can be etiologically traced back to a profound, existentially extreme experience. The diagnosis should not be made if the personality disorder is secondary to brain damage or disease (category F07.0 should be used instead).

**Excludes:** personality and behavioural disorder due to brain disease, damage and dysfunction (F07.-)

## **62.0 Enduring personality change after catastrophic experience**

Enduring personality change may follow the experience of catastrophic stress. The stress must be so extreme that it is unnecessary to consider personal vulnerability in order to explain its profound effect on the personality. Examples include concentration camp experiences, torture, disasters, prolonged exposure to life-threatening circumstances (e.g. hostage situations - prolonged captivity with an imminent possibility of being killed). Post-traumatic stress disorder (F43.1) may precede this type of personality change, which may then be seen as a chronic, irreversible sequel of stress disorder. In other instances, however, enduring personality change meeting the description given below may develop without an interim phase of a manifest post-traumatic stress disorder. However, longterm change in personality following short-term exposure to a life-threatening experience such as a car accident should not be included in this category, since recent research indicates that such a development depends on a pre-existing psychological vulnerability.

### **Diagnostic guidelines**

The personality change should be enduring and manifest as inflexible and maladaptive features leading to an impairment in interpersonal, social, and occupational functioning. Usually the personality change has to be confirmed by a key informant. In order to make the diagnosis, it is essential to establish the presence of features not previously seen, such as:

- (a) a hostile or mistrustful attitude towards the world;
- (b) social withdrawal;
- (c) feelings of emptiness or hopelessness;
- (d) a chronic feeling of being "on edge", as if constantly threatened
- (e) estrangement.

This personality change must have been present for at least 2 years, and should not be attributable to a pre-existing personality disorder or to a mental disorder other than post-traumatic stress disorder (F43.1). The presence of brain damage or disease which may cause similar clinical features should be ruled out.

**Includes:** personality change after concentration camp experiences, disasters, prolonged captivity

with imminent possibility of being killed, prolonged exposure to life-threatening situations such as being a victim of terrorism or torture

**Excludes:** post-traumatic stress disorder (F43.1)

## **62.1 Enduring personality change after psychiatric illness**

Personality change attributable to the traumatic experience of suffering from a severe psychiatric illness. The change cannot be explained by preexisting personality disorder and should be differentiated from residual schizophrenia and other states of incomplete recovery from an antecedent mental disorder.

### **Diagnostic guidelines**

The personality change should be enduring and manifest as an inflexible and maladaptive pattern of experiencing and functioning, leading to longstanding problems in interpersonal, social, or occupational functioning and subjective distress. There should be no evidence of a pre-existing personality disorder that can explain the personality change, and the diagnosis should not be based on any residual symptoms of the antecedent mental disorder. The change in personality develops following clinical recovery from a mental disorder that must have been experienced as emotionally extremely stressful and shattering to the patient's self-image. Other people's attitudes or reactions to the patient following the illness are important in determining and reinforcing his or her perceived level of stress. This type of personality change cannot be fully understood without taking into consideration the subjective emotional experience and the previous personality, its adjustment, and its specific vulnerabilities.

**Diagnostic evidence** for this type of personality change should include such clinical features as the following:

- (a) excessive dependence on and a demanding attitude towards others; (b) conviction of being changed or stigmatized by the preceding illness, leading to an inability to form and maintain close and confiding personal relationships and to social isolation;
- (c) passivity, reduced interests, and diminished involvement in leisure activities;
- (d) persistent complaints of being ill, which may be associated with hypochondriacal claims and illness behaviour;
- (e) dysphoric or labile mood, not due to the presence of a current mental disorder or antecedent mental disorder with residual affective symptoms;
- (f) significant impairment in social and occupational functioning compared with the premorbid situation.

The above manifestations must have been present over a period of 2 or more years. The change is not attributable to gross brain damage or disease. A previous diagnosis of schizophrenia does not preclude the diagnosis.

## **62.8 Other enduring personality changes**

**Includes:** enduring personality disorder after experiences not mentioned in F62.0 and F62.1, such as chronic pain personality syndrome and enduring personality change after bereavement

## **62.9 Enduring personality change, unspecified**