

Suffolk GP Training event

Personality Disorder

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Overview

- What is Personality Disorder?
- What to do in a 10 minute consultation
 - What is the need?
 - How do you meet it?
 - Stance
 - Information
 - What works & what doesn't work?
- When to refer

What is Personality Disorder?

- Not an illness: no standard course, progression, remission
- Better understood as acute sensitivity or desensitivity to stimuli
- Differences in thinking styles, mood states and behavioural patterns
- State and trait dependent: States can shift and 'cycle' very quickly and intensely

What to do in a 10 minute consultation?

- What is the need?
 - Emphasis on formulation: ‘Ears on stalks’
 - Systematically make sense of the information
 - Attend to direct and indirect communication
 - Assess hierarchy of need
 - 20% problems cause 80% distress
 - Attend to direct and indirect communication
 - Quick, timely response to prevent escalation of distress
 - Relational containment

What to do in a 10 minute consultation?

- How do you meet the need?
 - Stance:
 - “Warm, unconditional, positive regard”
 - Validating
 - Emotionally supportive and constructive
- Balanced, engaged, professional: Not over or under reacting.
- Keeping an eye on the ‘Amplifier effect’

What to do in a 10 minute consultation?

- How do you meet the need?
 - Information:
 - Collaborative signposting: “What has worked before?”
 - Offer a ‘menu’ of options
 - Tailor signposting to the identified set of needs
 - Explore short, medium and long term benefit: trading ‘short term pain for long term gain’
 - Specific resources to follow

What to do in a 10 minute consultation?

- What doesn't work?
 - Being overly directive
 - Over/under relying on medication
 - Using a stance that does work with different presentations
- What works?
 - Offering increased contact and follow up
 - Co-creating an action plan
 - What's worked before

When to refer

- Collaboration is key: They are the expert
 - Suicidal intentions:
 - Do you think you need referral to IDT yet?
 - Are we at the stage where we need to think about crisis action yet?
 - When will we be at that stage?
 - Familiar warning signs:
 - More manic signs, e.g. Spending more money
 - Using unhelpful ways to prop self up, e.g. Substance use, self-harm
 - Over-dependence

What to say and what to prescribe for EUPD

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Medication

- Quetiapine isn't a silver bullet
- Avoid Polypharmacy
- Patient choice and understanding from day one
- No modern role for depot antipsychotics
- What is working
- Medicine can be part of the answer but wont be the whole answer