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Personality disorders

Medicare Advantage

The prevalence of U.S. adults aged 18 and older with personality disorders (PD) was 9.1%, approximately 30 million individuals, based on diagnostic interview data from the National Comorbidity Study Replication.[1] A personality disorder is a way of thinking, feeling and behaving that deviates from the expectations of the culture, causes distress or problems functioning and lasts over time.[2] Some individuals with personality disorders may not recognize the problem and often have more than one personality disorder. The majority of those people with a personality disorder never come into contact with a mental health professional, and those that do, usually do so in time of crisis or in the context of another mental disorder.[3]

Diagnostic criteria[2]

Each personality disorder has its own set of diagnostic criteria. However, according to the DSM-5, generally the diagnosis of a personality disorder includes long-term marked deviation from cultural expectations that leads to significant distress or impairment in at least two of these areas:

- The way you perceive and interpret yourself, other people and events.
- The appropriateness of your emotional responses.
- How well you function when dealing with other people and in relationships.
- Whether you can control your impulses.

There are 10 specific types of personality disorders that are grouped into three categories called "clusters":

- **Cluster A:** (Odd or eccentric behavior.) Includes paranoid PD, schizoid PD, schizotypal PD.
- **Cluster B:** (Dramatic, emotional or erratic behavior.) Includes antisocial PD, borderline PD, histrionic PD, narcissistic PD.
- **Cluster C:** (Anxious or fearful behavior.) Includes avoidant PD, dependent PD, obsessive-compulsive PD.

Prevalent personality disorders

The three most prevalent personality disorders in the U.S. that one would encounter in the primary care setting are: obsessive-compulsive PD at 7.9%, narcissistic PD at 6.2% and borderline PD at 5.9%. The clinical findings for each are listed below.[4, 5]

1. **Obsessive-compulsive**: Perfectionist, egocentric, indecisive, with rigid thought patterns and need for control. Excessive preoccupation with details, rules, lists, organization, perfectionism so extreme it prevents tasks from being completed. A person with obsessive-compulsive PD tends to simplify the world by seeing things as all good or all bad; relationships with others are often strained by unreasonable and inflexible demands they place on others.[1,2]
2. **Narcissistic**: Exhibitionist, grandiose, preoccupied with power, lacks interest in others, with excessive demands for attention and the need to be admired. Extreme feeling of self-importance, sense of entitlement, lacks empathy, will readily lie and exploit others to achieve their aim.[1,2]
3. **Borderline**: Lacks sense of self and, as a result, experiences feelings of emptiness and fear of abandonment. They have unstable and intense interpersonal relationships, are quick to anger, fear, and guilt, lack self-control and self-fulfillment, with impulsive behavior. Suicide and threats of self harm are common and typically why people with borderline PD seek medical attention.[1,2]

ICD-10-CM codes	Code description
F44.0	Dissociative amnesia
F44.1	Dissociative fugue (Dissociative amnesia with dissociative fugue)
F44.81	Dissociative identity disorder
F48.1	Depersonalization-derealization syndrome
F60.0	Paranoid personality disorder
F60.1	Schizoid personality disorder
F60.2	Antisocial personality disorder
F60.3	Borderline personality disorder
F60.4	Histrionic personality disorder
F60.5	Obsessive-compulsive personality disorder (OCPD) *Note:* OCPD is not the same as obsessive compulsive disorder (OCD; F42.-) which is an anxiety disorder. It is acceptable to code OCPD, **F60.5**, and OCD, F42.-, together if supported by the documentation.
F60.6	Avoidant personality disorder
F60.7	Dependent personality disorder
F60.81	Narcissistic personality disorder
F60.89	Other specific personality disorders
F60.9	Personality disorder, unspecified

Please refer to the DSM-5 for clinical criteria specific to each of these diagnoses.

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Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2020: "A dash (-) at the end of an alphabetic index entry indicates that additional characters are required. Even if a dash is not included at the alphabetic index entry, it is necessary to refer to the tabular list to verity that no 7th character is required." The bolding of the ICD-10-CM codes represents categories, subcategories or codes that map to the CMS-HCC risk adjustment model for payment year 2020.

Optum360 ICD-10-CM: Professional for Physicians 2020. Salt Lake City, UT: 2019.

1. Lenzenweger MF, Lane MC, Loranger AW, Kessler RC. DSM-IV personality disorders in the National Comorbidity Survey Replication. Biol Psychiatry. 2007 Sep 15;62(6):553-64. PMID: 17217923 in https://www.nimh.nih.gov/health/statistics/index.shtml, Last updated January 2018.
2. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). American Psychiatric Association. (2013)
3. The Meaning of Madness, Second Edition, Dr. Neel Burton. (2015)
4. Sansone, R.A. et al. Personality Disorders: A Nation-based Perspective on Prevalence. Innovations in Clinical Neuroscience. 2011;PMCID: PMC3105841(PMID: 21637629):13-18. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3105841/. Accessed October 2, 2019.
5. Medical Clinics of North America. 2014 Sep;98(5):1049-64. doi: 10.1016/j.mcna.2014.06.005.

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