

# Management of Personality Disorders in the Emergency Department in Elderly

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The management of patients with Personality Disorders (PD) is a problem that arises relatively frequently in Emergency Departments (ED); this could be even more problematic in geriatric patients for their particular condition and comorbidities. Personality disorders tend to be underdiagnosed in clinical settings [1], and it has been well established that patients with some kind of PD, such as Borderline Personality Disorder are often difficult to treat because of the persistence and severity of their symptoms and because of the negative effects of the pathology on the treatment relationship [2]. Few studies have considered the prevalence of psychiatric disorders among all patients examined in an emergency service and even less evaluated the prevalence of personality disorders. This lack of data could lead to underestimate the heavy burden due to this particular comorbidity between personality disorders, pervasive, and emergency conditions, sudden by definition. One way to investigate the definition of a term is to examine how its meanings and usage have evolved over time. The word personality is derived from the Latin term “persona”, originally representing the theatrical mask used by ancient dramatic players. As a mask assumed by an actor, persona suggests a pretense of appearance, that is, the possession of traits other than those that actually characterize the individual behind the mask. In time, the term persona lost its connotation of pretense and illusion and began to represent not the mask, but the real person’s observable or explicit features. The final meaning personality has acquired delves beneath surface impression to turn the spotlight on the inner, less often revealed, and hidden psychological qualities of the individual. Thus, through history, the meaning of the term has shifted from external illusion to surface reality and finally to opaque or veiled inner traits. Today, personality is seen as a complex pattern of deeply embedded psychological characteristics that are expressed automatically in almost every area of psychological functioning. That is, personality is viewed as the patterning of characteristics across the entire matrix of the person [3]. This mask could be changed by a state of illness but it can hardly be removed. Therefore the condition of emergency is made even more complex in its management.

The contribution of PDs to functional impairment and treatment are underappreciated despite the documented co-occurrence of personality disorders with other mental disorders [4] and the negative effects of personality disorders on the treatment

and course of the old axis I disorders [5]. Scientific literature underscores the importance of considering personality disorder pathology in the diagnosis and treatment of psychiatric patients [6]. Emergency Departments (EDs) are common entry points for hospital admission and it is not unusual to find that those with Mental Health and Substance Abuse Disorders conditions are frequent users of EDs [7] and PD patients have often comorbidity with Substance Abuse [8]. Personality is the patterning of characteristics across the entire matrix of the person. Rather than being limited to a single trait, personality regards the total configuration of the person’s characteristics: interpersonal, cognitive, psychodynamic, and biological. Categorical typologies are advantageous because of their ease of use by clinicians who must make relatively rapid diagnoses with large numbers of patients whom they see briefly. Although clinical attention in these cases is drawn to only the most salient features of the patient, a broad range of traits that have not been directly observed is often strongly suggested. PD categories assume the existence of discrete boundaries both between separate personality styles and between normality and abnormality, a feature suitable for the medical model, but not so for personality functioning, which exists as a continuum [3]. Unfortunately is not simple to identify Personality Disorders, especially in Emergency conditions; nevertheless, these patients are real and their request for clinical care must be answered.

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